



State Snapshot

Health Care is a fundamental part of Washington's infrastructure that allows individuals in every cluster to study and work with sound minds and bodies. However, it is increasingly recognized that the Health Care cluster is an economic engine as well. Health Care is one of the largest employment clusters in Washington. When compared to software publishing and aircraft manufacturing, two traditional leading industries, Health Care dominates in employment and ranks among the top four industries with regard to output and income. Of all clusters in Washington, Health Care has the greatest direct and total impact. Regardless of population density or industrial composition, Health Care is the leading or near leading cluster in every region in the state. The strength of Washington's Health Care means individuals can expect excellent care whenever they need it. As a result, Washington's students and workers can depend on the Health Care cluster to support them as they enter into and progress through the career pipeline.¹

Further, Washington's Health Care cluster is making headlines as the breadth and depth of the state's role in global health is becoming better understood. A recent study mapped out nearly 500 projects of global health organizations in Washington in 92 countries with 587 unique partners. The maps help local organizations discover potential collaborations and shared facilities, and showcase global health as a powerful and emerging sector in the region.²

Health Care employs nearly 389,000 workers, with hospitals alone employing over 71,500 people.³ Since 2002, Washington's Health Care cluster over 77,000 jobs for a growth rate of 25%. With 3% growth since 2009, Health Care was one of the few clusters to thrive in the economic downturn. Individual and family services generally experiences the most dramatic employment growth (81% since 2002 and 7% since 2009) compared to other aspects of Health Care. This cluster is expected to grow by another 11% from now through 2015. The average earning per worker for employees in this cluster is close to \$48,500.⁴

Demand for workers combined with high wages and multiple career pathways make Health Care an excellent cluster in which to begin a career.⁵ In fact, the Health Care cluster is growing so fast that education and workforce systems cannot keep up with the demand for skilled workers. Health Care facilities are on the verge of a personnel crisis, one that can only be solved by recruiting more workers

¹ (Bunting & Jones, 2006): http://www.allacademic.com/meta/p93453_index.html

² (Heim, 2009):

http://seattletimes.nwsourc.com/html/thebusinessofgiving/2010295535_visualize_seattles_global_heal.html

³ (Economic Modeling Speciliasts, Inc, 2010): Not available without a paid subscription

⁴ (Economic Modeling Speciliasts, Inc, 2010): Not available without a paid subscription

⁵ (Washington State Hospital Association; Association of Washignton Public Hospital Districts, 2001):

http://www.wsha.org/files/62/PS_Report.pdf

into the cluster. Statewide efforts are underway to attract more workers. The end result for workers will be improved education and training programs and emphasis on worker satisfaction.⁶

Snohomish County Snapshot

Health Care Defined

The North American Industrial Classification System (NAICS) is the current industry classification standard in the United States. Health Care includes establishments providing both health care and social assistance, as it is often difficult to distinguish between these activities. This report will share health care and social assistance quantitative data. However, discussion will focus on hospitals and ambulatory health care services. The table below depicts 2007 NAICS codes for industries in the Health Care cluster.⁷

NAICS Code	Industry Title
6211	Offices of physicians
6212	Offices of dentists
6213	Other health care practitioners (chiropractors, optometrists, mental health, physical/occupational/speech therapy, audiologists, podiatrists, other)
6214	Outpatient care centers (family planning, outpatient mental health, substance abuse, HMO medical centers, kidney dialysis centers, freestanding ambulatory surgical and emergency centers, other)
6216	Home health care services
6219	Ambulance services
6221	General medical and surgical hospitals
6222	Psychiatric and substance abuse hospitals
6223	Specialty hospitals
6231	Nursing care facilities
6232	Residential mental retardation, mental health, and substance abuse facilities
6233	Community care facilities for the elderly (continuing care, homes)
6239	Other residential care facilities
6241	Individual and family services (child, youth, elderly, people with disabilities, other)
6242	Community food and housing, and emergency and other relief services
6243	Vocational rehabilitation services
6244	Child day care services

⁶ (Workforce Training and Education Coordinating Board, 2010): <http://www.wtb.wa.gov/Documents/HCTF2010AnnualReport.pdf>

