

SECURING KIDS' FUTURES

A federal policy blueprint to bolster the pediatric workforce

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FOREWARD

The future of children's health is directly tied to the strength of our pediatric workforce. The pediatric workforce powers 200+ children's hospitals that deliver timely, comprehensive, and high-quality care for children across the country.

Children's hospitals care for nearly half of children admitted to hospitals and serve the majority of children with chronic or complex conditions and other serious illnesses or those who need major surgical services. As regional care centers for children's health, these hospitals provide highly specialized pediatric care across large geographic areas. They serve children who live nearby, but also those who must travel long distances or across state lines.

Children's hospitals are experiencing significant workforce shortages. Hospitals face difficulty recruiting and retaining physician and non-physician clinicians. For many hospitals, these include pediatricians, subspecialists like pediatric neurologists, pediatric rheumatologists, child and adolescent psychiatrists, pediatric nurses, child psychologists, pediatric respiratory therapists, pediatric physical therapists, and more.

Medicaid is vital to children's health and the pediatric workforce, but the program's low reimbursement rates significantly contribute to pediatric workforce shortages. Medicaid and the Children's Health Insurance Program (CHIP) cover about 37 million — almost half — of America's children. More than 40% of children in small towns and rural areas were enrolled in Medicaid/CHIP in 2023, and nearly 3 million children in military-connected families are covered by or eligible for Medicaid. Furthermore, on average, more than 50% of children's hospitals' patients are covered by Medicaid/CHIP.

Low Medicaid payment rates discourage medical students and residents from entering pediatrics, particularly in underserved and rural areas. Addressing inadequate reimbursement is essential to stabilizing and strengthening the pediatric workforce and ensuring children receive timely, high-quality care.



This blueprint outlines what makes the pediatric workforce different, including:

- *who makes up the pediatric workforce,*
- *pediatric workforce shortages that exist today,*
- *challenges leading to those shortages, and*
- *the impact pediatric shortages have on children and families.*

The blueprint also highlights actions federal policymakers can take to address the nation's pediatric workforce shortages. These federal policy recommendations are intended to boost care teams, ensuring our children have access to high-quality health care. They involve investments that build the pipeline, increase training opportunities, and advance recruitment and retention of the pediatric workforce. Each action not only protects but also builds upon the long-standing partnership between children's hospitals, pediatric providers, and the federal government.

It can be challenging to increase investments for existing programs or establish new ones.

However, without targeted federal government support, pediatric workforce shortages will persist, harming children's health and future well-being.

KEY INVESTMENTS INCLUDE:

- **Robustly funding the Children's Hospital Graduate Medical Education (CHGME) Program**, the only dedicated source of federal funding for training pediatricians and pediatric specialists in children's hospitals
- **Increasing low Medicaid reimbursement rates** and removing administrative barriers that deter individuals from pursuing careers in pediatrics
- **Ensuring existing** federal scholarship and loan repayment programs support the pediatric workforce
- **Modifying criteria** – including geographic location – so children's hospitals that serve underserved rural and urban communities can participate in existing workforce programs
- **Increasing pediatric provider participation** in existing behavioral health workforce programs
- **Preventing and addressing burnout** of the pediatric workforce by bolstering their mental health and well-being

Policymakers must work with children's hospitals and other pediatric health experts to develop, implement, and resource innovative approaches to build and sustain a robust pediatric workforce. The nation's pediatric providers ensure children get the care they need, when they need it and are critical to the health of our children and the future health of this country.

Section 1

THE PEDIATRIC WORKFORCE

THE PEDIATRIC WORKFORCE

The pediatric workforce includes pediatricians, pediatric subspecialists, and non-physician pediatric providers (e.g., pediatric nurse practitioners, pediatric medical technicians, pediatric physical therapists, and other pediatric allied health clinicians). These providers are trained and have the skills to deliver compassionate, comprehensive, and developmentally appropriate health care to children of all ages, stages of development, backgrounds, and health care needs, including children with chronic conditions and at varying levels of medical complexity. They also help families manage the stress and uncertainty that comes with their child's diagnosis and treatment.

