Building a Sustainable Rural Health Workforce for the 21st Century

A Report of the 2024 Rural Health Workforce Summit

May 2024

National Rural Health Resource Center

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Introduction

The U.S. is in the midst of a workforce crisis, with a critical shortage of qualified health care and related professionals. In the American College of Healthcare Executives' 2023 survey, hospital leaders cited workforce challenges as the number one issue confronting hospitals.

These issues are especially pronounced in rural areas, where workforce shortages compound existing barriers to accessing high quality and equitable health care. More than half of Health Resources and Services Administration (HRSA) primary care medical health professional shortage areas (HPSAs) are located in rural areas. Close to 100,000 nurses left the field between 2021 and 2023, and another 600,000-plus are expected to leave by 2027. Additionally, HRSA estimates that by 2030 there will be a sharp increase in demand for allied health professionals in rural areas, including an 11 percent increase for community health workers (CHWs), 17 percent increase for emergency medical technicians (EMTs) and paramedics, and a 30 percent increase for respiratory therapists. These workforces are projected to grow in the same time period, but in some cases not at rates to match the demand (14 percent projected growth for CHWs; 5 percent projected growth for EMTs, and 13 percent projected growth for respiratory therapists).

A large share of aging Americans with increasing medical needs are living in rural areas: 85% of "older age counties" – that is, counties with more than 20% of residents age 65 or older – are in rural America, and hospital closures are creating health care deserts in rural communities. Many rural hospitals are closing their birthing centers, limiting access to crucial prenatal, birthing, and post-natal services. This adds to an already stark scarcity in rural maternity care -- more than half of rural hospitals do not offer any labor and delivery services at all. Additionally, there is an ongoing shortage of behavioral health providers nationwide, but especially in rural areas. Rural counties are more likely to lack behavioral health providers of all types (e.g., psychiatric nurse practitioners, psychologists, social workers, counselors) and the absence of specialty substance use disorder (SUD) treatment providers in rural communities can lead to worse outcomes for people with SUD, including more frequent inpatient

hospitalization than non-rural areas. These many challenges and disparities highlight the need for rural health care providers to forge new and diverse strategies to ensure that they will have a competent and sustainable workforce in the future.

In May, 2024, the National Rural Health Resource Center (The Center), through its Technical Assistance and Services Center (TASC) and in collaboration with the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), convened a summit of rural health experts to identify strategies to address rural workforce challenges now and in the future. TASC provides support to the 45 states participating in the Medicare Rural Hospital Flexibility (Flex) Program and assembled this summit group to develop approaches that state Flex Programs can implement to support their critical access hospitals (CAHs), rural health clinics, other rural health care providers, and the rural communities.

The recommendations and strategies outlined in this report can serve as a guide to help state Flex Programs and other collaborators work with other rural health partners to build and grow their workforce. The information presented here is intended to provide general guidance. The materials do not constitute, and should not be treated as, professional advice regarding the use of any strategy or approach or the consequences or risks associated with them. Every effort has been made to ensure the accuracy of these materials. The Center and the authors do not assume responsibility for any individual's reliance upon the information provided in this guide. Readers and users should independently verify all statements made before applying them to a particular situation and should independently determine the correctness of any suggestion made in this report before recommending it to a client or implementing it on a client's behalf.

Purpose and Process

With the support of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP), the National Rural Health Resource Center (The Center) convened a summit of national rural health workforce experts in Bloomington, Minnesota, on May 15 and 16, 2024, to discuss alternative workforce strategies that can be undertaken by rural health organizations to ensure an adequate supply of needed workforce, both now and in the future.

The summit was a highly collaborative event, allowing participants and facilitators to work together to brainstorm, team up, and begin to create solutions. The diverse group of participants included administrators, researchers, business owners, state Flex Program representatives, and individual providers from across the nation who brought their own experiences and perspectives on workforce development, along with an open mind and a commitment to rural health care.

Through the Technology of Participation (TOP) facilitation approach, the group reflected on the historical timeline of the U.S. health care system and how it has impacted the workforce over the years. This "Wall of Wonder" activity provided context for participants and helped them frame the current state of the American health care system as one of both *disruption*—related to the COVID-19 pandemic, payer challenges, and hospital closures and acquisitions—and *opportunity for innovation,* through increased use of technology, redefined roles, and community engagement.

