

REPORT TO THE LEGISLATURE

Increasing apprenticeships and other training opportunities for health care and direct care students to better serve the IDD community

ESSB 5092 Sec. 203 (1)(f)(II)
Chapter 334, 2021 Laws PV

ESSB 5268 Sec. 10 (1)(b)
Chapter 219, 2022 Laws

ESSB 5693 Sec. 203 (1)(f)(II)
Chapter 297, 2022 Laws PV

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*"Experience comes from
immersing yourself."
– Advanced registered nurse
practitioner focused on serving
the IDD community*



Overview

ESSB 5092, 5268, and 5693 direct the Department of Social and Health Services Developmental Disabilities Administration to work with the Washington State Developmental Disabilities Council, Washington State Apprenticeship & Training Council, colleges and universities to develop apprenticeship programs for students in the medical, dental, nursing and direct care programs.

The goal of this legislation is to increase the number of apprenticeships for training medical, dental, nursing and direct care professionals and to address gaps in intellectual and developmental disability training. Through robust collaboration with others – collecting and studying data, and research – DDA has developed the following recommendations to close the gap by increasing apprenticeships and training on intellectual and developmental disabilities for healthcare and direct care students.

There is a lack of full clinical care education focusing on people with disabilities. This lack of comprehensive disability competency with medical, nursing, and other health care professionals perpetuates discrimination and inequitable care for persons with disabilities.¹

Recommendations

1. Expand existing and develop new health care apprenticeships programs.
2. Provide DDA with additional resources to expand current efforts and establish strong partnerships with apprenticeship and health care education programs.
3. Launch a program to provide ongoing research, collaboration and evaluation of the state of IDD health care in Washington.
4. Consider adoption of the National Council on Disability's Health Equity Framework.



"We should not have to travel to another community because the provider will not see us. We do not get equality of care."

– Parent of a DDA client



Background

The Department of Social and Health Services Developmental Disabilities Administration serves the needs of over 50,000 clients across Washington state. Every individual with an intellectual and developmental disability will interact with a medical, dental, nursing or direct care professional in some capacity throughout their lifetime. Their health care needs range from preventative care to advanced lifesaving procedures.

Telling the difference between issues that stem from a disability compared to those related to other health conditions can be difficult for health care providers without IDD experience or training. A person's visible disability – even when unrelated to the reason for a health care visit – can result in diagnostic overshadowing. This means that the disability overshadows the true health concern. Diagnoses and proper treatment may be delayed.

People with IDD can be given an inequitable level of preventative and symptomatic screening especially with sexual health than people without a disability. These problems further worsen when the person seeking care is a person of color or residing in a rural area. Providing health care and direct care students with IDD hands-on and classroom IDD training improves access to professionals with the knowledge, ability, and compassion to provide equitable care.

In 2018, the William D. Ruckelshaus Center facilitated a workgroup to discuss how to best provide the IDD community appropriate health care, direct care and other needed services. In their 2019 *Rethinking Intellectual and Developmental Disabilities Policy to Empower Clients, Develop Providers, and Improve Services* report, the Ruckelshaus workgroup recognized that the person-centered care the IDD community needs would be best met through cross-system coordination. With the subheading, "it takes a village," the report outlines some of the problems individuals with intellectual and developmental disabilities face, including professionals assuming their health condition is solely due to disability.

The Ruckelshaus workgroup concluded that improved health outcomes could be achieved through more coordination and training. They recommended the Developmental Disabilities Administration, Developmental Disabilities Council, Washington State Apprenticeship & Training Council, colleges and universities collaborate to establish new medical, dental, nursing and direct care training programs. These additional experiential training opportunities would increase the

People with disabilities are 75% more likely to have an unmet medical need compared to someone with no disability. They are also 57% more likely to have an untreated dental issue and have 85% higher odds of having an unmet prescription need.²

"The state should be ensuring quality care from physicians, dentists, experts because often the care is not 'routine' for people with highly complex medical, behavioral, and communication support needs." – Community Advocate

number of medical, dental, nursing and direct care professionals competent and confidently serving the community.



Recently passed legislation to support apprentices

The Washington State Legislature also recognizes the role apprenticeships play in helping students get the education and experience they need to provide quality care and services. The state initiative Career Connect was established in 2019 by the Workforce Education Investment Act (ESSHB 2158). Through Career Connect, community, education, government and business leaders partner to give youth hands-on learning opportunities. It establishes regional networks and resources that connects people searching for a “earn as you learn” opportunity with employers looking for apprentices in their region.

Passed in March of this year, E2SSB 5764, increases access to approved apprenticeship programs by removing barriers to accessing the Washington college grant. The maximum amount of aid available for apprenticeships is the same as for students enrolled in two-year college programs. This demonstrates the Legislature’s belief that apprenticeship programs are a valid a career pathway deserving support. In addition, E2SSB 5764 establishes a partnership between the Washington Student Achievement Council and the William D. Ruckelshaus Center to:

- Review apprentice credentials.
- Check national best practices.
- Research demand for degrees.
- Evaluate how apprentices within the college system are funded.
- Consult with key stakeholders.
- Identify issues.
- Remove barriers to ensure apprentices have full access to the college grant program and other resources.

E2SSB 5600 encourages new apprenticeship programs by ensuring they receive timely reviews with little delay. It authorizes the Washington State Apprenticeship & Training Council, also known as WSATC, to set up a sector-based platform for each registered apprenticeship, including for health care and behavioral health. The programs are required to collaborate with each other, periodically review and update training standards, and report annually to the WSATC. E2SSB 5600 also establishes a committee of state human resources managers to help develop apprenticeship programs for state agencies, such as DSHS.



“Physicians often lack the knowledge, experience, and skills to distinguish clinical concerns arising from disability from those related to other health conditions. This lack of familiarity and understanding of disability is detrimental for quality of care, contributing to delays in diagnosis and treatment, unsafe care, and inequities in care.”¹



Definitions

This report discusses many types of hands-on training programs for health care and direct care workers as defined below. For readability, the terms “apprenticeship,” “experiential learning,” and “hands-on learning” are used interchangeably in this report.

- **Apprenticeship** means a program approved by the Washington State Apprenticeship & Training Council that trains an employed worker at least sixteen years of age to learn an apprenticeable occupation. Typically, they have been used for training with industrial, construction and HVAC trades and more recently some health care and information technology occupations.
- **Externship** means a temporary job shadow program in the workplace, usually lasting several weeks, that builds networking skills, establishes fit with a profession or organization, and teaches about a typical work week.
- **Clinical rounds** mean a training environment for students to learn how to provide patient care and practice medicine. This typically is utilized for students going into the medical profession.
- **Internship** means an on-site learning experience that offers a student an opportunity to work more independently, often on a project, which may last a year or more. These experiences are often facilitated through a college course for professions such as social workers, mental health professionals, substance abuse counselors and other positions in the health care industry.
- **Practicum** means a supervised on-site experience that mainly requires student observation, data recording and assisting professionals within the work setting, lasting for a least a semester. This is typically for bachelor’s level experiences through a health care college program such as medical assistants, nurses’ aides and CNAs.
- **Mentorship** means an organized program that matches college students with students or adults who have intellectual or developmental disabilities for ongoing support sessions. The mentor tutors or guides the person with IDD. A mentorship is also an opportunity for the mentor to build knowledge and skills necessary for working with people with IDD.
- **Direct Care Program** means a program that trains direct support professionals to provide instruction, support, and personal care services to people with IDD requiring long-term care.