DIFFERENCES BETWEEN PEDIATRIC AND ADULT WORKFORCE SHORTAGES

In adult health care, the largest workforce shortages are among primary care providers. In contrast, pediatric workforce shortages are more prevalent among specialty providers, such as pediatric physician subspecialists, pediatric advanced practice nurses, pediatric home care nurses, pediatric respiratory technicians, pediatric mental health providers, pediatric pharmacists, and more.¹

Pediatric workforce shortages stem from a variety of factors. Many are similar to those driving overall health care workforce shortages – an increase in retirements, the rise of workplace violence², and a shortage of nursing faculty to train the next generation. Some, however, are unique to pediatrics:

- **Pediatric provider reimbursement.** Reimbursement for pediatric providers is historically low, in large part because close to half of children are covered by Medicaid, which traditionally pays providers at a lower rate than other payors. In a recent survey, the majority of pediatricians and pediatric subspecialists said lower reimbursement rates negatively impact recruitment and retention³. Lower earning potential, coupled with other financial disincentives, such as educational debt, can impact an individual's decision to pursue training in pediatrics and pediatric subspecialties.⁴
- **Hospital finances.** On average, **over 50% of children's hospitals' patients are covered by Medicaid/CHIP**, but total Medicaid payments cover less than 80% of children's hospitals' costs of providing care.⁵ At the same time, children's hospitals absorb much of the costs

¹ "State of the Primary Care Workforce, 2024," p1-16, Health Resources & Services Administration, November 2024.

² "Violence Escalates against Surgeons and Other Healthcare Workers," American College of Surgeons, Oct. 9, 2024.

³ "Physician Compensation Report 2025," Doximity.

⁴ "The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents," p172, National Academies of Sciences, Engineering, and Medicine, 2023.

⁵ Annual Benchmark Report Fiscal Year 2023 Freestanding and Children's Hospital in Hospital Cohort, Children's Hospital Association, 2023.

associated with training and onboarding new pediatric providers. For example, hospitals are not reimbursed for the cost of professional certifications and licensure or the intensive time and costs associated with on-site orientation and training. Onboarding a pediatric nurse at a pediatric hospital takes at least three months and costs a minimum of \$45,000. These costs are not always reimbursed by third-party payors or covered by federal programs, which adds to financial strains the hospitals are already experiencing due to Medicaid underpayments.

- **Training.** All pediatric providers must have additional training to treat children with serious, complex, or chronic conditions **across all ages and stages of physical and emotional development.** They learn to use special-sized equipment for each stage of a child's development, including tiny tubing for premature infants and child-appropriate medications and dosing for children of varying ages and sizes. They must also learn how to help patients' family and caregivers who may need emotional support.
- **Scholarship and loan forgiveness programs.** Many federal scholarship and loan forgiveness programs are adult care-focused and do not align with the needs of the pediatric workforce. In theory, some of these programs are open to pediatric providers, but providers at children's hospitals are often not eligible due to geographic restrictions and other program requirements that do not reflect the way pediatric subspecialty care is practiced. Furthermore, the only federal loan forgiveness program dedicated to pediatric subspecialists – the Pediatric Specialty Loan Repayment Program – is limited in scope and funding.
- **Burnout and turnover.** Children's hospitals have reported high rates of staff burnout and turnover, with nurses and other bedside staff reducing their work hours or leaving health care completely. Delivering pediatric clinical care is especially labor-intensive and can be emotionally challenging. Workplace violence also factors into pediatric clinicians' decisions to leave. According to an analysis, the pediatric setting ranks third among the most dangerous hospital settings for staff.⁶ In another study, 73% of nurses reported one-to-two violent incidents on their pediatric units in the past year.⁷ **When clinicians leave, children's hospitals face unique challenges since fewer trained pediatric providers are available to backfill those positions, placing even more stress on the remaining staff.**
- **Health condition-specific workforce needs.** Pediatric workforce shortages are not new, but they have been made worse by the ongoing youth mental health crisis and seasonal respiratory illness surges, such as those related to respiratory syncytial virus (RSV), the most common cause of hospitalization in infants.⁸ In 2023, more than 40% of children's hospitals reported major or severe shortages of pediatric psychologists; almost two-thirds reported a major or severe shortage of pediatric respiratory therapists; and close to 50% reported major or severe shortages of imaging techs.⁹

