



Rural Whole Health Coalition

# EXECUTIVE REPORT

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Advancing Health Equity  
in Rural Communities



<b>Prepared For</b>	RWHC Executive Team, Workforce Committee participants, and partners unable to attend
<b>Focus</b>	Healthcare workforce development across Bastrop, Fayette, Lee, and Caldwell counties

## Executive Summary

The Rural Whole Health Coalition convened its Workforce Committee in collaboration with Workforce Solutions Rural Capital Area to begin a focused regional conversation on healthcare workforce development across Bastrop, Fayette, Lee, and Caldwell counties. The meeting brought together healthcare employers, workforce agencies, education and training providers, nonprofits, public-sector partners, funders, and community-based organizations.

The purpose of the committee is to help move the region from conversation to coordinated action. Laura Rosen, Healthcare Partnerships Manager with Workforce Solutions Rural Capital Area, described the committee’s role as helping address healthcare workforce challenges by bringing employers and training providers together, expanding clinical placements, and identifying funding that can support workforce development efforts.

The strongest message from the meeting was that the region already has committed partners, available training pathways, grant-funded supports, and employers with real workforce needs. However, these pieces are not yet fully connected. Participants identified the need for clearer coordination, better communication of existing resources, stronger employer-driven training alignment, and practical wraparound supports that help residents complete training and stay employed locally.

The meeting closed with a clear call to action: the committee should identify only two or three priorities to work on first, so the group can move beyond “meeting and eating” and begin solving specific workforce problems together. This next step is important because it gives the partners a chance to prepare before the next meeting, review the issues raised, and decide where the committee can focus its time, resources, and relationships to make the greatest regional impact. By working as a coordinated unit, the Workforce Committee can help concentrate effort, funding, and partner capacity around the workforce needs that matter most to our communities.

## Purpose of the Workforce Committee

The Workforce Committee was formed to create a focused space within the Rural Whole Health Coalition for healthcare workforce strategy. The committee is intended to support all four RWHC counties by connecting employers, education providers, training programs, workforce funding, and community support organizations.

The committee’s purpose is to help rural residents move through a practical pathway: **Interest -> Training -> Credential -> Employment -> Advancement -> Retention.**

This matters because healthcare access in rural communities depends not only on hospitals and clinics, but also on whether local residents can afford, access, complete, and benefit from healthcare career training.

### Meeting Context

The meeting was hosted at the CARTS facility in Smithville, with both in-person and online participation. The group had approximately 35 RSVPs, including several virtual participants. St. David’s Foundation provided support for the meal.

RWHC’s history was briefly reviewed. The coalition began as the Smithville Whole Health Partnership in 2014 and later expanded into a four-county coalition through the Reinvest Good Jobs grant. The group now serves Bastrop, Fayette, Lee, and Caldwell counties and has developed into a broader regional coalition focused on health, workforce, and community well-being.

### Participants and Organizations Represented

The following participant list is based on introductions captured in the transcript. Final distribution should be checked against the sign-in sheet or Zoom attendance report.

Name	Organization / Role
Janice Bruno	RWHC Project Coordinator
Jose Rivera	Director for Communication and Strategic Partnerships, RWHC
Laura Rosen	Healthcare Partnerships Manager, Workforce Solutions Rural Capital Area
Becky Friend	Career Tracks
Ashley Parks	Greater Fayette Community Foundation
Ray Langwa	Greater Fayette Community Foundation
Dan McGowan	Camp Haven Homeless Sanctuary
Ted Groholski	Hays-Caldwell Economic Development Partnership, Director of Workforce Development
Jace Jones	Administrator, Ascension Seton Smithville and Ascension Seton Edgar B. Davis
Carol Lam	Director of Nursing Services, Concordia University
Julie Miller	Director of Nursing, Ascension Seton Smithville; RWHC Board member
Kristi Farquar	Smithville Community Clinic
Tessy Dorantes	Bastrop County prescription assistance programs; RWHC Steering Committee
Joycelyn Jurado	St. David’s Foundation