Self-advocates say well-trained providers can communicate and listen even with someone who doesn’t speak. “When a person is exhibiting challenging behavior, it is best practice to rule out any medical issues (for example, a person who is banging their head may be showing signs of a toothache, headache or some other infection) which may be directly affecting the individual. Having an experienced medical professional is key in these situations, for someone to get the care they need, and to avoid further complications from a misguided diagnosis.”
– DDA Regional Administrator



Approach

Collaboration with stakeholders

Developmental Disabilities Administration partnered with key stakeholders to study existing apprenticeships, gaps in health care services for people with intellectual and developmental disabilities and to identify opportunities for improvement. This report is built from DDA collaboration with the community, Developmental Disabilities Council, the Washington State Apprenticeship & Training Council, Washington state universities and colleges, registered apprenticeship programs, and other organizations that share the goal of increasing quality health care and direct care services for people with IDD.

DDA collected data, stories and lessons learned in multiple open forums, meetings and informational interviews with self-advocates, the IDD community, higher education administrators and program managers who work with of health care training and services. A survey was offered for education administrators on a statewide, multiple institution level. DDA also sent out a survey for students enrolled in programs for health care or direct care.



“All health care providers should be required to serve a rotation working with IDD clients”

—A “Show and Share” participant



Developmental Disabilities Council

Collaboration with the Developmental Disabilities Council is vital to the success of DDA projects, such as this one. As one of 56 nationwide councils guided by the Developmental Disabilities Assistance and Bill of Rights Act, the DDC is well known for its ability to bring together partners to address critical issues. In addition, the council is a provider of training and a champion for equitable policies and programs for people with IDD and their loved ones. DDA met with DDC while developing this report and that collaboration is reflected throughout.

The Council stressed how access to quality health care is an equity issue that is not just about disabilities. Health care should be person-centered and focused on all aspects of the individual. Besides disability, other aspects like race, ethnicity, and intersectionality need to be considered when examining health care inequity. People with IDD are diverse in their location, disability, race and identity. Improving health care outcomes for the IDD community means increasing access and equity of care by breaking down all barriers they face. The council also assisted us in getting the word out about our stakeholder engagement effort, “Show and Share.” Finally, DDC set a welcoming tone at the event for our community attendees.

DDA and DDC will continue to collaborate towards the goal of increasing disability training for the professionals who support people with IDD.

“I am always educating the doctors. My first job is to educate the doctor on what a disability is. At the very least if they had some basic idea on disabilities that they understood and know, like how to treat people with disabilities, we wouldn’t need to be educators all the time.”
– A Developmental Disabilities Council member





Washington State Apprenticeship & Training Council (WSATC)

The Department of Labor & Industries, as the administrative lead of the Washington State Apprenticeship & Training Council, was an integral part of this report. WSATC gave us information about existing registered health care apprenticeships and how they work to increase these training opportunities. We collaboratively reviewed the laws, rules and policies related to registered apprenticeships, as well as how programs are developed and approved.

Setting up new apprenticeships can be complicated and time consuming because it often requires collaboration between multiple state agencies and other privately operated entities. The WSATC and L&I act as a resource, sharing best practices on establishing and maintaining programs. In addition, the standards, rules, and policies WSATC have in place offer protections to both the employer and the employed apprentice.

WSATC has a robust, searchable database of apprenticeship programs and opportunities. Using this database, employers can find people interested in becoming an apprentice. People looking for registered, hands-on learning employment, can also use the database to find apprenticeship programs. The database was instrumental in helping DDA conduct a statewide inventory of existing health care and direct care apprenticeships for this report.

Apprenticeships are only one aspect of increasing IDD disability education for health care students. Most registered apprenticeships have not been health care related because many health care occupations are not eligible for apprenticeships. However, key medical and direct care student programs can take an apprenticeship track, including medical assistant, pharmacy technician, licensed practical nursing and behavioral health specialists.

Finding a registered apprenticeship is not without its challenges. The interest level of people wanting to start their health care or direct care career through on the job training outpaces availability because there is a lack of employers able to afford hiring apprentices. With this shortage, students often need to enroll in technical and community colleges to receive training.

Apprenticeship council staff have expressed the desire to see an increase in registered health care apprenticeships and IDD training curriculum developed. Although WSATC cannot directly develop an apprenticeship program or training curriculum, they play a critical role in fostering these programs. The council can approve revisions to standards for registered apprenticeships to include a requirement to add IDD training, if it is created. This could best be accomplished through increased collaboration with DDA and training development organizations, as subject matter experts.

WSATC has the infrastructure to support DDA and others on expanding the number of public sector and private employer-based health care apprenticeships available in clinics and other settings. Each new training and apprenticeship established would create a best-practice model that could be replicated to similar trades and employers, multiplying its ability to shrink the gap in providers. Finally, there is an opportunity for the Legislature to expand the council's authority to take a more active role in developing programs and training curriculum.



Engagement with the community

DDA held two open-forum “Show and Share” events to hear directly from those we serve. At these events, we asked the IDD community, advocacy organizations and other key stakeholders to share what a well-trained health care or direct care professional looks like. We also asked for input on how to ensure professionals have the training they need to serve people with IDD. We also asked if participants have found any gaps in training.

As the stakeholders shared their experiences, the following themes emerged.

1. Stakeholders said quality health care comes from providers who are:
 - a. Creative, flexible, humble, compassionate people who love to learn.
 - b. Well-trained in active listening skills, behavioral management, emotional well-being, and person-centered thinking.
 - c. Able to understand that people with disabilities are the experts about their health care needs.
 - d. Aware that family members are also knowledgeable about their loved one’s intellectual or developmental disability.
 - e. Familiar with someone with IDD (e.g., family member, coworker, etc.).
2. Stakeholders said successful training would offer or require:
 - a. Lectures that focus on IDD topics and issues.
 - b. Apprenticeships and other hands-on training opportunities with the IDD community in a variety of settings, including residential programs.
 - c. Specialty training that improves competence, confidence and disability awareness.
 - d. Expansion of the UW Autism Center to serve other ages and disabilities.



Care with compassion: Advocates say health care providers need further training on communicating with and listening to people with developmental disabilities. “Sometimes they turn to the home care aide—to listen to—instead of the disabled individual.”