⁶ National Database of Nursing Quality Indicators. Press Ganey, Sept. 8, 2022.

⁷ Patient and Family Member Violent Situations in a Pediatric Hospital: A Descriptive Study. Della J. Derscheid, MS, PhD, RN, Judith E. Arnetz, PhD, MPH, PT. Journal of Pediatric Nursing. Nov.-Dec. 2020.

⁸ Clinical Overview of RSV | RSV | CDC

⁹ "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

PEDIATRIC PROVIDERS FACING SHORTAGES

While pediatric workforce shortages exist across the board, this breakdown shows some of the more prevalent pediatric provider shortages.

Pediatric physicians. Children's hospitals are experiencing pediatric physician vacancies across specialties. A 2023 Children's Hospital Association (CHA) assessment of pediatric workforce vacancies and appointment wait times at children's hospitals found vacancies in a number of critical specialties. Shortages in four specialties — neurology, developmental-behavioral pediatrics, child and adolescent psychiatry, and genetics — are almost unchanged from shortages identified in 2017. **Three of the four shortages reported as most severe were in pediatric neurological, behavioral, and mental health specialties.**¹⁰

While children represent 23% of the population, disproportionately fewer medical residents go into pediatrics as a specialty.¹¹ The percentage of residents entering residency training in pediatrics has been declining in recent years. In 2025, 8.1% of residents entered residency training in pediatrics compared to 8.8% of residents choosing pediatrics in 2021.¹²

Pediatric nurses. In a recent CHA workforce assessment, 35% of children's hospital respondents reported a severe or major shortage of registered nurses with the training needed to care for children with serious, chronic, or complex health conditions.¹³ The pool of nurses available to fill children's hospital staffing gaps is limited, making it challenging for children's hospitals to fill these vacancies. Children's hospitals have invested their own funds into creative pipeline and recruitment programs to replace pediatric nurses they have lost.

Pediatric mental health providers. Currently, there are too few pediatric mental health providers to ensure kids have access to care, including prevention and early intervention, inpatient and outpatient services, and community-based services and supports. Over 55% of children across the country face difficulties obtaining needed mental health care.¹⁴



¹⁰ "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. "Note: Information obtained from 56 children's hospitals from September through October 2023.

¹¹ "Population Distribution by Age," Kaiser Family Foundation, 2023.

¹² Children's Hospital Association's Analysis of "Table 7A Positions Offered and Number Filled by U.S. MD Seniors and All Applicants, 2021 - 2025," Advance Data Tables for the 2025 Main Residency Match, National Resident Matching Program, March 2025.

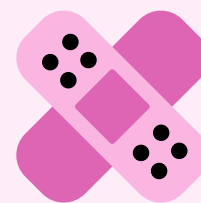
¹³ "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. "Note: Information obtained from 56 children's hospitals from September through October 2023.

¹⁴ Child and Adolescent Health Measurement Initiative. "Interactive Data Query: National Survey of Children's Health (2022-2023)," Data Resource Center for Child and Adolescent Health.

