

Healthcare Workforce Pathways

Barb Clapp, CEO

Dwyer Workforce Development

Dwyer Workforce Development (DWD) is a nonprofit organization founded in 2020 to address two interconnected problems: The national shortage of healthcare workers and the limited economic opportunities available to disadvantaged populations. Its mission is to help individuals overcome barriers to employment while creating a sustainable pipeline of skilled healthcare professionals.

The organization operates on the principle that job training alone is insufficient to achieve lasting employment. Participants, known as Dwyer Scholars, receive individualized case management and support with childcare, transportation, housing, food insecurity, and other challenges that might otherwise prevent them from completing training or maintaining employment.

Case management is the central feature of the Dwyer model. Case managers help participants develop workplace skills, resolve personal difficulties, and navigate the transition from training to employment. Support continues after graduation, reducing the likelihood that participants will leave their jobs when difficulties arise.

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DWD initially concentrated on training certified nursing assistants (CNAs), providing an accessible entry point into healthcare employment. The program has since expanded to support advancement into licensed practical nursing, registered nursing, emergency medical services, surgical technology, and other healthcare professions. Its long-term objective is to

One journey, many hands

Enrollment Advisor
Carries the Scholar through training to licensure

Success Coach
Takes them into employment and retention

Career Counselor
Builds the path to advancement

Support Intervention Specialists: the safety net under it all
Stop barriers from knocking Scholars off their career paths.

help participants move beyond entry-level employment toward financial stability and middle-class careers.

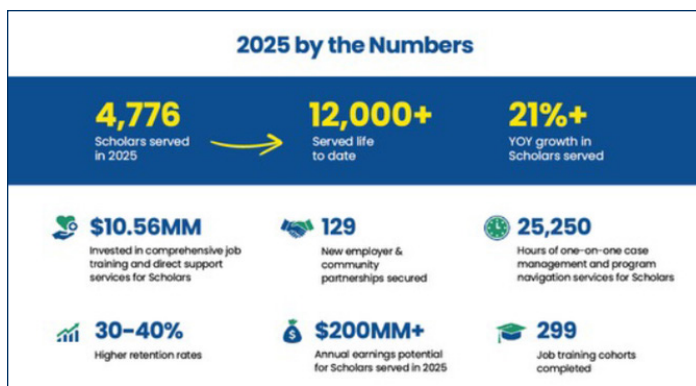
DWD works through partnerships rather than operating its own training institutions. Community colleges, private training providers, workforce development boards, hospitals, and skilled nursing facilities provide education and employment opportunities. DWD coordinates these relationships, assists with job placement, and holds partners accountable for supporting participants' success.

Ms. Clapp reported that DWD's first-year retention rates for CNAs are 30–40% higher than comparison rates. The organization attributes its success primarily to individualized support and continued intervention when participants encounter employment difficulties.

Once participants complete training and are ready for licensing and certification, the program helps them find employment with partner hospitals and skilled nursing facilities. Job placement is individualized, taking into account family responsibilities, preferred work hours, location, and other employment commitments.

DWD has experienced substantial growth. It trained 4,776 participants in 2025, representing a 21% annual increase. The organization now reports nearly 16,000 participants served, 64 employees, and operations in 11 states, with plans to expand into seven additional states.

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Financial sustainability and partnerships are essential to further expansion. DWD prioritizes states where public workforce programs, grants, and employer partnerships can help cover training expenses. It recently received a rural healthcare transformation grant in Maryland and is pursuing similar opportunities elsewhere.

The organization's stated goal is to train 100,000 individuals by 2030, creating a substantial workforce

pipeline while improving participants' long-term economic prospects. Ms. Clapp emphasized that rural communities present particular recruitment and retention challenges and could benefit from adapting this model.

Conclusion

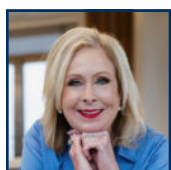
Dwyer Workforce Development offers an integrated approach to two persistent social problems: healthcare workforce shortages and economic disadvantage. Its defining innovation is the combination of professional training, sustained case management, practical assistance, and career advancement opportunities.

Investing in the long-term success of disadvantaged workers can simultaneously strengthen healthcare systems, improve employee retention, and promote economic mobility for individuals and families. Its broader implication is that effective workforce development requires sustained social support and wrap-around services, not simply access to vocational education.

DISCUSSION

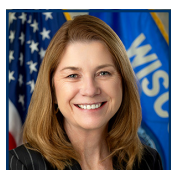


Senator Rod Bray (Senate President Pro Tempore, Indiana): Where do your funds come from and what is the role of the states in providing funding?