Inventory of existing apprenticeships

There are many registered apprenticeships and experiential learning programs that already exist in Washington state. DDA contacted existing programs to learn more about their services, the challenges they face and opportunities they might have to expand. The inventory, found in the Appendix on page 25 focuses on those programs that responded to DDA's requests. We are looking forward to collaborating with additional registered apprenticeship programs at a local, regional and even national level in the future if resources allow.

Collecting data from college and university administrators statewide

DDA sent survey invitations to over 775 administrators of public and private college and universities, and community and technical colleges. Administrators were asked questions such as:

We received responses from 20 separate institutions.³

- What are the health care and direct care certificates and degree programs you offer students?
- Which programs currently include intellectual and/or developmental disability related training?
- How much training on disabilities is included in programs?





Responding college and university administrators represented the following programs:

- ADA Specialists
- Alternative Medicine
- Behavioral Support
- Dental (Dentists, Dental Hygienist, Dental Assistants)
- Nutrition Services
- Direct Care Professionals (Certified Nursing Assistants, Home Health Aids, Personal Care Aids, etc.)
- Emergency Medical Technician
- Health Information and Informatics Management
- Medical Doctors (all specialties)
- Medical Lab Technology
- Nursing (Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Certified Nurse Midwife, etc.)
- Medical Administration
- Medical Assisting
- Mental and Behavioral Health Counseling
- Pharmacy (Pharmacists and Pharmacy Technicians)
- Physicians Assistants
- Prosthetics and Orthotics
- Psychiatry/Psychology
- Occupational Therapy
- Radiologic Science and Diagnostic Medical Sonography
- Respiratory Therapy
- School Psychology
- Speech Therapy
- Surgical Technology

Most responding administrators of health care and direct care education programs shared that they believe additional training on intellectual and developmental disabilities is beneficial and should be required.

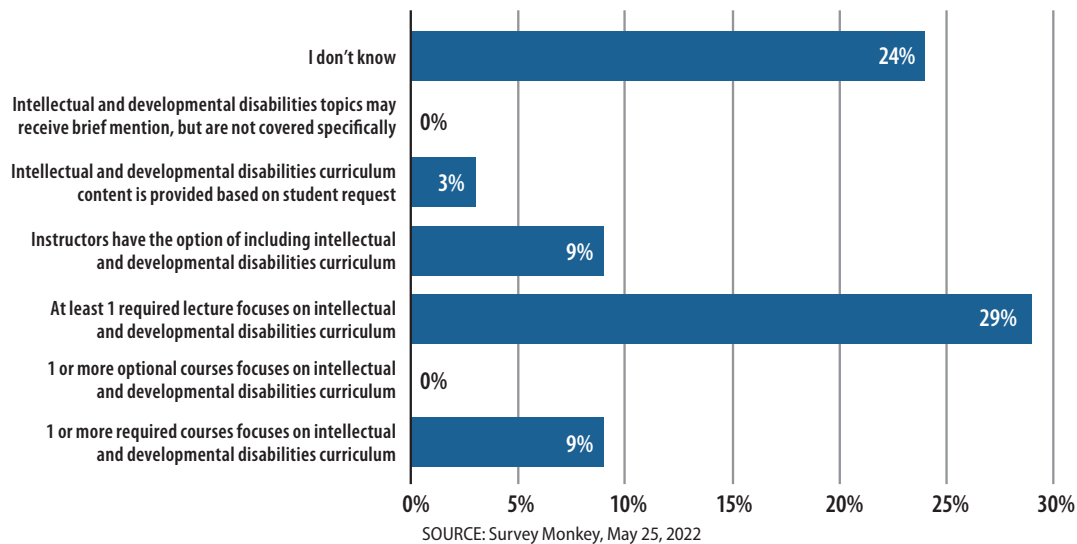
	Agree	Disagree	Neither Agree or Disagree
Intellectual and developmental disabilities education/training would benefit students in their current and/or future careers.	83%	0%	17%
Training health care and direct care professionals on intellectual and developmental disabilities will improve the health care experience of people with IDD.	92%	0%	8%
Intellectual and developmental disabilities education/training should be required in health care or direct care certificate and degree program curriculum.	75%	8%	17%

SOURCE: Survey Monkey, May 25, 2022



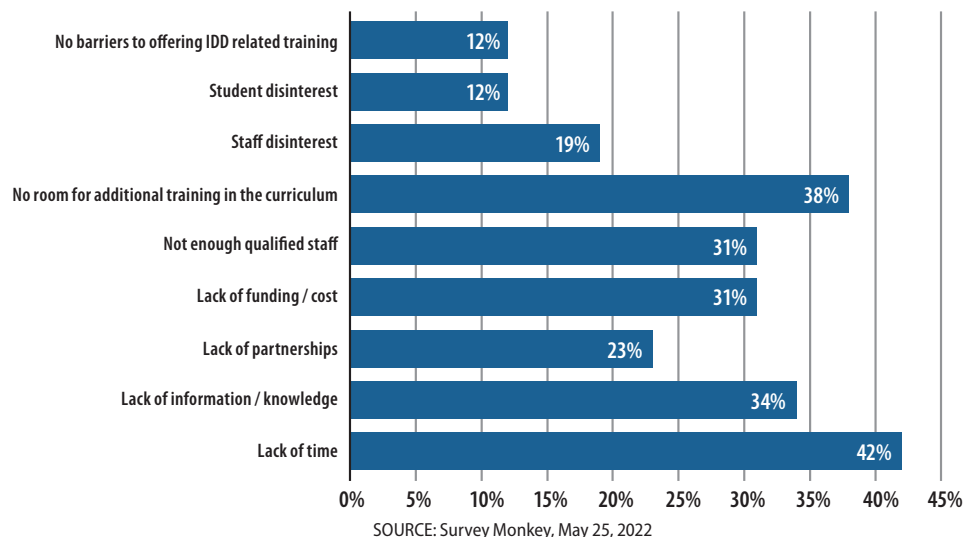
DDA also identified that the amount of disability specific training included in current health care and direct care education programs is not consistent across colleges and universities. While some programs in some institutions require at least one course on disability education, others include none or at best require one lecture focused on intellectual and developmental disabilities.

To what extent is intellectual and developmental disabilities education / training included in program curriculum?



These administrators identified barriers to including additional in classroom education on intellectual and developmental disabilities in current health care and direct care programs. Most often cited were a lack of time and no room in existing curriculum for additional training.

Barriers to offering additional IDD training in medical and direct care curriculum





We also learned that some of the responding colleges and universities currently arrange or support hands-on opportunities for students to learn while working with the intellectual and developmental disability community.

