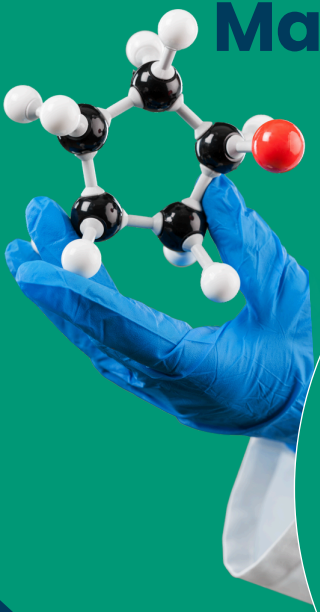
2025 Allied Health Committee Survey Report

Evaluating Education and Workforce Pathways for Surgical Technologists, Respiratory Therapists, Radiology Technologists, and Clinical Laboratory Technicians in Western Massachusetts



MASSHIRE HAMPDEN COUNTY WORKFORCE BOARD

2025 Allied Health Committee Survey Report: Evaluating Education and Workforce Pathways for Surgical Technologists, Respiratory Therapists, Radiology Technologists, and Clinical Laboratory Technicians in Western Massachusetts

This survey report, commissioned by the Allied Health Committee, focuses on addressing the needs of the allied health workforce. This committee defines allied health careers as those professions that, while separate from physicians, nurses, and dentists, are still deeply involved in patient care either directly or indirectly.

The primary aim of the Allied Health Committee is to develop strategies that will:

- Increase the pool of qualified job seekers
- Provide guidance to both current and prospective healthcare workers
- Offer additional training and skill-building opportunities
- Ensure job seekers are prepared for entry-level positions
- Formalize healthcare career ladders within the region
- Build cultural competence across all stakeholders

This survey series, focused on Surgical Technologists, Respiratory Therapists, Radiology Technologists, and Clinical Laboratory Technicians, is an integral part of the Partnership's ongoing efforts to understand the current landscape of allied health pathway programs. This report contains survey findings from employers, post-secondary, and secondary schools educational institutions.

The survey gathered valuable insights into the status, challenges, and opportunities in preparing students for allied health careers. Respondents provided input on enrollment trends, program offerings, recruitment strategies, employer partnerships, and barriers to program expansion. The data captured from the across the education and employment continuum help to guide the development of more aligned and responsive allied health career pathways.

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Healthcare Employer Report

A. Healthcare Organizations (HCOs)

Three of the four hospitals in Western Massachusetts responded to the survey. Of these, two hospitals completed the survey in its entirety, while one submitted a partial response.

B. Occupations Facing the Greatest Shortages

Two organizations reported shortages in Medical Assistants, Surgical Technologists, and Respiratory Therapists roles. One organization reported shortages in other roles such as Clinical Laboratory Technicians and Radiology Technologists.

HCOs Reporting Shortages	
Occupations	HCOs reporting shortages
Clinical Laboratory Technology	1
Surgical Technology	2
Radiology Technology	1
Respiratory Therapy	2

C. Vacancy Rates

Two of organizations reported vacancy ranges for Surgical Technologists were in the <5 and >20 ranges. One organization indicated vacancy ranges for Respiratory Therapists and Radiology Technologists between 11–20 vacancies. Clinical Laboratory Technicians had vacancies primarily in the <5 range. Overnight staffing, particularly for MLT and MT roles, was identified as a critical challenge.

HCOs Reporting Vacancy Rates				
Vacancy Ranges	surgical technologists	respiratory therapists	radiology technologists	clinical laboratory technicians
<5	2	0	0	1
5–10	0	0	0	0
11–20	0	1	1	0
20>	1	0	0	0

D. Average Time to Fill Vacant Positions

The time required to fill vacancies for Surgical Technologists varies significantly across organizations, ranging from 1-12 months. The average time to fill Respiratory Therapist positions is relatively consistent across organizations, typically taking between 4 to 6 months. Organizations ranges between 1-6 months to fill Radiology Technologists positions. One organization indicated that Clinical Laboratory Technicians positions are typically filled in 1-3 months, and one organization reported a longer timeframe of 7-12 months.