Group Consensus Statement

"Addressing rural health workforce challenges is about **strategy,** not policy."

The goal of summit was to identify alternative strategies to address rural workforce challenges and profile successful rural workforce initiatives taking place across the country that can be scaled and distributed to a larger audience. Participants worked in teams to develop recommendations and then collaborated on their feasibility and applicability to rural providers. The result was a set of strategies focused on four key areas—**new workforces, partnerships**

and networks, technology, and education—that can help move the needle forward on creating and retaining a sustainable and successful health care workforce in rural America.

Group Shared Wisdom

"We don't have a workforce problem. We have a work problem. To care for the increasing number/amount of care we will need to work differently."

- American Hospital Association

The Rural Health Care Workforce

More than 46 million Americans live in rural areas. According to the most recent HRSA data, they are served by 1,365 CAHs, along with about 5,000 rural health clinics and the same number of federally qualified health centers (FQHCs). According to a 2024 report by the Senate Joint Economic Committee, 91% of rural counties have a shortage of primary care physicians, compared to 74% non-rural counties. This points to the nationwide shortage of health care providers, but is also unique to rural hospitals' and health systems' longstanding challenges in recruiting and retaining qualified health care workers to their communities. Research by the General Accountability Office (GAO) also found that when rural hospitals close, the availability of all types of health care providers in that county continues to decline over time. These shortages of providers can cause delays in patient care and challenges with access to treatment, especially among pregnant women, people of color, and those who live on Tribal land.

There are many initiatives already underway to develop the rural health workforce, including scholarship and loan repayment programs through HRSA and other private and public groups, and many "grow your own" career development programs nationwide. But challenges still remain.

The 2024 Rural Health Workforce Summit enabled leaders from different sectors and perspectives to work together to form alternative strategies for growing and retaining the rural health workforce.

The Importance of Advancing Workforce Equity

Just as health equity means that everyone has a right to optimal health regardless of race, ethnicity, or socioeconomic status, workforce equity means that everyone should have access to meaningful, sustainable careers. Summit participants approached all discussion and strategies through a lens of workforce equity – how can rural provider organizations and their educational and workforce partners create programs and careers in a way that people of all races, ethnicities, identities, and backgrounds can succeed and achieve economic and professional advancement. This includes providing opportunities for everyone at all levels of work, from direct care to C-suite, and ensuring the workforce represents the people it serves. Workforce equity is imperative to all strategies identified at the Summit and in these recommendations.

In this process, Summit participants identified three core principles that are key to the success of any workforce initiative in rural communities. These standards serve as guideposts for workforce development and help determine if certain strategies might work in a rural community. These principles include **the importance of community, the role of rural ingenuity, and alignment of payment**.

Leading Principles

Principle 1: Importance of Community

Community is at the heart of rural America, where small populations share and support each other in challenges and successes. This is why community engagement is a crucial element of building the rural health care workforce. A rural hospital or other health provider's current staff likely live in the community they serve, and any new workers recruited from outside will need to integrate into the community, as well. In fact, one of the leading predictors of a physician choosing to work in a rural hospital is if they grew up in a rural area. When thinking about hiring and retaining workers, provider organizations should also consider factors such as the types of jobs available to the employee's partner, where they can find childcare, and what local services they might need. Additionally, with the increase of home-based services, health providers must be able to create rapport and relationships not only with patients, but also with their families.

Principle 2: Role of Rural Ingenuity

Since the early days of our nation, rural communities have had to build resilience and get creative to survive and thrive without widespread access to outside services and supports. This ingenuity produces

a constant readiness for change and willingness to try something new. These qualities are important assets in piloting or implementing alternative workforce strategies in rural health care organizations. Rural communities can be seen as leaders and trailblazers in trying new approaches to problems.

Principle 3: Alignment to Payment

The past few decades have seen significant changes in payment structure in health care, as many payers have moved from fee for service (FFS) to value based payment (VBP) models. For some rural health providers this has been enabled by forming accountable care organizations (ACOs), but many others still operate independently and at times feel that they are at the mercy of payers. As rural providers grow their workforces, they will need to keep in mind how different payment models relate to provider and service types. Summit participants agreed that there may be strength in numbers if rural providers band together to present a value proposition to engage and collaborate with private and public payers.

