



WASHINGTON STATE DEPARTMENT OF HEALTH

## Rural Health WORKFORCE

# Grow Your Own Toolkit

A GUIDE TO IMPLEMENTING  
WORKFORCE STRATEGIES IN  
WASHINGTON STATE'S RURAL  
HEALTH SYSTEMS



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# Acknowledgements

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Over the past year, the Washington State Department of Health (DOH) Rural Health Workforce team has engaged with leaders and staff from rural health facilities to understand how health care workforce development programs are actively implemented. The DOH Workforce team has also gained insight from key stakeholders in the rural health workforce landscape including educational facilities, community organizations, and policy and government leaders. These details have been compiled into a toolkit to provide resources and best practices on how to implement Grow Your Own programs for rural health facilities to expand their workforce in a sustainable and equitable way.

Washington State Department of Health Rural Health Workforce would like to thank all the health facilities leaders and organizational partners that shared their knowledge and expertise to inform this toolkit. This project wouldn't be possible without our collective dedication and passion to advancing the rural health care workforce.

## Including:

- CHAS Health
- Columbia County Health System
- Coulee Medical Center
- Jefferson Healthcare
- Lake Chelan Health
- Mason Health
- NEW Health
- Prosser Memorial Health
- Summit Pacific Medical Center
- Shelton School District
- HOSA- Future Health Professionals
- Area Health Education Centers of Washington
- Washington Association of Community Health - InReach
- The Workforce Board
- The Training Fund
- Carrer Connect Washington
- The WA State Allied Health Center of Excellence
- Washington Office of Superintendent of Public Instruction
- Health Care Apprenticeship Consortium
- Washington State Department of Labor & Industries

Please note that this toolkit is not an exhaustive list of current workforce development programs in Washington state. The purpose of this toolkit is to give examples of work being done throughout the state to give direction and inspiration. If you are a rural health facility and would like to share details about successful grow your own programs at your facility, please reach out to the State Office of Rural Health for the opportunity to be featured in a future iteration of the Grow Your Own toolkit.

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# INTRODUCTION

## Summary of the Rural Health Workforce Landscape

The quality and accessibility of health care services depend on having a competent, strong workforce. Various factors have impacted the health care workforce in rural Washington resulting in workforce shortages across the state.

**These factors include:**



**A population increase of older adults**



**A higher number of patients requiring more intensive care**



**Lack of affordable housing**



**A lack of childcare for health care worker's families**



**The cost of labor in health systems**



**A lack of local training opportunities**

All these factors have been exacerbated by the COVID-19 pandemic. Based on The Council on Graduate Medical Education report, the pandemic led to high turnover rates and high levels of burnout for health care workers<sup>1</sup>. According to the University of Washington Center for Health Workforce Studies, since the start of the pandemic, 18% of health care workers left their jobs and 31% considered leaving<sup>2</sup>.

<sup>1</sup> COUNCIL ON GRADUATE MEDICAL EDUCATION, 2022, Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/reports/cogme-april-2022-report.pdf>.

<sup>2</sup> Oster, Natalia, et al. Center For Health Workforce Studies, University of Washington, 2022, COVID-19 and the Rural Health Workforce: The Impact of Federal Pandemic Funding to Address Workforce Needs, <https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2022/03/Covid-19-and-the-Rural-Health-Workforce-PB-2022.pdf#:~:text=Multiple%20factors%20have%20exacerbated%20rural%20health%20workforce%20shortages,suspension%20of%20hospital%20services%20such%20as%20obstetrics%20care.37%2C38>.

## Rural Students

Rural students face several barriers when pursuing an education and career in health care.

### Lack of STEM Preparation

The High School Longitudinal Study reports that rural schools offer limited access to advanced coursework and programs in Science, Technology, Engineering, and Mathematics (STEM) and have lower STEM teaching capacity. This leads to gaps in STEM academic preparation and STEM career aspirations expressed by students, resulting in fewer students pursuing a career in health care<sup>3</sup>.

### Place-Bound Students

Many rural communities are far from colleges and other health care training programs, either requiring students to travel long distances, or causing students to be “place-bound”, which refers to students with perceived difficulty in leaving the immediate geographic area to attend school.

### Disconnected Youth

There is also an increase in the phenomenon referred to as “disconnected youth”, which are young people between the ages of 16 and 24 who are not in school and not working<sup>5</sup>.

Many young people that do seek to leave their rural communities once they graduate from high school hope to pursue an education and careers in urban areas. For those who enter health professions training programs, the lack of rural-specific tracks may not successfully prepare future health care providers to enter the rural health workforce.

## Rural Resiliency

Regardless of the workforce challenges, rural health facilities have demonstrated resiliency in many ways. There is often a strong sense of team spirit despite the increase in burnout and staffing shortages. Staff are dedicated to taking care of their neighbors and take great pride in their rural communities. Rural health facilities have adaptable and innovative workforces, using flexible solutions to address big challenges. Despite demanding circumstances, rural health care workers step up to cover staffing gaps and ensure the work gets done. Rural providers also maintain a wide skill set regardless of their specialty or discipline to provide care for the patient population.



<sup>3</sup> Saw, G. K., & Agger, C. A. (2021). STEM Pathways of Rural and Small-Town Students: Opportunities to Learn, Aspirations, Preparation, and College Enrollment. *Educational Researcher*, 50(9), 595-606. <https://doi.org/10.3102/0013189X211027528>

<sup>4</sup> Shields, Nancy. (2004). Understanding Place-bound Students: Correlates and Consequences of Limited Educational Opportunities. *Social Psychology of Education*. 7. 353-376. 10.1023/B:SPOE.0000037503.31317.5c.

<sup>5</sup> Lewis, Kristen. THE MEASURE OF AMERICA YOUTH DISCONNECTION SERIES, 2023, Ensuring an Equitable Recovery, Addressing Covid-19's Impact on Education, <https://ssrc-static.s3.amazonaws.com/moa/EnsuringAnEquitableRecovery.pdf>.

# What is Grow Your Own?

Grow Your Own (GYO) workforce development programs are:

- Long-term strategies to help address the health care workforce shortages in rural communities.
- Designed to recruit from within the community to strengthen the health care workforce.

The goal is to create a pathway into rural health facilities through **education** and **training** and to provide advancement opportunities among the current workforce. GYO programs ensure that health care providers of all disciplines are well-educated, well-trained, and have enough experience for rural practice.

## GYO promotes the following educational and training strategies<sup>6</sup>:



### K-12, Youth Programs

Introducing students to health careers through hands-on, exploratory activities and events.



### Educational Programs

Implementing rural nurse residency or fellowship programs, online education for place-bound students, rural rotations, and educational experiences for health care students.



### Scholarships and Tuition Assistance

Funding, reimbursement, and financial assistance for students, current employees, or community members to pursue health care educational or training programs.



### Apprenticeships and On-the-job Trainings

Recruiting rural community members and advancing current employees by providing training to acquire new skills and certifications.

GYO programs create opportunities for disconnected youth and place-bound students and help to diversify the workforce to better represent the community they serve. Recruiting a local workforce increases retention as those who are from the community are more likely to stay and work in their own community.

GYO programs are most effective when there is connection and collaboration with public schools, community and technical schools, universities, and other organizations that provide support and funding.

<sup>6</sup> Education and Training of the Rural Healthcare Workforce Overview - Rural Health Information Hub." Overview - Rural Health Information Hub, 2023, [www.ruralhealthinfo.org/topics/workforce-education-and-training#grow-your-own](http://www.ruralhealthinfo.org/topics/workforce-education-and-training#grow-your-own).



# STRATEGIES

*Grow Your Own Program Case Studies.*



## 1. K-12, Youth Programs

Building programs geared towards youth is a fundamental strategy for workforce development, especially for rural health facilities that want to grow their own workforce. The pathway into the health care workforce can start as early as elementary school and continues through high school. This is a long-term investment and while it might not be an immediate solution to staffing shortages, it's a necessary step that will eventually lead to an expanded workforce.

Rural students face barriers when it comes to pursuing a career in health care. To break down these obstacles, rural health facilities can partner with local schools to provide support and create accessible opportunities for students.



### Educate about different careers in health care

Go directly into the schools to share about various career paths and the importance of different roles within a clinic or hospital setting.



### Introduce options of educational paths

Students aren't required to pursue a four-year degree at a university or a graduate program to work in health care. They also can explore other educational options such as community or technical colleges or obtaining certifications through an apprenticeship or training program.



### Foster confidence in students

It's important that students feel as though health care is an accessible career path. Proper preparation and support allow students to visualize being able to pursue it as a career.

**Examples of youth programs:** Job shadowing, career fairs, health care clubs and classes, and hands-on events like scrubs camps.



# Job Shadowing

Job shadowing is a great opportunity for students to get first-hand exposure to health care and explore different roles within a health care facility. Many rural health facilities have job shadowing programs for students in their community and have shared the success of this strategy.

## Lake Chelan Health: Med Club Job Shadow Program

For example, Lake Chelan Health (LCH) Hospital invites local high school students to job shadow at their facility through a Career Connections class or the Med Science Club. The Med Club is a health care club for local high school students interested in the health care field. It provides curriculum as well as career exploration and preparation. Students that participate in job shadowing rotate through different departments of the hospital, depending on the availability of hospital staff and capacity.

### Job shadow program details:

- Students work with high school staff to workshop their resumes and cover letters and then fill out an application for the program.
- The hospital conducts mock interviews with the students, allowing them to become familiar and comfortable with the job interviewing process.
  - This process mimics hiring procedures done for all new hospital employees; including background checks, submitting immunization records, and the tuberculosis test.
- Students go through an orientation that covers the Health Insurance Portability and Accountability Act (HIPAA) confidentiality regulations, which is a very important process for the Med Club's students.

### HIPAA Confidentiality:

- Staff work directly with the students to ensure that they understand the importance and implications of following HIPAA guidelines. A unique dynamic of rural communities is that the students may know hospital patients personally; it's important to address this and emphasize the need for confidentiality.

Throughout the focused hiring (mock hiring) and orientation process, there is a LCH staff member who is dedicated to managing the students and facilitating the program and communication between the schools, students, and LCH staff.



## Jefferson Healthcare

Jefferson Healthcare's job shadowing program is another great example of effectively educating students on health care career options and helping them find what they're passionate about. Similarly, students can decide what careers aren't the right fit for them. For example, students may find that they are squeamish with blood after shadowing a phlebotomist. Or students shadowing a nurse realize they aren't interested in patient interaction and instead may want to become a laboratory technician.

Jefferson shared a story of a first-generation college student who faced barriers impacting her education. If she hadn't participated in job shadowing, it was likely that she wouldn't have gone to college. The job shadowing program, with support from staff, gave the student encouragement and confidence to pursue higher education in health sciences!

Stories like this show that the course of a student's life can change and result in a health care career path. By investing in the career exploration of their local rural community's students, the job shadowing program increases accessibility and opportunities in health care careers for students who might not otherwise have the chance.



For more information on Jefferson's efforts, refer to page 30.

## High School Health Sciences Academy

In collaboration with the local high school, Mason Health enthusiastically participates in the Health Sciences Academy to promote health care as a field of study and career to local youth. The Health Sciences Academy was developed in 2016 by the Shelton School District and Mason Health as a strategy to increase graduation rates. The

program is a profound example of how an equal partnership can move the needle for students and industry success.

Through a collaborative process with curriculum development, equipment requirements, and extended learning for the academy, the school district and Mason Health have been able to cater to the employment needs of Mason Health, as well as provide deep learning and mentoring for students. This academy prepares students every step of the way to enter a health sciences career and serves as a pathway to work with Mason Health. Students hear from guest speakers in the field, participate in summer programs, job shadow, and apply for the scholarship program as a graduating senior (highlighted on page 14). Career and Technical Education (CTE) plays a vital role in bringing innovation to the academy and ensuring the success of students graduating high school and entering the workforce.



For more information on CTE, refer to page 33.

Students receive foundational education through medical science classes and exposure to hospital procedures, while also getting the chance to learn important employability skills through career fairs, resume building, mock interviews, and more. Scholarship recipients have an opportunity, while in school, to work part-time for Mason Health in entry-level positions. Students build skills in customer service and accountability by obtaining experience at the front desk, in the nutrition services department, or in environmental services. It also exposes them to the mentality of **"You're not just a patient, you're my neighbor!"**

When hosting a youth program, it's important to consider how young people learn to properly prepare them for their next steps in life. Mason Health emphasized that students don't always learn best by sitting in a classroom. For them, it is important to promote health care as a career to students by giving them an interactive and hands-on approach to learning. Students can move around a lab and then go down the street to the clinic to see the things they've learned modeled in an actual occupation.

