



April 21, 2022

## WHAT WE HEARD: KEY INFORMANT INTERVIEWS

## Health Career Pathways &amp; Health Workforce Development in WA State

## BACKGROUND

From July 2019 thru April 2021, the Latino Center for Health (LCH) at the University of Washington (UW) generated evidence<sup>1</sup> that underscored the need for a more multilingually and multiculturally diverse physician workforce and partnered with existing advocacy efforts to drive the development and passage of Washington (WA) state legislation<sup>2</sup> to increase the diversity of the physician workforce and ultimately improve the health of Latinx/e communities. During the 2021 WA state legislative session, LCH contributed to efforts resulting in the passage of representative admissions goals for state medical schools and the creation of a pathway to licensure for international medical graduates. Shortly afterward, leadership from the two largest federally qualified health centers (FQHCs) invested seed funding to explore the health policy path forward for advancing equity and parity in the broader health workforce in the State.

## WHAT ARE OUR GOALS?

LCH supports parity in all health professions and culturally responsive practice but will focus on where the biggest problems lie. We care about equitable outcomes for all Washingtonians, especially for Latinx/e populations.

## WHY?

Linguistically-and culturally-appropriate care produces better health outcomes ([Institute of Medicine, 2004](#)). In WA state, Latinx/es make up the largest ethnic minority group and the fastest growing segment of the state's population ([US Census Bureau](#)). Research shows Latinx/e populations experience worse quality of care compared to non-Latinx/e Whites ([Betancourt, 2006](#)).

## ENGAGING STAKEHOLDERS

From February 1, 2022 thru March 5, 2022, LCH conducted nine key informant interviews with 11 leaders in the health workforce policy and health career pathway fields to build the primary data source for a scan of current policy, systems, and institutional health career pathway and workforce efforts. We selected key informants based on their geographic location and positionality within the health career and workforce development space, and used snowball sampling methods. The semi-structured interviews addressed the following themes: main actors/players in the health career and workforce development space in WA state, health policy leadership, existing health workforce policy efforts that center BIPOC populations, gaps in this ecosystem, potential role(s) for LCH, funding streams to sustain health policy work, and present-day considerations for addressing the 2-year to 4-year health career pathway during the COVID-19 pandemic.

**Table 1** outlines the list of key informants. **Table 2** presents interview responses. **Table 3** contains additional stakeholder names recommended to LCH to deepen our learning.

[CLICK HERE TO SEE TABLES](#)

- 1 [LCH Physician Workforce Symposium](#)
- 2 Washington State Senate Bill 5228 and House Bill 1129

“When you reach equity, you won't see a difference in population outcomes around access to education, employment, & health.”

— Jenée Myers  
Twitchell,  
Washington STEM



## WHAT WE HEARD | What follows are the main takeaways from the key informant interviews:

### Health policy leadership

- There is a significant policy leadership gap in the health career pathway and healthcare workforce spaces in WA state.

### Existing health career and workforce policy efforts that center BIPOC (Black, Indigenous, People of Color) populations

- There are government-issued and philanthropic directives to increase equity in the workforce system.
- Industry is focused on filling occupation vacancies, but doesn't necessarily center equity in the process.

### Gaps in this ecosystem

- We need a coordinated focus on equity; silos, hierarchies, and structural racism persist in the health workforce and contribute to inequities in the access and outcomes to higher paying health careers.
- Funding is needed to elevate the work and wisdom of communities of color; fund them to lead this work.
- Coordinated retention efforts are needed at all levels to retain BIPOC students and staff along health career pathways.

### Potential Paths Forward

- Longitudinal policy looking at parity along the health career pathways and in health workforce development.
- Redesign outreach efforts to BIPOC populations to make good paying health careers more accessible.
- Efforts on the supply and demand side would benefit from talking about the health workforce in a broad way, always.
- A policy focused on the pressing shortages in nursing and long-term care and home care industries.
- Actionable anti-racist work needs to be central to how we address the health workforce in this state in accountable ways.
- More strategic partnerships with aligned priorities are needed.
- Policy changes are needed that address factors limiting access to health internship opportunities.
- Increase more scholarship opportunities that directly fund students.
- Examine the employers' side: What is their role? How are they collaborating with the educational/training system?

### Potential role(s) for LCH

- Provide leadership for equity in these spaces, especially as convener and bridgebuilder to open new possibilities.
- Hold regular community listening sessions; communities have answers to share when we listen.
- Provide research and data to the "application/implementation" side of the health workforce.
- Be a thought leader that centers health equity at the system level; hold institutions accountable.

### Funding streams to sustain health policy work

- Funding sources to sustain this work include foundations, labor unions, academic institutions, nonprofits, large health centers, state departments, and the state legislature.

### Present-day considerations for addressing the 2-year to 4-year health career pathway during the COVID-19 pandemic

- There has been a break in the pipeline of students, especially BIPOC, from the COVID-19 pandemic; enrollment is low.
- We need considerable trauma-informed meaningful support for students, especially BIPOC, to enter and transition through these health career pathways.
- Policies are needed that will embrace more simulated (and culturally responsive) clinical training.
- We need to provide programs with the following support: clinical (staffing and opportunities), equipment, programming, and capital.

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“ I don't think workforce development is going to change unless we're accepted as a community for who we are and what we represent.”

– Dr. Bernal Baca

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### How will we get there?

On April 27, 2022, LCH will host a virtual convening of state-wide health career and workforce stakeholders to 1) share and discuss findings from the key informant interviews and 2) identify potential paths forward for advancing policy efforts to increase health workforce parity and improve health equity in WA state. Our discussions will identify low hanging fruit and generate ideas for addressing strategic points along the health career pathways.

### What is the next step – after the meeting? Considerations for the Path Forward.

Given the leadership gap centering health equity, future coordinated efforts will need to choose one to two areas of focus per year and invite allies or coalitions to act on these issues. We'll want the broadest coalition of support to help bring equity and parity together in the health career pathway and health workforce development spaces.