



Health Professions Education & Training (HP-ET) 101: Key Concepts to Successfully Plan, Implement, and Grow an HP-ET Program at Your Health Center

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TODAY'S AGENDA



- Introduction
- What is Health Professions Education & Training (HP-ET)?
 - Comprehensive Workforce Planning
 - Recruitment & Retention
 - Justice, Equity, Diversity, and Inclusion (JEDI)
- Designing an HP-ET Program
- Financial Assessment & Planning
- Implementation & Maintenance
- Q&A
- Next Steps

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED (ACU)



Access to Care & Clinician Support

Recruitment & Retention

National
Health
Service Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 22 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

www.chcworkforce.org

Contact us: info@chcworkforce.org

STAR² CENTER TEAM



SUZANNE SPEER
(she/her)
**VP of Workforce
Development**
sspeer@clinicians.org



**DR. MICHELLE FERNÁNDEZ
GABILONDO**
DSW, MSW
(she/her/ella)
Director of Workforce Development
mfernandez@clinicians.org



MARIAH BLAKE
MPA
(she/her)
**Associate Director of
Operations &
Compliance**
mblake@clinicians.org



HELEN RHEA VERNIER
MSC
(she/her)
**Associate Director of
Workforce Development**
hvernier@clinicians.org

LEARNING OBJECTIVES



- Understand the key role HP-ET and pathway development play in recruiting and retaining mission-driven staff and supporting community representation, diversity, and equity at health centers
- Identify key aspects of designing and implementing an HP-ET program (staffing, partnerships, financial planning)
- Recognize the importance of justice, equity, diversity, and inclusion (JEDI) in developing HP-ET programs
- Learn key steps to plan for, build, and support a health center HP-ET program



INTRODUCTION TO HEALTH PROFESSIONS EDUCATION AND TRAINING (HP-ET)

WORKFORCE IS THE FUEL



A health center with a **full tank** identifies workforce as an essential organizational issue, invests in appropriate operational and staffing resources, and has some key features...



CORE COMPONENTS

Data-Informed
Workforce Plan

Equitable &
Effective
Compensation
Structure

Positive Culture
Focused on
Engagement

Tested
Recruitment &
Retention
Strategies

Health
Professions
Training Program

Chief
Workforce
Officer

High-Functioning
Managers

Policies that
Support Diversity
& Cultural
Respect

HEALTH PROFESSIONS TRAINING PROGRAM

Core Component



ACU
ASSOCIATION OF CLINICIANS
FOR THE UNDERSERVED



STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION



Provides coordinated education and training to developing health professionals and ensures current clinicians can engage in teaching.

Components of a Comprehensive Workforce Plan



HP-ET Plan

COMPREHENSIVE WORKFORCE PLAN

CWP & HP-ET Plan



**Comprehensive
Workforce Plan (CWP)**



**Health Professions
Education & Training
(HP-ET) Plan**
*(also referred to as
Strategic Workforce Plan)*

** HP-ET Plan is one component of a CWP*

WHAT IS HP-ET?

Working Definition



Enhance health centers' capabilities to recruit, develop, and retain their workforce by exposing health and allied health professions students, trainees, and residents to education and training programs at health centers.

(may also include non-clinical positions)



