Stop Waiting for the Workforce to Come to Rural America

Build It Where You Are

By Sheri Piper Henry

Rural health care cannot recruit its way out of every vacancy. A sustainable workforce strategy must also identify local talent, create accessible career pathways, and give people the education and workplace support to grow into the roles their communities need.

For years, rural health care organizations have been asking the same question: Where are we going to find the people we need?

Where will we find the next medical assistant? The next surgical technologist? The next nurse, laboratory professional, or other member of the health care team?

We post positions. We advertise. We offer incentives. We compete with neighboring organizations. Sometimes we successfully recruit someone. Other times, the position remains open for weeks or months.

After working in health care workforce development and apprenticeship, I have come to believe we need to add another question to the conversation:

What if the workforce we need is already in our community, but we have not trained them yet?

Rural Health Care Has a Different Workforce Reality

Rural organizations face challenges that larger metropolitan systems often do not. The pool of experienced professionals may be smaller. Educational programs may be hours away. Relocation can be difficult. Housing, transportation, and childcare can create additional barriers. And when one rural organization recruits an experienced employee from another, we may have filled one vacancy while creating another down the road.

The numbers show why rural leaders cannot rely on recruitment alone. A federally funded analysis from the WWAMI Rural Health Research Center found that, per 100,000 residents, rural counties had a lower supply than urban counties across every workforce category studied, including physicians, nurse practitioners, physician assistants, behavioral health clinicians, dentists, surgeons, community health workers, and home health aides. HRSA projects that nonmetropolitan areas could face a 39% shortage of primary care physicians by 2038. At the same time, the U.S. Bureau of Labor Statistics projects about 1.9 million

openings across health care occupations each year from 2025 through 2035, including approximately 109,700 medical assistant openings annually.

These statistics do not mean every rural community faces the same conditions. They do show that rural organizations are drawing from a smaller and more unevenly distributed workforce while competing in a national labor market with sustained demand.

Recruitment will always be important. But recruitment alone does not create more health care professionals. Workforce development does.

Start Looking at Potential Differently

One of the most important lessons I have learned is that we need to broaden the way we think about potential health care workers.

Your next medical assistant may already be working at your front desk. Your next clinical employee may be working in patient registration, environmental services, dietary services, or as a nursing assistant. Your next surgical technologist may already be a medical assistant who has discovered a passion for the operating room. Or that future employee may be someone in your community who has always wanted a health care career but cannot afford to stop working for one or two years to pursue it.

These individuals may not have the credential today. But they may have something equally important to begin with: reliability, compassion, professionalism, a strong work ethic, knowledge of the community, and a desire to learn.

Skills can be taught. Competencies can be developed. Credentials can be earned. We do not have to lower our standards; we need to create better pathways for people to reach them.

The Earn-While-You-Learn Difference

One of the greatest barriers I have seen for adults interested in advancing their careers is surprisingly simple: They still have bills to pay. Going back to school sounds wonderful until someone has to decide how to pay the mortgage, buy groceries, arrange childcare, and continue supporting a family while attending school.

That is where apprenticeships can change the equation. An earn-while-you-learn model allows an individual to remain employed while completing structured education and developing hands-on skills in the workplace. The organization is not simply hiring someone and hoping the person learns the job. Done correctly, apprenticeship creates a structured pathway that combines related education, supervised on-the-job learning, competency

validation, mentorship or preceptorship, progress monitoring, and preparation for professional certification when applicable.

What It Requires from the Employer

A grow-your-own strategy does require a real organizational commitment. Rural hospitals and health systems do not need to build a school from the ground up, but they do need to create the conditions in which an apprentice can succeed. That generally means:

• **Executive and manager support**. Leaders must treat workforce development as an operational strategy, not a side project owned by one enthusiastic employee.

• **A clearly defined role and pathway.** The organization should identify the position being developed, the skills required, how competency will be documented, and what successful completion leads to.

• **Protected learning and practice**. Apprentices need time to complete coursework, practice skills, receive feedback, and gradually assume responsibility under appropriate supervision.