⁷ (North American Industry Classification System, 2007): <http://www.census.gov/epcd/www/naics.html>

Employment in Health Care

Health Care is one of the largest industry clusters in Snohomish County, providing over 29,000 jobs as of April 2010.⁸ The majority of occupations projected to grow the fastest in Snohomish County in the coming decade are concentrated in Health Care. Further, Health Care offers some of the highest salaries in the county, with eight of the top ten highest paying occupations in the county coming from this cluster.⁹ Employment within the cluster increased 31% from 2002 and 4% percent from 2009, mirroring state trends of growth during an economic downturn. Most employees in Health Care work as registered nurses.¹⁰ The top 20 occupations within Health Care are listed in the table below.¹¹

SOC Code	Occupation Title	Jobs	% of Industry
29-1111	Registered nurses	2,493	8%
39-9021	Personal and home care aides	2,165	7%
39-9011	Child care workers	1,736	6%
31-1012	Nursing aides, orderlies, and attendants	1,702	6%
43-6013	Medical secretaries	1,285	4%
31-1011	Home health aides	1,107	4%
29-1069	Physicians and surgeons	966	3%
31-9091	Dental assistants	830	3%
31-9092	Medical assistants	805	3%
43-4171	Receptionists and information clerks	623	2%
29-2061	Licensed practical and licensed vocational nurses	496	2%
43-9061	Office clerks, general	481	2%
29-2021	Dental hygienists	474	2%
25-2011	Preschool teachers, except special education	473	2%
29-1123	Physical therapists	421	1%
21-1093	Social and human service assistants	348	1%
21-1015	Rehabilitation counselors	345	1%
37-2012	Maids and housekeeping cleaners	329	1%
11-9111	Medical and health services managers	326	1%
21-1014	Mental health counselors	318	1%

Jobs in Health Care are relatively stable. Health Care hires for permanent, well-paid jobs even in an economic downturn, when other major employers have to lay off workers. Despite stable employment and competitive wages, Health Care is desperate for qualified workers. This cluster has seen some of the largest skills gaps and workforce shortages, with more job openings than there are qualified applicants to fill the positions. The reality is that the Health Care delivery system is facing an emerging public health

⁸ (Economic Modeling Speciliasts, Inc, 2010): Not available without a paid subscription

⁹ (Snohomish County Business Journal, 2009): Link not available

¹⁰ (Economic Modeling Speciliasts, Inc, 2010): Not available without a paid subscription

¹¹ (Workforce Training and Education Coordinating Board, 2010):

<http://www.wtb.wa.gov/Documents/HCTF2010AnnualReport.pdf>

crisis that threatens the very core of the health care system. A workforce shortage in this cluster has major implications for access to care, availability of providers, and the quality of care people receive. The shortage of workers is affecting hospitals and is also reaching beyond health care and into other disciplines, meaning that Health Care facilities will face competition for skilled personnel such as medical secretaries and office workers.

Though the shortage of Health Care workers affects most fields, special emphasis is currently being placed on nurses. Registered nurse vacancies remain the highest of any occupation. Due to the demands of an aging population and the retirement of older Health Care workers, these vacancies are expected to rise sharply as the economy recovers.

Special attention is being given to recruiting a more diverse workforce. Racial and ethnic minorities are underrepresented in the Health Care workforce and are projected to become an even larger proportion of the population. A diverse Health Care workforce that mirrors the population it serves makes sense, both philosophically and financially. Not only are Health Care jobs in demand, but many pay well. Furthermore, with the current and looming shortage of personnel, communities must draw from every available labor pool. One way to nurture a diverse workforce is to give working adults the financial support and flexibility they need to gain further education as they continue to work. Online learning and on-the-job training is helping in this effort. Efforts are also being made to retain Health Care personnel after retirement age. In order for this to happen, employers would benefit from providing incentives to older workers such as: salary adjustments for experience, retention bonuses, flexible scheduling, better health care benefits for part-time workers, and words of appreciation and gratitude.¹²