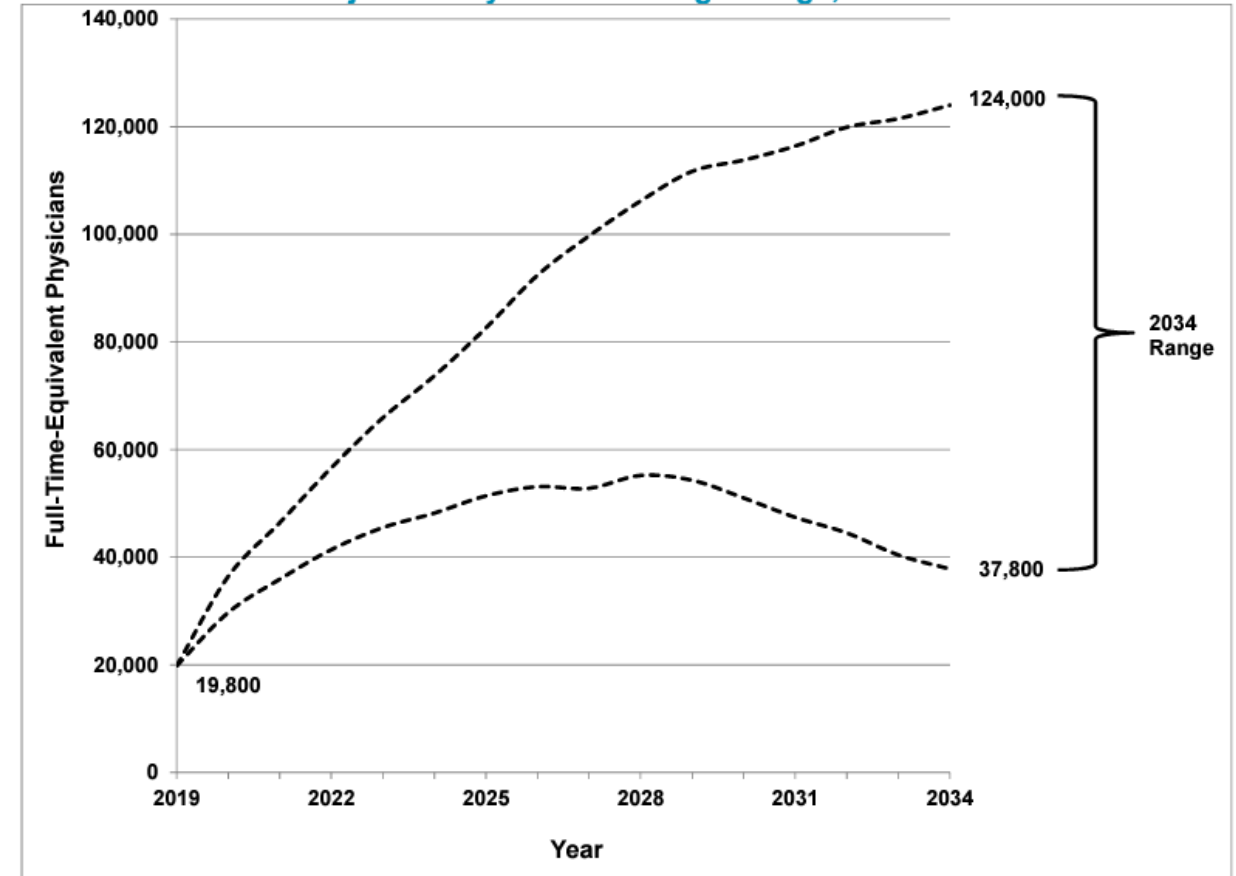
PHYSICIAN PROJECTIONS

The Shortage is Growing...



- Total physician shortage between **37,800** and **124,000** physicians by 2034
 - A primary care physician shortage of between **17,800** and **48,000** is projected by 2034.
 - A shortage of non-primary care specialty physicians of between **21,000** and **77,100** is projected by 2034

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034



Note: Because complex systems have internal checks and balances to avoid extremes, the upper and lower bounds of the shortage projections reflect the range of most likely outcomes. The divergence over time represents increasing uncertainty.

Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)

STAR² CENTER RESOURCE HIGHLIGHT

The Growing Provider Shortage:
Building the Case for Developing an HP-ET Program



Click [here](#) to access the **The Growing Provider Shortage: Building the Case for Developing an HP-ET Program Resource**

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED | STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

The Growing Provider Shortage: Building the Case for Developing an HP-ET Program

Overview: The Need for Health Center Health Professions Education & Training (HP-ET) Programs

Provider shortages have plagued healthcare organizations for decades, and these shortages have been exacerbated by the COVID-19 Pandemic. The Association of American Medical Colleges (AAMC) projects that by 2034, there will be a shortage of Primary Care Physicians between 17,800 and 48,000.¹ In addition to the shortage of physicians, the COVID-19 pandemic also led to the "Great Resignation" in the United States which caused staffing shortages among all levels of clinical staff. These increasing shortages have highlighted the need for HP-ET Programs as a way to "grow your own" workforce at health centers. The variety of HP-ET Programs is vast and can cover a range of roles, including:

- Community Health Worker (CHW) training programs
- Medical Assistant (MA) training programs
- Internship and externship rotations for Physicians and Dentists
- Imbedded Primary Care Residency programs

By providing pathways to one or more needed clinical roles, health centers have the ability to use these programs as a major recruitment tool for vital positions at their organizations. Understanding what roles are currently in demand, and which are likely to increase in demand in the near future, is critical to assessing what type of HP-ET or other recruitment programs can most benefit a health center.

Provider Needs Based on National Health Service Corps (NHSC) Vacancy Data²

The graphs below show three types of "staff status":

1. STAFF – fully onboarded staff hired by health centers not on a National Health Service Corps (NHSC) contract
2. NHSC – fully onboarded NHSC staff working at health centers
3. VACANCIES – unfilled positions at health centers based on eligible NHSC vacancies reported by health centers

1 IHS Markit Ltd., The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Washington, D.C., 2021.
2 Health Resources and Services Administration. "Data Explorer." Accessed June 2023. <https://data.hrsa.gov/tools/data-explorer>



BUILDING & ENHANCING PATHWAYS

THE NEED FOR PATHWAYS PROGRAMS

The Power of Growing Your Own



- The variety of Pathways Programs is vast and can cover a range of roles, including:
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 - Medical Assistant (MA) training programs
 - Internship and externship rotations for Physicians and Dentists
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Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)

HP-ET FOR RECRUITMENT & RETENTION



Retention & Recruitment:

“Family medicine residents who graduate from...Teaching Health Center (THC) training residencies are nearly **twice as likely to pursue employment in safety-net settings** compared with non-THC graduates. This trend has been consistent over the past few years...”

HP-ET FOR RECRUITMENT & RETENTION



Recruitment:

- Exposure to health centers
- Working with underserved populations
- Developing connections with HC staff
- Connecting with clients
- Active recruiting opportunities
- Getting to know candidates
- New hires require less time to get up to speed



HP-ET FOR RECRUITMENT & RETENTION



Retention:

- Helping to teach and shape the next generation
- Honing own skills
- Potential perks for preceptors (CEUs, additional training, designated time to work with students)
- Building team solidarity with current and future staff





CONTEXT & CONCERNS

- Staff time commitment/added workload
- Finding partners
- Accreditation
- Leadership buy-in
- Adequate staffing
- Adequate learner pool
- Cost

REALISTIC EXPECTATIONS

- Different requirements for different programs
- Building partnerships vs going it alone
- Increased staff/resource demand
- Time to ramp up and see results

HP-ET TO “GROW-YOUR-OWN”

Benefits & Return on Investment (ROI)



- Increased employee satisfaction and retention equals less turnover
- Positive economic impact to community
- Less time to fill open positions
- Greater access to care
- Increased efficiency



* Nearly 60% of medical residents practice within 100 miles of their residency program and more than half stay in the same state.



