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Workforce Committee Discussion Brief

Survey findings and group discussion themes for rural healthcare workforce planning.

June 2026

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01 / SURVEY SIGNAL

The center of gravity was awareness, but the work is structural

The top priority was improving awareness of training opportunities, wraparound services, and partner communication. It was selected by 13 of 17 unique respondents. But the second layer is just as important: employer engagement and apprenticeships tied at 10 selections each. That tie matters. It suggests partners do not see a single lever. They see a system: students need to know where to go, employers need to receive them, and training programs need work-based pathways that can survive in rural scale.

Survey base

18 submitted responses
17 unique respondents after one duplicate entry was removed

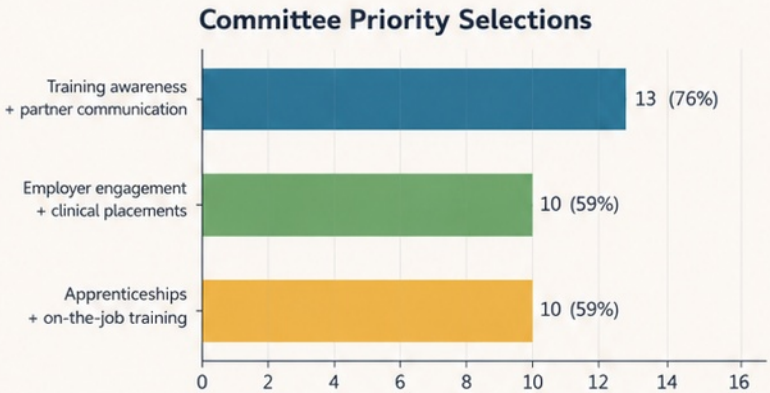
Method

Multi-select survey; respondents were asked to select two committee focus areas and two preferred meeting windows.

Reading note

Percentages reflect the share of unique respondents selecting an option; because choices were multi-select, totals exceed 100%.

Committee Priority Selections

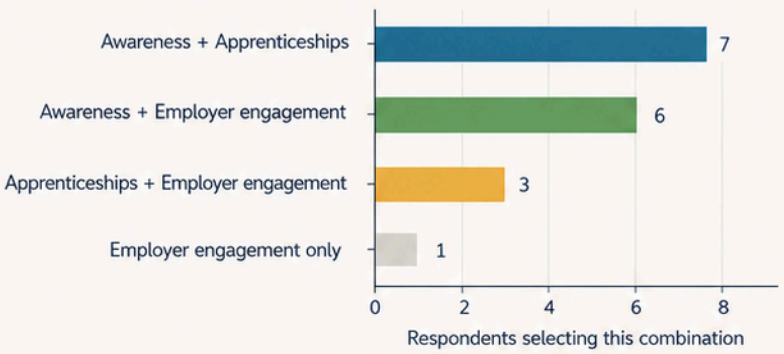


The group discussion followed the same pattern. The Workforce Committee was framed as a table where employers, training providers, and stakeholders could identify needs together, with a goal of focusing on issues the group could actually move over the next year. In other words, the survey did not introduce a new concern; it crystallized a conversation already moving through the room.

Priority pairings reveal the true shape of consensus.

The strongest pair was awareness plus apprenticeships, followed closely by awareness plus employer engagement. This is a quiet but useful correlation: the participants who wanted new training models also wanted better navigation, and the participants who wanted stronger employer relationships also wanted better communication. Awareness was not treated as marketing. It was treated as infrastructure.

How Priorities Were Paired



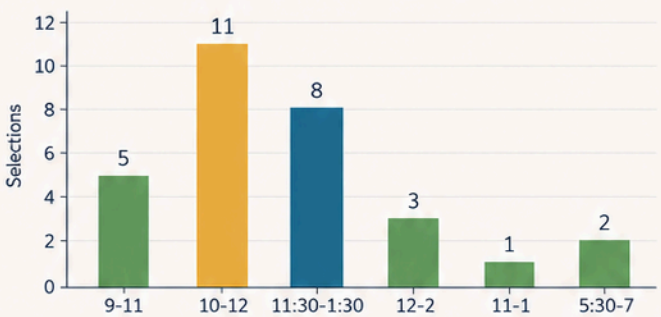
The strongest pair was awareness plus apprenticeships, followed closely by awareness plus employer engagement. Together, these combinations suggest respondents are thinking in bridges rather than silos.

02 / MEETING OPERATIONS

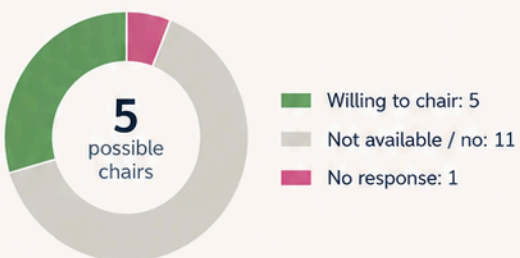
The preferred meeting window points to a working coalition, not a ceremonial one.

The clearest in-person meeting preference was 10:00 a.m. to 12:00 p.m., selected by 11 respondents. The second strongest was 11:30 a.m. to 1:30 p.m., selected by 8. Early morning and evening options drew fewer selections. For a four-county coalition, that pattern matters: it suggests the best participation window is mid-day, when partners can travel, remain present, and return to their organizations without losing the full day.

Preferred In-Person Meeting Windows



Subcommittee Chair Capacity



Five respondents indicated willingness to serve as a subcommittee chair. For two priority tracks, that is enough to build leadership depth, distribute responsibility, and avoid placing the whole structure on one person.

Interested in joining the committee? Please let us know.

03 / WHAT THE DISCUSSION ADDS

The survey tells us what partners selected. The group discussion tells us why.

