

Washington's Health Workforce Sentinel Network *Findings Brief: Community Health Centers*

This Findings Brief highlights current workforce needs reported by Community Health Centers (federally qualified health centers and community clinics providing care free or on a sliding fee scale) in Washington State during October and November 2021. More findings from 2021 and earlier may be viewed at <https://www.wa.sentinelnetwork.org/findings/>.

Community Health Centers' current pandemic-related concerns are summarized below. Earlier pandemic-related findings may be viewed at www.wa.sentinelnetwork.org/findings/covid-19/.

Effects of the COVID-19 pandemic reported by Community Health Centers* : Themes and examples

How have your facility's staffing arrangements/configurations affected your ability to respond to patient demand during the past 6 months?

Staffing challenges and increasing patient loads have led to longer waits in decreased service days in some cases.

- Demand for medical/dental/pharmacy [services] have started to climb back to pre-pandemic levels, so staffing shortages are posing more of a challenge.
- There have been many times when patients needed to be cancelled or rescheduled due to provider illness/quarantine for possible COVID.
- Some [of our] clinics do not provide Saturday coverage anymore due to staff shortages due to COVID.

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

- Increased wage for critical roles as well as additional training for supervisors.
- Relook at subsidies for those working in rural areas and for those needing to recruit to rural areas.
- More training and support for childcare centers to support working families.
- Just need more programs pumping out new graduates [Dental hygienists, Family medicine physicians, MAs].

How has the pandemic affected your ability to support educational/training opportunities?

Most are trying to continue education programs for new students, but at a limited capacity.

- We have significantly decreased the number of students we work with because of the increased risk in exposing our patients and employees to COVID by students and because our supervising staff and preceptors are burned out.
- In our largest clinics, we have had to reduce the number of students for social distancing purposes. In smaller clinics we have been able to keep some.

To what extent has your organization used recruitment incentives like sign-on bonuses during the pandemic?

What recruitment strategies have been most successful?

Many report offering sign-on bonuses, but most did not indicate how effective these strategies have been.

- We offer signing bonuses for all positions now, where we did not before. We also offer recruitment bonuses for staff who refer-a-friend to our organization..
- MA's, DA's mostly, Physicians, Physician Assistants or Nurse Practitioners also. We offer more to those who have externed with our clinics and were hired within 6 months.
- We've raised most of our signing bonuses to record-high levels...They have not had much impact in finding candidates.

Have you implemented new retention strategies during the pandemic? Please describe.

A few respondents mentioned increased wages, but most cited other efforts, including a focus on supervisors.

- Flexible scheduling, hybrid work from home options, vacation cash-out options.
- Additional onboarding time for supervisors, additional HR Business Partner attention for supervisors, and additional training for supervisors.
- Continued focus on retention and training to the leadership team as well as staff.

Compared with 2 years ago, how would you describe the number of vacancies you're now trying to fill?

Most report a significant increase in the number of vacancies, often due to higher turnover rates due to salary/wage issues, burnout, fear of COVID and lack of childcare, among other issues.

*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

Community Health Centers (Fall 2021)

Between 2016 and 2021, over the course of 11 reporting periods, Community Health Centers and other health care facilities in Washington shared information about their workforce needs to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More Community Health Center findings, along with those from other health care facilities, are at wa.sentinelnetwork.org.

Top occupations cited as having exceptionally long vacancies by date of reporting*									
Rank	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020	Spring 2021	Fall 2021	
1	Physician/ Surgeon	Medical assistant Physician/ Surgeon	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Registered nurse	Medical assistant	Registered nurse Medical assistant	
2	Social worker	Dental assistant	Registered nurse	Physician/ Surgeon	Dental assistant	Mental health counselor	Registered nurse	Physician/ Surgeon	
3		Registered nurse		Dental assistant	Medical assistant		Physician/ Surgeon	Mental health counselor	Dental assistant
		Mental health counselor		Registered nurse	Nurse practitioner		Physician Assistant	Physician/ Surgeon	Dental hygienist
4	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Dental assistant	Chem. dependency professional	Dentist	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	SUDP**	
5			Mental health counselor	Nurse practitioner				Dental hygienist	Dental hygienist
			Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency			Multiple occupations cited at same frequency	

↑ Most cited

Note: Includes Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale
 * Summer and Winter 2016 not shown due to space limitations. Spring 2020 findings not shown due to low response.
 **Substance Use Disorder Professional (formerly called Chemical dependency professional)

Demand for healthcare workforce reported by Community Health Centers*

Most respondents report increased patient need across many service areas, which leads to higher workforce demand

- [RN, LPN, MA, NAC] Increased duties with COVID testing and vaccine clinics.
- [SUDP] Behavioral Health needs have increased during the pandemic which in turn requires more Behavioral Health providers to meet those needs. Substance abuse specifically has increased during the pandemic.
- [Dental hygienist, Dental assistant] Our clinic is one of the only dental clinics within our area that will see patients who are uninsured or using Medicaid. Dental care continues to be the number 1 need for our area.
- [Medical assistant] With increase in the community seeking COVID testing, vaccines, and behavioral health services it has increased our need for support staffing to meet the demand during the pandemic.
- [Social worker] Patients are experiencing more depression, lacking social interaction, in some cases putting off procedures or treatments, care they need.
- [Medical assistant] There is always a need for medical assistants.