JEDI'S IMPACT ON HP-ET PROGRAMS

DEFINITIONS



(Social) Justice: An analysis of **how power, privilege, and oppression impact the experience of our social identities.** It reflects a society, community, and institution mutually shaped to meet the needs of all groups through full and equal participation and creates physically and psychologically safe and secure spaces for all.

Equity: Actively working to identify and eliminate barriers that have prevented full participation across differences in culture and circumstance. It reflects processes and practices that both acknowledge that we live in a world where **everyone has not been afforded the same resources and treatment while also working to remedy this fact.**

Diversity: Having a **variety of social identities** (sex, race, gender, class, religion, ability, health, ethnicity, migration history and many others) that spend time in shared spaces, communities, institutions or society.

Inclusion: Creating environments in which individuals and groups feel **welcomed, respected, supported, and valued** by eliminating practices and behaviors that marginalize. An inclusive climate **embraces differences** and offers respect in words and actions so that all people can fully participate in the organization's opportunities.

Sources: [Brandeis University](#), [Rutgers University](#), & [Workhuman](#)

HOW JEDI CAN IMPROVE THE WORKPLACE



Makes Work More Meaningful

- Working environment that allows all workers to thrive
- Employees are happier and more productive

Facilitates Workplace Fairness

- Confidence in the organization
- Deeper trust and commitment
- Greater likelihood of staying

Helps People Build New Skills

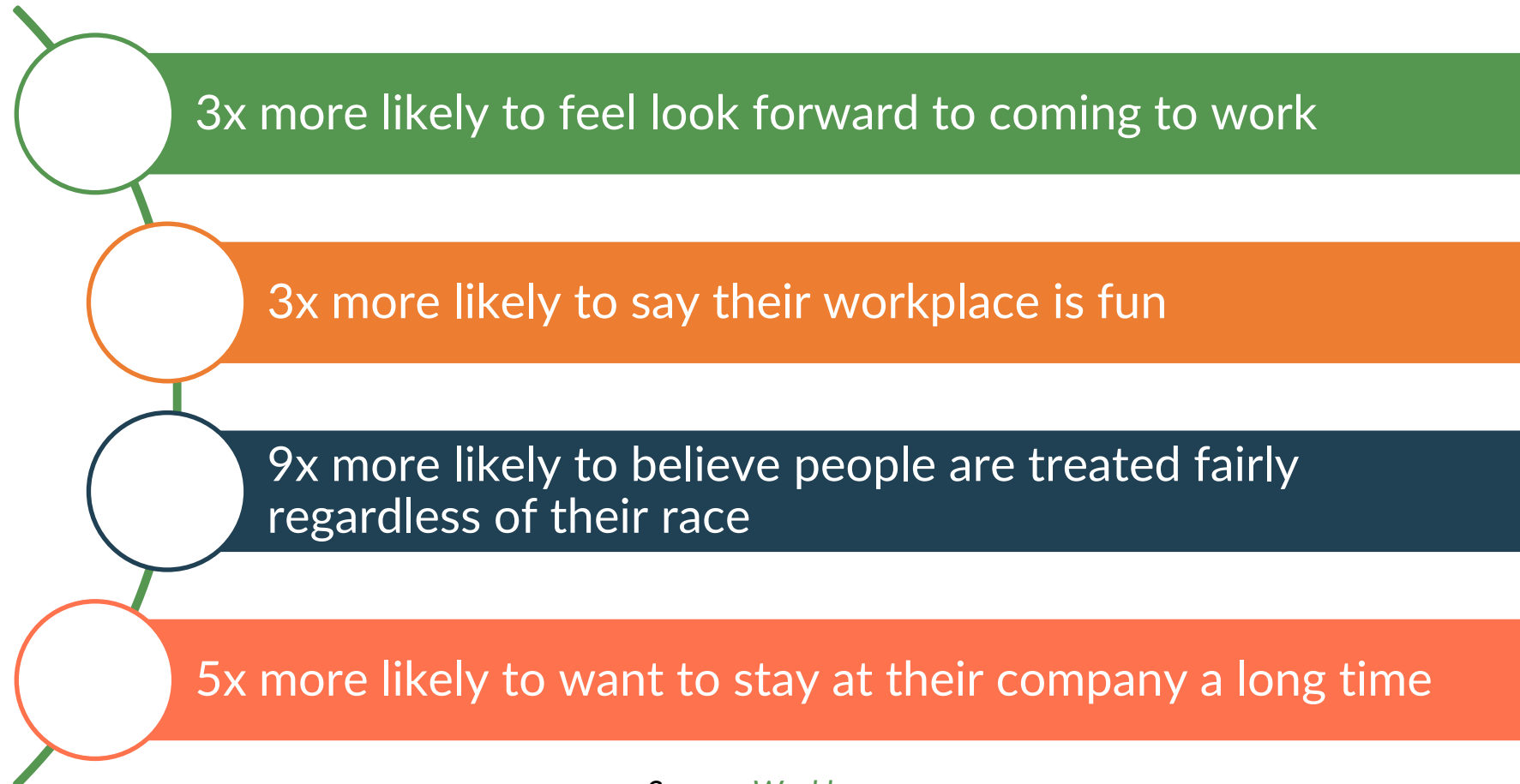
- Exposed to a wider range of opinions, ideas, and skills
- Increased curiosity
- Equitable opportunities

Source: [Eightfold AI](#)

WHY DOES JEDI MATTER?