HCOs Reporting Average Length of Time to Fill Position				
length of time in months	surgical technologists	respiratory therapists	radiology technologists	clinical laboratory technicians
<1 month	0	0	0	0
1–3 months	1	0	1	1
4–6 months	1	3	1	0
7–12 months	1	0	0	1
12+ months	0	0	0	0

E. 2022-2032 Occupation Projections in Hampden County and Franklin/Hampshire WDA

SOC Code	Occupation Title	Employment 2022	Employment 2032	Numeric Change	Percent Change	Annual Exits (left industry)	Annual Transfers (pathway transition)	Annual Openings	Typical Education Needed for Entry Vacancies
Hampden County									
291126	Respiratory Therapists	209	242	33	15.79%	7	4	14	Associate's degree
291224	Radiologists	200	196	-4	-2.00%	4	1	5	Doctoral or professional degree
292010	Clinical Laboratory Technologists and Technicians	609	637	28	4.60%	21	18	42	Bachelor's degree
292034	Radiologic Technologists and Technicians	383	403	20	5.22%	12	8	22	Associate's degree
292055	Surgical Technologists	189	201	12	6.35%	6	6	13	Postsecondary non-degree award
Franklin Hampshire County									
292010	Clinical Laboratory Technologists and Technicians	156	160	4	2.56%	5	5	10	Bachelor's degree
292034	Radiologic Technologists and Technicians	167	168	1	0.60%	5	4	9	Associate's degree

2022-2032 Occupation Projections in Hampden County and Franklin/Hampshire WDA from U.S. Department of Labor's Employment and Training Administration: MA Department of Economic Research

F. Annual Average Job Posting Data

SOC Code	Occupation	Median Hourly Earnings	Median Annual Earnings	Median Annual Advertised Salary	Unique Postings from Jan 2023 - Dec 2024
29-1126	Respiratory Therapists	$37.54	$78,088	$102,656	400
29-1224	Radiologists	$149.08	$310,086	$125,952	94
29-2018	Clinical Laboratory Technologists and Technicians	$28.48	$59,230	$50,944	615
29-2034	Radiologic Technologists and Technicians	$38.94	$80,998	$116,992	827
29-2055	Surgical Technologists	$29.41	$61,169	$110,848	403

(Lightcast Q4 2024 Data Set – Franklin, Hampden, Hampshire)

G. Key Barriers to Recruitment

The most significant barriers to hiring for these roles are *lack of qualified candidates, limited availability of training programs*, *compensation and competitive salaries from other employers.*

H. Voluntary Job Separation

All employers identified *better pay* as the primary reason employees leave their organizations. Other factors include *job advancement within the organization* and *better work schedule* or *better working conditions*. *Personal and family situations* and *job outside the industry* also play a role in turnover for some employees. No respondents noted that workers typically leave for job advancement at a different employer.

I. Projected Retirement

Two employers anticipate between 5- 10% of their employees will retire within the next 5 years. One employer project retirements to be between 11- 20%. No respondents expect retirements to exceed 20%.

J. Recruitment Sources

Two of the three employers report that community colleges, proprietary schools, and 4-year universities serve as the primary sources for recruiting new graduates. One employer identified high schools as a recruitment source.

K. Entry Level Wages (reported by two of the three employers)

Respiratory therapists and radiology technologists have the highest starting wages, with rates exceeding $30.00. Surgical technologists earn slightly lower wages, ranging from $28.00 to $29.20 per hour. Clinical laboratory technicians have the lowest reported entry-level wages ($23.45 – $26.00). The variation in wages between employers is relatively small.

L. Career Pathway Development

Two employers currently offer student clinical practicums, while two others are willing to host them. Challenges in providing internships include space limitations, staff availability, clinical oversight, and resource constraints. One organization operates multiple internal training programs, while others collaborate with colleges for clinical placements and "learn-to-earn" programs, including a partnership with Holyoke Community College for Pharmacy Technician and Medical Assistant training. Additionally, two organizations actively engage with technical schools to support workforce development.