## Health Occupation Class

Prosser Memorial Hospital (Prosser Memorial) and Prosser High School (PHS) collaborated on the development of a Health Occupation Class. Prosser Memorial and PHS had a long-standing relationship and initially used a simple approach that encouraged students to volunteer and job shadow for their senior projects. At the time, the high school didn't have any health science classes, so job shadowing/volunteering was the first time students were being exposed to health care job settings. Prosser Memorial leadership decided to introduce the Health Occupation Class, a formal, structured program to better support the students and enhance their educational experience. The director of physical therapy at Prosser Memorial and the current Class Coordinator, a registered nurse, were directly involved in creation of the course and teaching the class content

### Class Details:

- To be one of the 10 students accepted into the class, PHS students go through an application and interview process each year.
  - Once accepted, students spend their 1st and 2nd periods for the entire school year in the hospital participating in clinical rotations and engaging with classroom materials.
- The Class Coordinator oversees the day-to-day programming with the assistance and collaboration of the PHS Health Sciences staff and the CTE Director.
  - The class coordinator is responsible for accommodating all the student's schedules to rotate through each participating department.
- The first month of the program is solely classroom-based with either the class coordinator or the PHS Health Sciences staff. In the second month, the students transition to clinic rotations four days a week.
  - The classes are then held at the hospital's main campus or at one of the affiliated clinics of Prosser Memorial.
- Every Health Occupation Class student also completes the Nursing Assistant Training Program hosted through Prosser Memorial, which is discussed on page 25.

**"This has been the most rewarding thing I've ever done, and I've been a nurse for a long time. Every year you don't realize the impact that you have!"**

*- The Class Coordinator*

She explained that students bond with each other over shared experiences and bond with the staff who influence and inspire the students. Several students have gone back after their training programs to work at Prosser Memorial, including surgical technicians and medical assistants.

### Success Story:

The class coordinator shared an impactful story of a student who was in the program a few years ago. This student had many absences and was struggling in the program due to a difficult home/life situation. The staff absolutely loved her and worked hard to keep her in the program. The Prosser Memorial staff took her under their wing to provide support and mentorship because they saw her vast potential. She became interested in mammography and started taking on extra rotations in the hospital. She went on to become the Student of the Year and received several scholarships to attend a mammography training program. The dedication from the student, staff, and the structure of the program ultimately changed the course of her life.

## Hands-on Events

Multiple health facilities shared that students would drop out of a training program after they realized they didn't like the career, or it wasn't what they expected. To increase the likelihood of students finding careers they're passionate about, health facilities can partner with local schools to provide necessary details of health care careers. One effective method is using hands-on exposure through interactive, fun events; it's a great way to engage with middle school and high schoolers.

Lake Chelan Health (LCH) Hospital collaborated with Columbia Valley Community Health Clinic to host an event for 5th graders. The event included activities such as heart dissection to learn about the heart system, CPR practice on training mannequins, and learning about EKGs with the emergency medical services staff.



**This is similar to the work that the Area Health Education Centers (AHEC) are doing with K-12 pathway development, referenced on page 37.**

Teaching young students early-stage skills and exposing them to the hospital setting is impactful as they continue to high school where they can expand their experience in health care through other opportunities.

In previous years, LCH also hosted the Med Club students in the hospital, once a week, throughout the year to participate in educational lessons. In one lesson, the emergency department physician would teach about wounds and students could use expired supplies to practice suturing. Another great way that hospital staff can support medical education is to bring their expertise inside schools and teach about specific practices and health care careers. LCH shared about several students who have participated in Med Club that went on to pursue a career in health care.



An Eastern Washington AHEC, HOSA medical assistant event lead by EWU nursing students.

LCH's former general surgeon was a student and received scholarship funding through the Lake Chelan Health and Wellness Foundation and completed her education before coming back to the hospital to practice!

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**COULEE CAREER CONNECTIONS**

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Discover exciting careers in your local medical center. This free event is for students grade 9th - 12th. Come join us to learn more!

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COULEE MEDICAL CENTER

North Cascadia Education Service District

## Healthcare Career Connections Event

Coulee Medical Center (Coulee) held a successful Career Connection Event at Lake Roosevelt High School, which was open to the surrounding high schools. There were activities and Monopoly theme to engage students and encourage participation. Students had the opportunity to visit six stations, each with a different health occupation including nursing, behavioral health, surgery, lab, and front desk. At the beginning of the event, students received a "passport" that could be stamped at each completed station. Then students were given two paths, the "life path" and the "career path", to explore education alternatives to the traditional college path that led to careers options at Coulee. At the end of the event, they were entered into a prize drawing. Monopoly money was given to students that were fully engaged and asking questions, which could be used to purchase merchandise from the hospital gift shop at the end. The Career Connection event was also an opportune time to promote Coulee's job shadowing program by providing information on how to join.

This event had a high attendance rate, which can be attributed to the fact that it took place during school hours, it was mandatory for Lake Roosevelt High School students, and transportation was provided for students from neighboring schools to remove common barriers students face. Additionally, Coulee incentivized student engagement by coordinating with school administrators to offer extra credit for attending the event and being an active participant. However, an area that Coulee struggled with was employee participation in the event, which would have been an added benefit for the students and the overall production. (To learn more about how to incorporate employees into workforce development programs, please refer to 43.) Although Coulee didn't receive any funding for the event, the community was generous in supplying materials. The local grocery store, coffee shop, newspaper, and high school art students donated coffee, donuts, printed advertisements, and decorations.

The Coulee team worked alongside a Career Connected Learning Specialist from the North Central Education Service District (ESD). The Specialist's goal is to help create more in-depth relationships with their schools to foster workforce development initiatives. The foundation of the success of this career connection event was a result of the partnerships Coulee built with the school district through engaging with the teachers, counselors, and administration.



**For more information on partnering with public schools, refer to page 33.**

## Pre-Apprenticeship Programs

Age restrictions are a barrier many rural health facilities face when implementing workforce development programs. Age restrictions prevent students under 18 from being able to do certain activities within the hospital or clinic, but pre-apprenticeship programs are an option to help mature and competent students get a head start. NEW Health has developed a medical assistant pre-apprenticeship program, designed for high school seniors interested in pursuing a career in health care. The MA pre-apprentice's complete coursework during the school day and receive paid, on-the-job training at a NEW Health clinic. Following graduation, they enter NEW Health's apprenticeship program as full-time employees. The pre-apprenticeship program consists of up to 212 hours of online coursework that is completed during school hours and up to 400 hours of paid, on-the-job experience. Students are supported by a NEW Health Program Specialist to manage any barriers experienced that prevents them from completing the program. Career Connect Washington is helping them develop a MA Pre-Apprenticeship toolkit as a statewide resource, including how to cover program costs while ensuring financial stability, and how to register the program with OSPI.



**For more information on NEW Health's Pre-apprenticeship program, check out their [Medical Assistant Pre-Apprenticeship flyer](#).**

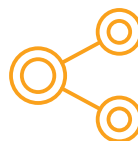
## Take aways:



Teach students soft skills such as resume and cover letter writing, interview prep, etc.



Start as young as elementary and middle school to introduce students to different jobs and host hands-on learning activities within the facility.



Connect with Career and Technical (CTE) program managers and the Educational Service Districts (ESD).



Collaborate with others such as the Area Health Education Center (AHEC) directors



Incorporate events into the school day or in school curriculum

## 2. Scholarships and Tuition Reimbursement

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Other successful workforce development strategies are student scholarships and employee tuition assistance/reimbursement. Investing in a student's education can support them as they complete their program and enter the health care workforce.

**Summit Pacific shared the number one reason 2nd-year nursing students drop out is due to finances.** The employees of Summit Pacific contribute annually to a scholarship fund to promote the education and integration of local students in the medical field. These scholarships are available to any graduating senior in the local school district who is pursuing a medical-related field of study in an accredited program. Scholarship recipients feel motivated in their health care training program and want to come back to work with Summit Pacific afterwards. Scholarships inspire and motivate students while instilling confidence in them; it's like their community members are saying, "we believe in you."

### Mason Health Scholarship Program

Mason Health (Mason) has an extensive scholarship program for high school seniors who will pursue a health sciences degree. In developing the scholarship program, Mason considered the barriers that many students living in rural communities' face to obtain higher education. For example, many students must drive long distances to get to the closest community college or university. This program funds the tuition for the students and includes wrap around services, such as mileage reimbursement and gas, mentorship, employment, and benefits.

Mason partners with the local high school's Health Sciences Academy to create a pathway for students from their scholarship-funded training programs to Mason's workforce. Scholarship recipients have a contract to work two years with Mason after they complete their program if there is an open position



available. If not, there is no obligation for the student to pay the scholarship back and Mason has “given the world another nurse”. Mason shared:

**“Anyone who is accepted into the scholarship program, it changes the trajectory of their life regardless of what happens.”**

When applying for the program, students have the option to choose from three tracks: nursing, medical assistant-certified (MA-C), or medical assistant- phlebotomy (MA-P).

### **Nursing Track**

Students who receive a scholarship for nursing are hired as part-time nurse technicians (nurse techs), once they are about a year and a half into their nursing program. This is a great opportunity for the students to apply their education to on-the-job experiences. Mason spends a lot of time orienting the students as nurse techs working under a limited scope, which provides another set of hands for current staff as well. This has been very beneficial for preparing the students to fully dive into working in the hospital after completing their nursing program because they are already fully integrated. This pathway eases the difficult transition from school to real life clinical work, similar to a nursing residency program. Instead of participating in a year-long residency program after becoming an RN, the students are ready to work as soon as they are licensed because they’ve already had a year and a half to orient themselves.

### **MA-P and MA-C Track**

The students receiving a scholarship for the MA-C track are then hired into the MA apprenticeship program, facilitated through Washington Association of Community Health (WACH) at Mason, discussed on page 20 of the toolkit. The MA-P track is discussed on page 24.



Mason shared that the program is culturally diverse with over 50% of the scholarship students being non-white. Many are either Hispanic or Guatemalan and speak Spanish and/or Mam/Q’anjob’al. Having a workforce that reflects the community’s culture is one of Mason Health’s goals because it impacts the level of patient care they provide. This also provides more opportunities for students that may not otherwise pursue a career in health care. Further, half of the scholarship recipients are male.

Mason explained they understand how the program could be cost prohibitive for some rural health facilities but also emphasized that in the end, they are saving money. If the costs of staff turnover and hiring contract staff, this program is an investment resulting in savings in the long run. The risk of the program is the upfront costs required to get things started and ensuring that participants stay in the program through breaking down all possible barriers. Establishing a nurse residency program is also expensive, but this scholarship program is about the same cost and the nurses are ready to work right away! They said:

**“The return on investment is your savings on contract staff. Look at what you’re spending on whatever positions you’re constantly trying to fill; this program is less expensive.”**

## NA-C Scholarship

Coulee Medical Center (Coulee) offers a NA-C (Nursing Assistant Certified) Scholarship Program as a recruiting tool to fill open NA-C positions. Students in their senior year of high school can participate in the program while still in school and have a job waiting for them after graduation. The NA-C Scholarship Program is also advertised to the community. Candidates submit a short essay along with their application explaining why they want to participate in the program and how it might shape their future.

### When an applicant is chosen for one of the three spots, Coulee uses an onboarding process:

1. Coulee sends a welcome letter of acceptance and shares next steps (i.e. background check, drug screen, reference check, contract signing, and onboarding items).
2. The applicant receives a terms and conditions letter outlining the responsibility of both the student and Coulee, the hourly wage they will receive, and the costs of the program, test, and first license that Coulee will pay for.
3. Lastly a NA-C Scholarship Retention Agreement is signed by the student and Coulee. The agreement states the number of hours that will need to be met, the amount of time (usually two years) the student agrees to retain employment with Coulee, and any conditions or pay back that would happen if the student/employee resigns prior to the end of the agreement or otherwise does not meet the terms of the agreement.

Three of the employees who went through a program are still with Coulee and one recently went back to school and obtained her Registered Nurse Degree.



## Employee Assistance

There are also many rural health facilities that have employee education assistance/tuition reimbursement programs. These programs invest in your current workforce and create career ladders and growth opportunities within your facility. For example, Prosser Memorial Hospital has an Education Assistance Fund to provide funding for current employees to pursue degrees and certifications in health care fields. Community Health Association of Spokane (CHAS Health) also has an education assistance program for employees. This program provides reimbursement for tuition, student loans, and other related educational costs. It is designed to help employees excel in their current position, encourage employees to attain advanced positions, and support those who have already obtained additional education. Funding recipients are required to fulfill a service obligation and remain employed with CHAS for a period of time that corresponds with the funding amount the employee received. CHAS explained that this program is popular among their employees and supports growth within the organization.



# 3. Apprenticeships

Based on the workforce development survey, referenced on page 7, respondents indicated that they were most interested in implementing apprenticeship programs at their health care facilities. Apprenticeship programs have been on the rise in the health care industry as a response to the various employment and workforce shortages. A registered apprenticeship program includes on-the-job training partnered with supplemental classroom instruction and apprentices earn wages as they learn. Apprentices leave the program with all the skills necessary to become credentialed and are able to enter the workforce sooner than their peers. Common health care apprenticeships include medical assistant (MA), pharmacy technician (pharm tech), dental assistant (DA), and behavioral health technician (BH Tech).