With these principles in mind, summit participants identified **four core strategies and related approaches to build and maintain the rural health workforce**. These are outlined below and described in detail in the following sections.

Core Strategies and Approaches to Build and Maintain the Rural Health Workforce

Strategy 1. Innovate and expand new and existing workforce roles to meet consumer and health care organization needs.

- Expand scope and capabilities of available current health care workers
- Create career crosswalks
- Maintain and enhance traditional workforce approaches

Strategy 2. Build partnerships and networks to develop collaborative workforce solutions.

- Share scarce workforce expertise
- Gain access to needed resources
- Expand the reach of services
- Formalize partnerships
- Aggregate for efficiency, savings, and payor engagement

Strategy 3. Leverage technology to improve access and health equity.

- Embrace telehealth to provide additional health services
- Explore emerging technology
- Share technology and data for population health management
- Expand the use of technology for education and knowledge sharing

Strategy 4. Maximize collaboration with educational institutions to build the future rural health workforce pathway.

- Expose local students to health careers early and often
- Partner with high schools to build future workforce
- Maximize post-secondary training
- Support and cultivate local and statewide commitment
- Support retention of existing workforce

Strategy 1. Innovate and Expand New and Existing Workforce Roles to Meet Consumer and Health Care Organization Needs

A key to meeting unmet needs in rural communities is to develop new types of rural health workforces that fill gaps in services and roles. This can involve both expanding the scope of existing workers and developing or growing new workforce roles within health care. These approaches can help advance whole-person care and health equity by ensuring that people in rural communities are able to get the full range of services that their non-rural counterparts have available to them. Participants brainstormed strategies for innovation and expansion of workforce roles. Summit participants agreed on the following approaches to innovation and expansion of the workforce.

Workforce Highlight: Certified Nurse Midwife

Certified Nurse Midwives (CNMs) are specialty-trained, master's level providers who deliver a broad range of health services to women and newborns and, in many states, can prescribe medication. CNMs can fill well-known gaps in maternity care in rural areas (i.e., "maternal care deserts") by performing most pregnancy and obstetric care.

For more information see *Coleman LNG. CNM/CMs Fill the Gap in Rural Maternal Care. Clin Obstet Gynecol. 2022 Dec 1:65(4):808-816*

Expand Scope and Capabilities of Available Current Health Care Workers

Rural health care provider organizations can begin to address workforce shortages by ensuring that all staff are working at the top of their licensure and skill level and exploring ways existing staff can expand their scope of practice. One way to do this is through microcredentials: short, focused training programs to upskill and engage people in their current roles. Microcredentials can be obtained at many colleges or other training programs in areas such as behavioral health, health equity, and quality. Another approach is certificate programs, for instance, a primary care certificate program training pharmacists to provide direct patient care in outpatient primary care settings. Collaborative practice agreements (CPAs) can formalize these

expanded roles. Another important consideration is enabling clinical staff to practice at the top of their license, especially non-physician advanced practice providers, such as nurse practitioners (NPs).

Create Career Crosswalks

Rural communities are expert at making do with what they have. This skill helps them create innovative ways to bring individuals from other fields into the health workforce. An example is creating career pathways in administrative or other non-clinical settings within health care organizations for people who currently do this work in other industries. Another is focusing on creating roles for military veterans who performed hospital- or medical-type work while in the service (e.g., medic, health care administrator) in the local health care system.

Another type of career crosswalk is to support alternative workforce members moving into related roles to fill gaps. For instance, cross training or providing paid education to licensed clinical social workers, marriage and family therapists, or other mental health clinicians to enable them to treat SUD or using family medicine providers, CNMs (see box above), and registered nurses to provide OB/GYN services and maternal health care.

Maintain or Enhance Traditional Workforce Approaches

There are many longstanding approaches to workforce development in rural communities that are proven to work. Rural health providers should continue to put the time and energy into these strategies, which include National Health Service Corps and Nurse Corps scholarship and loan repayment programs, rural residency training programs, and "grow your own" programs.

The HRSA-funded National Forum of State Nursing Workforce Centers, a group of nurse workforce entities that work together on state- and national-level issues in nursing workforce, is a great resource for addressing nursing shortage issues specifically, and the Health Workforce Technical Assistance Center has a lot of useful research studies and data around health workforce development.