M. Clinical Lab Certifications

- General
- Medical Laboratory Technician (ASCP) **American Society for Clinical Pathology*
- Medical Technologist (ASCP) **American Society for Clinical Pathology*

N. Greatest Challenges in Building a Lab Workforce

- Availability, academic preparedness of learners, flexible schedules, qualified candidate pool

O. Strategies Implemented to Address Workforce Shortages

- Recruitment from other regions, partnerships with local schools/colleges, offering sign-on bonuses, increasing salaries/benefits

P. Apprenticeships

- All employers are familiar with apprenticeship and earn-while-you-learn models.
- All employers indicated that they are willing to collaborate with educational institutions to develop apprenticeship curricula, including:
    i. Medical Assistants
    ii. Surgical Technologists
    iii. Respiratory Therapists
    iv. Radiology Technologists
- Two organizations currently offer apprenticeships for medical assistant programs; however, no apprenticeships are available for nursing, surgical technologists, respiratory therapists, radiology technologists, or clinical laboratory technicians.

Q. Apprenticeship Supports and Incentives:

Employers highlighted several key areas of support needed to participate in apprenticeship or training programs, including state funding, program development support, recruitment assistance, and streamlined regulatory approvals. They also identified key incentives that would encourage the adoption of apprenticeship programs. All respondents emphasized the importance of access to state or federal grants, partnerships with educational institutions, and streamlined accreditation processes. Additionally, one employer cited tax incentives as a valuable factor in promoting participation.

Community College Survey Report

This report presents data collected from regional educational institutions on program offerings, enrollment trends, faculty needs, clinical placements, and collaboration with employers and high schools. The insights gathered help to inform strategic initiatives to strengthen the healthcare workforce pipeline in the region.

A. Responding Schools:

Responding schools were required to complete a separate survey for each program. This report presents responses for multiple programs rather than a single survey per institution.

- Greenfield Community College (GCC)
- Holyoke Community College (HCC)
- Springfield Technical Community College (STCC)

B. Programs, Enrollment, Clinical Placement, Graduation and Employment Rates

Programs	Schools	Average Annual Enrollment	Complete Clinical Placements Western Massachusetts	Graduation Rate	Employment Rate
Clinical Laboratory Technology	STCC	16	75%+	96%	100%
Surgical Technology (start Fall 2025)	GCC	10	75%+	*N/A (developing program)*	*Program is new*
Radiology Technology	STCC	20	75%+	95%	100%
Surgical Technology	STCC	27	75%+		100%
Respiratory Therapy	STCC	18-24	75%+	83%	98%
Health Science	The Health Science Program reported that graduation rates may not fully reflect program outcomes, as many students transfer into competitive health programs before completing the initial program.				

C. Planned Program Expansions or Reductions

Survey responses indicate several anticipated program changes over the next 1–3 years:

- **Program Expansions** *(* additional information on programs are available on the regional healthcare careers website)*
  - **Respiratory Therapy Program**: The Respiratory Therapy Program Springfield Technical Community College plans to increase student enrollment, with targets ranging from 20 to 24 students as qualified applicants become available.

    - **Radiology Technology:** Radiology Technology clinical affiliates have requested expanded student capacity to meet workforce demands. There is also interest in adding evening programs, though plans remain under consideration.
    - **Surgical Technology:** A Surgical Technology program is in development at Greenfield Community College, with an initial cohort of 10 students anticipated by fall 2025.
- **Program Reductions**
    - No programs reported plans for reductions at this time.
- **Additional Feedback**
    - The Health Science program has almost 1,000 student in it with the majority of students taking prerequisites to apply for one of our competitive health programs. As a result, we have an average of 12-13 graduates a year who may be going on to 4-year institutions or going out in the workforce with entry level experiences.
    - The health Science students do not have any involvement in internships unless they take the CNA or Phlebotomy course as their certification course that will give them entry level work while they continue to work toward their profession of choice.
    - Enrollment also widely varies from semester to semester. The Health Science Program is an Open Enrollment program allowing students to enter any semester.

D. Student Recruitment Strategies

Survey responses highlight a variety of strategies used to recruit students with a focus on community outreach, partnerships, and targeted marketing efforts. These include:

- Regularly hosted program information sessions, open houses, and health career exploration events.
- Presentations at high school career fairs, collaborations with guidance counselors, and partnerships with local high schools to promote allied health careers.
- Use of social media campaigns, billboards, and institutional websites to increase program visibility.