Children's hospitals report they are experiencing mental health workforce shortages firsthand. Three out of the four pediatric specialties with the most severe shortages reported by children's hospitals were in behavioral, neurological, and mental health specialties. Children's hospitals also reported a "severe or major" shortage of psychologists (47%), counselors or therapists (26%), and social workers (23%).¹⁵ Furthermore, according to the American Academy of Child and Adolescent Psychiatry, 72% of U.S. counties do not have a practicing child and adolescent psychiatrist.¹⁶

Pediatric allied health professionals. Pediatric allied health professionals use their expertise to diagnose, rehabilitate, and treat patients using specialized equipment and expertise. In CHA's pediatric workforce assessment, children's hospitals reported "severe or major" shortages of pediatric respiratory therapists (64%); certified nursing assistants, medical assistants, and medical techs (35%); imaging techs (43%); and surgical techs (29%).¹⁷

Pediatric researchers. A shortage of resources to support pediatric physician-scientists, including a lack of available mentorship programs, low salaries, inadequate protected time for physician-scientists to conduct research, and lack of adequate funding has resulted in a shrinking and aging pediatric researcher workforce. For example, the number of research scholars supported by the National Institutes of Health (NIH) Child Health Research Career Development Awards, which plays an integral role in supporting the development of pediatric physician-scientists, has declined by 50 to 60% in the last decade.



THE IMPACT ON ACCESS TO CARE

In the 2023 CHA assessment, children's hospitals reported vacancies of 12 months and longer for some pediatric specialists. As a result of those vacancies, children in need of appointments in some specialties experienced especially long wait times. For example, on average, children were waiting close to 21 weeks for a medical genetics appointment, more than 20 weeks for a developmental-behavioral pediatric visit, and 14 weeks for a pediatric neurology appointment.¹⁸

¹⁸ "Pediatric Workforce Shortages Persist," Children's Hospital Association, 2024.

¹⁵ "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

¹⁶ Severe Shortage of CAPs Illustrated in AACAP Workforce Maps. The American Academy of Child and Adolescent Psychiatry, 2024.

¹⁷ "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

GAPS IN FEDERAL SUPPORT FOR THE PEDIATRIC WORKFORCE

In general, federal health care workforce policies and programs focus on building the workforce pipeline, training providers, and bolstering recruitment and retention. They are primarily funded through the Health Resources and Services Administration (HRSA) and are authorized under Titles III (General Powers and Duties of Public Health Service), VII (Health Professions), and VIII (Nursing Workforce Development) of the Public Health Services Act.¹⁹ **However, these federal policies and programs fall far short of what is needed to reduce the pediatric workforce shortages facing the nation.**



The Children's Hospitals Graduate Medical Education (CHGME) program is the only dedicated source of federal funding to train pediatricians and pediatric subspecialists in children's hospitals. The

program has accounted for 80% of the increase in the number of new pediatric subspecialists trained nationwide since 1999.²⁰ Despite this growth, there continues to be a significant shortage of pediatric subspecialists due to inequities between funding for training at children's hospitals compared to adult-focused federal training programs. Every year, that gap gets larger because CHGME funding is dependent on the annual appropriations process and is not guaranteed to grow each year like Medicare graduate medical education (GME).

To learn more about CHGME, visit
ChildrensHospitals.org/pedworkforce.



Medicaid is the largest insurer of the nation's children. Therefore, the program's low reimbursement rates and administrative complexities have a disproportionate impact on the pediatric workforce. Providers are deterred from entering and staying in the field of pediatrics and pediatric subspecialties, negatively impacting children's access to care.

¹⁹ The Departments of Labor and Education also support some pipeline and apprenticeship programs, with a small health care focus primarily for allied health professions. In addition, the Department of Defense has its own programs to train military health personnel.

²⁰ Children's Hospital Association's analysis of select pediatric training programs in the American Medical Association GME Database, Academic Year 1999-2000, and the Accreditation Council for Graduate Medical Education Public Database, Academic Year 2022-2023. July 2025.