During the convening, partners named the same barriers repeatedly: clinical placement limits, the difficulty of recruiting employers, the cost and complexity of training equipment, transportation, childcare, digital literacy, and the need to reach students before they assume healthcare training is too expensive or too far away. These are not isolated operational complaints. They form a rural pathway problem: people may be interested, programs may exist, and employers may need workers, but the path between those points is still too fragile.

Donna Carroll's presentation added another dimension. In the breast-health conversation, partners heard that access is not complete when a service exists; access becomes real only when a patient can find it, trust it, reach it, pay for it, and continue care after an abnormal result. The same logic applies to workforce: a training opportunity is not complete until a student can identify it, afford it, travel to it, complete clinical hours, and move into employment.

That is the strongest cross-theme in the meeting: continuum matters. In patient care, the missing handoff after a positive mammogram can create fear and delay. In workforce development, the missing handoff between high school interest, funding navigation, training, clinical placement, and employment can cause students to disappear from the pipeline.

Barriers named in the room

- Clinical placements
- Employer recruitment
- Training equipment costs
- Transportation
- Childcare
- Digital literacy
- Funding navigation

> "Continuum matters."

04 / TEXAS CONTEXT

The local signal matches statewide pressure.

Texas data gives the local survey a wider frame. The Texas Center for Nursing Workforce Studies reports 243,702 registered nurses, 59,184 licensed vocational nurses, and 37,739 advanced practice registered nurses practicing in Texas, while noting that Texas faces both a shortage and maldistribution of nurses (Texas Center for Nursing Workforce Studies, 2024). DSHS workforce projections show the Central Texas Public Health Region projected at 26% unmet demand for registered nurse FTEs by 2036, second only to the Rio Grande Valley at 27% (DSHS, 2024).

The clinical-placement concern raised in the meeting is also consistent with state-level policy discussion. The Texas Hospital Association has identified barriers to securing clinical space for nursing students and consideration of preceptor wage differentials as issues for legislative study; it also points to the need for incentives to increase participation in nurse preceptor programs (Texas Hospital Association, 2025).

Texas A&M's rural health initiatives point in the same direction as the RWHC conversation. Project ConNECT uses rural internships, mentorship, community partnerships, and immersive clinical placements to recruit, train, and support BSN students committed to rural communities (Texas A&M College of Nursing, 2025). Texas A&M Health's Rural Engagement Program likewise identifies rural clinical experiences, K-12 health career exposure, workforce development and evaluation, community engagement, and scholarship opportunities as strategies for strengthening rural health workforce support (Texas A&M Health, 2026).

Central Texas Public Health Region projected at 26% unmet demand for RN FTEs by 2036.

What the local signal suggests

Local signal	Texas alignment	RWHC implication
Awareness and communication selected by 76% of respondents.	Rural workforce strategies increasingly emphasize K-12 exposure, community engagement, and navigation.	Build a simple, shared training-and-funding communications system across partners.
Employer engagement and clinical placement selected by 59%.	State workforce discussions identify clinical space and preceptor participation as bottlenecks.	Recruit employers into clear clinical-placement and rotation-to-hire conversations.
Apprenticeships and OJT selected by 59%.	Rural models emphasize hands-on experience in rural health systems.	Start with small-scale, one-employer/one-learner models that fit rural capacity.

05 / RECOMMENDED READ OF THE RESULTS

Two priority tracks should move forward, but they should not be separated too cleanly.

The cleanest structure is to create two subcommittees: one for Awareness + Navigation and one for Employer Engagement + Work-Based Pathways. The first should map and communicate what already exists. The second should convert employer interest into clinical placements, apprenticeships, and rotation-to-hire practices. They should meet separately enough to make progress, but jointly enough to avoid rebuilding the same bridge from opposite banks.

1

Create a four-county training pathway map.

List healthcare training programs, funding options, eligibility contacts, meeting points, and deadlines by county. Keep it simple enough for counselors, students, parents, employers, and nonprofit partners to use.

2

Name one human navigator or contact pathway.

The discussion suggests that information exists, but residents and students do not always know where to begin. A single contact route, even if it triages to multiple partners, would reduce friction.

3

Build an employer invitation list by county.

For each quarterly convening location, recruit employers in that county before the meeting, with a specific ask: clinical site, apprenticeship partner, preceptor model, career talk, or job-shadow opportunity.

4

Pilot one work-based pathway before scaling.

The committee does not need to solve every occupation at once. Start with a practical target such as CNA, medical assistant, or one clinical-placement partnership, then document the model.

5

Treat awareness as infrastructure.

Post, print, present, and repeat. Use partner pages, high school counselor networks, short videos, and direct presentations. The survey suggests communication is the shared condition for every other strategy.

In narrative terms, the meeting pointed to a single rural truth: the workforce pipeline does not fail only at the classroom door or the hospital door. It thins out in the space between them. That is where RWHC can be most useful—making the path visible, making the handoff intentional, and making sure the region does not lose people simply because the next step was hard to find.

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Sources and Notes

This discussion brief combines a short internal survey with themes surfaced during the June 2026 convening and selected public Texas workforce research. It is intended as a practical planning document for the RWHC Workforce Committee.

Discussion use

This brief is prepared for Workforce Committee discussion and planning. It is intended to help partners move from shared priorities into practical next steps, without treating internal survey materials as external research sources.

Research references

- Texas Center for Nursing Workforce Studies. (2024). *2024 Nursing Workforce Infographic*. Texas Department of State Health Services. https://www.dshs.texas.gov/sites/default/files/chs/cnws/WorkforceReports/2024_Infographic_Proof_Setup.pdf
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Prepared June 2026 for discussion and planning.