The regional healthcare careers website https://westernmasshealthcareers.org/ maintains a complete list of activities and events: Career Exposure and Exploration Programs in Western Mass

E. Barriers to Increasing Enrollment

Survey responses indicate the barriers to increasing enrollment are:

- **Limited applicant pool**: The most common barrier is the limited number of qualified applicants. Respondents stated that many applicants lack the academic preparation needed to succeed, highlighting the need for better academic support and pipeline programs to strengthen the applicant pool.

- **Insufficient resources:** Insufficient funding for program expansion and limited resources to support additional faculty, equipment, and clinical placements were identified as additional barriers. A lack of dedicated lab space was also cited, particularly in programs that require hands-on training.
- **Lack of Awareness:** Lack of awareness about program offerings and career pathways was identified as a challenge

F. Targeted Demographics

Overall, survey responses indicate that most programs do not target specific demographic groups, focusing instead on students with the aptitude and interest to succeed in healthcare careers. However, some notable information was shared.

- **High school students**: Some programs prioritize outreach to high school students as part of early pipeline development.
- **Non-traditional students**: One response highlighted the potential of targeting older students who may be more motivated and invested in their education compared to recent high school graduates.
- **Science background**: Programs seek students with a strong science background, though this is not a formal demographic focus.

G. Clinical Placements and Practical Training

Survey responses highlight several challenges programs face in securing clinical placement opportunities for students.

- **Clinical instructors:** The most frequently cited challenge is the lack of available clinical instructors at placement sites.
- **Clinical sites**: Some programs reported having to compete with other institutions for limited clinical placement opportunities. Many clinical sites are short-staffed and unable to allocate personnel to supervise students. Additionally, budget cuts have reduced the number of students some sites can accept. Some sites restrict student placements during summer months due to staff vacations.
- **Lengthy onboarding processes**: Lengthy onboarding processes and intensive health requirements create additional barriers for student placement.
- Some respondents indicated they do not currently face challenges securing clinical placements.

H. Employer Support for Clinical Training Opportunities

Survey responses highlight several ways employers can better support clinical training opportunities for students, with a focus on expanding resources, flexibility, and staffing solutions.

- Some respondents noted that their current clinical affiliates are already very supportive and engaged in providing training for students.

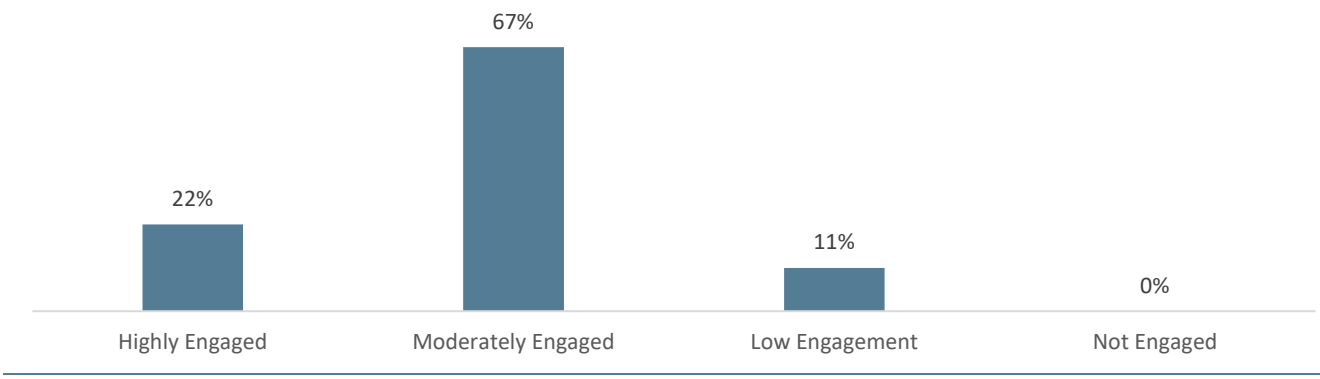
- Other respondents suggested that employers should increase access to units.
- Employers should require certifications and encourage eligible individuals to apply for clinical training positions.