BARRIERS TO PEDIATRIC PROVIDERS' PARTICIPATION IN FEDERAL WORKFORCE PROGRAMS



Limited program funding



Prioritizing adult providers or lacking specific training or learning experiences for pediatric providers²¹



A primary care focus that does not address pediatric specialties and subspecialties

The [appendix](#) provides more information about major federal workforce programs and how they fall short in addressing pediatric workforce challenges.



Federal health provider shortage area designations often exclude children's hospitals, even though they serve many underserved children and large geographic areas



OPPORTUNITIES TO STRENGTHEN THE PEDIATRIC WORKFORCE

Children's hospitals are investing their own limited resources in innovative pipeline, training, and recruitment and retention programs. These programs are helping, but without sustained federal support, hospitals can't scale them to meet the growing pediatric workforce shortage. **A stronger federal commitment will help hospitals stretch their funding further to address their current workforce challenges and prevent a worsening crisis in the future.** That commitment, in partnership with children's hospitals, will help ensure children continue to have access to the care they need — from prevention to treatment for chronic and complex conditions.

²¹ For example, Medicare GME provides important support to children's hospitals in larger academic medical centers that train pediatric residents but are not eligible for CHGME because their parent institutions do not primarily serve children under the age of 18. However, federal efforts to bolster Medicare GME do not always address the unique shortage challenges in pediatrics, which affect the pediatric subspecialty workforce more than pediatric primary care.

Section 2

POLICY

OPPORTUNITIES

POLICY OPTIONS

TO STRENGTHEN THE PEDIATRIC PIPELINE



- **Provide direct support to children's hospitals that engage in community partnerships** with K-12 schools and local colleges to promote pediatric health care careers. For example, funds could support classroom outreach experiences and career academies that provide pediatric-specific experiential learning to high school and college students.
- **Expand eligibility and bolster funding** for existing career academy and scholarship programs available to providers in the pediatric workforce, particularly those who care for children with serious, chronic, or complex medical conditions.
- **Identify opportunities to create scholarship programs** specifically for the pediatric non-physician workforce.
- **Modify eligibility requirements** for the National Health Service Corps (NHSC) and the Nurse Corps Scholarship Programs to ensure individuals interested in pediatric specialty careers are eligible to apply.





CHILDREN'S HOSPITALS BUILDING THE PIPELINE

Arkansas Children's Hospital established a residency program to increase recruitment of registered nurses. In addition, the hospital is designing an apprenticeship program to offer career ladders to behavioral health techs. These programs follow the guidelines established by the Arkansas Department of Labor and are supported by the state's Workforce Innovation and Opportunity Act funds.

Children's Hospital Colorado established the Medical Career Collaborative (MC²) to provide high school students opportunities to gain experience and exposure to pediatric health care careers. Through paid internships, mentorship, certification opportunities, and career coaching, MC² broadens students' horizons and builds a strong foundation for future careers as nurses, doctors, researchers, laboratory scientists, public health professionals, medical interpreters, and technicians.

Children's Hospital of Philadelphia (CHOP) partners with a local charter school network to prepare graduates for in-demand, well-paying careers in health care. At the Health Institute at Hardy, students have access to robust

academic programming, specialized health care classes, mentoring from CHOP staff, internships at CHOP facilities, and more. Students who fulfill the program requirements will qualify for interviews with CHOP during their senior year.

Ann & Robert H. Lurie Children's Hospital

created a Mentorship and Workforce Development (MWD) program in 2001 to provide early exposure and pathways for teens to professional health care careers. Over 20 years later, MWD offers 13 programs for students ranging from elementary school to postgraduates. The programs include internships, externships, and on-the-job training in collaboration with various areas of pediatric health care, such as nursing, research, and public health at the hospital.

Nicklaus Children's Hospital offers a nurse scholars program in collaboration with Florida International University. It provides 10 scholarships for students accepted to the nursing program. These student nurses intern as care assistants at Nicklaus Children's Hospital.