Health Care Spending and Activity

The health care system's contribution to the overall economic well-being of Washington should not be underestimated.¹³ Washington's per capita health expenditures grew an average of nearly 6% per year between 1991 and 2004 (the most recent year for which data is available). This was slightly faster than the national average of 5.5% per year. Washington's 2004 per capita expenditure was \$5,092. Among the states, Washington's per capita spending ranked 33rd.¹⁴

Medicare spending is an issue that frequently makes news headlines, even more so as the population ages and more people are using the system. Washington's Medicare spending grew nearly 6% per year

¹² (Workforce Training and Education Coordinating Board, 2010):

<http://www.wtb.wa.gov/Documents/HCTF2010AnnualReport.pdf>

¹³ (Washington State Hospital Association, 2003): http://www.wsha.org/files/62/Biz_Caring.pdf

¹⁴ (Washington Research Council, 2008): <http://www.researchcouncil.org/washace-publications/Healthcare%20Trends%202008%20Final.pdf>

from 1991 to 2004.¹⁵ Significant cuts to Medicare Part B physician payments have been proposed every year since 2002. Currently, in Snohomish County, many medical clinics and physicians in private practice do not accept new Medicare patients. Only 57% of doctors accept Medicare patients. The reason is that Medicare reimbursement does not cover the actual cost of services; a medical clinic administrator in Edmonds comments that her clinic loses about twelve dollars on every Medicare visit, not including physician's wages—some doctors lose more. This Health Care issue is of special concern in a time when aging baby boomers are nearing Medicare eligibility.¹⁶

Snohomish County is quickly becoming a regional Health Care hotspot, with many hospitals and health care centers receiving national attention. Providence Everett Medical Center was named one of the nation's 100 Top Hospitals by Thomson Healthcare, and a Distinguished Hospital by the Healthgrades organization.¹⁷ The Wound Care Center at Cascade Valley Hospital is ranked in the top twenty in the United States.¹⁸ Everett has become one of the world's few research centers for brain cancer, thanks to the Pacific Northwest Brain Tumor Alliance formed in 2007. The Alliance partners with the Providence Regional Cancer Partnership in Everett, housed in a recently opened \$62 million treatment center.¹⁹ Further, the Providence Regional Cancer Partnership won two national excellence awards for its awareness campaign.²⁰

When Snohomish County's population reaches one million 30 years from now, local hospitals will be ready. The Providence Everett Medical Center is finishing construction on a \$500 million, 680,000 square-foot, 368-bed medical tower to open in 2011. The tower will be filled with the latest diagnostic and treatment equipment and a highly trained team of physicians, nurses, and support staff.²¹ Cascade Valley Hospital opened the doors of the hospital's new \$46 million expansion designed to provide even better care for the hospital's 70,000 patient per year, as well as providing space to manage care for future growth.²² Swedish Health Services announced it plans to open a new south Snohomish County emergency center and medical care facility by the end of 2010 to provide increased access to rapid health care for residents of the area.²³

¹⁵ (Washington Research Council, 2008): <http://www.researchcouncil.org/washace-publications/Healthcare%20Trends%202008%20Final.pdf>

¹⁶ (Smith, 2008): <http://heraldnet.com/article/20080506/LIVING/321435388/1042/LIVING02#Medicare.woes.way.past.easy.patch.job>

¹⁷ (Providence Health Services, 2008): <http://www.providence.org/everett/news/Top100Hospitals.htm>

¹⁸ (Wolcott, 2008): <http://www.heraldnet.com/article/20080730/SCBJ02/464408714>

¹⁹ (Wolcott, 2008): <http://www.heraldnet.com/article/20080730/SCBJ02/872494750/-1/scbj>

²⁰ (Wolcott, 2009): Link not available

²¹ (Wolcott, 2008): <http://www.heraldnet.com/article/20080730/SCBJ02/190219727&template=SCBJart>

²² (Dehm, 2010): <http://snohomishcountybusinessjournal.com/article/20100201/SCBJ01/100129856>

²³ (Wolcott, 2010): <http://www.snohomishcountybusinessjournal.com/article/20100201/SCBJ11/100129841/-1/SCBJ11>