I. Faculty and Resource Needs

No respondent reported significant challenges with recruiting and retaining qualified faculty, although some provided additional context regarding barriers they face. These include:

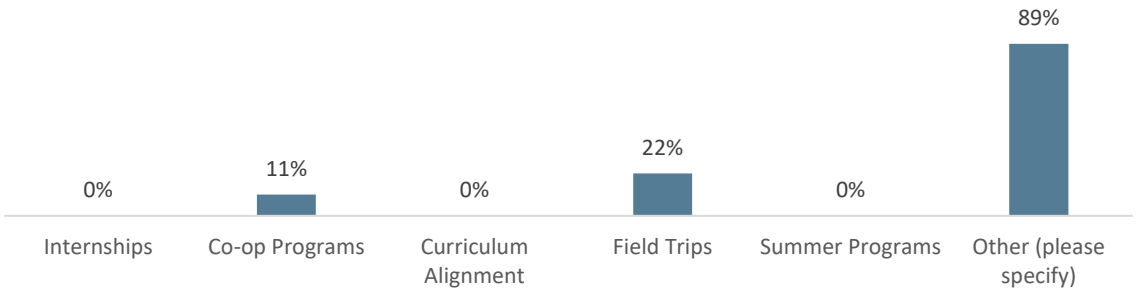
- While current staff is of high quality, low pay and the demanding nature of the job, combined with a lack of awareness about the role, can deter potential candidates.
- Recruiting and retaining faculty is challenging due to the non-benefited nature of the position.
- There is a need for faculty to be qualified in specific health certifications.
- Pay rates for faculty are often lower compared to what professionals in the field can earn by practicing.

J. Engagement with Regional High Schools



The survey results show that the majority of institutions have moderate engagement with regional high schools, with 67% of respondents indicating this level of involvement. 22% of respondents reported being highly engaged, while 11% reported low engagement. No respondents indicated no engagement with regional high schools.

K. High School Engagement Activities

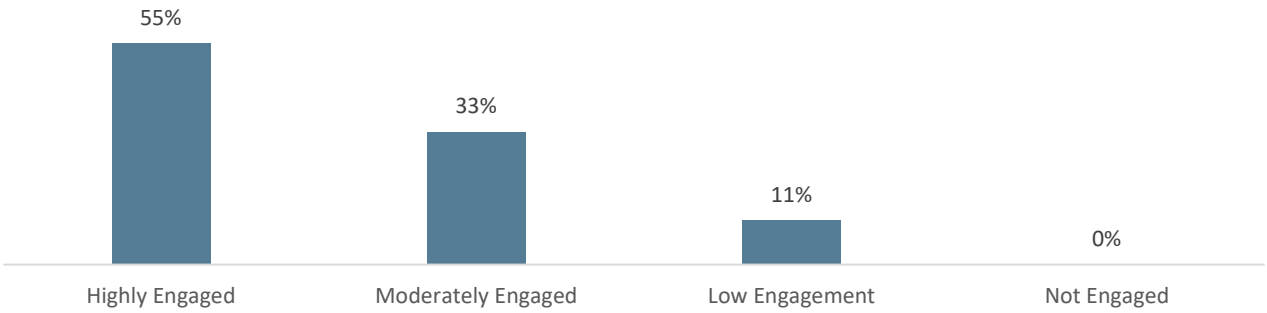


The majority of institutions are engaging with high schools through various strategies, with 89% of respondents mentioning other methods such as:

- Presentations to guidance counselors
- Career seminars
- Presentations at career fairs
- Early college programs
- Health exploration nights
- Participation in allied health fairs and high school career fairs
- Offering dual enrollment opportunities
- Collaboration with employers

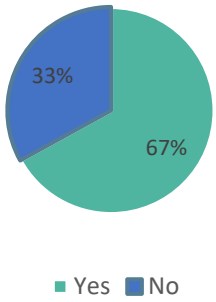
The survey results show that 50% of programs reported having a formal articulation agreement with high schools, while the other 50% do not have such agreements in place.

L. Engagement with Regional Employers



The majority of respondents 56% reported being highly engaged in allied health pathway initiatives, while 33% indicated moderate engagement. 11% reported low engagement, and no schools indicated a lack of engagement.