Learning from health care and direct care students

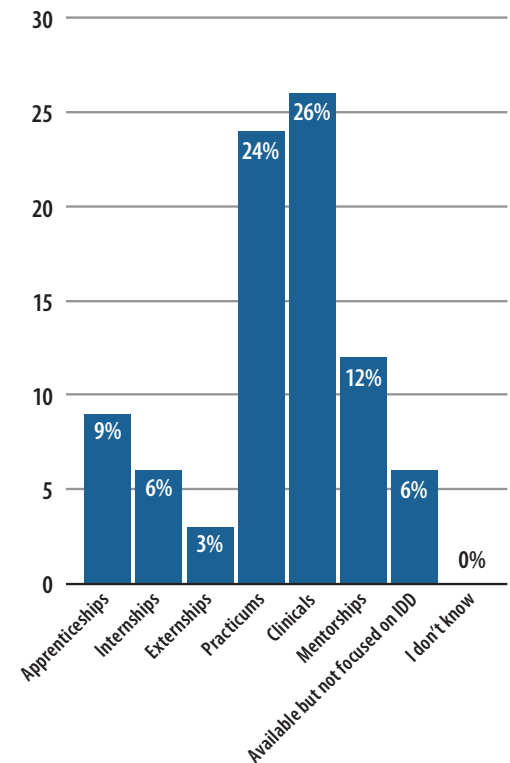
When inviting college and university administrators to participate in our survey, we also asked them to send a student survey to all students currently enrolled in their health care and direct care programs. We received a total of 63 responses back from two institutions, the University of Washington and Shoreline Community College.⁴

Responding students are enrolled in the following programs:

- Dental (Dentists, Dental Hygienist, Dental Assistants)
- Direct Care Professionals (Certified Nursing Assistants, Home Health Aids, Personal Care Aids, etc.)
- Health Information and Informatics Management
- Medical Lab Technology
- Nursing (Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Certified Nurse Midwife, etc.)
- Medical Administration
- Medical Assisting
- Prosthetics and Orthotics

"Personally speaking, when I went through the training it was basically on elder care and I learned about developmental disabilities as an afterthought." – A health care provider serving DDA clients

Current percent of colleges and universities with hands-on learning opportunities focused on IDD community



SOURCE: Survey Monkey, May 25, 2022





While a few college and university administrators listed student disinterest as a potential barrier to increasing apprenticeships and IDD related training, the student survey responses showed robust interest and support for additional disability educational opportunities. We learned that responding students in health care and direct care education programs believe:

	Agree	Disagree	Neither Agree or Disagree
Training health care and direct care professionals on intellectual and developmental disabilities will improve the health care experience of people with IDD.	96%	2%	2%
I expect to work with intellectual and/or developmental disabilities clients at some point during my career.	92%	0%	8%
Additional intellectual and/or developmental disabilities education would improve the level of care I could offer in a professional setting.	92%	6%	2%
If my learning institution offered intellectual and/or developmental disabilities specific courses, I would enroll.	72%	6%	23%
Intellectual and/or developmental disabilities training should be required in health care and/or direct care program curriculum.	91%	0%	9%
I am interested in an apprenticeship, practicum, internship, or rounds specifically focused on working with the intellectual and/or developmental disabilities community.	60%	13%	26%

SOURCE: Survey Monkey, May 25, 2022

Identifying the gap between what is existing and what is needed

Throughout the development of this report, it became clear that there are many gaps contributing to the health care disparity experienced by the IDD community. Many medical professionals lack the skills and confidence to work successfully with people with IDD. There is a shortage of health care providers who understand diverse disabilities and how they relate to people's mental, physical and behavioral health. In-classroom and hands-on training opportunities lack sufficient IDD education. This contributes to a shortage of providers who understand diverse disabilities and how they relate to people's mental, physical and behavioral health. However, increasing disability education, training and apprenticeship opportunities can reverse attitudes and assumptions that limit the quality of health care the disability community receives. Providing students with opportunities to learn from and about people with intellectual and developmental disabilities increases their comfort level and competence working with patients who have disabilities.



Self-advocates have also shared that some professionals understand the disability but fail to take a person-centered approach to care. Many factors impact health care including income, race and ethnicity. Health care disparities are even greater among the BIPOC or LGBTQ+ community, who also have a disability. There is also unequal access to care in rural locations in Washington state. We lack a central figure or organization focused on collaborating strategically with health care agencies and organizations, educational institutions, medical professionals and the community to better understand issues, track progress and collaborate on solutions to the health care crisis many people with disabilities face.

On the national level, the National Council on Disability is an independent federal agency charged with advising the President, Congress and other agencies on issues that impact the disability community. They are working to increase equity in health care. In February 2022, NCD released the Health Equity Framework with the fundamental core premise that:

- People with disabilities have experienced decades of health imbalances.
- The disability community faces both physical and systemic barriers that prevent them from fully accessing health care.
- There is the desire to fix the inequalities and reach health equity for everyone with a disability.

The framework was developed from a year of strategic outreach and literature review by a team of academics, medical professionals and others who have dedicated their lives to addressing the health inequities faced by people with disabilities. It not only outlines the challenges facing the disability community, but also provides an actionable plan to improve health outcomes for all. Our recommendations are inspired by the Health Equity Framework. They provide a blueprint that can be taken to give people with disabilities in Washington state health care equity.

"People with disabilities have high rates of chronic health conditions, yet poorer access to health care compared to people without disabilities," says Susan Havercamp, PhD, director of Health Promotion and health care Parity at The Ohio State University Nisonger Center. "They report high rates of unmet health care needs, barriers to accessing health care and dissatisfaction with the health care they receive compared to people without disabilities." ⁵

"Be clued in with the fact that the disability is going to impact every aspect of my life and how my health care will be in the future" – a Developmental Disabilities Council member





Recommendations increase IDD training and establish medical, dental, nursing and direct care apprenticeship

DDA offers four recommendations below for expanding medical and direct care professionals' IDD education and apprenticeship training opportunities. These strategic efforts to improve health care services for the IDD community is built from opportunities identified during the inventory, as well as new ideas for increasing experiential opportunities for students. This multi-pronged approach to establishing an experienced health care workforce through training, in-class and out, with apprenticeships and student training for all ages. The recommendations in this report used together would create a well-rounded approach towards equitable treatment for all disabilities, rural/urban regions, socio-economic status and the BIPOC and LGBTQ+ community. Together, these recommendations tackle the multi-faceted health care disparities and work towards continuous improvement in the health care and direct care experience for people with IDD.

DDA's blueprint to addressing the disability community's health care equity issue:

Studies have found that adults with disabilities in underserved racial and ethnic groups are more likely to report fair to poor health or that their health has worsened over the past year, compared with people without disabilities in the same racial/ethnic groups and with non-Hispanic whites with disabilities.⁶

1. **Expand existing apprenticeships:** Currently there are successful hands-on training programs that are working to provide the disability community with additional well-trained and compassionate health care and direct care providers. Rather than creating new apprenticeship programs, it will be more efficient and effective to expand or enhance the curriculum to reach the existing programs which can increase the number of hands-on learning opportunities for the students. We recommend providing these experienced sources of medical/professional experiential education with additional resources so that they can offer additional opportunities for more students in more locations statewide. We recommend that:
 - **Incentives be established permanently** for current employer-based programs as well as struggling programs that could be revitalized. The size of incentives would best be determined by the state-wide gap analysis (recommendation #2). According to the Health Care Apprenticeship Consortium, there are many people wanting to start their career in the health care or direct care field by learning on the job. However, there are not enough employers to meet the interest level of job seekers, nor the need for well-trained health care workers for the IDD community. When grants provide incentives, such as \$4,000 to employers who hire apprentices, employers dramatically increase the number of trainees they hire. However, these grants are short-term and not guaranteed. Providing yearly consistent incentives that employers can count on would demonstrate faith in the registered apprenticeship model and provide employers the support they need to be comfortable hiring apprentices.