Snohomish County Outlook

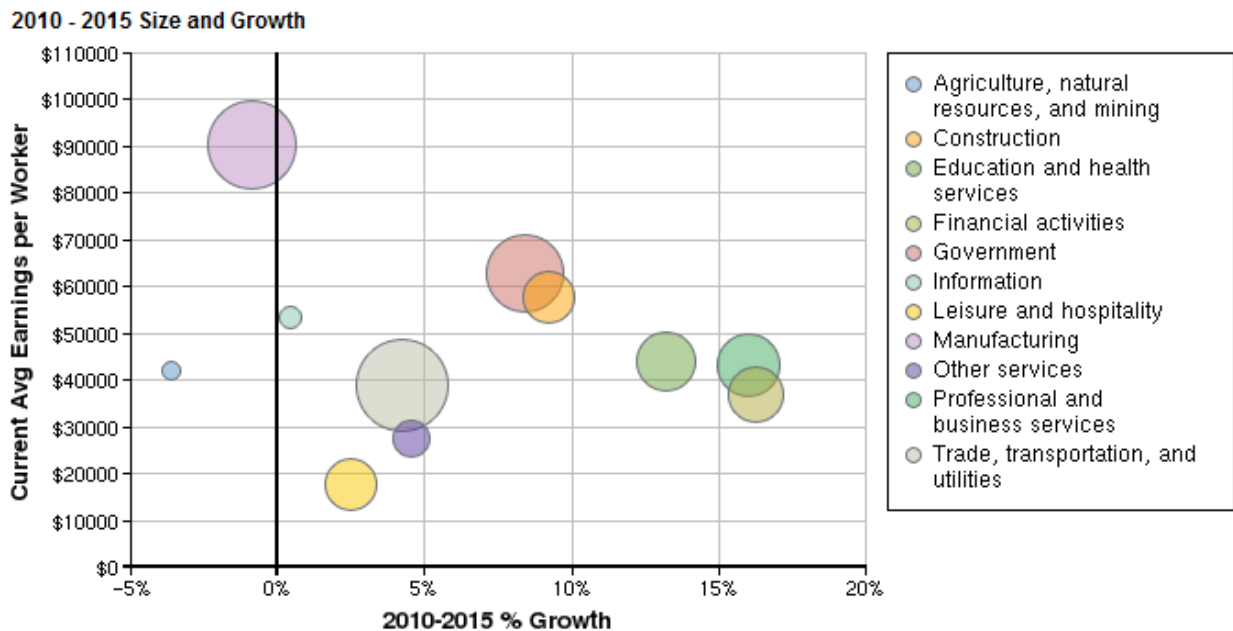
Health Care Forecast

Data forecasts high growth in the number of workers in Health Care industries in the next five years, as shown in the table below.²⁴

NAICS Code	Industry Title	2010 Jobs	2015 Jobs	% Change	Earnings Per Worker
6211	Offices of physicians	4,091	4,902	20%	\$92,154
6212	Offices of dentists	2,153	2,451	14%	\$44,841
6213	Other health care practitioners (chiropractors, optometrists, mental health, physical/occupational/speech therapy, audiologists, podiatrists, other)	3,150	3,762	19%	\$39,630
6214	Outpatient care centers (family planning, outpatient mental health, substance abuse, HMO medical centers, kidney dialysis centers, freestanding ambulatory surgical and emergency centers, other)	1,121	1,232	10%	\$62,526
6216	Home health care services	1,773	2,200	28%	\$55,435
6219	Ambulance services	545	522	(-4%)	\$51,461
6221	General medical and surgical hospitals	3,701	3,933	6%	\$63,994
6222	Psychiatric and substance abuse hospitals	--	--	--	--
6223	Specialty hospitals	--	--	--	--
6231	Nursing care facilities	2,635	2,946	12%	\$40,901
6232	Residential mental retardation, mental health, and substance abuse facilities	288	257	(-11%)	\$34,971
6233	Community care facilities for the elderly (continuing care, homes)	1,922	1,953	2%	\$27,872
6239	Other residential care facilities	68	37	(-46%)	\$45,828
6241	Individual and family services (child, youth, elderly, people with disabilities, other)	4,108	5,207	27%	\$23,948
6242	Community food and housing, and emergency and other relief services	307	380	24%	\$31,199
6243	Vocational rehabilitation services	707	812	15%	\$31,741
6244	Child day care services	2,585	2,478	(-4%)	\$16,091
		29,376	33,355	14%	\$46,029