M. Employer Partnerships for Curriculum Development



The responses indicate that employers actively participate in program advisory boards and contribute to curriculum development. Educators also highlighted additional areas where increased employer support would be valuable, such as data sharing and the implementation of apprenticeship models.

N. Additional Resources or Support Needed

Institutions identified several key resources and support needed to better align their programs with regional workforce demands:

1. More efforts are needed to promote program visibility, particularly for specialized accredited programs at the community college level.
2. Some programs require modernized equipment to enhance training quality.
3. Expanding clinical site availability is necessary to accommodate increased enrollment.
4. Adjusting clinical externship timelines to better match didactic coursework would improve student readiness.
5. There is a need for strategies to better recruit and prepare students, particularly in developing soft skills and fostering accountability in healthcare training.
6. Increased financial support for clinical placements would help sustain and expand training opportunities.
7. Up-to-date workforce data is needed to ensure programs align with current and future regional employment demands.

O. Policy Changes or Funding Opportunities

Respondents highlighted several policy changes and funding opportunities that could improve their programs, including:

1. Consideration of the TEAS test as an additional admission requirement, though concerns exist regarding systemic inequities and socio-economic disparities.
2. Increased awareness of available grants and funding opportunities to support program development.
3. Financial incentives to encourage student enrollment.
4. Increased funding for faculty to attract and retain qualified instructors.
5. Enhanced wrap-around services, including transportation, childcare, and food assistance, to improve student success.

High School Survey Report

A. Responding High Schools:

1. Chicopee High School *(Chicopee)*
2. Dean Technical High School *(Holyoke)*
3. Early Career Academy at Rise *(Springfield)*
4. East Longmeadow High School *(East Longmeadow)*
5. Granby Junior Senior High School *(Granby)*
6. High School of Science and Technology *(Springfield)*
7. Hopkins Academy *(Hadley)*
8. Longmeadow High School *(Longmeadow)*
9. Lower Pioneer Valley Educational Collaborative *(West Springfield)*
10. Minnechaug Regional High School *(Wilbraham and Hampden)*
11. Springfield Conservatory of the Arts *(Springfield)*
12. Springfield Renaissance School *(Springfield)*
13. Westfield High School *(Westfield)*

The above list does not reflect all schools with healthcare career exposure programs. The Healthcare Workforce Partnership of Western Massachusetts is developing a comprehensive directory of high schools that offer early career exposure programs in healthcare.

B. Allied Health Pathways Recruitment Strategies

All high schools utilize career fairs and school presentations as recruitment strategies for their allied health pathway program. Partnerships with healthcare employers and marketing campaigns are used by some high schools. Additional recruitment approaches include outreach to middle school students, dual enrollment opportunities, social media engagement and parent information sessions.

Table 1: Allied Health Pathways Recruitment Strategies

Recruitment Strategy	# of Responses
Career fairs	6
School presentations	6
Partnerships with healthcare employers	3
Marketing campaigns	3

Other Strategies Reported

- Outreach to middle school students
- Dual enrollment opportunities
- Social media engagement
- Parent information sessions

C. High Schools with Allied Health Pathways

Eight (8) of the fourteen (14) schools offer allied health pathway programs, while five (5) schools do not. One school reported plans to introduce a Healthcare and Social Health Pathway starting in the 2025-2026 school year.

Survey responses indicate that Health Assisting (CNA) is the most widely offered allied health pathway among participating high schools, with six (6) schools reporting this program. The Healthcare and Social Health Pathway was the second most common program, offered by three (3) schools. Medical Assisting was reported by two (2) schools.

The Healthcare and Social Health Pathway likely addresses a broader range of healthcare and social service careers, potentially preparing students for a variety of health roles. However, none of these programs intentionally integrates radiology technology, respiratory therapy, clinical laboratory technology, or surgical technology.

Table 2: Types of Allied Health Career Pathways (Reported by High Schools)

Schools	Program	# of students in programs
Agawam High School	Healthcare and Social Health pathway	51-100
Chicopee High School	Health Assisting (CNA) Medical Assisting Healthcare and Social Health pathway	26-50
Dean Technical High School	Health Assisting (CNA)	26-50
East Longmeadow High School	Health Assisting (CNA)	1-25
Hopkins Academy	Healthcare and Social Health Pathway	1-25
High School of Science and Technology	Health Assisting (CNA)	51-100
Lower Pioneer Valley Educational Collaborative	Health Assisting (CNA)	51-100
Westfield High School	Health Assisting (CNA) Medical Assisting	1-25
None of these programs is intentionally integrates radiology technology, respiratory therapy, clinical laboratory technology, or surgical technology.		