Apprenticeship programs are a sustainable way to grow your own workforce, benefiting both the employer and the employees. Employers can tailor the apprenticeship program to the needs of their facility while giving their own employees opportunities for growth within the organization. With apprenticeship programs, employees have the chance to take on the responsibility of precepting and/or leading a program, which creates a sense of loyalty and investment in the program and its participants. In the “earn while you learn” model, apprentices can rely on a steady source of income while they devote most of their time training for their credential. It is no surprise that apprenticeships are such a popular workforce development strategy among health care facilities in rural Washington.

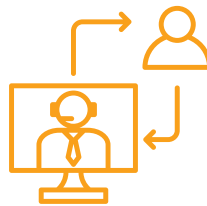
**Apprenticeship programs must be registered by the Washington State Department of Labor and Industries (L&I) and approved by the Washington State Apprenticeship and Training Council (WSATC).** All registered apprenticeships include a written agreement through WSATC, structured training, wages, progress evaluation, and certificate of completion.

## Washington State Department of Labor & Industries gives health care facilities two routes for building a program:



### Sponsor a new program:

- Build your own standards for training, classroom instruction, skills, and wages.
- New program requests are considered once per quarter.



### Become a training agent:

- This is the simplest path that uses an existing program as a blueprint.
- Requests are considered any time of the year.

## Sponsoring a New Apprenticeship Program

L&I requires all registered apprenticeship programs to have a sponsor. Sponsors can be employers, unions, employer associations, etc. They oversee every aspect of a registered apprenticeship program, from development to administration. The sponsor must develop a written agreement, or “program standards”, that outlines how the program will operate, including details about the length of training, supplemental instruction, wage progression, and occupational skills. The program standards are then reviewed by L&I and WSATC.

The responsibility of the sponsor is to oversee the on-the-job training, monitor attendance at related training classes, evaluate progress, and advise advancement. When the apprentice has completed the required coursework and on-the-job training, the sponsor will approve or deny the award for certification of completion.

Sponsoring an apprenticeship allows health facilities to personalize the program to the needs of their facility and gives the employer program flexibility developing in program standards. However, this option is costly and requires a high investment of time and resources from the employer to develop curriculum and training materials. It typically takes a minimum of six months to get a new program started.

## How to sponsor a program

### **1. Contact the apprenticeship program development team at L&I.**

- Email [Apprentice@Lni.wa.gov](mailto:Apprentice@Lni.wa.gov) or call (360)-902-5320 to get started with sponsoring a program you will be connected to a Management Analyst to orient to apprenticeships and the policies and regulations involved.
- The policies and regulations include sustainability of a program, accredited curriculum, related supplemental instruction (RSI), careers ladders, living wage, etc.
- They will assist with drafting required documents, provide one-on-one guidance and onsite assistance.

### **2. Develop the program standards with the help of the L&I team. Refer to the program standards of approved programs for guidance. Program standards include:**

- Length of training: minimum of 2,000 hours of on-the-job training.
- Related supplemental instruction: minimum of 114 hours of education is required each year. This can be online courses, classroom instruction, courses at a local college, etc.
- Wage progression: apprentices receive a starting wage that increases as they progress through the program and gain hours of experience.
- Outline of skills: defines specific skills required including number of hours to learn each skill. Define minimum qualifications, geographical area, equal employment opportunity compliance, probationary periods, ratio of apprentices to journey-level professionals, sponsor responsibilities, etc.

### **3. L&I subcommittees determine that the apprenticeship program standards follow the proper rules and policies.**

- Apprenticeship consultants will work with facilities throughout the process, which can take over six months.

### **4. Submit application to WSATC for formal review and voting with the help of an apprenticeship consultant.**

- A program is provisionally approved for one year. This time is used to prove if the program is sustainable and effective before official registration.

Once approved and registered, the apprenticeship program gets placed in a tracking system where anyone can view your program on the [L&I Apprenticeship Program Public page](#).

For more information, visit the [Offer a Registered Apprenticeship](#) website.

## CHAS Health Sponsored Apprenticeship Programs



### Medical Assistant Apprenticeship

CHAS Health (CHAS) is an example of a health facility that sponsors their own apprenticeship program. CHAS originally participated in the WACH Medical Assistant (MA) apprenticeship program, discussed next, as a training agent. They then decided to bring the program “in-house” to provide more flexibility with the number of students and the timing of the program. Working closely with an L&I apprenticeship consultant, they were able to figure out the logistics of the program planning and submitted the application to WSATC for approval. Through this process, they tailored the curriculum to the needs of their facility and added in specific expectations for their MAs.

Note that this is a time-consuming process that requires resources and capacity. This might not be the most effective route for other rural health facilities.

Over the years, grant funding opportunities for in-house apprenticeship programs have grown. Funding is discussed more on page 44. As with many other programs, CHAS designated positions to oversee and instruct for the program. They also have a room dedicated to classroom instruction with all materials needed to build job skills. The program has been growing their MA workforce and increasing retention rates. As the number of program participants has grown, it has become more challenging to enforce employment contract and obligations. However, for smaller programs, an employment contract post-apprenticeship is a great way to ensure retention and sustainability

### Dental Assistant Apprenticeship

CHAS also sponsors a dental assistant (DA) apprenticeship program. This program is registered by L&I and has curriculum approved by the State Board for Community and Technical Colleges. The program is also governed by an Apprenticeship Committee that consists of 50% employer and 50% journey-level DA representatives



For more information on CHAS's MA and DA program as well as the Pharmacy Technician program visit their [Apprenticeship Program website](#).

## Becoming a Training Agent

Becoming a training agent is a great option for rural health facilities that may not have the support or resources to sponsor a new program. This allows employers to join an existing registered apprenticeship program and follow a modeled program, which is the simplest and quickest route. Registering as a training agent can be done within a few weeks. The program standards and guidelines have already been developed and the program is overseen by the sponsor. There are costs associated with joining an existing apprenticeship program to cover tuition and training costs.

### Washington Association of Community Health-InReach Apprenticeship

The Washington Association of Community Health (WACH) developed and sponsors the Institute for Rethinking Education and Careers in Healthcare (InReach), which administers an MA apprenticeship program. This program, registered through L&I, is equivalent to an MA-C program offered through a community or technical college. The program's curriculum was developed in-house and was approved by the State Board of Community and Technical Colleges. Any health care employer is eligible for this program, and it's a great model for rural health facilities.



**This program is in its ninth year, with:**

**400 active students,**  
**900 graduated students, and boasts a**  
**79% retention rate of MAs.**

### Course Curriculum

The employer provides on-the-job training for an MA's full scope of work. In order for MAs to obtain all the skills they need to be successful, InReach suggests that a family/integrated medicine practice or hospitals with specialty units providing the ability to rotate are the best fit for the program. The curriculum exposes trainees to work in primary or integrated care and includes content such as the Patient-Centered Medical Home (PCMH) model of care, social determinants of health, chronic diseases that are prevalent in rural communities, and includes a behavioral health module.

## Program Investment

The program costs the health care facility \$3,750 per student, including curriculum, textbooks, lab day supplies, exam study course, the apprentice's first attempt at the CCMA exam, and the InReach program support staff wages. This investment allows the program to be free and accessible for the students. There is a refund policy in place to safeguard the employer's investment. Students must refund 100% of the costs if they drop out within two weeks of the start date and 67% if they drop out between 3-10 weeks. However, InReach program staff are dedicated to the retention of the apprentices through completion of the program.

## Equitable Recruitment

InReach also provides a recruitment guide for employers that includes sample job descriptions, interview questions, and commitment contracts. It details how the program can be used to build on the skills of current staff or recruit from within the community. The guide also includes a section on diversity, equity, and inclusion (DEI) hiring practices, DEI organizational assessments, and hiring benchmarks to support a diverse workforce. Through these efforts and the reduced prerequisites creating accessibility of entering the apprenticeship, the program encourages increased diversity. **InReach reported that the program's black, indigenous, and people of color (BIPOC) inclusion rate is currently 47.5%.**

## MA Coaches

InReach also offers a free training course for MA coaches that have at least two years of experience as an MA-C. The training course strengthens skills in navigating on-the-job training, adult learning, and effective communication. Taking the coaching training course is not a requirement, although it is a great opportunity to ensure that the coaches are confident and competent in their ability to mentor students. In this model, employers build career ladders for their MA's by having opportunities to become a preceptor, ensuring job progression.

**InReach reported that 46% of their current employers are designated rural.** They gave an example of an organization with 26 staff that is currently hosting only one apprentice. When this apprentice completes the program, they can become a coach in the following years and can give the facility the ability to host two more apprentices, allowing for year-to-year growth within the program.



Contact InReach staff to get involved in the apprenticeship program through the [InReach Career Pathways page](#).

## Examples of Employers as a Training Agent

According to the Workforce Development Survey, there are several rural health facilities that participate in the WACH MA apprenticeship program and have experienced an impact on their MA workforce, alleviating their staffing crisis.

### Summit Pacific

When Summit Pacific first started their apprenticeship program, they received 52 applications. Due to the high demand and limited space, they implemented more specific essay questions on their application process to help narrow down candidates. This program has been very attractive to their community because of the earn-while-you-learn aspect. They shared challenges around developing the supplemental education and how it was a bigger investment than they realized. In their experience, it was difficult to match WACH curriculum to supplemental instruction and clinical time; it took commitment from someone dedicated to educating and managing the program. Nonetheless, the return on investment is worth it to grow their MA workforce.

### Mason Health

Mason Health also participates in the WACH apprenticeship program, which they use to both recruit from within the community and grow staff internally. They wanted to take care of their own staff by offering the apprenticeship program to those that are interested in growing into a different profession or career within the organization.

## Health Care Apprenticeship Consortium - The Training Fund

The [Health Care Apprenticeship Consortium](#) (HCAC) is a multi-union and multi-employer Washington State-registered Joint Apprenticeship Training Committee, sponsored by the Training Fund. All HCAC apprenticeship, pre-apprenticeship, and training programs are approved by the WSATC and registered with L&I.



The HCAC partners with employers to create apprenticeship programs in career pathways for medical assistants, pharmacy technicians, central sterile processing technicians, and behavioral health. This includes providing guidance to run apprenticeships, assistance with the application and enrollment process, recruitment, identifying mentors, creating a program that meets the needs of the health facility, and in-program apprentice evaluations. The HCAC works with employers to structure classroom time/ Required Supplemental Instruction (RSI) and On-The-Job Training (OJT). Apprentices get paid while they train and learn and also have the option to be trained remotely through the Virtual Health Institute (VHI). VHI is an online platform created by the Training Fund to recruit and provide professional technical education for health care workers. This includes live virtual classrooms, online training, and virtual and simulated reality labs.



For more information about VHI, visit [virtualhealthcareinstitute.org](https://virtualhealthcareinstitute.org)

### Medical/Pharmacy Apprenticeships

The HCAC works with multiple partners to offer innovative healthcare apprenticeship programs delivered through a virtual/hybrid format to accommodate rural participants and allow them to stay and work within their communities. Employer cost for each program is \$3,700 per candidate.

- [Medical Assistant](#)
- [Pharmacy Technician](#)
- [Central Sterile Processing](#)

### Behavioral Health Apprenticeships

The HCAC is committed to addressing the needs of the state's behavioral health (BH) workforce. The Behavioral Healthcare apprenticeship program is a registered statewide apprenticeship program that aims to promote accessibility to services, build a pathway of skilled and diverse candidates, and stabilize the behavioral health workforce. Employer cost for each program is \$3,750 per candidate.

- [Behavioral Health Technician](#)
- [Peer Counselor](#)
- [Substance Use Disorder Professional](#)



The HCAC is also able to work with employers that want to develop an apprenticeship program in a different occupation. For more details on apprenticeships, refer to the [HCAC Employer's Guide for Apprenticeships](#). For general details about the HCAC, visit [their website](#).

## Licensed Practical Nurse (LPN) Registered Apprenticeship Program- *in progress*

The Workforce Training and Education Coordinating Board (The Workforce Board) discussed on page 41, Washington State Board of Nursing (WABON), and the Department of Labor and Industries (L&I) have worked for two years to develop a Licensed Practical Nurse Registered Apprenticeship program (LPN RAP). The developing program, projected to be launched in Fall 2024, is being piloted with three employer groups and two community colleges.