²⁴ (Economic Modeling Specialists, Inc, 2010): Not available without a paid subscription

The figure below indicates that Health Care (green) shows one of the highest growth rates and moderate Earnings per Worker compared to other clusters in Snohomish County.²⁵



Training and Educational Needs

A substantial slice of the state's workforce toiled in low-wage or entry-level jobs, unable to take advantage of the rising number of higher paying Health Care openings. With targeted education and training, these workers could be prepared to fill these in-demand positions, boosting their wages and quality of life. Fortunately, students preparing for a career in Health Care can enter many types of programs leading to good jobs and a certificate or a degree at the associate, baccalaureate, or graduate level.²⁶

Historically, employers in the Health Care cluster have expected to find qualified candidates that are trained and educated prior to being recruited. However, as a result of workforce shortages in many occupations within this cluster, employers now have to consider other options for training and developing their employees. Recently, human resource directors at larger Health Care facilities have implemented employee training and development strategies such as internal training programs and career ladders where applicable. While employers may use these strategies, it is still easier for them to have qualified candidates enter into positions in the first place. The shortage in specific occupations, namely nurses and

²⁵ (Economic Modeling Specialists, Inc, 2010): Not available without a paid subscription

²⁶ (Workforce Training and Education Coordinating Board, 2010):
<http://www.wtb.wa.gov/Documents/HCTF2010AnnualReport.pdf>

therapists, provides a unique opportunity to work with the Health Care community to properly train enough local residents to prepare for growth within this cluster.²⁷

Consistent with workforce development trends in all clusters, demand is increasing for technical training opportunities, such as training of magnetic resonance imaging and other radiology technology skills. Certain employers in the Health Care cluster have already indicated a need for more training in other specialized areas besides radiology, including emergency services and cardiac recovery.²⁸

The nature of Health Care makes it difficult to develop career ladders for most occupations. Moreover, because of the length and regulation of the education required and the length of time it takes to be admitted into a training program, career and wage progression are often not quickly attained. However, career ladders and wage growth opportunities do exist with a longer-term approach and commitment.²⁹ Despite the inherent challenges, it would be highly beneficial to create career ladders by increasing access to education and providing innovative training programs. One idea is to offer programs that allow medical assistants to attend school at night to become radiology technologists, or provide classes on weekends so nursing aides can become licensed vocational nurses.³⁰ Some hospitals have formed consortia to share the costs of continuing education, specialty training and certification, and residency training to address the skill gaps between graduate nurses and the needs of employers. Hospitals are also reaching out to community colleges to share the costs; this collaboration allows the colleges to better fulfill their mission of responding to the education and training needs of the community. Distance learning opportunities would help increase faculty capacity to educate nurses.³¹

In 2009, the Washington State Health Care Personnel Shortage Task Force set new priorities for addressing educational capacity challenges, recruitment, and local priorities. The plan contains 32 strategies and outcome measures to track progress. Goal of the plan include: increase educational capacity in Health Care training programs to enable more people to gain qualifications to work in Health Care occupations; recruit more individuals, especially targeted populations, into Health Care occupations, and promote adequate preparation prior to entry; develop a data collection and analysis system to assess Health Care workforce supply and demand; retain current Health Care workers; enable local communities and organizations across the state to implement strategies to alleviate the Health Care personnel

²⁷ (Godbe Research, 2004): Print report available from WDC

²⁸ (Godbe Research, 2004): Print report available from WDC

²⁹ (Workforce Development Council of Seattle-King County, 2005): <http://www.seekingwdc.org/pdf/initiatives/healthcare.pdf>

³⁰ (Godbe Research, 2004): Print report available from WDC

³¹ (Washington State Hospital Association; Association of Washington Public Hospital Districts, 2001): http://www.wsha.org/files/62/PS_Report.pdf

shortage in their areas; and ensure continued collaboration among stakeholders to meet Washington's future health workforce needs.³²