When employees feel like they belong at work they are...



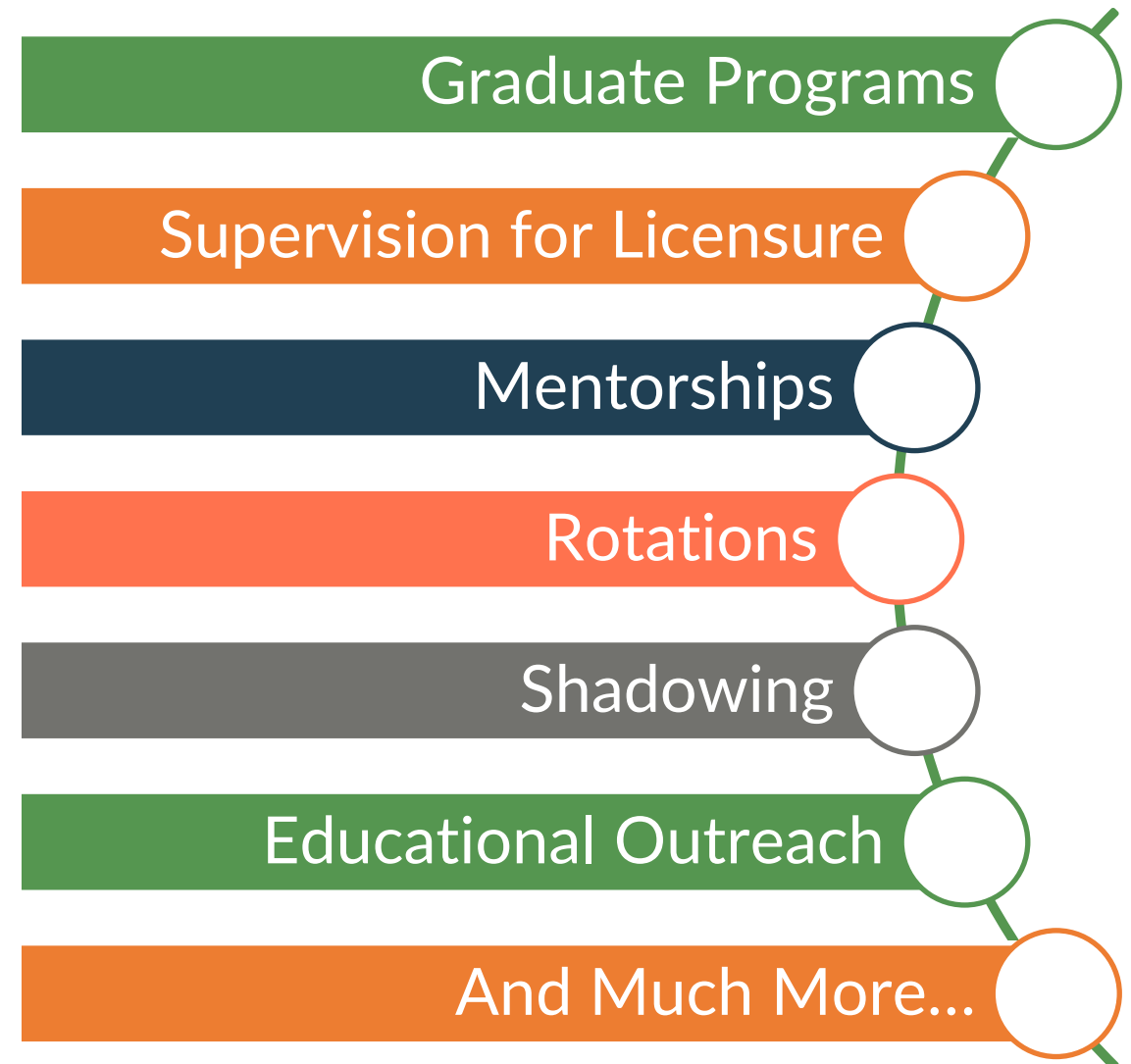
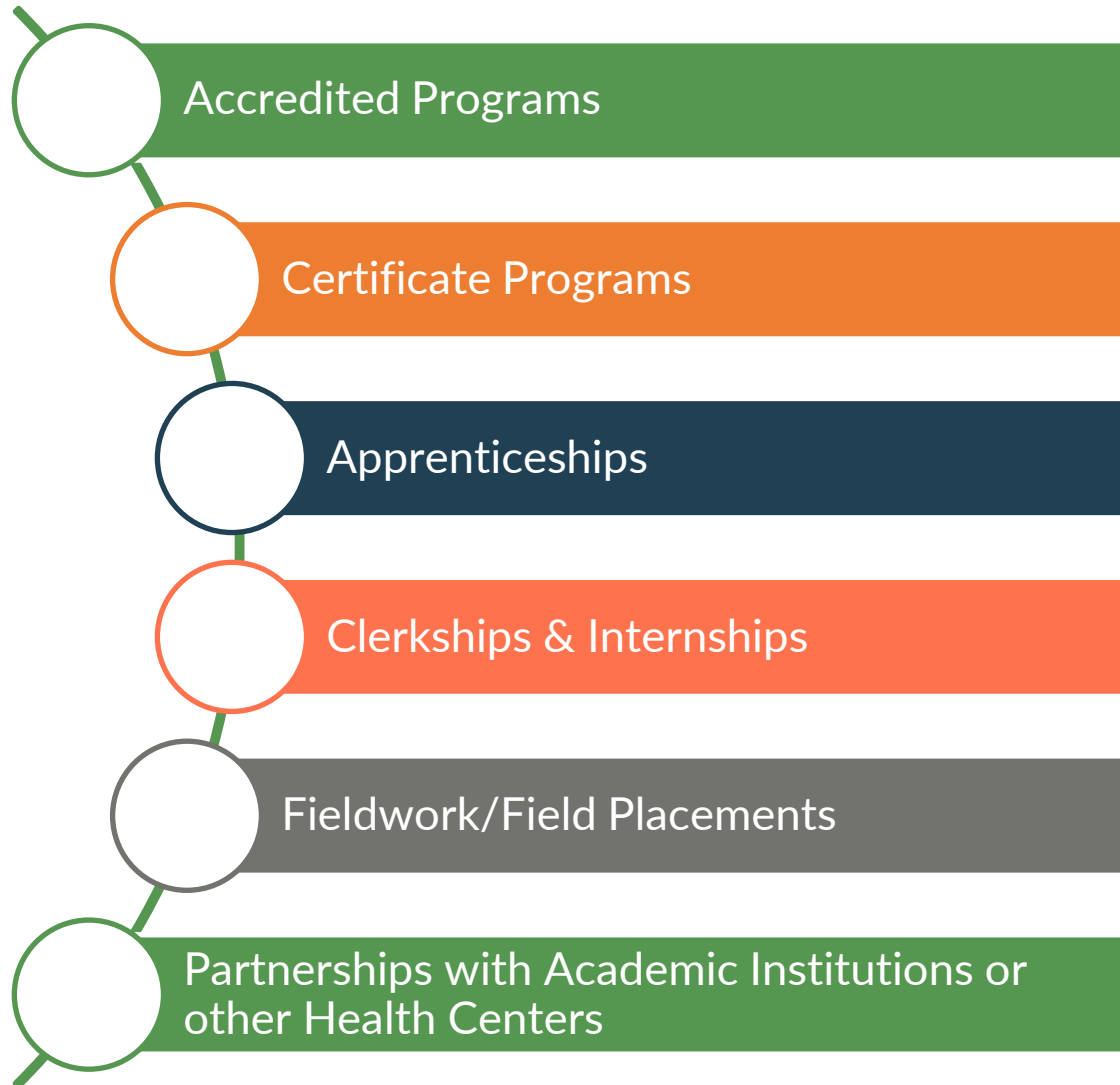
Source: [Workhuman](#)