- **Building an underserved location model** like the Child Welfare Training and Advancement Program available at Eastern Washington University and University of Washington. This program covers the full cost of tuition for post-secondary students who agree to work for the same period for which they received tuition assistance as social workers within the Department of Children, Youth and Families. While this is funded by a federal grant (Title IV-E-Foster Care) to develop a robust social workforce, it provides a model that could be replicated with state funding for health care professions. A similar Washington state partnership with universities and colleges could help ease the burden of tuition for health care and direct care students who serve for an agreed upon timeframe where they are most needed. This would increase the experienced workforce and set Washington up as a pioneer in fostering pathways to improve health care access in rural and other underserved areas.
- **Expand the UW ECHO IDD Adult Health Care Cohort and the Haring Center Project ECHO for Challenging Behavior.** 1. Launch and maintain a twice monthly ECHO IDD Adult Health Care Cohort to address the critical need for adult medicine providers with experience caring for adult patients with IDD. A cohort of 30-60 adult medicine continuing education trainees would be enrolled from Washington State adult primary care and mental health clinics. ECHO sessions would focus on medical care for the IDD population, medication management, mental and behavioral health supports, and resource navigation. 2. With an innovative online service delivery model that uses case-based guided practice to deliver professional development, training and ongoing support, the goal of the Haring Center Project ECHO is to equip providers in the IDD community with the knowledge, skills, and confidence needed to address challenging behavior while working with people of all ages in this population. It could be expanded to bringing together health care and direct care students (undergraduates, graduates, post-graduates, and continuing education students) into 12 sessions that occur weekly for 1.25 hours. The annual operating costs to launch these two ECHO expansions would be approximately \$260,000.



"Upon graduation from graduate programs, students become practitioners consistently facing diverse situations. In order to meet the needs of individuals with IDD, practitioners must remain students—accessing ongoing support and training to further their expertise." – University administrator



- **Increase the number of graduate and continuing education students training** through UW LEND and INCLUDE to colleges and universities statewide. Although LEND is based at UW, UW LEND does not exclusively enroll UW students and currently welcomes a small number of students from other universities (e.g., Seattle Pacific University). A focused recruitment effort would further expand statewide admissions to UW LEND and annually enroll an additional 15 to 20 graduate/medical students in health care at Washington State University and other higher-learning institutions. There are UW LEND satellites currently at Yakima Children's Village and Northwest Autism Center in Spokane which would be expanded to provide clinical training opportunities for graduate students in those regions. In addition, INCLUDE and UW LEND would enroll an additional 30 continuing education students into existing IDD training programs throughout the state. To cover recruitment efforts, university partnerships, and increased operating costs including student stipends, administrative support and mentorship, \$400,000 would be needed. This amount could be adjusted up or down depending on the number of desired students and university partnerships.
- **Create a Washington State IDD College Apprenticeship Program.** Using current community networks alongside established training programs, work with most responsive and experienced university to launch a statewide program for community college and undergraduate students. This statewide IDD college apprenticeship program would create pathways to IDD-focused careers in health care and direct care coordination. It would enroll students across Washington state colleges and universities. A primary goal of the program would be to build and maintain a diverse workforce, recruiting students from racially/ethnically diverse and educationally and economically disadvantaged backgrounds to best support the diverse IDD community. Partnering with a college or university with extensive experience in graduate level training would be most effective at laying an important foundation on which to build the IDD College Apprenticeship program. Learning activities could include:
 - Apprenticeships with a local health care clinic or care coordination position, established with the help of the program coordinator and developed state network connections and satellites.
 - Attendance in virtual learning experiences through already-established Washington state training programs, such as UW's INCLUDE, LEND and ECHO.
 - Individual mentorship from the college or university faculty.
 - Mentorship from graduate students of already-established programs.

As is standard, college students enrolled in training programs above and beyond their academic requirements would need to receive a paid stipend for participating to encourage enrollment and retention. Approximately \$1.5 million annually would be needed to establish and run this program to enroll 50 college students annually statewide. Costs



include hiring a statewide apprenticeship coordinator, student stipends, recruitment of community partnerships, and administrative support. This amount could be adjusted up or down depending on the number of desired college students and university partnerships. For instance, \$1 million would cover the cost to develop the program and enroll 30 college students annually.

- **Provide DECOD with additional resources.** The DECOD Program envisions two key pathways for enhancing the workforce in dental care for people with intellectual and developmental disabilities. Funding for these programs would help enhance access to care for this population.
 - DECOD-Rural Program: While the DECOD Clinic is in Seattle, patients of DECOD travel from across the state, with 49.5% coming from outside Seattle/King County for dental care. The DECOD-Rural Program would train students and providers in rural areas to increase their capacity to treat patients with intellectual and developmental disabilities. It would partner with clinicians in rural areas and provide continuing education to all levels of the rural dental team, including dentists, dental hygienists, dental assistants and front desk staff. Following training at the DECOD Clinic, the DECOD-Rural program would provide ongoing support for rural practices via site visits and telehealth. The DECOD-Rural program would also identify local champions via a train-the-trainer program to enhance the workforce in these rural areas.
 - DECOD Dental Assistant Training: Special care dentistry requires a well-coordinated and well-trained team. Unfortunately, dental assistants typically have no training in the care of patients with disabilities, a significant access to care barrier. DECOD hopes to create a dental assistant training program by partnering with dental assisting programs to provide externships in special care dentistry. This is a key missing piece in direct care workforce development for people with IDD.



Equitable access to quality health care services: what is important to the community is, "We need more than a handful of providers who can provide high level care. Specialty care is too hard to come by."