Local education and workforce partners have stepped up to the challenge of attracting more workers into this cluster. The Master Plan for Nursing Education has been in development for the past two years through dialogue among multiple stakeholders. The Department of Health contracted with the Washington Center for Nursing to develop an overall plan for nursing education in the state. The Master Plan proposes a set of overlapping strategies focusing on four areas: continuing competency of the nursing workforce, adequate supply of nurses, diversity among the nursing workforce, and enhancing access to nursing educational programs.³³

The Snohomish County Health Services Careers Partnership (HSCP) was a temporary, grant funded project formed in 2003 to address the Health Care workforce shortage. The HSCP was one of twelve Health Care industry skills panels in Washington. The HSCP included Health Care professionals, educational representatives, and other key stakeholders who sought to address Health Care workforce demands through: developing and maintaining private and public partnerships to respond to the Health Care industry workforce needs, increasing training capacity in high-demand Health Care occupations, supporting recruitment and retention strategies within the Health Care cluster, attracting a more diverse audience into Health Care occupations, and developing and communicating career planning materials. HSCP hosted a nursing conference, met with other Health Care skills panels across Washington, sponsored a survey to uncover the extent of Health Care workforce shortages, and supported various program across Snohomish County.³⁴

Though the HSCP is no longer active, local schools house programs that prepare students for careers in Health Care. Edmonds Community College offers an Associate in Pre-nursing Degree and certificates as a clinical lab assistant, EKG technician, health unit coordinator, medical information technology worker, nurse assistant, patient care technician, pharmacy technician, phlebotomy technician, and practical nurse.³⁵ Everett Community College offers programs in nursing, health sciences, medical coding, and medical transcription.³⁶ The University of Washington's Department of Health Services prepares future health practitioners, managers, and researchers for careers in health system management, program design and evaluation, health promotion, policy analysis, and public health practice and research. The Department of Health Services offers undergraduate, graduate, PhD, and postdoctoral programs.³⁷

³² (Workforce Training and Education Coordinating Board, 2010):