DESIGNING AN HP-ET PROGRAM

DESIGNING AN HP-ET PROGRAM

Models & Approaches



DESIGNING AN HP-ET PROGRAM

Key Considerations



- Need
- Organizational Culture
- Buy-In & Engagement
- Available Faculty
- Partnerships
- Diversity, Equity, and Inclusion (DEI)
- Curriculum Development
- Capacity
- Financial Feasibility & Sustainability
- Gap Analysis
- Location/State Requirements
- Alignment with Organizational Strategy & Objectives
- Building a Culture of Education

DESIGNING AN HP-ET PROGRAM

Questions to Consider



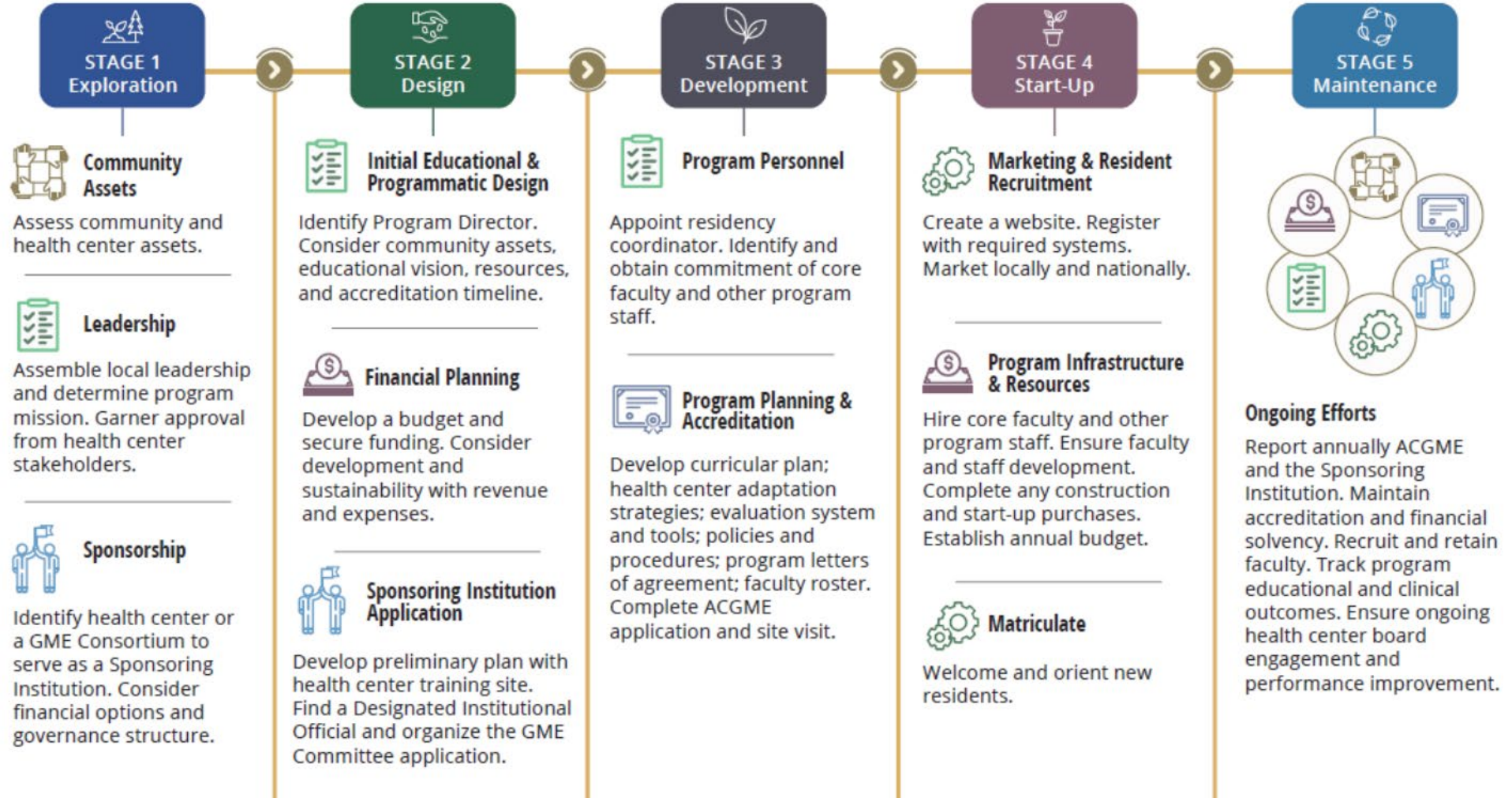
- What staffing shortages have you seen in the last five years? Three years? One year?
- Are any staff roles becoming harder to recruit or seeing greater turnover?
- Are there trends in clinical staff availability in your region or state that indicate those roles may be harder to fill in the future?
- Are there staff in your health center that have expressed an interest in teaching or cross-skilling/up-skilling that can take those roles?
- Are there any current staff that have expressed interest in receiving training to take on jobs or roles that are hard to fill?