- Encourage mentorship programs at colleges and universities. Provide direction, guidance and incentives for all Washington state publicly funded colleges and universities to set up mentorship programs like The Evergreen State College's LEAD Program or UW's DO-IT Mentors Program. The programs not only make higher-education more accessible to students with disabilities, but also train student mentors on how to competently and comfortably work with people with IDD. These programs build champions ready to serve the community when they enter the workforce.
2. **Provide DDA with additional resources** to expand current efforts and establish strong partnerships with apprenticeship and health care education programs. Having dedicated DDA staff would allow us to work strategically coordinate partnerships and increase student training efforts both internally and externally. Specifically, new resources would:
- **Fund a new program manager** (1 FTE) to build and maintain external partnerships with training associations, colleges, and universities. A centralized DDA program manager would coordinate interactions between DDA and the educational systems in place. This externally focused manager would be a resource that the educational systems could rely on to build robust programs that prepare well the medical work force. This coordination would include:
 - Serving as a subject matter expert when collaborating in the development of curriculum changes in any learning environment.
 - Collaborate with L&I and the WSATC to develop robust apprenticeships that include experiential training on numerous levels. The registered apprenticeship system is the standard for workforce development programs in Washington and has a tried a true method to provide meaningful talent development programs across many occupations. With expansion and partnership, L&I and the WSATC could partner with employer and employee groups to provide apprenticeships amongst every level of care.
 - Act as a consultant, sharing best practices and resources to educational programs.
 - Collaborate with university programs to connect apprenticeships into existing programs within DDA such as practicum placements in field offices, and positions within the residential habilitation centers and state-operated community residential settings.
 - Support programs in finding ways to weave IDD-centric training within existing curriculum.
 - Help coordinate and facilitate an occupational analysis on which medical professions most critically need additional training to best benefit the IDD community.
 - Facilitate cooperation with Health Care Apprenticeship Consortium to place people within DDA infrastructure for the 2,000 hours of experiential learning typical in health care programs.



- Work with the Washington Association for Community Health to add IDD training for medical and dental assistants. The curriculum module could then be a resource and best practice for other apprenticeship programs.
- Collaborate between DDA and national organizations with proven track records of success. Be on the forefront of the nationwide movement to increase health care equity for people with intellectual and developmental disabilities.
- Year 1 costs: \$143,000; Year 2 and ongoing costs: \$136,000
- **Fund a second program manager** (1 FTE) to coordinate internal health care and direct care apprenticeship and educational opportunities within DDA. This program manager would standardize DDA internal processes for the training and development of students, leading to an increase in staff with experience and dedication to those we serve. This internally focused manager would:
 - Be a central point of contact for DDA programs providing experiential learning.
 - Lead the development of a standardized process within the numerous disciplines within DDA from direct support in residential habilitation centers and State-operated community residential to ongoing case management in the field.
 - Partner with the training unit to develop field trainings for those dedicated to experiential learning within DDA.
 - Coordinate and facilitate an occupational analysis on which professions to specifically target for the greatest benefit to DDA clients.
 - Develop models to provide experiential learning within residential habilitation centers and state-operated community residential statewide.
 - Initiate a Running Start like program to create a high school to direct-care pathway.
 - Identifying and recruiting new DDA providers willing to train health care professionals
 - Year 1 costs: \$143,000; Year 2 and ongoing costs: \$136,000
- **Provide enhanced funding for the collaborative process** between DDA and the community to facilitate educational needs. Funds would be used for:
 - Guest lectures from many of the subject matter experts already employed by DDA (People First, DDC, Informing Families). Existing contracts could be enhanced, and new relationships could be formed to expand the knowledge base to best serve as expert trainers.
 - Professional certifications could be established to showcase students who have met standards for working with the IDD community. Certifications have long been part of the medical and professional field and in many cases exist already. These existing certifications could be expanded, or new certifications could be developed for those working with the ID community.



- Health care worker training could be established sustainably in DDA facilities. Residential habilitation centers, State-operated Community Residential, Regional Clinical Teams and other residential settings to build relationships through local educational systems. These partnerships would be strengthened with additional funding that would allow us to hire more students and register them as apprentices. These student apprentices would be trained while they serve DDA clients.
 - Developing free, online continuing education (similar to those offered by The Ohio State University) trainings for health professionals contracted with DDA. It could then be made available for other agencies, clinics and professionals statewide to earn continuing education credits by learning to better serve people with IDD.
3. **Direct a Washington state agency to launch a program to provide ongoing research, collaboration and evaluation** of the state of IDD health care in Washington. Additional time and resources are needed to fully understand the current state of IDD health care and the factors that contribute to current inequities. It is essential that an even more robust investigation into the existing education and training programs, occupational needs for health care professionals, and disparities (rural, BIPOC, LGBTQ+, etc.) take place to fully understand the problem and establish a monitoring program to track progress. Looking at regional needs, costs for training incurred by prospective employers, costs for programs, employee retention, etc. an in-depth analysis would be vital to sustain any of the recommendations put forth by this report. Measuring the successes and obstacles would provide performance metrics and best practices for ongoing sustainability. DDA is happy to partner with others to further this research should resources allow.
4. **The Washington State Legislature should consider adopting the National Council on Disability's Health Equity Framework** to pursue health equity for people with disabilities. On a large scale, statewide change can come from adopting recommendations put forward by NCD. Washington state residents with IDD would receive more equitable care through adopting the [NCD Health Equity Framework](#) and collaborating with the [Governor's Interagency Council on Health Disparities](#) and other agencies to implement its four key policy components. For example, the framework outlines a model training curriculum ideally suited for health care and direct care education programs. Competencies taught in the best-practices training include the following skills:
- Contextual and conceptual frameworks on disabilities.
 - Professionalism and patient-centered care.
 - Legal obligation and responsibilities for caring for patients with disabilities.
 - Teams and systems-based practice.
 - Clinical assessment.
 - Clinical care over the lifespan and during transitions.
 - Effective Communication.
 - Advocacy.



We recommend the Department of Health, DDA and others collaborate to incorporate an IDD curriculum based on the Health Equity Framework's model in all Washington State medical, nursing, and other health care programs. Requiring medical programs to use the framework's curriculum or an approved equal, would ensure new health care professionals graduate with "hands on" training on serving the IDD population. Washington state has an opportunity to be on the forefront of innovation in this area by partnering with NCD to adopt these competencies and the Health Care Equity Framework.

Increasing apprenticeships opportunities to expand the competent and confident professional workforce

Increasing the number of competent and confident health care and direct care professionals is key to increasing health equity for people with IDD. It will give health care and direct care students the hands-on experience, knowledge and skills they need. It will also increase the IDD community's access to competent and confident professionals helping transform lives through high-quality health care.

Equitable access to quality health care services: what is important to the community is, "We need more than a handful of providers who can provide high level care. Specialty care is too hard to come by."





Appendix: Inventory of existing apprenticeships

There are many registered apprenticeships and experiential learning programs that already exist in Washington state. DDA contacted many of the existing programs to learn more about their offerings. This report focuses only on those programs that responded to DDA's requests. DDA will partner with additional accredited and/or registered apprenticeship programs at the local, regional and even national level in the future as resources allow. In the meantime, we inventoried the following existing apprenticeships.