<http://www.wtb.wa.gov/Documents/HCTF2010AnnualReport.pdf>

³³ (Washington Center for Nursing, 2008): www.centerfornursing.org

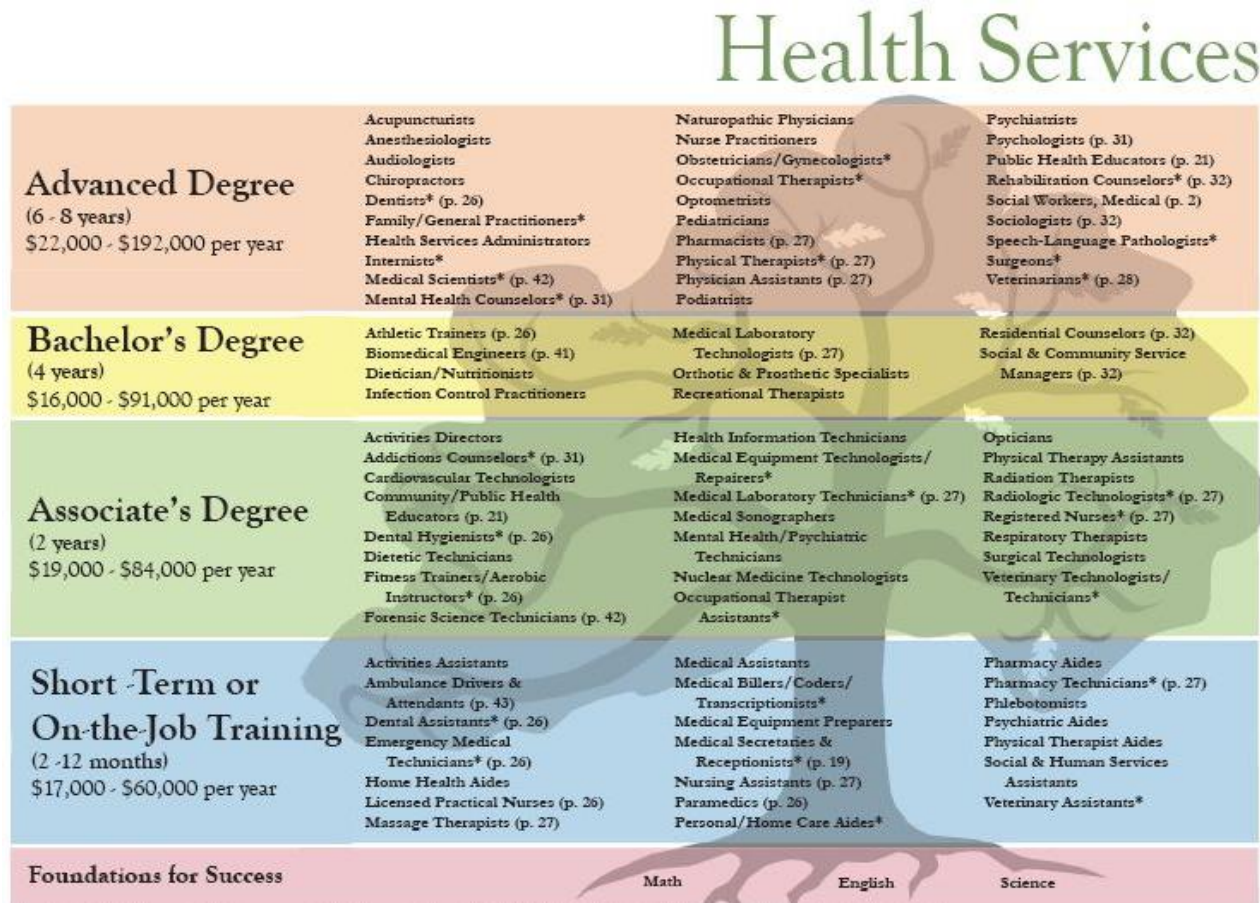
³⁴ (Workforce Development Council Snohomish County, 2008): <http://www.wdcsc.org/>

³⁵ (Edmonds Community College, 2008): <http://www.edcc.edu/>

³⁶ (Everett Community College, 2008): <http://www.everettcc.edu/>

³⁷ (University of Washington School of Public Health and Community Medicine, 2008): <http://depts.washington.edu/hserv/>

The Health Services Career Tree, below, depicts experience required and potential earnings for occupations within this cluster.³⁸



Innovation and Entrepreneurship in Health Care

In the rapidly changing Health Care cluster, technological advances have made many new innovative procedures and methods of diagnosis and treatment possible. Clinical developments, such as infection control, less invasive surgical techniques, advances in reproductive technology, and gene therapy for cancer treatment continue to increase longevity and improve the quality of life of many patients. Innovations in medical technology have also improved the survival rates of trauma victims and the severely ill. In addition, innovations in Health Care information technology has improved patient care and worker efficiency with devices such as hand-held computers for recording notes regarding each patient.³⁹ Health Care innovations are not limited to new tools and methods of treating patients; new processes are also important if this cluster is to thrive into the future. Cost containment is shaping the Health Care cluster, as shown by the growing emphasis on providing services on an outpatient, ambulatory basis;

³⁸ (Workforce Development Council Snohomish County, 2007):

http://careertrees.org/history/documents/originalcareertrees_000.pdf

³⁹ (U.S. Department of Labor, 2008): <http://www.bls.gov/oco/cg/cgs035.htm>

limiting unnecessary or low-priority services; and stressing preventative care, which reduces the cost of untreated medical conditions and hospital visits. Enrollment in managed care programs and the use of integrated, streamlined delivery systems continues to expand. These process-related innovations are reshaping the manner in which Health Care is provided.⁴⁰

Society's demands and expectations have led to transformational change in the Health Care cluster, thus providing the environment for entrepreneurship to thrive. New and innovative organizational forms have flourished, particularly in communities where the spirit of entrepreneurship is strong.⁴¹ The number of physicians participating in entrepreneurial ventures has been growing at an unprecedented rate and these physicians are steadily becoming rivals to established Health Care providers. Physician-owned services and specialty hospitals are increasingly capturing a large portion of Health Care dollars. In response to this movement, many universities in the United States are now offering MD-MBA programs, preparing entrepreneurial physicians to seize new business opportunities.⁴²