POLICY OPTIONS

TO BOLSTER PEDIATRIC TRAINING



- **Prioritize the CHGME program to ensure** robust funding to support gains made under the program and to address the growing demand for pediatricians and pediatric specialists.
- **Support the HRSA Nurse Faculty Loan Program** and explore ways to recruit and retain nurse faculty with pediatric expertise.
- **Expand HRSA training programs** to enhance pediatric mental and behavioral health provider training.
- **Provide targeted funding** to support pediatric nursing, mental health, and allied health training and development to meet state licensure and certification requirements.

CHILDREN'S HOSPITALS LEADING THE WAY

Cincinnati Children's established a Dedicated Education Unit, which hosts nursing students from the University of Cincinnati College of Nursing. The partnership teaching model fosters a highly collaborative learning environment where clinical staff and academic faculty work closely to support student development.

Children's Healthcare of Atlanta is integrating a behavioral and mental health nursing team into care delivery. No psychiatric experience is required, and all nurses and technicians are trained by the hospital on adverse childhood experiences (ACEs), trauma-informed care, suicide prevention, and more.



Phoenix Children's partners with Arizona State University to advance the training of pediatric clinical social workers and nurses. These students complete their supervised training hours in the hospital at the same time they are completing their coursework

Valley Children's Healthcare developed a Clinical Laboratory Scientist Training Program to train individuals who have completed a bachelor's degree and wish to become a pediatric clinical laboratory scientist. Interns in this program spend 52 weeks rotating through the lab in preparation to qualify for the California state licensing exam. Valley Children's trains two-to-three interns a year and has trained 12 interns over the last four years. Of those 12, Valley Children's has hired 11.

POLICY OPTIONS

TO SUPPORT THE RECRUITMENT AND RETENTION OF PEDIATRIC PROVIDERS



- **Explore ways to increase support** for the pediatric workforce through Medicaid. This includes elevating historically low reimbursement rates and removing administrative barriers associated with Medicaid participation, among other strategies.
- **Expand eligibility for loan repayment programs** to support the pediatric workforce.
 - Strengthen and increase funding for the Pediatric Specialty Loan Repayment Program and ensure the program's requirements appropriately reflect the way pediatric subspecialty care is practiced.
 - Expand eligibility for existing loan repayment programs to pediatric non-physician clinicians, particularly those who care for children with serious, chronic, or complex medical conditions.
- **Provide targeted support** to children's hospitals that offer hands-on clinical nurse and allied health/medical technician professional training to current staff.
- **Modify the NHSC and Nurses Corps** to include pediatric specialty providers as eligible participants and allow children's hospitals to serve as eligible sites. In addition, specify that pediatric specialty nurses practicing in a tertiary setting are eligible.
- **Support the Dr. Lorna Breen Health Care Provider Protection Program** to continue bolstering the mental health and well-being of the pediatric workforce.
- **Enact the [Save Healthcare Workers Act](#)** to protect hospital workers from violence on hospital grounds.
- **Reduce administrative barriers** that cause burnout among pediatric behavioral health professionals by reimbursing pediatric primary care/mental health integration and care coordination and removing restrictions on the use of telemental services.
- **Promote efforts at the local, state, and federal levels** that allow the pediatric workforce to thrive in and outside the workplace, such as improving access to food, housing, transportation, and childcare.



CHILDREN'S HOSPITALS LEADING THE WAY

Nemours Children's Health partners with Drexel University to offer new career pathways to current employees. Apprentices work in their fields while taking classes at Drexel, allowing them to earn family-sustaining wages, and industry certifications and gain new workplace skills. The education received at Drexel translates to on-the-job learning with a preceptor. Apprentices take care of patients in their home-based clinics each month during the 12-month program. After 12 months, apprentices take a certifying exam to become licensed certified clinical medical assistants.

Children's of Alabama implemented an acute behavioral health certification to address high turnover rates within its inpatient behavioral health unit. After surveying staff, hospital leaders created a multidisciplinary team of the hospital's psychologists, therapists, nurses, and floor staff to develop a curriculum around de-escalation techniques, self-care, ethical communication, and common diagnoses. The program has reduced turnover by 43%, increased engagement by 80%, and increased the size of the workforce.