Public sector apprenticeship opportunities

Developmental Disabilities Administration

DDA provides residential services in a variety of settings statewide. At a handful of locations apprenticeship programs offer health care and direct care students opportunities to develop their knowledge and strengthen their skills while serving DDA clients. These programs include:

- Hosting occupational therapy interns, speech language pathologist interns, recreation interns, health services administration interns, and practicum nursing students from Washington State University.
- Providing nursing students with clinical rounds tailored to each student's education level and clinical requirements. Fostering partnerships with Green River Nursing (RN/LPN) students, among other schools and training institutions.
- Operating an academy for nursing assistants available to all employees. This program trains new nursing assistants who will be employed in the facility with the education and skills needed to pass the National Nurse Aide Assessment Program Examination. It also prepares them to provide direct patient care in hospitals, nursing homes, skilled nursing facilities, extended care facilities and home health care settings.
- Providing on-site practicums where students shadow a medical provider for four weeks. The students assist the medical provider while gaining valuable experience in health care examination, working in a large medical facility, drafting reports and coordinating care between clients, fellow medical providers, consulting practitioners, nursing and other staff.
- Collaborating with University of Washington and University of Nebraska pharmacy students to provide required clinical hours on-site.

While these apprenticeships programs can be found at only a fraction of DSHS residential locations, they set a model which could be copied at locations in and out of the community throughout the state as resources allow.



University of Washington

UW LEND

For over 50 years, the University of Washington Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Program has provided exemplary training to advance the health and wellness of families and individuals with autism spectrum disorder and other developmental disabilities. UW LEND enrolls an interdisciplinary annual cohort of 30-35 long-term trainees who complete 300+ hours of advanced clinical, didactic, and leadership training. Trainees are recruited from 16+ clinical and non-clinical disciplines from UW and surrounding areas and universities, as well as Yakima and Spokane satellites. Clinical trainees are graduate, doctoral, and post-doctoral students as well as continuing-education professionals working in the community. Disciplines include:

- Audiology
- Applied Behavior Analysis
- Dentistry
- Family Leadership
- Genetics
- Medicine- Pediatric
- Medicine - Adult
- Nursing
- Nutrition
- Occupational Therapy
- Psychology
- Physical Therapy
- Public Health Policy
- School Psychology
- Self-Advocacy
- Social Work
- Special Education
- Speech Language Pathology

LEND alumni continue to impact the field after completing their UW LEND training. For instance, 65% of LEND students continue to work in the field of disability as many as 10 years after participating in the program. UW LEND prepares the next generation of health care leaders to:

- Take action through person/family-centered, culturally and linguistically responsive principles.
- Advance interdisciplinary evidence-based clinical practice, advocacy, research, and inclusive communities.
- Respond to rapidly advancing science and evolving systems of health care and health care delivery.

Washington INCLUDE Collaborative

The Washington Inclusive Network of Community Leaders with a focus on the Underserved and Disability Education (INCLUDE) Collaborative at the University of Washington aims to create and support a sustainable training collaborative on intellectual and developmental disabilities in Washington State. The Washington INCLUDE Collaborative uses an interdisciplinary approach, including family and self-advocates, to build community workforce capacity to care for people and families within their home communities. Programs are targeted toward continuing education students to improve ASD/IDD systems of care and build confidence and competence in community providers. The primary training format in INCLUDE is Project ECHO (Extension for Community Health Outcomes) focused on ASD/IDD.



Project ECHO

Project Extension for Community Healthcare Outcomes (ECHO) is a guided practice model that has revolutionized medical education and has extensive research showing its ability to exponentially increase workforce capacity. Project ECHO provides best practice specialty care and reduces health disparities through its hub-and-spoke knowledge sharing networks creating learning loops between participants and content experts. Participants in Washington State IDD ECHO programs represent a range of health care professions and meet twice monthly with an expert hub team. Specific ECHO programs through INCLUDE are:

- **ECHO Autism Washington** (launched 2019): Mentors primary care providers in the diagnosis and management of autism spectrum disorder, across the lifespan. Enrollment has increased from 28 in 2019 to 100 continuing education learners in 2022, representing 23 Washington state counties.
- **ECHO IDD Wraparound** (launched 2020): Teaches mental health providers evidence-based treatments and case conceptualization skills for common co-occurring behavioral or mental health conditions in IDD. Approximately 50 continuing education learners have enrolled per year, representing 21 counties. There were 379 continuing education credits awarded in Year 1.
- **IDD Resource ECHO** (launched 2022): Builds understanding of resources, services, and supports related to individuals with IDD/ASD diagnosis. There were 225 continuing education learners enrolled in 2022, representing 27 counties.
- **Psychiatric Care ECHO** (launched 2022): Supports psychiatric care in IDD including medication management, coordination with other disciplines, access to resources, and connecting with appropriate therapeutic models. There were 30+ continuing education learners enrolled in 2022, representing 13 counties.

The UW Haring Center for Inclusive Education

University of Washington Haring Center for Inclusive Education provides [early childhood education to children with and without disabilities](#), conducts [leading-edge research](#) to advance inclusive learning, and [trains students and education professionals](#) in proven practices to develop every child's potential. The Haring Center Professional Development and Training team provides support for any community interested in advancing inclusive and equitable education. Over the past decade, the Haring Center has provided extensive training and support to numerous organizations, professionals and students across Washington state serving people with IDD. The Haring Center currently runs five ECHO networks across a variety of topics, including the following:

- ECHO In Special Education: Seattle Children's' Psychiatry and Behavioral Unit (PBMU)
- ECHO in Special Education: Teachers, Educators, & Related Service Staff
- ECHO in Special Education: Parents, Caregivers, & Families
- ECHO Early Autism: Collaboration- On Time Autism Intervention (OTAI)
- ECHO Early Autism: Navigation- On Time Autism Intervention (OTAI)



UW DECOD

For over 40 years, the Dental Education in the Care of Persons with Disabilities Program at the University of Washington School of Dentistry has served patients with intellectual and developmental disabilities. The DECOD Program's primary goal is to expand access to dental care for this population, via provider training initiatives. DECOD provides both didactic education (lectures, workshops, training modules) and clinical education (clinical training under supervision of DECOD faculty/staff) to a variety of learners, including:

- Dental students.
- Dental hygiene students.
- General practice residents.
- Oral medicine graduate students.
- Other School of Dentistry residents.
- Fellows (practicing dentists, dental hygienists, dental assistants).
- UW School of Dentistry faculty.
- Pharmacy students.

University Center for Excellence in Developmental Disabilities

Since 1963, UCEDD, a part of the University of Washington's Center on Human Development, has worked to support people with developmental disabilities through education, research, engagement and service development. Every year, doctoral and postdoctoral students work to improve the lives of people with developmental disabilities. These students participate in a wealth of research, clinical services, training, and community outreach. Through UCEDD, they receive training and hands-on experience that prepares them to give comprehensive health care services and supports to the disability communication upon graduation.