DESIGNING AN HP-ET PROGRAM

Example: Teaching Health Center Program Roadmap



Roadmap for THC Program Development



DESIGNING AN HP-ET PROGRAM

Where to Begin?



Secure buy-in from staff and leadership



LEADERSHIP BUY-IN

Outline the Cost of Turnover



Turnover is **EXPENSIVE!**

*Calculate your health center's turnover costs by using the [STAR² Center Financial Assessment Tool](#)

Therefore, use data to make a business case for retention:

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your organization losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

DESIGNING AN HP-ET PROGRAM

Resources



Resources – Requirements = Surplus (or Shortfalls)

What is required?

What do we have?

What do we need? Or what can we offer?

A plan = How do we get what we need, using what we have?

IDENTIFY RESOURCES

Internal



- Leadership Support
 - One or more C-Suite members
 - Full C-Suite support
- Board of Directors/Advisory Board Support
 - One or more Board members' support
 - Majority of Board members' support
 - Full Board support
- Patient Population That Would Benefit
 - Diverse patient population that would benefit from additional staff diversity and training
 - Patients have stated an interest in being part of the healthcare training community
- Potential Community Interest, Support, or Benefits
- Training Space for
 - Clinical experience (supervised patient care)
 - Skills practice
 - Didactic instruction, group discussions, etc.
- Financial Resources
 - Income from services provided
 - Grants or donations from government or non-government sources
 - Payment or other funding from training and educational institutions
 - Loans or other funding

IDENTIFY RESOURCES

External



- Higher-level educational institutions
 - Technical/community colleges
 - State colleges
 - Private universities
 - State or regional institutions with relevant remote/hybrid training programs
 - Local high schools or community colleges with—or interested in developing—vocational skills programs
 - Student organizations or college/university job boards & clinical rotation opportunity posts
 - Area hospitals, clinics, or independent practices (potential partners)
- Minority-serving institutions with health training programs
 - Primary Care Association (PCA)
 - Area Health Education Centers (AHECs)
 - National Training & Technical Assistance Partners (NTTAPs)—including the STAR² Center
 - Fellow health centers
 - Accrediting bodies relevant to your training program
 - External funding/grant/loan opportunities

DESIGNING AN HP-ET PROGRAM

Staffing



- Is there adequate staffing to support an HP-ET program?
- What departments will participate in an HP-ET program (clinical or non-clinical)
- Identifying trainers/preceptors
 - Expressed interest
 - Required credentials
 - Capacity
 - Teaching skills
 - Train-the-trainer
- Mirroring existing care teams
- Administrative support



DESIGNING AN HP-ET PROGRAM

Partnerships



- Research
- Outreach
- Proposal
- Negotiation
- Maintenance & Improvement
(Communication)



DESIGNING AN HP-ET PROGRAM

Partnership Development



- AHECs
- Hospitals
- Academic Institutions
- Other Health Centers
- Contracts
- Community Based Organizations/Non-Profits
- And more...



DESIGNING AN HP-ET PROGRAM

Partnerships Benefits & Challenges



Benefits

- Negotiation Strength
- Aligned Mission, Vision, Values
- Wider Range of Resources
- Shared Control

Challenges

- More complex decision-making
- Perceived conflicting need or competition
- More personalities in the mix



Coordinating for better resource management

- Educational institution's goals for its learners?
- What are your health center's goals?
- What is your capacity to support learners? (number, timing, staffing, etc.)
- What is their ability to support your staff?
- How will your health center and the training organization update each other on changes to capacity or needs?