Akron Children's developed Helping Hands, a program that allows current clinical or non-clinical staff to work additional hours in different roles to support direct and indirect patient care. Participants are initially matched with assignments based on current skill sets and receive training to work across the hospital.

Nationwide Children's Hospital has developed an innovative program that gives nurses "sabbatical-like" relief while still enabling nurse managers to properly staff their units. For example, nurses in units that care for children with intensive care needs can move to a unit where children have less acute needs or an ambulatory clinic for a defined period or on a regular basis. Early results are positive, and turnover is at its lowest rate in nearly six years.





CASE EXAMPLES

Children's Wisconsin

Children's Wisconsin has addressed workforce shortages with creativity. It has implemented "grow your own" programs, which allow the current workforce to increase skills and advance their careers. Through internships and on-the-job training, the hospital is expanding its workforce for high-demand jobs like medical assistants and nurses.

Partnerships have been key to developing a future workforce. Through pathway programs, the hospital has tapped into talent at public schools, colleges, universities, and community organizations. The hospital also partners with the military to identify service members who are returning to civilian life and interested in working in health care.

Children's Wisconsin hires high school students who attend the Boys and Girls Club and complete a certified nurse assistant program to gain their work experience as a certified nursing assistant, which is often a pathway to other careers in health care. The hospital also supports mental health and respiratory therapists with funding and on-site training. External funding to support scholarships and training programs would allow the hospital to reach students' earlier in their academic careers, securing the next generation of the pediatric workforce.

Children's Hospital of Los Angeles

Children's Hospital of Los Angeles (CHLA) is one of the largest pediatric training sites in the country. Despite this, the hospital faces challenges recruiting and retaining its nursing workforce.

From April 2021 through March 2023, CHLA reported a loss of more than 250 nursing professionals. The remaining nurses expressed concerns about exhaustion from increased workloads as a result of the staff turnover and resulting shortages.

CHLA received funding from philanthropy, the state, and a grant from the federal **Dr. Lorna Breen Health Care Provider Protection Program**, which allowed it to invest in the well-being of its nursing workforce. CHLA created an Office of Well-being led by its chief wellness officer, increased in-house therapists, supported those experiencing compassion fatigue or trauma, and offered resiliency training and a peer support program with 24-hour availability.

CHILDREN'S HOSPITALS' RECRUITMENT AND RETENTION EFFORTS

Additional examples are available on the Children's Hospital Association website at childrenshospitals.org/retention.

Additional federal policy opportunities

- **Modify shortage area and population designation** requirements so children's hospitals can expand their pediatric workforce footprint in underserved rural and urban settings.
- **Support the Title VII Health Professions** and Title VIII Nursing Workforce Development programs.
- **Expand training, recruitment, and pipeline programs** for community health workers, patient navigators, and other non-licensed providers who play critical roles providing non-medical support to kids so clinicians can focus on their clinical care responsibilities.
- **Ensure all reforms** of Medicare GME provide equitable and sufficient support for pediatric training.
- **Strengthen the pediatric research workforce.** Target loan repayment programs to child and adolescent health researchers and strengthen NIH's early-career pediatric researcher programs, including the Child Health Research Career Development Awards and Pediatric Scientist Development Program.
- **Facilitate the collection** and dissemination by federal workforce agencies of promising national and state-level pediatric workforce initiatives and data.



CONCLUSION

As this blueprint lays out, the federal government has made a commitment over many years to help train health care professionals to take care of America's children. Children's hospitals have also stepped up to ensure children and teens have access to qualified, highly trained pediatric providers. We must build on this vital partnership to develop, implement, and resource innovative approaches to strengthen the pediatric workforce.