In addition to pursuing entrepreneurial health care options, people are turning toward health modalities that might have been thought of as alternatives. Naturopathic doctors, herbalists, and others have moved into the mainstream, and many major health insurance companies now cover massage, chiropractic, and acupuncture services.⁴³

Sustainability in Health Care

CleanMed is the largest and premier conference for environmentally preferable practices and green building in Health Care. The mission of the conference is to provide a prominent forum where health care professionals, university researchers, designers of professional buildings, and vendors can discuss how to protect the health of patients and workers by lowering exposure to hazardous chemicals and materials, creating safer environments, and preventing pollution in their communities. Industry leaders come from around the globe to discuss the latest trends in: nutritious and sustainable food systems, energy efficiency, green building, safer materials and healthy chemical policies, green electronics, medical waste treatment and disposal, and waste reduction and recycling. The role of the Health Care professional in creating healing environments is also a top priority as the industry recognizes the importance of engaging staff and senior administrators in developing sustainable practices within facilities.⁴⁴

⁴⁰ (U.S. Department of Labor, 2008): <http://www.bls.gov/oco/cg/cgs035.htm>

⁴¹ (Carr, Topping, Woodard, & Burcham, 2004): http://findarticles.com/p/articles/mi_ga5383/is_200401/ai_n21342866

⁴² (Cappel, Waiker, & Tucci, 2006): http://findarticles.com/p/articles/mi_m1TOL/is_11/ai_n25009517?tag=rel.res3

⁴³ (Harper, 2008): <http://www.snohomishcountybusinessjournal.com/article/20080730/SCBJ01/670521047>

⁴⁴ (CleanMed2008, 2008): <http://www.cleanmed.org/2008/home.html>

There is an increasing trend toward building green Health Care facilities. In 2008, three times as many Health Care organizations are expected to be involved with green building than in 2007. Green Health Care facilities reduce energy use which leads to lower operating costs and public relations benefits. A more compelling side effect of green building is improved air quality which significantly speeds patient recovery time and encourages patient health. Many Health Care facilities cite patient well-being as an important reason to go green, and a reason why spending funds on such ventures is essential.⁴⁵

Dentists across the county are going green as well. Instead of traditional x-rays, new technology is used to produce digital x-rays that emit 90 percent less radiation, require no chemicals to be processed, and rely on reusable x-ray plates. Also, equipment is available to keep the mouth moist during treatment without using lots of water, saving a gallon of water per minute.⁴⁶ Other environmentally friendly dental practices include using steam-based instrument sterilization to eliminate the use of chemicals, using a special filtration system for disposal of old mercury fillings, using biocompatible dental materials that won't cause adverse reactions in the body, and giving patients all-natural toothpaste and toothbrushes made from recycled materials.⁴⁷

Conclusion

Health Care is often described as a product, though it is much more than that. In actuality, Health Care is a flourishing segment of Snohomish County's economy. Even as medicine advances technologically, Health Care practitioners will remain the backbone of this cluster.⁴⁸ Employment in Health Care will only continue to grow over the next decade, with promising job opportunities in all employment settings. Health Care workers at all levels of education and training can expect to be in demand.⁴⁹ This cluster will continue to flourish as Health Care continues to be of vital importance to Snohomish County.

⁴⁵ (McGraw Hill Construction, 2007): <http://www.mcgraw-hill.com/releases/construction/20070517.shtml>

⁴⁶ (Dunmall, 2008): http://www.plentymag.com/features/2008/03/green_dentist_in_the_uk.php

⁴⁷ (McCarthy, 2008): <http://www.sprig.com/experts/129/>

⁴⁸ (Washington State Hospital Association; Association of Washington Public Hospital Districts, 2001): http://www.wsha.org/files/62/PS_Report.pdf

⁴⁹ (U.S. Department of Labor, 2008): <http://www.bls.gov/oco/cg/cgs035.htm>