D. Challenges to Implementing or Expanding Allied Health Programs

Schools identified the following challenges in the implementation or expansion of allied health programs.

a. Staffing and instructor shortages
b. Limited internship and shadowing opportunities
c. Limited seats available, restricting student participation despite high interest
d. Lack of exposure to healthcare careers

e. Finding time for students to participate in internships or specialized coursework within the school day
f. Insufficient resources to expand programs, provide new course offerings, or integrate more hands-on learning opportunities
g. Schools struggle to find healthcare employers willing to work with high school students

The schools recommended the following steps be taken to increase career pathway programs:

a. A suggestion to align curricula more effectively to the needs of students, with a focus on restructuring science courses to better prepare them for healthcare-related fields.
b. Respondents emphasized the importance of hands-on learning experiences, with local colleges, organizations, and professionals.
c. Increased funding for programs and specific allocations for transportation and resources (e.g., mannequins, hospital room setups).
d. Several responses focused on strengthening partnerships between schools and local employers.
e. A focus on encouraging dual enrollment in healthcare-related classes and the need for external support and guidance to successfully implement such programs.
f. Invitations for potential partners to visit existing programs to see firsthand how healthcare pathways operate, and the value these programs bring in terms of student certification and readiness for the workforce.

E. Continuation into Postsecondary Health Education

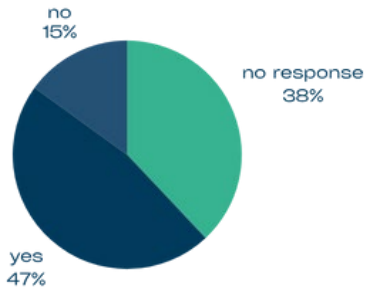
Two schools reported that 26–50% of students pursue further education in allied health. One school indicated that 51–75% of students continue their education in allied health fields. Two schools reported that more than 75% of students pursue further education in allied health. Four schools reported not tracking this data.

Answer Choices	# of Responses
Less than 25%	0
26–50%	2
51–75%	1
More than 75%	2
Don't know	4

F. Programs with College Credits

The survey results indicate that a majority of schools forty-seven (47%) offer opportunities for students to earn early college credits through their allied health pathway programs. Fifteen percent 15% of respondents reported not offering early college credit options.

COLLEGE CREDIT PATHWAY PROGRAMS

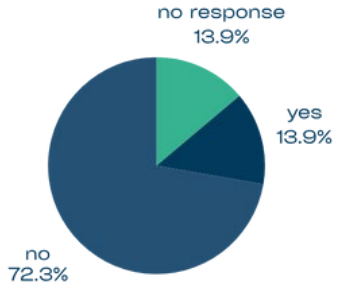


Answer Choices	% of Responses	# of Responses
Yes	46%	7
No	15%	2
No response	38%	6

G. Partnerships with Local Community Colleges or Universities

The survey results indicate that 73% of respondents (11 schools) have established partnerships with local community colleges or universities to support program alignment in allied health pathways. Additionally, 14% of respondents (2 schools) reported that partnerships are currently "In Progress", and, 14% (2 schools) has not established at partnership with community colleges.

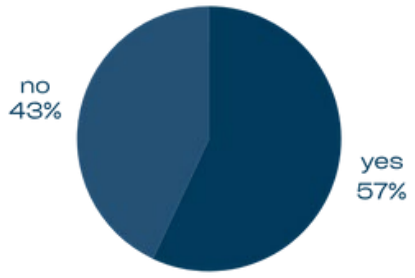
PARTNERSHIPS WITH LOCAL COMMUNITY COLLEGES



Answer Choices	% of Responses	# of Responses
Yes	73%	11
No	14%	2
In Progress	14%	2

H. Collaboration with Regional Healthcare Employers

Survey responses indicate that fifty-seven 57% of respondents (9 schools) have established partnerships to support high school student internships in healthcare settings. However, forty-three 43% (6 schools) do not have such partnerships. One school mentioned unsuccessful attempts to establish partnerships. Partnership activities include job shadowing, internships, presentations and mentoring.