Working together, we can ensure children's hospitals are equipped and capable of providing care for our children, today, tomorrow, and in the years to come.



For more information, contact us at
public.policy@childrenshospitals.org.

GAPS IN FEDERAL SUPPORT FOR THE PEDIATRIC WORKFORCE

The chart below describes how select federal pipeline, training, and recruitment and retention programs fall short of addressing children's hospitals' pediatric workforce shortages.

	PROGRAM	DESCRIPTION	[1] Limited funding or appropri- ations	[2] Broad focus, not pediatric-spe- cific	[3] Focused on primary care	[4] Health care shortage area limitations/focus
PIPELINE	Health Careers Opportunity Program (HCOP)	Offers financial and academic support to students from underrepresented groups who are interested in entering a health care field. Programs include health care career academies, enrichment programs, mentorship, and community-based training.	X	X		
	National Health Service Corps Scholarship Program (NHSC)	Awards scholarships to students pursuing training or degree programs in a primary care health profession. In return, scholars commit to providing primary care in a Health Professional Shortage Areas (HPSA).	X	X	X	X
	Nurse Corps Scholarship Program (NCSP)	Offers scholarships to individuals accepted or enrolled in accredited nursing degree programs. In return, awardees commit to working at a Critical Shortage Facility upon graduation, including disproportionate share hospitals, such as children's hospitals.	X	X		X
TRAINING	Children's Hospitals Graduate Medical Education (CHGME)	Provides direct financial support to children's hospitals to train pediatricians and pediatric specialists.	X			
	Teaching Health Center Graduate Medical Education Program (THCGME)	Provides support to community health centers for the training of physicians and dentists with a focus on rural and underserved communities.	X	X	X	X
	Advanced Nursing Education Program	Provides support to community health centers for the training of physicians and dentists with a focus on rural and underserved communities.	X	X	X	X
	Advanced Nursing Education Workforce Program (ANEW)	Provides funding support to schools of nursing, academic health centers, and other entities to train advanced nurse practitioners as primary care nurse practitioners, clinical nurse specialists, and certified nurse midwives. Students and trainees focus on primary care, mental health and substance use disorder care, and/or maternal health care.	X	X	X	X
	Nurse Education, Practice, Quality, and Retention (NEPQR) - Workforce Expansion Program (WEP)	Provides support to nursing schools, hospitals, and other health care entities to enhance nursing education and clinical practice by providing additional training to nursing students. Also supports the recruitment and retention of nursing faculty and preceptors with a focus on acute and long-term care settings.	X	X		X
	Behavioral Health Workforce Education and Training Program (BHWET)	Supports the training of behavioral health professionals with a focus on the needs of vulnerable populations, including children, adolescents, and transitional youth living in medically underserved rural and urban communities.	X			X
RECRUITMENT AND RETENTION	Pediatric Specialty Loan Repayment Program (PSLRP)	Provides loan repayment for eligible residents or fellows who provide pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent behavioral health care. These clinicians must agree to serve medically underserved populations or be located in or serve a medically underserved area.	X		X	X
	Nurse Corps Loan Repayment Program (NCLRP)	Provides loan repayment to eligible nurses who agree to work at a Critical Shortage Facility upon graduation, including disproportionate share hospitals, such as children's hospitals.	X	X		X
	National Health Service Corps (NHSC)	Provides loan repayment to primary care medical, dental, and behavioral health providers. Eligible providers must work in NHSC-approved sites that provide primary health care services and are located in Health Professional Shortage Areas.	X	X	X	X
	Nurse Education, Practice, Quality and Retention Program (NEPQR)	Promotes the recruitment and retention of nurses. Expands educational opportunities and clinical training for new nurses and invests in improvements to practice environments, professional development, and strengthening quality of care.	X	X		X
	Dr. Lorna Breen Health Care Provider Protection Program	Provides grants to health care organizations to enable the delivery of behavioral health services to reduce burnout and support the well-being of front-line health care providers.	X	X		