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Community Health Centers (Fall 2021)

Reasons for vacancies reported by Community Health Centers*

Most reported that difficulties in filling vacancies were related to salary/wage demands.

- *[Multiple occupations] Hardly anyone is applying and if someone qualified does apply they want more money than we are offering.*
- *[Multiple occupations] The reimbursement structure at FQHCs [make it difficult] to offer competitive salaries while remaining fiscally sustainable..*
- *[Medical assistant] High demand in the area. Hospital is higher pay and bigger sign on bonus.*
- *[Home health aide or Home care aide] Hard to recruit to a town where you can't buy a home and be so far away from their families.*

Reasons for worker retention/turnover problems reported by Community Health Centers*

Some, but not all, turnover issues were related to the COVID-19 pandemic

- *[Social worker] Too much work and not enough staff to do it. Increased duties due to COVID.*
- *[Nurse practitioner] Our NPs are burned out. They are struggling with the workload and stress of COVID.*
- *[Community health worker] Turnover in this group has been higher due to lower wages and opportunities elsewhere in the community for higher wage jobs.*
- *[Registered nurse] more people leaving for higher pay and more work flexibility (less hours, fewer patients, etc.).*

Changes in Community Health Centers' priorities* regarding orientation/onboarding for new employees and training for existing/incumbent workers

The content of onboarding and training sessions focus primarily on COVID-19 protocols

- *In accordance with the vaccine mandate, now requiring proof of vaccination for employment.*
- *[New training program] includes training on telehealth.*
- *Everyone has been trained regarding screening patients for COVID and regulations regarding PPE.*

Changes to the way information is delivered have been necessary

- *Now [onboarding] is held virtually for a whole day instead of in person.*
- *During the pandemic we briefly suspended in-person onboarding, but for fully vaccinated staff we have returned to in-person onboarding.*

New roles for existing employees and new occupations hired by Community Health Centers*

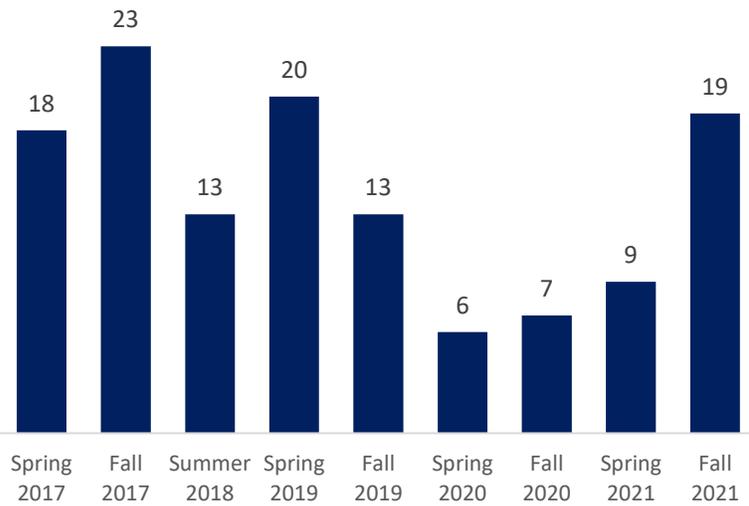
Many facilities assigned new roles for door screening or other COVID-related activities.

- *[Social worker] Completing duties to screen patients coming to clinic for an appointment (screening table).*
- *[Registered nurse] Had to turn on ambulatory nurse into our covid coordinator nurse.*
- *[Medical assistant] Some roles were shifted to be more COVID specific, like the creation of our testing sites.*
- *[Registered nurse] Home visits for Covid vaccines.*

*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

Community Health Centers (Fall 2021)

Number of Sentinel Network Responses from Community Health Centers* in WA by Data Collection Date**



Number of Community Health Centers* Responses by Accountable Community of Health (ACH) (Fall 2021)



*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

** Summer and Winter 2016 findings not shown due to space constraints

About the Washington Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers, with a focus on identifying newly emerging skills and roles required by employers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington's Center for Health Workforce Studies. Funding to initiate the Sentinel Network came from the Healthier Washington initiative, with ongoing support from Governor Inslee's office and the Washington State Legislature.

Why become a Sentinel? As a Sentinel, you can:

- Communicate your workforce needs and ensure that the state is prepared to respond to the transforming healthcare environment.
- Have access to current and actionable information about emerging healthcare workforce needs.
- Compare your organization's experience and emerging workforce demand trends with similar employer groups.

To view an interactive summary of findings and to provide information from your organization: www.wa.sentinelnetwork.org.

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