Learn More

- *Microcredentials to Advance Flexible, Individualized Learning in Academic Medical Centers*. [poster.] Cleary, Lynn, et al. SUNY Upstate Medical University
- University of Tennessee Health Science Center Pharmacist Primary Care Certificate Training Program
- A Policy Perspective: How NPs Expand Healthcare Access to Rural Areas. Healthforce Center at University of California, San Francisco
- Hospital Careers: An Opportunity to Hire Veterans. American Hospital Association
- Fitzhugh Mullan Institute for Workforce Equity at the George Washington University

Strategy 2: Build Partnerships and Networks to Develop Collaborative Workforce Solutions

Workforce Highlight: Community Paramedics

The Community Paramedic model empowers paramedics and EMTs to operate in expanded roles by assisting with public health and primary health care and preventive services for underserved populations in the community. These specialists can be important partners to law enforcement, EMS, and emergency departments (EDs) in helping to connect people to appropriate social services in place of police involvement or transport to the ED.

See the Rural Community Paramedicine Toolkit for more information.

Working together is a necessity in remote communities with limited resources. This can include informal partnerships between community organizations, resource sharing and connection to private and public sector collaborators, and formal business agreements. Participants developed strategies for building partnerships and networks across health care providers and other sectors to develop and sustain the health workforce.

Share Scarce Workforce Expertise

Rural hospitals can work with other rural hospitals to share expertise and resources. Organizations such as the Rural Wisconsin Health Cooperative, for example, provides shared emergency department, therapy, and human resource expertise and hosts dozens of provider collaboratives where workers from different hospitals work together to solve common problems.

Gain Access to Needed Resources

Rural health care providers should look at their gaps in services and staff and think about how partnering with other local or neighboring entities could help to fill them. For instance, is there a behavioral health program that offers what you don't that you could partner with? Can a nearby birthing center help fill your gap in obstetric care? Are you connected to local emergency medical services (EMS) and ambulance services? Providers can also consider building shared infrastructure

such as information technology (IT), employee supports and services, and telehealth services. Other important partners include law enforcement, community-based organizations, and local charities.

Expand the Reach of Services

Networking and relationship building with non-traditional collaborators can bring awareness and potential new workers to the rural health workforce. For instance, health providers can work with local newspapers or online job boards to spread the word about job openings and hold recruitment events or job fairs in partnership with local community-based or faith organizations.

Formalize Partnerships

When appropriate, formalizing networks through memoranda of understanding (MOUs), shared priorities and goals, and legal and administrative structures can scaffold collaboration. To truly allow every health workforce stakeholder a seat at the table, operate with the restraints of the most restricted participant. Formal networks might include a high value rural hospital network, health center controlled networks or a clinically integrated rural health network. State Flex Programs and the National Rural Health Resource Center are helpful facilitators of these conversations and can provide helpful resources.

Aggregate for Efficiency, Savings, and Payor Engagement

Costs are an ongoing challenge for rural providers. For those that are not part of larger systems or networks, collective purchasing and sharing of staff across organizations could result in significant savings and reduce administrative burden. For instance, a small private hospital, community behavioral health provider, and local nursing home could partner to split costs for medical supplies or to rotate a staff person, such as an administrative assistant, coder, or billing specialist, across sites.

This type of collective resource sharing does not have to be part of a formal agreement, although formalizing it may create even more efficiencies and cost-savings. Partnerships, particularly formalized ones, may be leveraged to engage and collaborate with payors in regional multi-payor alignment. Such efforts may support improved health outcomes and management of risk. Payor alignment may be considered for Medicaid, private payors (particularly those servicing major employers in a rural community), and the Veterans Administration (VA).

Learn More

- Wisconsin Rural Health Cooperative
- Illinois Critical Access Hospital Network
- Rural Health Network Development Planning Program (HRSA)
- A Guide for Rural Health Care Collaboration and Coordination (HRSA)

Strategy 3: Leverage Technology to Improve Access and Health Equity

Workforce Highlight: Clinical Informaticist

A clinical or medical informaticist or information officer is an IT and data expert who manages the many disparate flows of information in and out of a health care system to reduce barriers to care, improve workflows and processes, and analyze and present data to providers, patients, payers, and regulatory agencies. This role can be helpful for rural providers to reduce the burden on direct care or administrative staff by dedicating an expert to management of all data and information needs.

Learn more about clinical informatics from USF.