Ms. Clapp: The program is funded through private donations, partnerships with state organizations, and revenue from a related healthcare business. Its annual CareForce Collective Breakfast is a major fundraising event, with contributions continuing to grow.

To create a sustainable funding source, Jack Dwyer led a \$590 million acquisition of 52 skilled nursing facilities in Texas in 2022, subsequently rebranding the business as Well Central Health. The company has since expanded to 70 facilities, operating under a “people over profits” philosophy. And after deal covenants are met, their profits help fund the Workforce Development Program.



Senator Mary Felzkowski (President of the Senate, Wisconsin): We have a very robust technical college system that does a great job with CNA training, et cetera. We've done a huge expansion

with the UW Milwaukee nursing program, but finding preceptors is the challenge. How would your program work with our technical colleges and how are you addressing the preceptor issue?

Ms. Clapp: We're working with a lot of technical colleges and community colleges. And again, it's not one size fits all. We find partners that will work with us and provide wrap-around services to support our Scholars.



Senator Bill Ferguson (President of the Senate, Maryland): A few years ago, everybody was talking about the nursing crisis in Maryland, and especially in rural healthcare. But in the last three years, everybody's talking

about the Dwyer Workforce Solutions. How does a state work with DWD? What are the costs to the states?

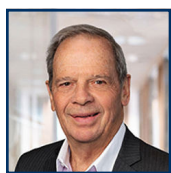
Ms. Clapp: The program builds state partnerships by engaging governors, senior administration officials, and workforce agencies, while the program's partnership team manages ongoing relationships. Support from state leadership has been particularly valuable.

Implementing the program requires financial investment, but funding can come from multiple

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sources, including state appropriations, workforce development grants, Rural Health Transformation Program funds, hospitals, nursing homes, and workforce boards. Maryland, for example, uses EARN grants and other state funding sources.

Although states must contribute resources, workforce shortages and unemployment also impose significant economic costs. Expanding the program requires shared financial commitments from government agencies, healthcare employers, and workforce development partners.



John Cullerton (Moderator): Why is there a shortage of healthcare workers?

Ms. Clapp: Covid burned people out. They left in record numbers. And that has been extraordinarily challenging for the industry. And wages have not kept up with the level of work that is required.



Senator Chris Karr (Senate President Pro Tempore, South Dakota): We face persistent nursing shortages despite substantial investments over the past five or six years in technical colleges, universities, and healthcare partnerships.

These efforts have increased the number of certified nursing assistants (CNAs), licensed practical nurses (LPNs), and registered nurses (RNs) entering the workforce.

However, retaining graduates remains a major challenge. Many leave for higher-paying positions in other states or pursue travel nursing opportunities. Healthcare systems have introduced tuition assistance tied to employment commitments, but what additional strategies, beyond higher salaries, could help states retain the nurses they have invested in training.

Ms. Clapp: In our program, once a Dwyer scholar, always a Dwyer scholar. So one of the incentives is that they will get to grow in their careers in that state. And a lot of programs require that grant recipients have to stay in that state.



Speaker John Arch (Speaker of the Legislature, Nebraska): In Nebraska, the primary barriers to expanding the healthcare workforce are not a lack of interested students but shortages

of qualified faculty and clinical training placements. Healthcare providers, particularly those in private practice, may be reluctant to accept students because supervision reduces productivity and revenue. Are other states experiencing similar challenges?

Ms. Clapp: The Dwyer Workforce Development Program attributes much of its success to its flexibility in adapting to the needs of individual states and communities. Many participants have relied on public assistance, and the program helps them transition into employment, reducing dependence on social services and contributing to the economy.

The program recognizes that barriers to employment extend beyond financial limitations. Participants may face limited work experience, social pressures, and personal challenges. Dedicated case managers provide individualized support, help resolve problems, and guide participants through training and employment.

Program leaders also actively address systemic obstacles, including delays in testing and professional licensure. They work with legislators, nursing boards, and other state agencies to remove barriers and help participants enter the workforce. This combination of individualized case management and persistent advocacy is considered central to the Dwyer Workforce Development Program's success.

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Senator Robert Stivers (President of the Senate, Kentucky): We found that state-imposed enrollment caps had restricted nursing education despite severe workforce shortages. Rather than incrementally increasing enrollment

limits, the state eliminated the caps and gave public and private nursing schools responsibility for expanding faculty and securing clinical placements in partnership with healthcare employers.

The state is also seeking to redirect more than \$110 million accumulated by its hospital association through a 1% share of state-directed payments toward healthcare workforce training, primarily for nurses and physicians.