FORGING STRONG PARTNERSHIPS



- ❑ Work with your HP-ET partner(s) to recruit learners directly & effectively
- ❑ Remember that training organizations and schools want their graduates to get jobs...this gives your health center tremendous opportunity and power!

Strengthen the partnership, strengthen your recruitment

DESIGNING AN HP-ET PROGRAM

Curriculum



- What is required?
- What is available?
- What is unique?
- What needs to be developed?



ACCREDITATION ORGANIZATIONS



- Community Health Workers – lists of state-by-state programs:
 - www.ruralhealthinfo.org/toolkits/community-health-workers/4/training/certification
 - nachw.org/membership/chw-networks-and-certification-programs
- Dental - CODA: coda.ada.org/en/find-a-program/program-options-and-descriptions
- Medical - ACGME: www.acgme.org/specialties
- Nurse Practitioner - NNPRFTC: www.nppostgradtraining.com/accreditation/
- Medical Assistants - AAHEP and ABHES: www.aama-ntl.org/medical-assisting/caahep-abhes-programs
- Nursing: nursingcas.org/whats-the-deal-with-accreditation/
- Pharmacy Tech - ASHP: www.ashp.org/professional-development/technician-program-accreditation/ashp-acpe-pharmacy-technician-accreditation-commission?loginreturnUrl=SSOCheckOnly
- Social Work - CSWE: www.cswe.org/accreditation

INFO & SUPPORT ORGANIZATIONS



MD/DO

- ACGME - www.acgme.org (also Psychiatry)
- Education Health Center Guide - educationhealthcenter.org
- Rural GME - www.ruralgme.org

Nurse Practitioner

- CHC Inc. – www.weitzmaninstitute.org/wp-content/uploads/2022/02/NPResidencyBook.pdf

CHW

- MHP Salud - mhpsalud.org/community-health-worker-resources

Psychology & Social Work

- APA - www.accreditation.apa.org
- Council for Social Work Education: www.cswe.org

INFO & SUPPORT ORGANIZATIONS



Dental

- DDS, etc. - coda.ada.org/en/find-a-program/program-options-and-descriptions
- DA – Washington Association for Community Health - www.wacommunityhealth.org/capacity-building-1

Medical Assistants

- NIMAA – www.nimaa.edu/
- Washington Association for Community Health - www.wacommunityhealth.org/capacity-building-1
- Alaska Primary Care Association - alaskapca.org/apprenticeships
- NEW Health “University” - newhealth.org/newhealthuniversity



FINANCIAL ASSESSMENT & PLANNING FOR HP-ET PROGRAMMING

ASSESSING COSTS

Key Considerations



Not every cost can be anticipated ahead of time, so providing some flexibility in your program budget is important.



ASSESSING COSTS

Staff



Staff Name Role	FTE Salary <i>OR</i> Pay per Hour (including overhead/benefits)	Hours or % FTE (as decimal) Spent on HP-ET Work	Hours or % FTE Spent Receiving Training or Credentialing	Total Staff Cost: Pay Rate * (HP- ET Hours + Training Hours)
Ex: Sample Person RN Clinical Rotation Instructor	\$85,000 per one year FTE (includes benefits & overhead) <i>OR</i> \$42 per hour	0.5 FTE <i>OR</i> 1000 hours per year (20 hours per week: 5 hours lesson planning & admin + 10 hours clinical supervision + 5 hours skills instruction)	0.023 FTE <i>OR</i> 48 hours per year (3 hours per month CEUs + occasional clinical instruction training and professional development)	$\begin{aligned} & \$85,000 * (0.5 + 0.023) \\ & = \$85,000 * 0.523 \\ & = \mathbf{\$44,455} \end{aligned}$ <i>OR</i> $\begin{aligned} & \$42 * (1000 + 48) \\ & = \$42 * 1048 \\ & = \mathbf{\$44,016} \end{aligned}$

Note: You may notice above there is some slight difference in the estimates between pay per hour and salary full time equivalent (FTE) due to rounding. Be as consistent as possible in your rounding methods and in using FTE or hourly pay, which should minimize these small discrepancies between estimates for different staff.

ASSESSING COSTS

Trainee



Trainee Cohort Size	Number of Cohorts per Year	Stipend or Salary per Trainee	Benefits & HR Overhead	Total Trainee Cost per Year = Cohort Size * Cohorts per Year * (Stipend + Overhead)	Notes
Ex: 12 Medical Assistant Program learners per cohort	2 cohorts per year	\$18 per hour x 30 hours per week x 25 weeks = \$13,500	20% = \$2700 per learner	12*2*(\$13500+\$2700) = 24*\$16200 = \$388,800	Each cohort will include two additional part-time (10 hours per week) MA Apprentice students from local high school; those costs are not listed here as a state grant is paying for their program costs.

ASSESSING COSTS

Facilities



Facility Space Requirements (square feet)	Facility Lease Cost per Square Foot per Month (monthly lease payment / total facility square footage)	Utility Cost per Square Foot per Month (monthly average utility payment [power, water, waste, internet, etc.] / facility square footage)	Maintenance & Janitorial Service Cost per Square Foot per Month	Other Recurring Monthly Costs per Square Foot (ex: security, bio waste, etc.)	Total Monthly Cost per Square Foot (lease cost per sq ft + utility cost + maintenance & janitorial + other costs)	Total HP-ET Facility Cost per Month (HP-ET facility space requirements * cost per square foot)
Ex: 1000 square feet of facility space	\$50,000 per month lease / 25,000 sq ft facility = \$2.00 per square foot	\$15,000 per month / 25,000 sq ft = \$0.60 per sq ft	\$12,000 per month (incl staff salaries and supplies) / 25,000 sq ft = \$0.48 per sq ft	\$8000 per month / 25,000 sq ft = \$0.32 per sq ft	\$2.00 + \$0.60 + \$0.48 + \$0.32 = \$3.40 per square foot	1000 sq ft * \$3.40 per sq ft per month = \$3400 per month