Elizabeth Andrino	College of Healthcare Professions
Deva Rios Giovanino	Capital IDEA
Alan Butler	Career Tracks, Chief Development Officer
Jill Strube	Bastrop Economic Development Corporation; original SWHP/RWHC founder
Philip Marquette	Texas Public Safety Training Academy; RWHC Board Chair
Judy Bergeron	Smithville Public Library / Libraries for Health; original SWHP/RWHC founder
Brandi Harris	UT Health Houston / Texas ICON
Joanna Morgan	Career Tracks
Rachel Genzer	Workforce Solutions Rural Capital Area, Business Liaison for Fayette and Lee counties
Sky Quintero	Workforce Solutions Rural Capital Area, Bastrop office Business Liaison
Nirian Benitez	CyberTex Institute of Technology, Smithville
Dora Sanchez	Smithville Community Clinic, Clinic Coordinator
Brenda Hernandez	Career Tracks
Ronnie Holt	Career Tracks
Sydney Rodriguez	Career Tracks
Diana Horton-Barnett	Care Revive, nurse aide training school
Shunlee Alvarado	Community Action, Medicaid / benefit enrollment assistance
Madeline Cardone	VA Suicide Prevention, Community Engagement and Partnership Coordinator
Donna Prado	Strategic Marketing & Communications Consultant
Chris Noble	City of Elgin, attending on behalf of Mayor Theresa McShan
Stephanie Carter	Carter and Camille Consulting; Caldwell County Foundation
Camille	Carter and Camille Consulting

## Top 3 Topics and Concerns Discussed

### 1. Healthcare Workforce Shortages and Hard-to-Fill Roles

Participants reviewed regional workforce data and discussed whether the data matched what employers and community partners are seeing locally. The data showed strong demand for nursing assistants, registered nurses, LVNs, medical assistants, dental assistants, pharmacy technicians, and other healthcare roles. Participants also identified hard-to-fill specialized

positions, including CT technicians, sonographers, physical therapy assistants, psychiatric technicians, behavioral health workers, and peer support specialists. Employers emphasized that rural facilities need workers with both technical skill and sound judgment, especially in small teams where one vacancy can significantly affect operations.

Participants also reiterated that CNA and direct-care wages must be treated as a focal point. This is not only an employer issue; it is a policy and regional workforce issue that RWHC could help elevate and organize around. The concern raised in the meeting - that Buc-ee's employees can earn more than certified nursing assistants and personal care workers caring for vulnerable residents is supported by available wage comparisons. National BLS data show nursing assistants at a May 2024 median wage of \$39,530 per year, while home health and personal care aides were at \$34,900 per year (\$16.78 per hour). Buc-ee's own careers page lists Associates at \$18-\$21 per hour, Team Leads at \$21-\$24 per hour, and Department Managers at \$31-\$33 per hour. For Texas-specific context, BLS-based 2023 wage summaries reported Texas CNAs at about \$15.46 per hour and Texas home health/personal care aides at about \$11.47 per hour. This contrast strengthens the point made by participants: the region cannot build a stable healthcare workforce pipeline if entry-level care roles are paid below, or only barely comparable to, non-healthcare service jobs. (Sources mentioned in discussion: U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, May 2024; Buc-ee's Careers, 2026; BLS-based Texas wage summaries for nursing assistants and home health/personal care aides.)

Main takeaway: The region needs a healthcare workforce strategy that is guided by employer demand, not assumptions. The committee should identify which occupations are both high-need and realistic for local training, placement, hiring, and retention.

## **2. Training Pipeline Gaps: Clinical Placements, Seats, Faculty, and Local Access**

Training providers and workforce partners identified several barriers that prevent the region from producing enough healthcare workers. The most significant concern was clinical placement capacity. Nursing and allied health students need clinical experience, but hospitals and healthcare facilities may turn students away when they are short-staffed, using travelers, or under operational pressure. This creates a cycle: employers need more trained workers, but students cannot complete training without access to employers for clinical experience.

Participants also discussed limited training seats, the cost of nursing education, the need for master's-prepared faculty, expensive training equipment, and the need to encourage training providers to expand east into Bastrop, Fayette, Lee, and Caldwell counties.

