

Northern Tier Regional Rural Health Summit
November 12, 2025
Notes and Next Steps: Workforce Development and Pipeline Strategies

Challenges Identified

- Rural healthcare shortages hit especially hard; recruiting labor is extremely difficult.
- Significant nursing shortage—nearly 30% of nurses in PA are over age 50.
- Pennsylvania will need ~8,900 new RNs per year through 2032 to meet demand.
- Provider gaps ripple downstream: fewer local providers → more emergencies → EDs absorb the strain.

Attendees Noticed

- Extreme rurality makes it hard to attract candidates.
- Shortages of clinical placements (PAs, nursing, rad tech, respiratory therapy, dental).
- New grads forced to start as generalists due to lack of specialty rotations.
- Housing shortages, economic development gaps, outdated infrastructure.
- Low awareness of the breadth of healthcare careers, program seats go unfilled (e.g., surgical tech).
- Lack of knowledge about college costs, financing options, or advanced degree pathways; fear of not getting into graduate programs.
- Work-life balance for nurses is nearly nonexistent; generational differences in expectations are poorly understood by employers.
- EMS workforce collapse: volunteer system gone, demand increasing, long distances, aging population, low pay, struggling training programs; the system is “trained for response instead of readiness.”
- Students often cannot finish programs, cost, grades, regulatory requirements, lack of mentoring, lack of wraparound supports.
- Limited youth exposure to healthcare careers; difficulty providing job shadowing/volunteering experiences; educators and employers not fully aligned.
- Need for county-level data synergy, healthcare must be integrated with economic development planning.
- Lack of infrastructure, no sewer, aging buildings, limits ability to attract advanced providers.
- No local housing for students attending classes, clinicals, or training programs; transportation barriers.

Initial Proposed Solutions

- Create live videos showcasing healthcare roles; use strategic marketing to attract talent.
- Form high-school healthcare careers clubs to break down silos and connect students with providers.
- Rethink Health Career Days so parents can attend, critical to career decision-making.

- Provide clear pathway visuals (1-pagers, TikTok/Instagram content) for students, parents, and educators.
- Expand wraparound services and explore apprenticeship models.
- Incentivize providers to relocate to rural areas: bonuses, regional marketing, “rural positivity” campaigns, tax advantages; requires multi-stakeholder collaboration.

Focused Conversation on Proposed Solutions

Participants noted that Pennsylvania has pockets of good work across the state, but no unified, statewide strategy targeting rural healthcare deserts. This requires a coordinated, multi-agency, multi-sector campaign.

1. Strategic Regional Marketing Plan

Goal: Drive awareness, change perception, and speak to all generations.

- Rural community positive-messaging branding
- Multi-generational communication strategies
- Career Awareness (K-12, parents, educators)
 - Live videos, social media, short-form content
 - Regular updates tied to market needs

Impact: High, especially if aligned with economic factors and major employers.

Success Indicators: Workforce task force, employer alignment, increased tourism/interest, stronger funding, community buy-in.

2. Economic Development

- Connect workforce needs to community capacity
- Assess whether communities can support growth
 - Infrastructure
 - Housing
 - Transportation
 - Childcare
- Ideas:
 - Scholarships for clinicals
 - Use college capstone expertise to gather data and create solutions
 - Legislation to support childcare wages or employer-supported childcare models
- Scalability: Strong—rural communities can pivot quickly and are highly resilient.

3. Workforce Pipeline Partnerships

- K-12 and CTCs
- Post-secondary institutions
- Workforce Development Boards
- Key Components:
 - Supportive services

- Mentorship
- Work-based learning & job shadowing
- Apprenticeships
- Financial support for employers, students, and clinical sites

Impact: Medium–High

Feasibility: Challenging due to hospital staffing shortages

Sustainability: At risk without long-term commitment—but essential for early exposure.

4. EMS Funding Models

- Readiness funding
- Redesign of the current unsustainable mode
- Key Questions:
 - Is EMS a public service or healthcare service?
 - How do you create standardization across many municipalities?
 - How do you build a consortium model?

Impact: High

Feasibility: Medium

Scalability: Medium (broadband & geography challenges)

5. Transformative Models of Care

- New delivery methods
- Technology
- Mobile solutions
- EMS integration
- Holistic care models
- Ideas:
 - Community paramedicine expansion—vitals checks, home visits, reduced ED load, fewer ambulance calls.
 - Primary Care Medic concept: paramedics with primary-care training working under PCP supervision.
 - Policy changes for access to EHRs.

Impact: High

Feasibility: Getting started is the hardest part.

Sustainability: Promising—already underway in pockets.

Scalability: High with the right policy and funding.

Funding Prioritization Exercise (\$100 Activity)

Group Allocation:

- \$45 → EMS + Transformative Models of Care
- \$40 → Workforce Pipeline
- \$10 → Strategic Marketing
- \$5 → Economic Development