### Program accomplishments include:

1. More than 30 NACs/HCAs are currently enrolled in prerequisite coursework for the developing LPN RAP.
2. Edmonds College has successfully led a group of nursing educators to build a hybrid LPN program with an anticipated launch date of Fall 2024. This hybrid program is planned to serve as the foundation for the apprenticeship coursework in 2024. The hybrid program has been approved by WABON's Nursing Program Approval Panel for use with Edmonds' traditional LPN program and is now under review for use with the LPN RAP.
3. The Workforce Board has contracted with the Merit Group to develop a digital wallet and data management system to track prerequisite course progress.
4. Together with Edmonds College, skills labs are being planned at locations across the state for students to have local access to for course work.

During the pilot, the Workforce Board, in collaboration with all stakeholders, will conduct a comprehensive evaluation of the successes and challenges of the first cohort. Ultimately, they aim to expand the program across the state.

This apprenticeship program is not intended to replace nursing education but rather provide an alternate, equivalent pathway for professionals who might not be able to follow a traditional route into the licensed nursing profession. Apprentices can remain employed and salaried while engaging with on-the-job training; they will continue to work directly with residents and patients in long-term care settings under the supervision of an RN.

After NA-Cs or HCAs complete 35 credits of prerequisites, they are eligible to apply for the program. From there, apprentices advance into the role of nurse technicians, which includes increased responsibilities and compensation. After successfully completing the requirements of the apprenticeship, apprentices take the LPN licensing exam.

To launch the pilot in Fall 2024, the program will need to finalize the sponsor contract and hybrid program details and receive approval by the WSATC. This will be a great opportunity for long-term care facilities in both rural and underserved communities to offer a career pathway for entry level caregivers. The LPNs will also have a greater responsibility and compensation while they continue their service to their employers as members of the nursing workforce. In addition, development of this pathway opens the door to existing pathways from LPN to RN, RN-BSN and beyond to advanced practice nursing for those who choose to continue onward.



For more information and future updates, visit the [Washington Workforce Training & Education Coordinating Board's webpage for Long-Term Care](#).

## 4. On-The-Job Training Programs

On-the-job training programs are another sustainable way to grow the health care workforce, especially in rural communities. Participants can receive relevant on-the-job skills and enter the workforce sooner after earning their certification. The biggest difference between on-the-job training programs and apprenticeship programs is that the on-the-job training programs do not have to be registered with L&I and approved by the WSATC like apprenticeship programs do. There are different regulations and rules for apprenticeships that may not be in place for other on-the-job training programs. However, both training programs have similar elements, such as earning a wage through employment during the program and having supplemental instruction or education. This supplemental instruction or education may be either through a community or technical college, another existing program, or it can be “in-house” with all curriculum and instruction facilitated through the rural health facility. Following the completion of the required hours and skills assessments, trainees can obtain their certifications or licenses and can transition into working full-time. Many employers offer these training programs free of charge to participants with the expectation that they will stay and work with the health facility following the completion of their program, often with a service agreement or contract in place. Rural health facilities can recruit from within their communities and invest in the education and training of their own employees to grow their workforce.

### Medical Assistant - Registered (MA-R) Training

#### Summit Pacific

Summit Pacific added the MA-R position as a response to their workforce challenges around staffing MAs. Summit Pacific hires and endorses MA-R through DOH, meaning that they aren't allowed to work at another organization without the proper certification. The MA-Rs have a limited scope of work, mostly assisting with rooming patients and clerical tasks. Although limited in the tasks they can do, MA-Rs help with the flow of patient care and keep things running smoothly in an environment with limited MA-Cs. The MA-R position is meant to feed into the MA apprenticeship program where they can perform their full scope of training after obtaining their certification. For more information on apprenticeship programs, refer to page 17. Summit Pacific recruits members from the community and introduces them to medical assisting, giving them the opportunity to see if it's a career path they are truly interested in pursuing before applying for the apprenticeship program. If they choose not to enter the apprenticeship program, then others from the community are selected for the apprenticeship. Summit Pacific believes that this program contributes to the likelihood that individuals will stay invested in completing the apprenticeship program, which improves the overall retention of the MA workforce.

#### Columbia County Health System

Columbia County Health System described their MA-R program and their struggles with recruiting and retaining medical assistants even more so than nurses. After deciding that they needed a robust program for MAs, Columbia County developed an MA-R program, endorsing and training MA-Rs through DOH to work at their organization under a limited scope of work.

#### Medical Assistant-Registered (MA-R) Endorsement and Training

According to DOH, after applying for the medical assistant-registered (MA-R) credential endorsed by the clinic, a health care practitioner must attest to each applicant's competency to perform the tasks within the scope of practice for an MA-R. Tasks confirmed on the attestation form are the only tasks that may be performed by the MA-R. The credential is only valid if the MA-R is employed by the same sponsoring facility.

Students must be a NA-C to be eligible to enter this program. Over the course of 90 days, students work directly under a preceptor and spend time in class with an instructor. All the instruction and coursework are in-house at Columbia County and conducted by a designated instructor. The MA-R has a list of skills that are signed off as they learn, and eventually they can work under the supervision of a provider at the clinic. At the end of the 90 days, an evaluation is conducted to determine if the MA-R is a good fit to continue employment.



**Information about the MA-R Endorsement:** [Medical Assistant-Registered Healthcare Practitioner Endorsement Application](#)  
[Learn more about medical assistant licenses on the Department of Health's website.](#)

## Medical Assistant - Phlebotomy - Mason Health

Mason Health (Mason) almost had to close their lab draw station due to lack of staffing. Morale was low due to burnout and staff turnover. Mason had to bring in contract staff, which is expensive and doesn't provide a long-term solution. They hope to build another exciting avenue into health care for employees by adding a phlebotomy track with a Medical Assistant - Phlebotomy (MA-P) credential to the Health Sciences Academy Scholarship Program, discussed on page 14. Mason pays for students to complete coursework, clinical hours, and rotations through a partnership with Bates Technical College. Mason covers tuition, books, and fees, as well as the gas and mileage reimbursement to Bates Technical College. The phlebotomy track costs less than the nursing track, and the MA-Ps are ready to work at the highest level of their licensure following the completion of the program. Over the course of the 2-3-month program, students are paired with a phlebotomist to gain skills and apply their coursework knowledge until they graduate. Once they finish the program and the required hours, students work for two years with Mason. In the last cohort, Mason was able to put four students through the program. A student from two years ago is now in nursing school, completing the nursing track of the scholarship program. This is a great example of pathways within the organization for current employees to receive education and training.

This can be replicated in other rural health facilities to increase the phlebotomy workforce. The first step is to establish where the students will receive their coursework. Mason is working on bringing their program in-house and is currently reviewing curriculums to build the training modules. The program structure is intended to allow students to do the education modules online while completing rotations at Mason.

Note: WAC [246-827-0400\(2\)](#) details the requirements of a phlebotomy training program that must be approved by a health care practitioner who is responsible for the curriculum of the training and confirmed the proficiency of the trainee.



# NA-C Training Programs

## Prosser Memorial Hospital

At Prosser High School (PHS), students enrolled in the Health Occupations class are required to complete the NA-C course, which is administered through Columbia Safety, a health care training facility located in Kennewick, WA. This is a unique program for a few reasons: it allows students starting at age 16 to participate and it is also administered completely online. Students are able to complete the curriculum through the classroom at Prosser High School (PHS) or at Prosser Memorial Hospital, where they have dedicated spaces for students.

Note: There is no age requirement for nursing assistant testing and training but if a minor is planning to work as a CNA before they turn 18, the Department of Labor and Industries has a list of prohibited duties for minors under 18, which includes nurse's aide positions and working where there is exposure to bodily fluids, infectious agents, and bloodborne pathogens. This prohibition is not specific to facility type. It covers any facility where the NA is exposed to bodily fluids, infectious agents and bloodborne pathogens. See [WAC 296-125-030\(24\)](#).

The program is paid for by the Career and Technical Education (CTE) at the PHS at a reduced rate through Columbia Safety because all instruction and clinical rotations are on site at Prosser Memorial. Prosser Memorial also takes care of the prerequisites for the NA-C program by giving the students BLS/CPR, first aid, and HIV/AIDS training prior to starting any coursework. Health Occupation students complete NA-C coursework on Mondays and have clinical rotations the rest of the week, and by the second month of the Health Occupation class, students are already halfway done with the curriculum. It is not a requirement for students to take the NA-C state certification exam, however, they can take it on their own time after the training is completed.



## How to replicate:

- Rural health facilities that want to replicate this program should be involved in the local high schools' CTE department. Prosser Memorial collaborated with the high schools HOSA Future Health Professionals program for students to receive scrubs and other supplies.
  - HOSA is discussed further on page 37.
- The Class Coordinator, a registered nurse, must work with Columbia safety to get certified as a NA-C instructor.
  - This process required the instructor to apply and prove that their RN license is current. Columbia Safety then sponsored and sent the application to WABON to become approved as a NA-C instructor.
  - This required 0.1 FTE of the nurse's time to be dedicated to teaching and managing the NA-C students.
- Prosser Memorial became a work-learning site and considers this program an internship.
  - Before students can register, they complete the prerequisites administered through their hospital.
  - After completing the prerequisites, students are ready to officially enroll in the course and start working towards their NA-C in the hospital.

## Advice from Prosser

- Students must be very independent with this program. They are trusted to show up to their rotations and communicate with the staff if anything comes up.
- Instructors are still seeing patients, so students must be flexible and accommodate their schedules.
- Students are responsible for their own transportation. Students without transportation don't participate in the off-site locations. Luckily, there is a bus that will take students directly from the high school to the hospital.
- The majority of expenses for this program are covered by the high school's CTE department however, Prosser Memorial contributes funding from the hospital's Community Relations and PR budget. They were able to justify this because students in the program have a big impact on influencing others in the community to join through their involvement and successes.
- The budget also covers 0.1 FTE for the program instructors.

**Before they implemented the NA-C course with the Health Occupations class, students had a limited scope to assist in the hospital. Now through the NA-C course, students are receiving skills and doing clinical work under the guidance of a preceptor. This makes a big impact on preparing students to continue with a career in health care.**

## Columbia County Health System

Columbia County developed an in-house NA-C training program that spans the course of seven weeks. It is advertised to both current employees and members of the community and neighboring communities free of charge. Columbia County rents an offsite facility in Dayton as a classroom and skills lab and hired an RN with teaching background as the instructor. Cohorts consist of around 5-7 students, starting as young as 12th grade. Those who complete the program can work at Columbia County, but those who are not employed after are not required to pay Columbia County back.

Using the Washington State Board of Nursing (WABON) core curriculum for NA-C training programs made this in-house program easy to create. This core curriculum is readily available to anyone who wants to start an NA-C program and allows facilities to adapt the curriculum to their needs.

## Advice from Columbia County

- Have a separate program director and instructor to support for the students.
  - The director can take the place of the instructor if the instructor isn't available. It's a lot of work for one person to manage the program and do the instructing.
- Establish several sites for students to complete their clinicals.
  - Columbia County students go into assisted living and acute care environments which exposes them to different sides of care and provides options of practice through firsthand experience.
- Find creative ways to save money and utilize existing resources.
  - Columbia County saved money by renting an affordable classroom space for less than \$1,000 a month, using expired supplies from the hospital, receiving donations from the local college, and using digital course materials.
  - They also allow students to check out books for every course, which means that purchasing books is a one-time cost.

## Steps to set up a NA-C Program with the Washington State Board of Nursing

### 1. Establish a program director and program instructor and complete:

- [Director Application Packet](#)
- [Instructor Application Packet](#)

### 2. Complete the form templates for new program applications including:

- Course objectives, curriculum content outline, evaluations methods, lesson plan, NA skills lab and clinical skills checklist and competency evaluation and program schedule, and student record
- [Submit the Curriculum Verification of Requirements](#)

### 3. Train the trainer

- All instructors must complete a course in adult education or have one year of experience in teaching adults.

### 4. Establish a training laboratory with equipment for clinical skill practice and a classroom space for instruction

- [Laboratory Equipment List](#)

### 5. Determine logistics for training program including number of classroom, clinical, and lab hours

- [Fill out the Nursing Assistant Training Program Application Packet](#)

### 6. Receive all necessary approvals including from the WABON

### 7. Start recruiting students

The program must be resubmitted every two years for approval.

Visit [Information for Nursing Assistant Programs | WA Board of Nursing](#) for full details and information on Nursing Assistant Education Programs

# Pharmacy Technician Training Program

The Pharmacy Quality Assurance Commission (The Commission) at DOH provides guidelines for pharmacy technician training programs. A pharmacy technician training program must include an orientation to pharmacy practice, basic pharmaceuticals, principles of applicable pharmacy law, and pharmaceutical calculations. Additional topics can be included into the program requirements based on the needs and functions of the particular pharmacy practice. There are different program models for training pharmacy technician, although the most relevant to rural health facilities will most likely be the On-The-Job Training Program structure. This model requires a minimum of 520 hours with a minimum of 12 hours dedicated to instructive education. Other training models include formal vocational training, formal academic programs, and military pharmacy training.