Main takeaway: The region needs more local, flexible, employer-connected training pathways that include clinical placement solutions and support for both students and faculty.

## **3. Wraparound Barriers: Transportation, Child Care, Housing, Digital Literacy, and Mental Health**

The meeting made clear that workforce development is not only about job openings or training programs. Many residents need practical support to enter and complete training. Transportation was one of the strongest concerns. Participants also raised child care, housing

affordability, digital literacy, licensing assistance, gas cards, and mental health support as barriers that can determine whether someone completes training or leaves the pathway.

This concern is also consistent with recent Texas workforce context. In 2025, Texas news and policy reporting cited roughly 95,000 Texas children waiting for child-care scholarship assistance, reinforcing why child care, transportation, and other wraparound supports should be treated as workforce infrastructure rather than secondary services. (Source mentioned in discussion: Texas Tribune, March 2025, reporting on Texas child-care scholarship waitlists.)

Behavioral health was another major concern. Participants discussed psychiatric technician shortages, peer support specialist needs, behavioral health waiting lists, full psychiatric facilities, and emergency departments holding behavioral health patients for multiple days while waiting for placement.

Main takeaway: Training dollars may exist, but many students still need coordinated wraparound supports to successfully complete training and remain employed.

## **Main Points of Interest from Group Discussions**

### **Employer Perspective**

- Difficulty hiring experienced candidates for specialized or high-responsibility roles.
- Need for critical thinking in small rural teams, especially emergency departments.
- Difficulty filling imaging roles, including CT and sonography.
- PRN wage challenges for nonprofit healthcare providers.
- CNA and direct-care wage competitiveness, especially compared with higher-paying non-healthcare service jobs.
- Housing challenges for healthcare workers earning medium or lower wages.
- Difficulty competing with Austin-area amenities and wages.
- Need for digital literacy because healthcare workflows are increasingly online and technology-driven.

### **Training Provider Perspective**

- Clinical placements are a bottleneck.
- Students may be turned away from clinical settings when facilities are short-staffed.
- Nursing faculty must meet advanced degree requirements.
- Funding uncertainty may affect advanced nursing degree pathways.
- Nursing education is expensive for institutions and students.
- Students need support with child care, supplies, transportation, housing, and digital literacy.

## **Nonprofit / Public Partner Perspective**

- Limited program seats.
- Lack of experience among younger applicants.
- Need for on-the-job training and apprenticeships.
- Rural youth stigma: some young people want to leave their small towns even when local jobs exist.
- Need for flexibility with 18-24-year-olds who may change career direction.
- Transportation barriers.
- Lack of dental access for homeless residents.
- Mental health resource shortages.
- Lack of public awareness about existing training, funding, and support resources.

## **Key Opportunities Identified:**

### **Employer-Driven Career Pathways**

Entry-level roles such as CNA, PCT, MA, pharmacy tech, home health aide, and dental assistant can become first steps in a longer healthcare career pathway. Participants noted that some workers use these roles to move into LVN, RN, or other higher-level positions. This should not be seen only as turnover. It can become a regional advancement strategy if employers, training providers, and funders work together.

### **Clinical Placement Coordination**

The committee can help solve a major bottleneck by convening employers and educators around clinical placement capacity. This may include shared calendars, paid student models, affiliation agreements, or short-term placement options.

### **Local Training Expansion**

The group discussed the need to bring more training eastward instead of requiring students to travel to Austin. CyberTex, Care Revive, CHCP, Concordia, Career Tracks, Workforce Solutions, and other partners may have opportunities to align around local training expansion.

### **Wraparound Support as Workforce Infrastructure**

Transportation, child care, licensing assistance, gas cards, digital literacy, and case management should be treated as workforce infrastructure, not extra services. These supports are often what allow a student to complete a program and enter employment.

### **Behavioral Health Workforce Focus**

Behavioral health needs continued attention. The group identified both service gaps and workforce gaps, including peer support specialists, psychiatric technicians, caseworkers, and

crisis response roles. This area may be a strong candidate for one of the committee's first strategic priorities.