The incredible growth in technology used in health care is a boon for rural providers, allowing them to meet consumer needs in ways they haven't been able to before. Participants identified strategies for greater use of technology to support and grow the rural health workforce.

Embrace Telehealth to Provide Additional Health Services

Telehealth and telemedicine have opened new opportunities for rural providers to better serve their patients and fill critical gaps in the workforce. Telehealth increases equity by making providers from far away available to isolated rural populations and minimizes stigma by allowing people with mental health needs and substance use disorders to seek treatment discreetly.

One of the most meaningful applications of telehealth to rural providers is the ability to connect with specialists who are not physically onsite to co-manage disease conditions. One example is remote Neonatal Intensive Care Unit (NICU), where neonatal nurses in rural hospitals can consult with specialists at larger medical centers in caring for high-risk newborns. Additionally, this technology can be used to leverage virtual co-management models such as certified nurse midwives working with family practice physicians or mental health providers. The U.S. Department of Health and Human Services (HHS) offered a guide for developing a tele-treatment program for SUD, including telehealth

medication-assisted treatment (MAT) or "TeleMAT," which helps fill a critical gap in equitable access to this modality for rural residents.

Another example is telehealth triage, which can be done in the field by EMS providers connected to emergency departments (ED). Through this model, paramedics can assess patients with remote support from the ED, reducing overcrowding and inappropriate transfer, and ED providers can connect with specialists, such as psychiatrists and social workers, when these roles are not filled on site (also known as e-consults). Telehealth triage may be used by 911 for proper response, by remote NICU, and in post-partum support on-demand.

The growth of rural hospital at home, like the model recently developed by the Mayo Clinic, has enabled advanced medical procedures to be done in the home. In this model, telehealth enables both medical procedures as well as the subsequent follow-up home monitoring. Additional applications of telehealth exist in care coordination, discharge planning, follow-up care, EMS referral, and CHW support.

Explore Emerging Technology

Beyond the traditional telemedicine model, there are many new technologies making their way into the health care field that can help mitigate workforce shortages or gaps. Participants noted that two of the most promising advancements are health care apps and artificial intelligence (AI) tools.

When thinking about the workforce, health care apps can be split into workforce apps and workforce AI. Workforce apps aimed at providers have a variety of use, such as epocrates for medication information, Medscape for news and research, or doximitry for social networking and patient communication. These types of tools help providers save time and streamline their work so that they can focus more on direct care. The other category of apps are those that can be used as replacements or adjuncts for in-person treatment, often called m-Health or mobile-health tools, such as Sanvello for

mental health, or remote patient monitoring apps, such as RA Healthline, which can help address issues with access to timely treatment.[1]

Health care practitioners and systems have used AI tools to support patient care for decades, through applications such as clinical decision support. More recent advances in AI that can be applied to health workforce challenges include generative AI and language models to support clinical documentation and decision making, which can reduce administrative burden on providers and office staff. AI is predicted to grow exponentially in the coming decade, and technology may replace or supplement existing health workers. For now, summit participants recommended monitoring the growth of AI and, where appropriate, use it carefully to serve patients and supplement the workforce.

Share Technology and Data for Population Health Management

Advances in data management and aggregation are making it possible for regions or states to create population health dashboards that provide current community and population-based information about public health, SUD, health equity, and more. These dashboards can be powerful tools in workforce development by providing detailed data on where gaps in care or services may exist and what workers are needed to meet these needs.

At the heart of optimized population health management is sharing data between organizations, various health and social service providers, and with patients. Approaches to improve access and

[1] This information should not be considered an endorsement of any commercial products or software.

Broadband Expansion

More than 42 million Americans do not have access to high speed Internet. Reliable Internet is a critical element for addressing rural health workforce challenges: it allows for access to high-quality distance education and enables connection to telehealth and other virtual services. High speed internet is a requirement for many health care technology innovations, including remote monitoring and the hospital at home approach, which is endorsed by the American Hospital Association.

The good news is that there are government grants and other underutilized programs aimed at increasing broadband access to rural communities. The Federal Communication Commission's (FCC's) Broadband Equity, Access, and Deployment (BEAD) Program provides $42.45 billion to expand high-speed internet access by funding planning, infrastructure deployment, and adoption programs in all U.S. states and territories. Additionally, the U.S. Department of Commerce National Telecommunications and Information Administration's Internet for All program is working on a "whole of nation" approach to getting high speed Internet to every part of the country.