## Pharmacy Technician Training Program Development Details:

Each pharmacy must complete a utilization plan and file it with the Commission office. A sample utilization plan is listed in the Commission's guidelines. The utilization plan must be reviewed and approved by the Commission before recruiting trainees for the program. Enrolled trainees must obtain a technician-in-training endorsement by notifying the DOH and be registered as a pharmacy assistant. While in training, they may work as a pharmacy assistant. They can apply for certification after program completion.



Contact the Commission office at 360-236-4946 or by email at [WSPQAC@doh.wa.gov](mailto:WSPQAC@doh.wa.gov) if you have any questions or need assistance with your program.

- [Guidelines for the Implementation of Washington Pharmacy Technicians Training Program](#)
- [Pharmacy Technician Education Program Approval Form \(wa.gov\)](#)

## CHAS Pharmacy Technician Apprenticeship (Training) Program

CHAS Health is a good example of a successful pharmacy technician training program. The trainee gets the benefit of a paid training and full-time employment before completing the program. This is a one-year program that includes preceptor mentorship, educational classes, learning modules, and skill checks. After the program, the "apprentice" is then eligible to take the Pharmacy Technician Certification Board (PTCB) exam. After receiving their pharmacy technician license, they transition into a full-time pharmacy technician position at CHAS.

**Note:** It is referred to as an "apprenticeship program" because it utilizes a similar model of the "earn while you learn", however, it is not registered with L&I or approved by the Washington State Apprenticeship and Training Council.

### Program Details:

- Unlike an official, registered apprenticeship program in which the student is overseen by a journey-level employee, the students are precepted by pharmacists.
  - CHAS shares that their pharmacists are enthusiastic and excited when it comes to teaching, and even reach out to teach classes and get involved in the program. In addition to the precepting pharmacists, they have a dedicated person that is in charge of coordinating with the preceptors and overseeing students.
- The training team invests in their students' success in the program, and supports their future career with CHAS.
  - They provide review sessions and added topics relevant to community health that help them study for their pharmacy technician license exam.
- CHAS shared that the program was relatively easy to establish and just required good organization.
  - Having a director of the program that wasn't based solely in the pharmacy department was helpful. Once the program was centralized, they took on more apprentices and grew the program.



For more information on CHAS's program, visit the [Pharmacy Technician Apprenticeship Program 2023 | Spokane WA \(chas.org\)](#)

## Laboratory Technician Training Programs

Mason Health plans on implementing a laboratory technician track into their Health Sciences Academy Scholarship Pathway, discussed on page 14. Similar to the nursing and MA tracks, they would fund the students to pursue a medical laboratory technician (MLT) training program through Clover Park Technical College. The MLT program starts at an associate's level, so Mason would assist the high school students in getting signed up for prerequisites at local community colleges prior to attending Clover Park. Students would then enter the MLT program full-time and would come to Mason for clinical rotation hours, rotating through each department in the lab to obtain all their hours. Once the student completes their degree, they can get licensed, take their exam, and work full-time at Mason. Similar to the RN track for the scholarship program, Mason will cover the cost of tuition, books, fees, and the milage/gas from Shelton to Tacoma, where Clover Park Technical College is located.

Mason Health addresses a big barrier students face by covering the costs of travel along with tuition, but unfortunately many other rural health facilities aren't within a reasonable driving distance from other MLT programs, listed on the right.

### Programs in Washington

#### **Clinical Laboratory Technician/ Medical Laboratory Technician Program (associate degree)**

- [Clover Park Technical College](#)
- [Shoreline Community College](#)
- [Wenatchee Valley College \(WVC\)](#)

WVC has regional sites so that students don't have to go to Wenatchee and can complete the entire MLT program in their community while working with rural hospitals. Regional sites include: Wenatchee, Omak, Walla Walla, Moses Lake, Lewiston, ID/Clarkston, WA, Colville, Port Angeles

#### **Clinical Laboratory Science/Medical Technologist Programs (bachelor's degree)**

- [Heritage University CLS Program](#)
- [Providence Sacred Heart Medical Center](#)
- [University of Washington](#)

## Dental Assistant Training Programs

### **WACH- InReach Dental Assistant Training Program**

The Washington Association of Community Health- InReach also facilitates a dental assistant (DA) training program. This program prepares students to work as registered dental assistants in Washington state. With the support of an online instructor, students complete 39 modules over the course of 12 months while learning on-the-job skills. This program is designed for students who don't have prior dental knowledge to gain skills customized to the needs of the facility. Similar to an apprenticeship program, employers are able to recruit from within the community to get students who already know the patient population.

This program was originally an apprenticeship; however, it was changed to a training program to give the employers additional flexibility. Because of the switch, employers can train DAs to align with the needs of the facility without strict regulations on the job and a mandate to teach a specific skill set. The DA can take the online course modules at their own pace and can be finished in less than a year. This is a flexible and sustainable model for rural health facilities to increase the DA workforce.



**Contact [InReach Career Pathways \(inreachpathways.org\)](https://inreachpathways.org) to get involved in the dental assistant training program**

## Jefferson's Education Training Center

Jefferson Health is dedicated to supporting the career growth of their staff by providing opportunities for education and training. They opened an education training center that is available to their current staff for refreshing skills and simulation training, which is highly utilized. In the educational center, there are rooms for clinical and hospital simulation, fully stocked with equipment and supplies. After identifying training needs of staff, they added over 250 classes to the schedule. They ran dental assistant training and medical assistant apprenticeship programs, training open to the public, and a regional learning lab for a quarterly skills evaluation for MAs.

Jefferson was able to save costs when opening the education center because their facility was undergoing construction, and luckily, the space wasn't being utilized. After pitching the idea to create an education center, they created the vision to have an adaptive classroom-style space that could be reorganized based on the needs of the different classes. They used expired supplies and extra equipment from the rest of the facility to curb the cost. Jefferson is hoping to expand this work to develop an academy model in the education center. They are planning on partnering with other colleges and industry partners to develop curriculum for more programs. They already have begun building a NA-C program with a skills simulation at the education center for with a local college. Jefferson is hoping to obtain more funding to support this work.



For more details about how Jefferson funds their programs, refer to page 44.



# 5. Educational Programs, Rural Residency and Fellowship Programs

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Many health care facilities in Washington bring students in from local colleges to complete their rotations and clinical hours. This is a very important strategy that exposes students to working in a rural setting and increases the likelihood of them coming back to work after they complete their program. Rural nursing residency and fellowship programs give providers a transition period following graduation to fully prepare for the rural workplace. It can be daunting to practice in a rural community because it often requires practitioners to provide care outside of a specific discipline or specialty. A longer-term solution to the rural health workforce shortages is the implementation of more rural tracks in training programs, specifically for physicians and nurses.

## Rural Outreach Nursing Education Program (RONE)- Inactive

The Rural Outreach Nursing Education Program (RONE) was established in collaboration with the Area Health Education Centers (AHECs) and the Washington State Hospital Association offered by Lower Columbia College (LCC) from 2011 to 2015. RONE was an innovative education program designed to address locally-based nursing education. Students with nursing assistant or related patient care experience could obtain an Associate Degree in Nursing while continuing to work in their own communities. The structure of this program allowed rural health facilities to successfully recruit students by being able to accommodate a smaller number of participants, with a minimum of two per cohort.

The goal of RONE was to create an associate degree level of education for RNs to reach place-bound students in rural communities. In the program, students could continue to work with salary and benefits while completing clinical objectives. Employers also provided financial support for tuition. Students completed online coursework given by clinical instructors and preceptors from the facilities' own staff. To be eligible for the RONE program, students had to be endorsed by a designated Critical Access Hospital (CAH) or other agency. They could also enter the program during the second year if they were a licensed practical nurse (LPN).

The program was approved by the Washington State Nursing Care Quality Assurance Commission and accredited by the Accreditation Commission for Education in Nursing. Upon successful completion of the first four quarters of the program, the students were eligible to apply for the Licensed Practical Nurse examination (NCLEX-PN) to become a licensed practical nurse (LPN). After completion of the second level, four more quarters, the student could apply to take the Registered Nurse Examination (NCLEX-RN) to become a licensed RN.

A 2014 study found that the RONE program was preparing quality nurses despite the factors that contributed to the closure of the program including low enrollment, unstable funding, coordinating clinical training, a shortage of faculty, and lack of support. Since its closure, rural nursing work groups have been determining potential solutions and viable models for distance learning. One work group is dedicated to providing a 100% online RN program specifically designed for rural health facilities. Their goal is keeping students in their communities employed at their local hospital or health care clinic.



Refer to the [Evaluation of the Rural Outreach Nursing Education \(RONE\) Program](#) for more details on RONE.

Check out Area Health Education Center for Western Washington's assessment for [Strengthening the Local Nursing Workforce for Rural and Tribal Communities](#).

## Rural Nurse Residency Program

**Summit Pacific Medical Center** uses the University of Iowa Online Nurse Residency Program (IONRP) in their facility. This is a yearlong program for new nurse graduates to work side-by-side with an IONRP trained, senior Summit Pacific RN preceptor while networking with peers from across the country. The residents have assignments throughout the course of the program while getting hands-on professional experience. The online, self-paced modules give them skills to integrate into rural practice and set them up for success. Summit Pacific has four cohorts with 2-3 residents at a time. There are also incentives for the preceptors; they receive a \$1,000 bonus for completing the IONRP preceptor training and another \$1,000 after the preceptorship.



For more information about the IONRP, check out [Iowa Online Nurse Residency Program \(IONRP\) | College of Nursing - The University of Iowa \(uiowa.edu\)](https://www.uiowa.edu/college-of-nursing/ionrp)

**Jefferson Healthcare** recently developed a nurse residency program that uniquely focuses on the community. The program is advertised at local community colleges and aimed at new nurse graduates. The cohort consists of five nurses who spend the first three weeks orienting and shadowing across multiple disciplines. They have scheduled education days where they collaborate with their peers, check in with mentors, and receive extra support. Jefferson ensures that their residents gain exposure to multiple disciplines including home health, hospice, and emergency medical services (EMS). They focus on building expertise specific to rural health and forming a diverse skillset before they transition into full-time work. Jefferson also facilitates preceptor training to ensure they are prepared to train and mentor new graduate nurses in the most effective way.

Jefferson shared that the largest program cost went towards classes and education. Their nurse educator on staff created the curriculum and structure to suit the needs of the facility. Coordination of shadowing, rotations, and classroom instruction with the hospital departments took time and effort. However, the small program size made it easier to collaborate across the organization. Finally, Jefferson focused on advertising in the community and at local community colleges to reach new nursing graduates. The ability to cross-train in different departments is appealing for new nurses who are undecided on their discipline. The exposure to rural practice through residency programs is very beneficial to recruiting new nurse graduates and expanding the nursing workforce.

## Advance Registered Nurse Practitioner Fellowship

Summit Pacific built their Advanced Registered Nurse Practitioner (ARNP) Fellowship program to equip new graduates for rural practice. Before the program, staff felt that new providers were set up for failure and were expected to independently practice and manage large patient panels and complex cases in family medicine, which is difficult even for the seasoned providers. This fellowship program offers “a runway” into practice by giving students the opportunity to rotate through the different departments in the first year and get used to clinical practice while paired with experienced providers. By the end of the fellowship, the ARNPs take on light clinic work while still being mentored. After the fellowship is over, the ARNPs are ready to take on a full load of patients and are acclimated to the culture of the clinic. Summit Pacific found it critical to have someone designated to manage the program to avoid conflicting rotations schedules and to have strong oversight for matching the fellows and providers. It was helpful for them to set clear expectations with staff. They needed to ensure they knew how the program operated, including details such as assigning codes, billing for visits, and deciding who will be the billing provider.



# COLLABORATIONS

*Support from external partners*

## Public Schools

Building and maintaining a good relationship with your local schools is fundamental in implementing a workforce development programs for K-12, discussed on page 8. Health facilities can first connect with administration and teachers in the schools to explore involvement in career and learning activities for rural students. Collaborations with local schools can provide opportunities to network with representatives from other schools and key decision makers.

Another method of connecting with local high school students is going directly to the school and building a relationship with the administration. Connecting with the Career and Technical Education (CTE) program managers also can open the door for networking with other schools to build workforce development programs. These collaborations can lead to opportunities for attending career fairs and events, bringing activities into the classroom, participating in career panels, and promoting your clinic or hospital as a place of work for students interested in health care.

## Career and Technical Education

Career and Technical Education (CTE) programs support middle and high school students in academic and technical skills. CTE programs are focused on creating innovative on-ramps into the workforce through hands-on learning and real job experience. Every CTE program has work-based learning requirements that include job shadowing, career fairs, career panels, mock interviews, mentorships, or classroom-based activities. There are CTE health sciences programs throughout the state, but due to lack of staffing and resources, rural schools are less likely to have them.