• **Prepared preceptors**. A strong clinician is not automatically a strong teacher. Preceptors need expectations, practical training, adequate time, and manager support.

• **An educational partner and a communication rhythm**. A hospital may partner with a college, apprenticeship sponsor, or other education organization for curriculum, tracking, and credential preparation. Regular communication among the employer, apprentice, preceptor, and education partner helps address concerns before they become reasons to leave.

• **Measures that matter**. Leaders should track completion, competency, certification when applicable, retention, time-to-fill, and the cost of the pathway compared with repeated vacancies or temporary staffing.

This work is not effortless. It requires coordination, accountability, and patience. But it converts workforce development from a hopeful idea into a repeatable system.

I Have Seen What Opportunity Can Do

Some of the most meaningful lessons I have learned have not come from workforce reports or statistics.

They have come from apprentices. I have watched people enter programs unsure of themselves and gradually become confident health care professionals. I have seen long-term employees discover that their careers did not have to stop where they were.

One apprentice had already spent 15 years working for his health care organization in a patient-facing position. He knew the organization and had built relationships with patients, but he wanted the opportunity to provide more direct patient care. The challenge was advancing his education while continuing to work. Through apprenticeship, he learned alongside a preceptor - rooming patients, taking vital signs, performing EKGs, giving injections, and developing new clinical skills.

We have also seen the model lead to measurable outcomes. At one rural partner organization, the first two surgical technologist apprentices completed their programs and passed their national certification examinations. The organization did not have to wait for two experienced surgical technologists to relocate to the community. It developed local employees into credentialed professionals who were already connected to the organization and the area.

That is what strikes me about these stories: The potential was already there. It simply needed a pathway.

Practical Places to Begin

Rural leaders considering this strategy can begin by looking inward and then widening the circle:

• Review persistent vacancies and identify one role where a structured pathway could make a meaningful operational difference.

• Invite current employees to express interest, then assess readiness using attendance, performance, professionalism, interest, and capacity to learn - not prior access to education alone.

• Identify respected staff members who could serve as preceptors and ask what time, tools, training, and recognition they would need.

• Choose an educational partner that can align curriculum, workplace competencies, progress reporting, and certification preparation with the employer's needs.

• Build a longer-term community pipeline by working with high schools, career and technical education programs, tribal colleges, community colleges, workforce boards, and community organizations.

• Start with a manageable pilot, define the outcomes in advance, learn from the first group, and improve the model before expanding it.

Not every employee will be ready for an apprenticeship, and not every vacancy is appropriate for a grow-your-own approach. Thoughtful selection, clear expectations, strong supervision, and an honest assessment of organizational capacity are essential.

Stop Moving the Shortage

Health care organizations will always compete for experienced employees. That is not going away. But if Hospital A recruits an experienced worker from Hospital B, we have not necessarily increased the rural workforce. We may have simply moved the vacancy.

That is why every rural workforce strategy should include both recruitment and development. Recruit when the right candidate is available. At the same time, identify employees who are ready to advance, partner with educational organizations, develop strong preceptors, and connect with schools and community organizations. Give local residents a reason to see health care as a career they can build without leaving their community.

Build It Where You Are

There is no single solution to the rural health care workforce shortage. International recruitment may be part of the answer. So may traditional colleges and universities, loan repayment programs, telehealth, workforce grants, residency programs, redesigned care teams, and other recruitment and retention strategies.

Apprenticeship and grow-your-own programs should be part of that toolbox, too, because rural communities possess something incredibly valuable: people who already call these communities' home. They have families there. They understand the community. And many want to build meaningful careers there.

Instead of only asking, "How do we convince trained health care professionals to come here?" I believe we should also be asking, "Who is already here, and what would it take to help them become the health care professionals our community needs?"

Rural America cannot always wait for the workforce to arrive. Sometimes we have to build it ourselves. And sometimes the person we have been searching for has been right in front of us all along.

Sources

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