I. Resources or Support to Enhance Program Alignment

High schools need the following resources and supports to improve program alignment:

a. Guest speakers and healthcare pathways programs
b. Job shadowing, exposure programs, and mentorship
c. Internships in specialized fields (e.g., surgical technologists, respiratory therapists, radiology technologists, and clinical laboratory technicians)
d. More instructors for elective courses
e. Mentors who have experience in program development

Other key areas of employer support needed:

a. Multiple respondents emphasized the need for **structured internship, co-op, and shadowing opportunities** in healthcare settings.
b. Schools would benefit from **more employer presentations, guest speakers, and career insight sessions** to expose students to the variety of healthcare careers available.
c. A **lack of structured clinical agreements** limits student opportunities for hands-on experience.
d. Some schools have **willing healthcare professionals who want to mentor students, but HR policies create barriers** to participation.
e. Employers could play a role in **hiring students directly from these programs** or creating entry-level pathways for graduates.
f. Provide students with **onsite visits to healthcare facilities** can help them understand workplace expectations and career options.

J. Resources or policy changes to develop stronger allied health pathways.

Respondents have provided the following recommendations:

a. Introduce allied health careers starting at the middle school level to build early awareness and interest.
b. Implement a district-level policy requiring schools to offer at least one healthcare pathway, which could increase staff buy-in and help secure specific funding for healthcare instructors.

c. Increase funding for instructors and for transportation to enable students to visit healthcare facilities, enhancing the educational experience.
d. Provide student with access to individuals who have taken non-traditional pathways into healthcare careers to diversify the workforce and inspire students with varied backgrounds.

Conclusion

This report serves as a critical step in the Allied Health Committee's ongoing mission to strengthen and align the allied health workforce in our region. By focusing on the educational and employment pathways for Surgical Technologists, Respiratory Therapists, Radiology Technologists, and Clinical Laboratory Technicians, the survey findings provide a comprehensive overview of the current state of allied health training and workforce development. The insights gathered from secondary and post-secondary institutions, along with healthcare employers, reveal both the successes and the pressing challenges facing these sectors, particularly in terms of program capacity, recruitment efforts, and alignment with workforce needs.

The data underscores the importance of coordinated, strategic efforts to increase the pool of qualified job seekers, support career navigation, and enhance training infrastructure. Moreover, the findings highlight the necessity of developing new training models such as apprenticeships to facilitate entry into the healthcare workforce.

Committee Members

Special thanks to all committee members whose insight and engagement were instrumental in shaping the findings and recommendations: *Karen Rousseau,* ***American International College****; Peter Blain and Jason Pacheco,* ***Baystate Health****; Kara Blanchard and Carl Ingram,* ***Chicopee Public Schools****; Tommy Heavren,* ***Commonwealth Corporation****; Jeffrey Tencati and Elizabeth Fortier,* ***Cooley Dickinson Hospital****; Dawn Josefski, Nicole Turner, and Claire Tyminski,* ***Greenfield Community College****; Aaron Kropf,* ***Franklin Hampshire Workforce Board****; William Norwood and Anne Welsh,* ***Holyoke Medical Center****; Nicole (Nikki) Johnson,* ***Lower Pioneer Valley Career Tech****; Edda Johnson, Peter Farkas, Melissa Scibelli,* ***MassHire Hampden County Workforce Board****; Gilberto Amador,* ***Mass2Miami Consulting Group****; Bo Clark,* ***Northampton High School****; Victor Santos,* ***Putnam Academy****; Pam Mathison,* ***Springfield Public Schools****; Tim Sossa,* ***Springfield Renaissance School****; Kelli Goodkowsky, Meaghan Piretti, Renee Paquet, Scott Frink, Kelechi Okpara, and Christopher Scott,* ***Springfield Technical Community College****.*

Report Author and Acknowledgments

This report was prepared and authored by Peta-Gaye Johnson, Director of Healthcare Workforce Initiatives, in collaboration with the Allied Health Committee.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