ASSESSING COSTS

Supply



Non-Recoverable Supply	Cost per Unit	Units per Trainee or Staff	Number of Trainees or Staff per Cohort	Total Cost Per HP-ET Cohort
Badge and access credentials	\$50	1	12 Trainees + 3 Staff	\$750
Office supplies (pens, notebooks, printing, miscellaneous)	\$500	Program office supply budget (one unit per training cohort)	NA	\$500
Education materials (coursebooks or online training course and software access, pocket guides, reference books, etc.)	\$400 Student Edition \$1000 Instructor Edition	1	12 + 1 Instructor Edition	\$5800
Trainee equipment (ex: stethoscope & BP cuff)	\$100	1	12	\$1200
Cohort training equipment (ex: butterfly needles, tourniquets, and blood draw kits)	\$3000	Training supply budget per cohort	NA	\$3000
Trainee uniforms	\$40	2	12	\$960
				\$12,210

ASSESSING COSTS

Marketing, Recruitment, & Partnerships



Staff Name Role	HP-ET Promotion Duties	Estimated Time (hours per week)	Pay Rate (including benefits & overhead)	Total Cost per Week	Notes
Ex: Mary Nguyen RN & HP-ET Instructor	In-person information sessions for job fairs and at local college	2 hours per week, including presentation development	\$60/hr.	\$120 per week	Estimated 25 weeks per year HP-ET program promotion work

ASSESSING COSTS

Liability Insurance & Other



- Insurance supplemental to the facility's general liability or property damage insurance
 - Specific to the training program activities
 - May not be needed depending on the facility liability insurance coverage—consult legal
- Other program fees/costs



OFFSETTING COSTS



Income Source	Amount (total)	Timeframe (Annual? Semester? Monthly? Etc.)	Recurring	Amount per Learner	Notes
Ex: State healthcare worker education grant	\$100,000	Annual	Contingent on reapplication for grant & state budget	\$25,000 x 4 learners	Specific reporting and accounting requirements, see <www...>. Current funding cycle = 3 years (2024-2027).
Ex: Donation from retired physician	\$20,000	One-time	No	NA	Donation from retired health center physician for health center medical education initiatives

CALCULATING RETURNS

$$\text{Returns (Losses)} = \text{Gains} - \text{Inputs or Expenditures}$$



Potential Losses

- Reduced patient load per FTE
- Reduced income per patient visit

Tangible Returns

- Reduced turnover
- Fewer position vacancies/increased recruitment
- Client retention
- Increased shift coverage
- Savings on certification, training, or CMEs now obtained in-house

Intangible Returns

- Staff Satisfaction
- Quality of Care
- Client Satisfaction
- Improved Site Reputation and Community Links
- Partnerships

STAR² CENTER RESOURCE HIGHLIGHT

Health Professions Education and Training Financial Impact
Assessment Tool



Click [here](#) to access the Health Professions Education and Training Financial Impact Assessment Tool





IMPLEMENTATION & MAINTENANCE OF AN HP-ET PROGRAM

ASSESSING READINESS

Key Areas

- Leadership Commitment
- Program Goals
- Program & Licensure Requirements
- Feasibility Assessment
- Patient Volumes
- Staffing
- Space
- Technology
- Financing
- Malpractice & Liability
- Partnership Development



ASSESSING READINESS

Feasibility



- Involves ALL internal stakeholders
- Identifies Gaps
- Develops and Implements Plans to Address Gaps
- Develops Business Model
- Financial Modeling
- Supports Internal Consensus
- Provides Foundation for Funding Applications and Contract Negotiations

Source: STAR² Center Strategic Workforce Planning HP-ET Learning Collaborative & [WIPFLI](#)

QUESTIONS





STAR² CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Equal Pay for Work of Equal Value White Paper](#)
- [Financial Assessment For Provider Turnover Tool](#)
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#)
- [Supporting Mental Health Through Compensation Equity Factsheet](#)
- [C-Suite Toolkit: Health Professions Education & Training for Recruitment and Retention](#)

[You can find all of the STAR² Center's free resources here](#)

[Sign up for our newsletter here for new resources, trainings, and updates](#)

INTERESTED IN TRAINING ON YOUR OWN TIME?



Check out the STAR² Center Self-Paced Courses: chcworkforce.elearning247.com

And the ACU & STAR² Center Video webpage:

www.youtube.com/channel/UCZg-CFN7Wuev5qNUWt69u0w/feed

And the STAR² Center Podcast page:

www.chcworkforce.org/web_links/star%c2%b2-center-chats-with-workforce-leaders/



UPCOMING EVENTS: REGISTER NOW!

Workforce Training & Technical Assistance Professional Development Series

Tuesdays, ~~March 19~~, ~~April 16~~, May 21, June 18 | 12:00-1:00
PT ET

Register here: <http://tinyurl.com/23wua23d>

Retention Planning: Build It and They Will Stay

Wednesdays, May 22 and June 10 | 4:00-5:00PM

Register here: <https://tinyurl.com/y6rsd77n>



STAY IN TOUCH!

 Chcworkforce.org

 Clinicians.org

 info@clinicians.org

 844-ACU-HIRE