Information on these programs and funding opportunities is available at https://www.internetforall.gov/funding-recipients.

equity via technology should include robust information exchanges, sharing electronic health records and IT support, and independent health record accounts for patients.

Expand the Use Technology for Education and Knowledge Sharing

Collaborative knowledge sharing and using technology to support education can help increase access to high quality training for rural providers and other members of the health workforce. One type of technology-supported training is mobile clinical simulation, which allows remote rural clinicians to access high-quality training. Similarly, the ECHO model allows members of the health care team to engage in a virtual community with their peers all over the country for working through case reports and sharing best practices. Finally, remote clinical supervision (also known as "tele-supervision") or preceptorship can support training of nurses and physicians in rural hospitals.

Learn More

- Telehealth for Rural Areas, U.S. Department of Health and Human Services
- Telemedicine Framework for EMS and 911, Federal Interagency Committee on EMS (EMS.gov)

- Mayo Clinic Advanced Care at Home Program
- Wisconsin Rural Health Dashboard Tool
- Remote Patient Monitoring, Agency for Healthcare Research and Quality (AHRQ) Patient Safety Network
- Alabama Rural Health Collaborative, Mobile Clinical Simulation Lab
- University of New Mexico Project ECHO

Strategy 4: Maximize Collaboration with Educational Institutions to Build the Future Rural Health Workforce Pathway

Workforce Highlight: Community Health Worker

Community Health Workers (CHW) are frontline public health workers with deep knowledge of community needs and resources. CHWs fill important roles in rural health care by making connections to needed services, facilitating access to medical and behavioral health care, and providing culturally relevant services. Students beginning in elementary school should be educated about CHWs as a career opportunity.

Learn more about CHWs in rural communities from the Rural Health Information Hub Community Health Worker Toolkit.

Rural communities need an ongoing supply of health care workers educated in the needs of their populations and committed to serving rural residents. This can be accomplished through the creation or nurturing of educational opportunities across the age span, starting from young children through post-graduate and career change professionals. Participants developed strategies to increase educational opportunities to build the future rural workforce.

Expose Local Students to Health Careers Early and Often

Introducing children to hospital and health care jobs long before they start career planning is a novel way to increase awareness and interest. Hospitals can offer job shadowing field trips to students as young as kindergarten and teach them about the full spectrum of clinical and non-clinical roles in

health care right in their own communities. (The Center for Rural Health at the North Dakota School of Medicine & Health Sciences offers Health Career Exploration Resources for teachers of young children that hospitals may use as a guide.) Hospitals and health providers can also offer internships to local middle and high school students interested in health careers, preferably with academic credit.

Scrubs Academy is an intensive multi-day camp that introduces young students to health careers through engaging hands-on activities, such as performing basic physical exams and dissecting tissue samples. For a lower commitment, health providers can attend local schools' or community centers' career days and bring a fun hands-on activity for students. Hospitals may also consider a youth advisory council to build partnership with students.

Engagement in HOSA-Future Health Professionals, formerly known as Health Occupations Students of America, as a national student-led organization to engage in health science education provides students a global perspective for students interested in training for a health career. Schools may consider becoming a HOSA affiliate, opening the opportunities for engagement by their students. Additionally, youth advisory councils can be created, representing kindergarten through 12th grade, to engage on local community problems.

Partner with High Schools to Build Future Workers

Rural health providers can coordinate with and support local high schools to ensure that students are exposed to the benefits of careers in health care. This could include working with technical and vocational high schools on specific health career training programs that fit local workforce needs (e.g., Behavioral health techs or CHWs), creating high school educational pathway programs, or offering academic credit for student jobs in the health care settings. Local high schools may be willing to partner with a hospital or community college on training programs for students, such as CPR, CHW, or EMT. Students may also receive payment from the health institutions in some circumstances while preparing for full time employment after graduation.

Maximize Post-Secondary Training

Building the Pathway

A well-developed workforce pathway strategy ensures both the continued development of new, well-trained, and skilled workers and the retention of existing workers and sustainability of their roles. Many of the strategies listed here can help grow the pathway of new workers. Rural health provider organizations should also focus on retaining existing staff through career ladders and lattices, opportunities for advancement, and meaningful and supportive workplaces.