The Office of Superintendent of Public Instruction (OSPI) received a large grant to support CTE programs with an emphasis on improving health sciences CTE programs in rural communities. OSPI is dedicated to establishing stronger rural connections. By funding school districts to support their CTE teachers, OSPI increases the sustainability and accessibility of CTE health science programs and the allocation of resources for career activities and events.

The worksite learning component of CTE programs makes it easy to get involved for health care facilities wanting to implement a Grow Your Own program model. Rural health facilities can partner with schools participating in CTE and help teach the courses to support pathways into health care. Students are exposed to health care skills first-hand and rural health facilities can promote their facility as a place of work. CTE programs will also provide funding for workforce development programs that involve high school students. For example, student's participation in the NA-C program through Prosser Memorial are

completely funded through the high school's CTE program. Pre-apprenticeship programs are also another example where CTE could contribute funding, discussed on page 13.

Every CTE program has an advisory board, where industry partners help with decision-making and navigating the direction of the CTE programs. Rural health facilities that participate in the advisory board have a say in the CTE programs and provide subject matter expertise in curriculum development. The CTE directors can also be involved on the board of the rural health facility. CTE programs also work closely with the Area Health Education Centers and student organizations such as HOSA, both discussed on page 37.

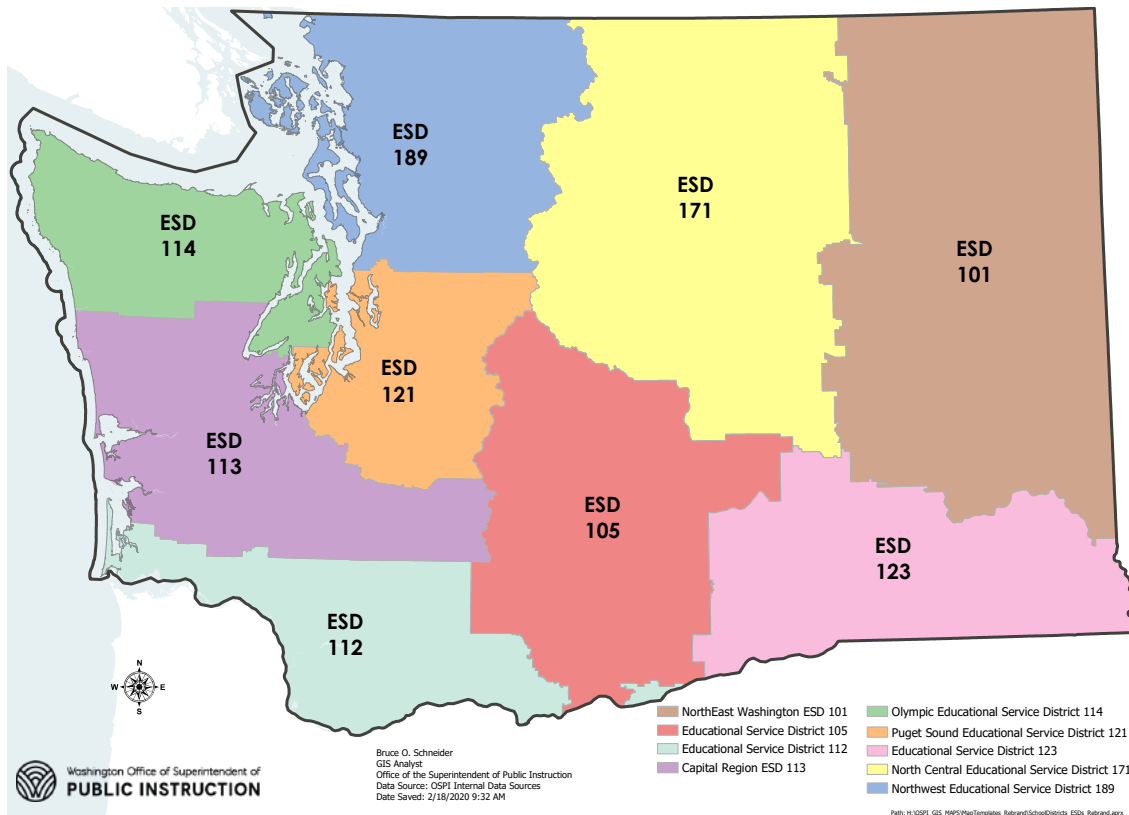


For more information on CTE, visit [Career & Technical Education \(CTE\) | OSPI](#).

## Educational Service Districts

Washington consists of nine Educational Service Districts (ESD) that provide essential local services and respond to their regions communities by supporting all students and schools statewide. The ESDs create links between the local public and private schools and help connect schools to state and national resources. They enhance educational opportunities and help allocate funds to the classrooms. Some services of the ESDs include teacher and staff training, networking and technology integration, and direct services for students with special needs and early childhood education. And due to their geographical location being closer to local schools and their district offices, the ESDs service as regional liaisons between the State Superintendent of Public Instruction (OSPI), State Board of Education, and the Legislature.

### Washington State Educational Service Districts



- NorthEast Washington ESD 101
- Capitol Region ESD 113
- Educational Service District 123
- Educational Service District 105
- Olympic ESD 114
- North Central ESD 171
- Educational Service District 112
- Puget Sounds ESD 121
- Northwest ESD 189



If your local high school doesn't have a strong CTE program, connecting with the local ESD is a good strategy to start building a new relationship. ESDs can also be a good resource to help find funding for school-based workforce development programs. Several ESDs also collaborate with Career Connect Washington (CCW) to implement "career connected learning" strategies. For more information on CCW, refer to page 40. The goal of career connected learning is to give every student access to experiential learning opportunities that lead to a future career.

### Examples of collaboration with ESD in action:

Jefferson Healthcare shared how their local ESD, Olympic ESD, was instrumental in their workforce development success within the schools by connecting them with grant funding through CCW to support their CTE health sciences programs and host hands-on events with students. For more information about how Jefferson used CCW funding, refer to page 44. Coulee Medical Center is another example of how rural health facilities can collaborate with their local ESD to promote the goals of Career Connected Learning and support workforce development within their community by hosting the Health Care Career Event, discussed on page 12. Mason Health also shared how their partnership with their local ESD was essential for the development of their Health Sciences Academy and assisting them with finding grant funding as well.

### Example- North Central ESD

**The North Central ESD co-leads the North Central Career Connect Washington Network with Skillsource to promote career connected learning within the region.**

- The North Central Network Executive Leadership Board comprises of cross-sector leadership including public, private, and community-based organizations working together to introduce and build pathways for students and connecting college and work opportunities.

**The Career Connected Learning Staff at the North Central ESD consists of CTE and Career Connected Learning Specialists that can assist with partnerships and collaboration.**



Find your local ESD at [Educational Service Districts \(ESD\) | OSPI](#).

For more information about ESD, visit the [Washington Association of Educational Service Districts | Nine ESDs. One Network. \(waesd.org\)](#)

# Community and Technical Colleges and Universities

One of the best ways to recruit local students that are familiar with the neighboring rural communities is at community colleges. College students near you are already looking for training programs, educational opportunities, or entry-level careers close to their community. Building a strong relationship with local community colleges is foundational for rural health facilities that are implementing Grow Your Own programs.



## Washington State Board for Community and Technical Colleges (SBCTC)

The Washington State Board for Community and Technical Colleges (SBCTC) advocates, coordinates, and directs Washington state's system of 34 public community and technical colleges. One of their areas of focus is workforce education. They partner with business to train students for direct entry into a career. Rural health facilities can partner with SBCTC and provide on-the-job training and job skills for employees. See the funding section on page 45 for more information.



There are also Centers of Excellence that are industry focused to connect with businesses. The WA State Allied Health Center of Excellence (AH COE) advises health facilities to form relationships with their local community colleges and have staff from your facility participate on advisory boards. Each local community college holds advisory boards for their workforce programs, where community members can provide input and express their needs. The benefit of having representatives from your health care facility is being able to influence and direct the programs to address your greatest needs. Further, if your rural health facility participates in local health coalitions, it is important to invite college administrators to the coalition meetings to further extend the seat at the table and allow for a well-rounded collaboration.

It takes time and investment for these relationships to build. Both the health facilities and the health care training programs are under intense pressure but having an ongoing and continuous relationship with the workforce directors from the community colleges can help address immediate needs that arise.



**For more information about the [AH COE](#), visit the [AH COE Home Page \(yvcc.edu\)](#).**

**For a list of [WA Community and Technical Colleges with health care training programs](#), visit [WA Community & Technical Colleges \(yvcc.edu\)](#).**

**For more information about [SBCTC](#), visit [For Employers | SBCTC](#).**

As your programs grow, your facility can begin to create standard processes. For example, provide the college a list of students whose tuition will be paid for as well as documented expectations of program details to ease the process of payments. Encourage ongoing staff involvement at career events, college fairs, and advertisements.

# Washington HOSA - Future Health Professionals



HOSA-Future Health Professionals, formerly known as Health Occupations Students of America (HOSA) is an international student organization that is recognized by the U.S Department of Education and the Health Science Division of ACTE. HOSA provides students with leadership and skill development, improving technical and soft skills that will help them stand out among their peers and future co-workers. Students attend a series of conferences and competitions which improve their competency in health sciences. Rural health facilities can also get involved in a HOSA chapter if their rural school has one and find ways to support students in their career development. For example, the Health Occupations Class and NA-C program at Prosser collaborates with the HOSA chapter at the high school to get the students scrubs. The Washington HOSA Executive Director can get you connected to the local HOSA chapters for workforce development.



For more information about Washington HOSA, visit [Washington HOSA Future Health Professionals - Home \(wahosa.org\)](https://www.wahosa.org)

[Find your nearest HOSA chapter.](#)

## Washington Area Health Education Centers (WA AHEC)



The Washington Area Health Education Center (WA AHEC) program works to improve the diversity, distribution, and quality of health care workforce in Washington. WA AHEC partners with affiliated AHEC program offices and clinics and communities throughout the state promoting health career pathways and educational opportunities. Their programs are for students from junior high through professional and post-graduate level. They also support health care providers working with underserved populations.



An Eastern Washington AHEC, HOSA medical assistant event lead by EWU nursing students.

The WA AHEC program office is housed in the University of Washington School of Medicine's Office of Rural Programs and consists of four regional centers: AHEC of Western Washington in Bellingham, WA; Eastern Washington AHEC in Spokane, WA; Southwest Washington AHEC in Olympia, WA; Central Washington AHEC in Wenatchee, WA. Each center has the goal of diversifying the rural and urban underserved health workforce and increasing accessibility to health care education by providing leadership and engaging with rural and urban underserved communities.

The AHECs are focused on developing and enhancing education and training networks within communities, academic institutions, and community-based organizations. The main programs include: Pathway Development (K-12), Continuing Education, Rural Underserved Opportunities Program (RUOP), and AHEC Scholars. Each AHEC also engages in different "passion projects" as activities to promote workforce development within each respective region. The AHECs also partner to do presentations and attend conferences to connect with the rural and underserved communities and help to close the gaps in rural health care.

# AHEC Pathway Development

The AHEC pathway activities are geared towards K- 12th graders to get them excited about health care and set them up for success to pursue a career in health care. This includes educational resources such as standardized exam preparation and assistance in college applications or FASFA/WAFSA completion, career fairs and health care events, shadowing opportunities, and setting students up with mentors. Rural health facilities can collaborate with the AHECs to contribute to this program in creative ways.

## Southwest Washington AHEC

The Southwest Washington (SW WA) AHEC recently partnered with ESD 189 for a health care bootcamp for migrant farmworkers that provided supplies and educational materials to keep them safe while working. They included water bottles, thermometers, a cookbook, an educational college book, etc. SW WA AHEC also partnered with Tacoma Community Health to hold an event for young black men going into health care. The SW WA AHEC plans to expand their collaboration with the ESDs and HOSA. The work of HOSA is relevant to the mission of the WA AHECs, so there is an opportunity to help promote HOSA in rural and underserved school districts. The AHECs can provide funding for students to attend HOSA events and support planning. In May 2023, several health industry partners tabled at a health care career event called Grow Your Future that was hosted at Centralia College. This was a great opportunity to connect with students and foster an interest in health care.



A Teddy Bear clinic with a local high school HOSA club sponsored by EWAHEC

## Eastern Washington AHEC

Eastern Washington (EW) AHEC has several workforce development activities, but their most prominent is their Hands-on Health care events that include interactive activities for students from preschool to high school. The goal of Hands-on Healthcare is to get students as young as possible interested in health care. They focus on rural, BIPOC, and urban underserved students by going directly into schools. "Teddy bear clinics" are hosted for preschool-2nd grade students as a fun, interactive introduction to a basic understanding of health care careers and terminology. Middle school and high school students dive deeper into career exploration through hands-on simulations of multiple health occupations. For example, students are introduced to physical therapy through a "Foam and Dome" test by testing their balance on a foam surface before brainstorming exercises physical therapists can provide their patients to improve their balance. There's also a visual impairment relay where students play patient to an occupational therapist while wearing impairment goggles. EW AHEC also hosts Scrubs Camps which are day-long health career camps where students explore a variety of health careers through interactive activities. Your rural hospital and clinic can collaborate with EW AHEC by facilitating, sponsoring, and organizing these Hands-On Healthcare events for students and members of the community!