Other 'hands on' learning opportunities

Mentorship programs—Some colleges and universities have mentorship programs established to help both students with disabilities, as well as volunteer mentors. Health care students who volunteer to be mentors share information, advice and support with their partner. In addition, they learn how to better communicate, listen and help someone with an intellectual or developmental disability. These programs can build champions interested and able to serve the communities health care needs after they graduate. Some programs identified are:

- [UW's DO-IT Mentors](#)
- [The Evergreen State College's LEAD Program](#)



Nonprofit-based apprenticeship program

Special Olympics Health

Special Olympics Health provides access to preventive health programming and to quality health care for children and adults with intellectual and developmental disabilities. It provides continuing opportunities to improve the physical health and social and emotional well-being for participants. Special Olympics Washington invites universities, health care institutions and fitness organizations to support greater health care inclusion by taking one of their [free eLearning courses](#) or scheduling a [LIVE Inclusive Health Training](#). Their online courses can also be incorporated into training curriculum & new staff orientation.

Special Olympics Washington is currently partnered with the University of Washington (Doctorate in Physical Therapy Program, Masters in Public Health Program, UW Graduate Coordinated Program in Dietetics / UW Nutritional Sciences Program, DECOD Clinic, UW Health Sciences Interprofessional Education), University of Puget Sound (Physical Therapy, Occupational Therapy), Washington State University (Exercise Science and Physiology), Eastern Washington Area Health Education Center, Pierce College (Kinesiology, Nursing), and the YMCA of the Inland Northwest to offer inclusive health training and to provide service-learning opportunities within our [Healthy Athletes](#) and [fitness programs](#).

Special Olympics Washington's health programs are partially funded through Department of Health and Human Services and Center for Disease Control and Prevention grants, as well as corporate organization sponsorships, grants and foundations. Additional grant funding would further expand the Special Olympics Inclusive Health Training to students, healthcare professionals and frontline healthcare workers to better serve and treat patients with IDD by:

- Developing an MOU with a health-professional school where curriculum is adapted to include intellectual and developmental disabilities.
- Training an additional 300 healthcare professionals and students through our [Healthy Athletes](#) screening program.



"I learned how to communicate with someone with IDD in settings and using first-person language, client-centered approaches. People with IDD are just as capable as neurotypical patients but need some time to learn something or understand concepts as their brains are not developed at the age they actually are." – Special Olympics Inclusive Health Training Participant



- Training an additional 300 healthcare professionals and students through university partnerships, interdisciplinary training and continuing education accreditation.
- Focusing training on students and healthcare providers in the following disciplines and beyond:
 - Dental
 - Podiatry.
 - Physical therapy.
 - Occupational therapy.
 - Vision.
 - Hearing.
 - Mental health.
 - Primary care.
 - Nursing
 - Nutrition.
 - Dietetics
- Training will be statewide and especially focused on rural service areas.
- Project costs are estimated at \$30,000 - \$40,000 to provide enhanced training and volunteer experiences to over 600 healthcare professionals and students in across Washington State.

Private employer-based apprenticeship programs

Community Integrated Health Services

CIHS reports that in 2019 the number of participating behavioral health agencies for apprenticeships reduced to one agency due to increasing costs to employers who host students. The cost for apprenticeships through CIHS is estimated at \$30,000 for each student, including salary and training costs. Previously regional Behavioral Health Organizations provided funding for local health clinics to hire apprentices. Starting in January 2020, behavioral health agencies delivering services to Medicaid clients had to contract with managed care organizations (MCOs). As managed care organizations became the funding source, incentives for employers to hire apprentices has become more limited. The CIHS Program is now being discontinued because the restriction on incentive and reimbursement of costs has impacted employers' ability to hire apprentices. This showcases a challenge with keeping an apprenticeship program operational. Sustainable funding is required for both programs and employers hosting apprenticeship participants.



Health Care Apprenticeship Consortium

The Health Care Apprenticeship Consortium currently works with medical assistants, pharmacy techs, behavioral health techs, peer counselors and substance abuse technicians. The consortium has an independent and approved nursing assistant program that works commonly with the elderly, some of whom have disabilities. Currently, there is no dedicated or required training on intellectual or developmental disabilities including in the consortium's required training. However, Health Care Apprenticeship Consortium is open to collaborating with DDA to develop and implement a curriculum module on caring for people with developmental disabilities. Any additional training would need to be fit within the existing class/lab structure. To graduate new professionals at a continuous pace, the Health Care Apprenticeship Consortium has a goal of keeping individual learning at six months for classroom and lab time. Comprehensive training on IDD community could increase the classroom/lab time by two days or more. Increasing training time in these apprenticeship programs to incorporate disability education would be feasible with additional funding for classroom and student pay. In the meantime, the consortium will consider ways to naturally insert high-level training into the existing modules.

In the future, the consortium is interested in partnering with DDA to prioritize and facilitate changes to curriculum. The partnership could develop program-specific, tailored training sized to fit the curriculum and funding. In addition, we could collaborate on expanding apprenticeship programs to more employers that are most likely to serve people with disabilities. By increasing apprenticeship placement in clinics where disability community members go for health care, students would naturally be given more hands-on learning opportunities on disabilities.

WA Association of Community Health-In-REACH Apprenticeship Program

Currently the In-REACH program serves to educate medical assistants with 400 online hours and has a Certified Clinical Medical Assistant exam pass rate of 99%. This program includes a robust training curriculum, but currently has no modules on working with the IDD population. When speaking to In-REACH there was an excitement at the prospect of future collaboration to include disability training in their program. The only challenge In-Reach would face is the lack of subject matter experts helping develop an IDD specific training module. If resources allow in the future, DDA will partner with InREACH to develop and initiate disability education in their medical assistant apprenticeship curriculum. When speaking to In-REACH there was an excitement at the prospect of future collaboration to include disability training in their program. Any partnership between the InREACH program and DDA could help to further the benefit of apprenticeships within the IDD community.



Endnotes

1. National Council on Disability. Health Equity Framework for People with Disabilities (2022), page 4, https://ncd.gov/sites/default/files/NCD_Health_Equity_Framework.pdf
2. Mahmoudi, E., & Meade, M. A. (2015). Disparities in access to health care among adults with physical disabilities: Analysis of a representative national sample for a ten-year period. *Disability and Health Journal*, 8(2), 182–190. <https://doi.org/10.1016/j.dhjo.2014.08.007>
3. Responding administrators appear to have a higher than expected personal or professional connection with the disability community (83%). Therefore, the results may not be representative of college and university administrators. The results only represent the people who responded to the survey.
4. As with responses from administrators, a larger than expected number of responding students reported professional or personal experiences with people who have intellectual or developmental disabilities (88%). In addition, we did not receive information from students statewide. In the future, we would like to conduct further outreach to students, should resources allow (see Recommendations).
5. Kissler, Susannah E (2021) ["A blueprint for building a disability-competent health care workforce"](https://wexnermedical.osu.edu/blog/a-blueprint-for-building-a-disability-competent-health-care-workforce) Retrieved from The Ohio State University Wexner Medical Center School Website: <https://wexnermedical.osu.edu/blog/a-blueprint-for-building-a-disability-competent-health-care-workforce>
6. National Council on Disability. Health Equity Framework for People with Disabilities (2022), page 2, https://ncd.gov/sites/default/files/NCD_Health_Equity_Framework.pdf