### **Quick Win: Dental Access for Camp Haven Participants**

A practical connection emerged between Camp Haven, Smithville Community Clinic, and mobile dental resources. Camp Haven identified dental access as a major need for homeless residents, while Smithville Community Clinic and Community Health Centers of South-Central Texas were identified as possible partners with access to dental services and mobile buses.

## **Recommended Action Items for June Workforce Committee Meeting**

### **For planning purposes:**

**The second quarter RWHC meeting is scheduled for June 11, followed by the second Regional Healthcare Workforce Strategy Session.** This sequence is intended to build on and carry forward the broader coalition discussion.

**Location:** Fayette County EMS Headquarters, 1721 N. Von Minden St., La Grange, TX 78945

**Time:** To be determined

### **1. Select the Committee's First 2-3 Priorities**

- Clinical placement expansion.
- CNA and direct-care wage competitiveness as a regional policy and retention issue.
- Entry-level healthcare pathways: CNA, PCT, MA, LVN, pharmacy tech, dental assistant.
- Transportation and wraparound support.
- Behavioral health workforce development.
- Local training expansion.
- Digital literacy support for healthcare trainees.
- Employer-driven apprenticeships or short-term paid work experience.

Decision needed in June: Select the first 2-3 priorities and assign a lead partner or small workgroup to each.

### **2. Create a Regional Healthcare Career Pathway Map**

- Entry-level roles.
- Required credentials.
- Local and regional training providers.
- Funding sources.

- Wraparound supports.
- Employers hiring for each role.
- Advancement steps into LVN, RN, imaging, behavioral health, emergency services, or other pathways.

Decision needed in June: Approve the structure of the pathway map and assign partners to fill in missing information.

### 3. Form a Clinical Placement Workgroup

- Where are clinical placements currently available?
- Where are students being turned away?
- Which programs need placements most urgently?
- Can paid student roles help meet both education and staffing needs?
- Can RWHC help coordinate a regional placement calendar?

**Decision needed in June: Decide whether to hold a separate clinical placement session before the next quarterly meeting.**

### 4. Build a Wraparound Support Resource Guide

- Transportation support.
- Child care assistance.
- Tuition and training funds.
- Licensing and registration help.
- Digital literacy support.
- Housing resources.
- Food/gas support.
- Employer tuition reimbursement options.
- County-specific eligibility contacts.

**Decision needed in June: Assign one partner to collect resources and one partner to format the guide for distribution.**

### 5. Follow Up on Dental Access for Homeless Residents

- Connect Camp Haven with Smithville Community Clinic and Community Health Centers of South Central Texas to explore dental access through mobile dental buses or scheduled clinic support.

- Suggested action leads: Janice Bruno, Dan McGowan, Kristi Farquar, and the appropriate Community Health Centers contact.

**Decision needed in June: Report whether a referral process or first appointment pathway has been created.**

## 6. Validate Workforce Data with Employers

- Which roles are hardest to fill.
- Which roles require experience.
- Which entry-level roles have the strongest advancement potential.
- Which roles should not be expanded unless supervising professionals are also available.
- Which occupations are missing from the data.

**Decision needed in June: Approve a simple employer feedback process and deadline.**

## Recommended June Meeting Decisions

At the June Workforce Committee meeting, the group should not restart the same conversation. It should make decisions.

**Please fill out our survey:** [Workforce Committee Survey](#)

## Closing Statement

The April 23 Workforce Committee meeting showed that rural Central Texas is not short on commitment, ideas, or partners. The opportunity now is to organize that energy into a few shared priorities that can produce measurable results.

Participants named real challenges: clinical placement shortages, transportation barriers, child care needs, housing costs, digital literacy gaps, behavioral health shortages, limited training seats, and the difficulty of retaining workers in rural communities. They also named real solutions: stronger employer-training partnerships, local training expansion, better use of workforce funding, improved wraparound support, and clearer communication of available resources.

The Rural Whole Health Coalition is well positioned to serve as the connector that helps turn these conversations into action. By choosing two or three priorities and assigning partner leads, the Workforce Committee can begin building a stronger healthcare workforce pipeline for Bastrop, Fayette, Lee, and Caldwell counties - one that helps residents train close to home, work close to home, and serve the communities that need them most.