## Central Washington AHEC

The Central WA (CW) AHEC is creating accessible and effective ways to reach students through pathway development through events that take place during the school day. Students are very busy with extracurricular activities making it difficult to attend an event after school hours or on the weekends. Bringing the events and activities to the schools eases this burden and increases the ability to reach more students. The CW AHEC is also dedicated to working with the Latinx community on health workforce development through collaborating with partners such as the University of Washington Latino Center for Health and the Allied Health Center of Excellence.



## AHEC for Western Washington

The AHEC for Western Washington (AHEC WW) is strengthening the high school and middle school pathway program by implementing more interactive, hands-on medically based activities such as suturing, phlebotomy, and animal dissections, and hosting health career exploration camps.



The main goal is to reach the rural and urban underserved communities and to add to their curriculum to align with the [National Health Science Standards](#). The AHEC WW is also involved in a Learning with Leaders event series hosted by FuturesNW for 9th - 12th grade students in all Whatcom and Skagit County High Schools to learn about career paths. The workshops at the events are an opportunity for students to hear from experts in the field and college faculty about career paths. Another event hosted in the community, Guys and Guts, targets middle and high school males to encourage them to explore and pursue a career in health care. Whatcom Community College hosts this event and highlights MA, NA-C, and physical therapy (PT) for students to join their educational training programs in these fields and increase more male representation in health care.

## AHEC Scholars

The AHEC Scholars program focuses on students in health care who are pursuing professional degrees or other certificate programs. They aim to reach students from rural or underserved communities, disadvantaged backgrounds, and first-generation students. The scholars program focuses on providing students with a skill set to lead health care transformation in rural and urban underserved communities by emphasizing a team-based approach to addressing health disparities. Over the course of the program, students participate in field trips to rural and urban underserved health care settings, attend online meetings with the cohort, complete no-cost coursework, and engage in a service learning or community project.

## RUOP

AHEC collaborates with the UW School of Medicine and WWAMI campuses on the Rural Underserved Opportunities Program (RUOP). RUOP program is a four-week rotation for first year medical students to serve in a rural or urban underserved community and directly work with local physicians. Medical students benefit from learning how community health care facilities function and get early exposure to the challenges and rewards of practicing primary care medicine in a rural or urban underserved setting. Besides the personal reward of volunteering their time to become preceptors and work side by side with medical students, there is a huge impact on the next generation of providers to pursue a rural practice. There is always a demand for mentors and preceptors for this program. Reach out to your regional AHEC if you are interested in hosting medical students through the RUOP program.



Find your AHEC region at [Washington AHEC - WA Area Health Education Center Program](#).

For more information, visit the [National AHEC Organization](#).

# Career Connect Washington



Career Connect Washington (CCW) launched in 2017 as a network of business, labor, education, and community leaders creating work-based and academic programs that enable students to explore, prepare and launch themselves into college and careers. The career-connected learning model is a series of skill-based programs that combine classroom learning with real-world experience. This allows students to connect directly to education, credentials, and career opportunities.

CCW consists of nine Regional Networks that are convening points for employers, educators, and non-profits to coordinate efforts. Career Connected Learning Coordinators in the state's nine Educational Service Districts collaborate with local school districts to support career-connected learning activities called Program Builders. The Program Builders are academic and work-based settings that create new or scale existing career-connected learning programs. They work with sector leaders to identify workforce and training needs to inform program development. Rural health facilities can tap into CCW programs to expand workforce development strategy.

CCW also has opportunities for program funding and endorsement, for more details refer to the funding section on page 44.



For more information about CCW, visit [Career Connect Washington's Home Page](#).

## The Training Fund



CCW's Health care Sector Leader is the SEIU Healthcare 1199NW Multi-Employer Training and Education Fund (Training Fund). The Training Fund is a nonprofit, labor-management partnership between eight major health care employers across WA and the largest health care union in the state. Its goal is to build a diverse and empowered health care workforce through leadership, education, stewardship, innovation, and advocacy. This includes promoting access to education and diversifying the workforce through benefits for eligible members that include tuition assistance, academic support, and digital access to complete pre-requisites and/or complete degree or certification programs. The Training Fund also strengthens entry-level career paths through the Health Care Apprenticeship Consortium (HCAC), a multi-union and multi-employer Washington State-registered Joint Apprenticeship Training Committee, discussed on page 21.

The Training Fund can support workforce development in rural health facilities and get employees connected to the HCAC. It also helps develop independent workforce programs that align with CCW's [healthcare strategy](#). To apply for funding, a program must fall within one of three areas of Career Connected Learning: Career Explore, Career Prep, and Career Launch. The Training Fund is able to review and provide guidance on applications that health facilities submit. It can also facilitate connections to partners to promote the success of programs. Proposals are more likely to receive funding if they demonstrate proof that the program will both create jobs, as well as succeed and thrive beyond the initial launch funding. This is especially true for Career Builder programs. The Training Fund spotlights different workforce programs and related discussions on a bimonthly basis.



Visit [SEIU Healthcare 1199NW Multi-Employer Training Fund \(healthcareerfund.org\)](http://healthcareerfund.org) for more information.



# The Workforce Board



The Washington Workforce Training and Education Coordinating Board (Workforce Board) serves as a partnership between labor, business, and government dedicated to meeting the needs for a skilled health care workforce and supporting Washington residents to obtain family-wage jobs. The Workforce Board plays several roles: advocates for workforce development related issues, is an independent third-party evaluator of the state’s workforce system, is the lead policy advisor, and a regulator of private career school programs and veterans’ education programs. The Workforce Board is also involved in addressing staffing concerns of long-term care employers through an apprenticeship that supports NA-C and Home Care Aids (HCAs) to become Licensed Practical Nurses (LPNs). The program started as a pilot in 2023 by three employers and two community colleges. The LPN apprenticeship program is discussed in more detail on page 22.



For more information on the Workforce Board, visit the [Washington Workforce Training & Education Coordinating Board](#).



## The Health Workforce Council

The Workforce Board is a long-time group that provides staff support to the Health Workforce Council and raises attention to current and projected health care workforce shortages. The council advocates for sustainable, systemic solutions and has made policy development in issues such as nursing shortages, behavioral health, and long-term care. They hold quarterly meetings to discuss relevant issues, council recommendations, and share updates.



To register for quarterly meetings hosted by The Health Workforce Council, visit [Health Workforce Council Meetings](#). Check out the [Health Workforce Council Annual Report](#).

## Washington’s Health Workforce Sentinel Network

The Health Workforce Council collaborates with the UW Center for Health Workforce Studies on Washington’s Health Workforce Sentinel Network. The Sentinel Network is an employer-focused tool that captures qualitative workforce demand information. This includes employer challenges with recruitment, retention, and needed worker skills. The information is used by the Council, Workforce Board, and others to inform educators and policymakers about employers’ needs. The Sentinel Network engages with the full range of stakeholders to identify and solve workforce problems. The employers they work with, called Sentinels, are encouraged to participate in a data collection process twice a year to generate up-to-date information that can be used to identify signals of changes and possible solutions. The data is compiled and made available on the Sentinel Network website and disseminated through meetings and reports. The data illustrate employer needs to stakeholders who can make the necessary changes. Information provided by employer Sentinels is kept confidential and reported in aggregate form, grouped with data from other similar organizations.



Learn more about the [Sentinel Network and recent findings](#).

## Long-Term Care (LTC) Workforce Initiative

The Long-Term Care (LTC) Workforce Board is involved in two focused efforts to address the staffing concerns of long-term care service providers. The first is an apprenticeship for nursing aides - certified (NA-Cs) and home care aids (HCAs) to become licensed practical nurses (LPNs). The second LTC Workforce initiative is broader in scope but with the same goal to identify and establish a stable long-term care workforce. The broad coalition that includes government workers, educators, health care providers, business leaders, and front-line workers are working side-by-side using cutting edge research to identify successful programs. The efforts are supported by government agencies who offer recommendations to the Legislature and the Governor's office to support these initiatives.

This growing group of professionals are breaking down silos and establishing effective opportunities that create a stable LTC workforce. This group is taking necessary action to build a strong long-term care health care system and workforce to care for families and the growing needs of the aging population.



For more information and future updates, visit the [Washington Workforce Training & Education Coordinating Board's Long-Term Care Page](#).

## Accountable Communities of Health (ACH)

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Accountable Communities of Health (ACH) are independent, regional organizations that work with their communities on health care and social need projects and activities. ACHs play a large role in Washington's Medicaid Transformation Project (MTP) and are working towards improving the health of their communities. The goal of the ACHs is to promote health equity and address and social determinants of health. They respond to regional needs and partner with health care providers, local health jurisdictions, community-based organizations, and other groups.

ACHs can partner with rural health facilities to support workforce development through funding. Jefferson Healthcare has accessed funding for their workforce development programs, by receiving an Olympic Community of Health (OCH) grant that funds a workforce development program manager embedded in the local high schools to ensure successful program execution, discussed more in the funding section on page 44.

### Washington's nine ACHs, each serving a specific region of the state:

- [Better Health Together](#)
- [Choice](#)
- [Elevate Health](#)
- [Greater Health Now](#)
- [HealthierHere](#)
- [North Sound ACH](#)
- [Olympic Community of Health](#)
- [SWACH](#)
- [Thriving Together NCW](#)



For more information on ACHs, visit [Accountable Communities of Health \(ACHs\) | Washington State Health Care Authority](#)



# IMPLEMENTATION

*Key components of a strong program.*

## Employee Engagement

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Rural health facilities must have buy-in from their current employees to ensure success in Grow Your Own programs.

### Have intentional conversations

But how do you create that buy-in? Mason Health has been able to gain support from current employees by having meaningful conversations with their staff about the importance of these programs and staff involvement. They stress how it takes time and effort to build the workforce and reduce staffing shortages. They found that staff who engage in workforce development programs even recover from burn out because they get back in touch with why they went into health care. It provides a sense of excitement and empowerment by being able to inspire the next generation of health care professionals. They take pride in investing their time and energy with students. Their staff's participation in the classroom is phenomenal, so much so that they jump at the opportunity to get into the schools and sit on career panels. They are even more excited when students come into the hospital to shadow or volunteer because it is a change of pace from their everyday job responsibilities.

Lake Chelan staff are very excited about getting to support students whether it be at the school's career fairs, family nights, or community events. Being available to answer questions about health care careers for students and parents is very helpful, especially as students get ready to leave for college. Staff enjoy participating in outreach events because engaging with the youth is different from their day-to-day work. Staff love sharing what they know and are able to build connections with the students.

### Prepare ahead of time

The best way to ensure that you get participation in different workforce development activities is ensuring that everything is prepared ahead of time. When Mason staff are participating in careers panels, they prepare questions and answers already beforehand. Keep your staff aware of the involvement and outreach happening in their community. They may have young family members that are interested in participating in workforce programs.

## Compensate when possible

Training programs often require preceptors to mentor or oversee students which can be challenging when there are staffing shortages. Facilities are encouraged to compensate them for their time or provide a stipend. This creates growth opportunities for employees.



For more information about recruitment and retention, check out DOH's Findings from [Rural Healthcare Key Informant Interviews brief](#).

## Funding

According to the workforce development survey 61 % of survey respondents indicated that they do not receive funding for their workforce development programs. Funding is not necessary for programs that are more focused on outreach in the community and with students but do require investment of time and capacity of staff members.

- For programs with interactive or hands-on elements, funding for equipment or resources may be needed. In some cases, receiving donations from the community and other organizations is sufficient.
  - For example, Coulee Medical Center relies solely on community donations for their health care career event for students.
- More robust Grow Your Own programs, such as apprenticeship and training programs, scholarships, and residency programs typically require more funding, time, and resources.
  - Costs may be needed for equipment for supplemental instruction, tuition of a student, the salary of the student if they are employed, or preceptor pay.

## Career Connect Washington - Funding and Endorsement

Career Connect Washington (CCW) conducts a career launch endorsement process which looks for programs that combine meaningful, high quality on-the-job experience with classroom learning. Programs include registered apprenticeships (which are automatically endorsed) and K-12, community and technical college, and 4-year systems. The review process is overseen by the State Board of Community and Technical Colleges. The CCW grant funding help organizations, known as Program Builders, build, expand, or enhance career connected learning through funding support.



For more information about CCW endorsement process and access to the online application, visit [Apply for Career Launch Endorsement | Career Connect Washington](#).

Rural health facilities interested should contact their [Regional Network Director and Career Connected Learning Coordinator](#) to learn more about the application process.