More information on workforce pathway strategies can be found on the Rural Health Information Hub.

Offering opportunities within the local health system to college and graduate students can help recruit and retain these future workers. For instance, participating in residency programs and providing clinical rotations for nursing students will bring new and future workers into your health care setting. Virtual preceptorships may help fill gaps where in-person preceptors are not available. There are many fellowship and apprenticeship programs aimed at rural communities that can increase interest and access to future doctors. Apprenticeship programs may include maximizing less traditional training (CHWs, medical assistants, direct care workers). Establishing mentor or advisory programs the support students can aid in training completion. These programs can be used to monitor matriculation into health care careers, providing valuable feedback for continued improvement of training programs.

Support and Cultivate Local and Statewide Commitment

An innovative way to "grow your own" rural health workforce is to create a community scholarship to support mission-minded students who are interested in health careers and committed to coming back to serve their hometown. Area Health Education Centers (AHEC) scholarships and education program, such as the National Health Service Corps, may also be resources for helping local people pay for their education.

Expanding to the state level, the rural participation in statewide mentor programs can be valuable to build relationships and commitment to support the current and future health care workforce with a rural perspective. Consortiums can be created, like the Nebraska Behavioral Education Partnership,

which provides graduate-level behavioral health education, focusing on growing their own behavioral health workforce through the use of data, education, mentorship, financial support, and retention.

Support Retention of Existing Workforce

Supporting the existing rural health workforce is as important as creating and building toward tomorrow's workforce needs. Rural health care organizations should focus on engagement and recruitment for non-clinical staff, including educating about current opportunities and community needs and collaborating with educational institutions and partners to support staff upskilling and professional development opportunities. Rural providers should consider flexible micro-credentialing to upskills for specialty jobs and clarifying or creating career ladders.

Learn More

- The University of North Dakota (UND) Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health) Scrubs Academy
- HRSA National Health Service Corps Scholarships
- National Rural Health Association Fellowships
- Growing the health care workforce through student engagement: Aspire by Sanford inspires youth (Minnesota Department of Health, Office of Rural Health and Primary Care (ORHPC) Spotlight)
- Washington State Department of Health, Rural Health Workforce Grow Your Own Toolkit

Potential State Flex Program Roles and Activities

The following list includes ways that state Flex Programs can help to advance or achieve these workforce strategies.

- ☐ Convene and facilitate meetings to discuss workforce issues and, when possible, facilitate collaborative initiatives at the community level to address workforce needs.
- ☐ Gather and disseminate information on available workforce resources and programs, such as the Area Health Education Centers (AHECs) and the 3R Network.
- ☐ Hold educational events that address state workforce issues and highlight successful workforce programs and strategies.
- ☐ Participate in state workforce planning and represent the rural perspective in strategy development.
- ☐ Support network approaches to rural workforce strategies to enhance efficiency and effectiveness.
- ☐ Support emergency medical services (EMS) workforce strategies including support for the development of community paramedic programs.
- ☐ Help to promote the utilization of digital and telehealth technology as important resources for addressing workforce shortages.
- ☐ Disseminate the rural workforce summit report and other workforce information to critical access hospitals, rural health clinics and other rural provider organizations in the state.
- ☐ Provide input to higher education institutions in the state about rural health workforce needs and circumstances.
- ☐ Help to develop rural workforce tools and resources such as the Washington Department of Health's Grow Your Own Toolkit.

Conclusion

Building and sustaining a rural health workforce requires deep commitment from health leaders, educators, and the community. These groups are natural and frequent partners in rural areas, which provides a strong starting point for hospitals and other health care providers to implement alternative approaches to growing the workforce.

2024 Rural Health Workforce Summit participants brought deep expertise in the rural health care landscape to the summit and worked together to build four key strategies that can be meaningfully implemented as part of a widespread workforce development plan for rural areas. This report, based on the findings of that event, can serve as a framework for rural health care providers to roll up their sleeves and begin applying that rural ingenuity to solving workforce shortage challenges.

State Flex Programs and staff from The Center are available to serve as facilitators, conveners, and consensus builders for rural providers who are ready to build networks and partnerships, work with educators, innovate their workforce, and lean into technology to grow and retain their health care workforce.

Appendix A: List of Attendees and Contributors

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Appendix B: Resources and References

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