Check out the [different funding opportunities from CCW](#) and contact your [Regional Network Director and Career Connected Learning Coordinator](#) to learn more about the application process.

### A Funding Success Story: Jefferson Health

Jefferson Health received funding from Career Connect Washington through a Career Explore grant, to help 8th and 9th graders build an understanding of health care careers. This involved interactive activities and going into the classroom and having different subject matter experts speak to the students about career options in health care. Following the events, a survey showed that students reported a 225% increase in knowledge of careers! They were also awarded the Career Prep grant, to focus on strengthening

the high school pathways into health care, which includes building more high school health science classes that offer either dual, college or CTE credit. The goal is to develop coursework for the classroom that meets the requirements for colleges and not place the burden on the teachers or CTE directors to develop it. Some of the other activities include collaborating with the community college to host simulations for students, providing a worksite learning tour, and developing a formalized job shadowing program.

They also collaborate with their local ACH - Olympic Community of Health (OCH). A Jefferson Healthcare senior leader sits on the OCH board. Jefferson Healthcare partnered with local public schools for them to receive additional money to support health science classes.

## Washington State Board for Community and Technical Colleges (SBCTC) Loan Assistance

The Washington State Board for Community and Technical Colleges (SBCTC) also offers interest-free loan assistance to employers across the state to develop training programs. The SBCTC pays for the up-front costs to implement customized training, allowing employers to then repay the cost after the training is completed.

To be eligible, rural health facilities must form an agreement with qualified training institutions such as a public, community, or technical colleges. The agreement can also be formed with a Washington-located private vocational school, the Workforce Training and Education Coordinating Board, or the Washington Student Achievement Council.



For more information, visit the [Customized Training Program for Employers | SBCTC](#).

## Washington State Department of Labor and Industries (L&I) - Apprenticeship Funding

The Washington State Department of Labor and Industries (L&I) has grant funding available for apprenticeship programs. The Wrap-Around Support Services grant provides supportive services to pre-apprentices and registered apprentices from WSATC registered apprenticeship programs. Applicants can be from nonprofit organizations, state recognized preparatory programs, or registered apprenticeship programs supporting individuals currently in or seeking to enter a program.



For more information regarding funding from L&I, visit the [Apprenticeship Funding Opportunities \(wa.gov\)](#) and see the [Apprenticeship State Grant Application](#) for more details on eligibility.

## The WA State Student Nurse Preceptorship Grant

The Washington State Student Nurse Preceptorship Grant (WSSNPG) provides monetary incentives to become a nurse preceptor for student nurses. The Nursing Commission is directly funding nurse preceptors with the goal to increase student exposure to health care and reduce shortages in the workforce.

**To see if your nursing staff qualifies, view the criteria below:**

- Have an active ARNP, RN, or LPN license
- Completed at least one year of clinical practice experience
- Employed at an approved practice site by the education program
- Complete 80 hours of preceptorship

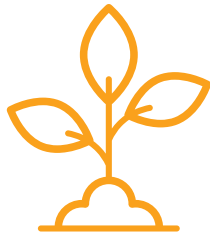


For more information, please visit: [Student Nurse Preceptor | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

# BEST PRACTICES

*A summary of program development advice.*

We talked to several rural health facilities about their journey of implementing their workforce development programs. Below is advice they had to offer to others wanting to develop their own programs.



## Start small

A good place to start is implementing a one- or two-person apprenticeship program. The WACH apprenticeship program is a great model for small rural health facilities because it doesn't require large cohorts. Many health facilities shared that their apprenticeship program helped save their workforce and that it was sustainable for them in the long run. Those two apprentices from the first year can then go on to become preceptors for the future cohorts, starting a snowball effect of professionals moving into the workforce.



## Don't let barriers stop you

Mason shared that they have faced many barriers when it came to starting their workforce development programs. They just had to figure it out and tackle each issue that came up. They said, "the benefits outweigh the pain of developing the programs tenfold," and "it's okay to fail." The same sentiment was shared by Summit Pacific where they encourage others to "find a way!" It might be a long process but get to the "yes", break down barriers, and think innovatively. They also emphasized that it's okay if you're not perfect the first time around; it's important to be forgiving to your team and yourself in the beginning.



## Actively maintain school relationships

Almost every health facility emphasized the importance of having a very active relationship with the local high schools and community colleges. Anytime there's an event or job fair, it's important to attend and have representatives from your facility. Collaborate with the CTE directors at the high schools, connect with other administrators, and work with OSPI. With an active presence in the schools, it allows staff to also build better relationships with the students and increase confidence.



## Have a workforce development committee or team

Another important aspect is to have a committee or team dedicated to the workforce development programs at the facility. This will ensure success and organization when managing the students and coordinating with staff to set up job shadows or an apprenticeship program. Having a designated person supported by a team or committee will take that burden off other staff. Mason found it necessary to “share the work” because of stretched bandwidth. They found it impossible for one person to manage workforce development activities.

## Foster youth voice



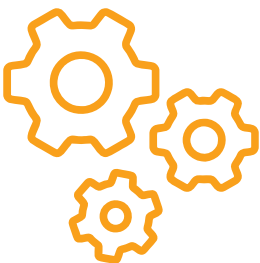
Jefferson Healthcare also added two student advisors to their team to bring the voices of both the students and the employees together. Initially, the student advisors were volunteers and participated in the job shadowing program. After some time, the student advisors were paid as they became a valuable resource for Jefferson’s workforce development efforts. The two students brought different perspectives— one who was interested in the administrative side and another who was more clinical-focused. Including students on a workforce development team is a great tactic to ensure that students’ needs are being evaluated in all activities. Similarly, it is a good idea to survey students who participated in the workforce development programs to determine its effectiveness and success.

## Get buy-in from the whole facility



The rural workforce development programs are successful if they get buy-in from the whole facility, including leadership, the board, executives, and the staff. Employee engagement is essential. Having staff active in the classrooms and participating in career panels or job fairs is just as important as serving as preceptors for an apprenticeship program. Have conversations with staff about the importance of being involved and ensure that they are fully prepared in advance. It is also suggested that staff are compensated for their time. Jefferson shared that they always pay their staff their normal wage for participation in panels or career fairs. Other health facilities have a preceptor pay for apprenticeship/ training programs. Not only is there a need for preceptors and mentors, but there also needs to be staff to direct and take responsibility for the programs. Ultimately, there should be shared responsibility. With the investment from internal team members, programs or activities can be handed off to each specialty.

## Collaborate with other organizations and your community



It is essential that rural health facilities collaborate to establish strong workforce development programs. This includes connecting not only with the schools but also the AHECs or the local ACH. Jefferson also suggests partnering with the local economic council and county government. Jefferson has also partnered with their local union who provided letters of support on grants. This not only has helped them get additional funding, but it has connected them with the right people and allowed them to have a voice in important decision-making for the school districts.

# Resources

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## Accountable Communities of Health

- [Washington's Accountable Communities of Health \(washingtonach.org\)](http://washingtonach.org)

## Allied Health Center of Excellence

- [Home - AH COE \(yvcc.edu\)](http://yvcc.edu).
- For a list of WA Community and technical colleges with health care training programs visit [WA Community & Technical Colleges \(yvcc.edu\)](http://yvcc.edu).

## Area Health Education Centers

- Find your AHEC region [Washington AHEC - WA Area Health Education Center Program](http://Washington AHEC - WA Area Health Education Center Program)
- For more information on the National AHEC Organization, visit [National AHEC Organization](http://National AHEC Organization).

## Career Connect Washington

- [Home | Career Connect Washington](http://Home | Career Connect Washington).
- [Read the CCW Healthcare Sector Strategy](http://Read the CCW Healthcare Sector Strategy)
- [Process for Applying for Career Launch Endorsement](http://Process for Applying for Career Launch Endorsement)
- [Regional Network Director and Career Connected Learning Coordinator](http://Regional Network Director and Career Connected Learning Coordinator)
- [Apply for CCW Grant Funding](http://Apply for CCW Grant Funding)

## Health Care Apprenticeship Consortium

- [Health Care Apprenticeship Consortium](http://Health Care Apprenticeship Consortium)
- [HCAC's Program standards](http://HCAC's Program standards)
- [HCAC Employer's Guide](http://HCAC Employer's Guide)

## HOSA Future Health Professionals

- [Washington HOSA Future Health Professionals - Home \(wahosa.org\)](http://Washington HOSA Future Health Professionals - Home (wahosa.org))
- Find your nearest HOSA chapter in [this list of HOSA chapters in Washington](http://this list of HOSA chapters in Washington)

## InReach (Washington Association of Community Health)

- [For Employers - InReach Career Pathways \(inreachpathways.org\)](http://For Employers - InReach Career Pathways (inreachpathways.org))

## Iowa Online Nurse Residency Program

- [Iowa Online Nurse Residency Program \(IONRP\) | College of Nursing - The University of Iowa \(uiowa.edu\)](http://Iowa Online Nurse Residency Program (IONRP) | College of Nursing - The University of Iowa (uiowa.edu))

## Office of Superintendent of Public Instruction

- [Career and Technical Education](http://Career and Technical Education)
- [Educational Service Districts](http://Educational Service Districts)

## RONE

- [Evaluation of the Rural Outreach Nursing Education \(RONE\) Program](http://Evaluation of the Rural Outreach Nursing Education (RONE) Program)
- [Area Health Education Center for Western Washington's assessment for Strengthening the Local Nursing Workforce for Rural and Tribal Communities](http://Area Health Education Center for Western Washington's assessment for Strengthening the Local Nursing Workforce for Rural and Tribal Communities).

## The Training Fund

- [Website: SEIU Healthcare 1199NW Multi-Employer Training and Education Fund](http://Website: SEIU Healthcare 1199NW Multi-Employer Training and Education Fund)

## The Workforce Board

- [Washington Workforce Training & Education Coordinating Board](http://Washington Workforce Training & Education Coordinating Board)
  - [Read the Health Workforce Council Annual Report](http://Read the Health Workforce Council Annual Report)
  - [Learn more about the Sentinel Network](http://Learn more about the Sentinel Network)
  - [More information regarding Long-Term Care](http://More information regarding Long-Term Care)

## Virtual Health Institute (The Training Fund)

- [Virtual Health Institute | We train essential healthcare workers to fill crucial gaps. \(virtualhealthcareinstitute.org\)](http://Virtual Health Institute | We train essential healthcare workers to fill crucial gaps. (virtualhealthcareinstitute.org))

## Washington Board of Community and Technical Colleges

- [For Employers | SBCTC](http://For Employers | SBCTC).
- [Customized Training Program for Employers | SBCTC](http://Customized Training Program for Employers | SBCTC).

## Washington State Board of Nursing-Nursing Assistant Programs

- [Information for Nursing Assistant Programs | WA Board of Nursing](http://Information for Nursing Assistant Programs | WA Board of Nursing)

## Washington State Department of Health

- [Pharmacy Technician Programs](http://Pharmacy Technician Programs)
  - [Guidelines for the Implementation of Washington Pharmacy Technicians](http://Guidelines for the Implementation of Washington Pharmacy Technicians)
  - [Pharmacy Technician Education Program Approval Form \(wa.gov\)](http://Pharmacy Technician Education Program Approval Form (wa.gov))
- [Medical Assistant Programs](http://Medical Assistant Programs)
  - [Medical Assistant | Washington State Department of Health](http://Medical Assistant | Washington State Department of Health)
  - [Medical Assistant-Registered Healthcare Practitioner Endorsement Application](http://Medical Assistant-Registered Healthcare Practitioner Endorsement Application)

## Washington State Department of Labor & Industries

- [Find an apprenticeship program: L&I Apprenticeship Program Public page](http://Find an apprenticeship program: L&I Apprenticeship Program Public page).
- [For more information on how to Offer a Registered Apprenticeship \(wa.gov\)](http://For more information on how to Offer a Registered Apprenticeship (wa.gov)).
- [Apprenticeship Funding Opportunities](http://Apprenticeship Funding Opportunities)



# The Washington State Department of Health, Rural Health Workforce

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The Washington State Office of Community Health Systems, Rural Health section can assist clinicians and students in several ways. It provides direct recruitment services, assistance with loan repayment programs, and coordinates the J-1 Visa Waiver Program.



Learn more at the [Workforce Recruitment and Retention | Washington State Department of Health website](#). For a breakdown of services, refer to the [Workforce Recruitment and Retention One Pager](#).

For a more detailed summary of the survey, refer to the [DOH Rural Health Workforce Development Survey Report](#).

## Recruitment and Retention Findings

The DOH Workforce team conducted key informant interviews across Washington state's rural health hospitals and clinical staff about recruitment and retention of their workforce. These findings were summarized in a [Rural Healthcare Key Informant Interviews brief](#).

## Contact

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**Phone:** 360-236-2800

**E-mail:** [ruralhealth@doh.wa.gov](mailto:ruralhealth@doh.wa.gov)

Learn more about [DOH Rural Health](#).



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