

## 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 May/June 2022. More findings from 2022 and earlier may be viewed at <https://www.wa.sentinelnetwork.org/findings/>.

Community Health Centers' responses to questions about current overarching and pandemic-related workforce issues are summarized below. Earlier pandemic-related findings may be viewed at [www.wa.sentinelnetwork.org/findings/covid-19/](http://www.wa.sentinelnetwork.org/findings/covid-19/).

### Overarching and Pandemic-Related Workforce Issues: Themes and examples

#### **What strategies has your organization used over the past 6 months to cover worker absences and fill vacancies caused by worker turnover? How successful have these strategies been?**

Almost all report using staffing agencies and other strategies to fill gaps, with mixed results. Some adjusted clinic hours.

- We have been working with several temp agencies to help fill gaps, started using MA-R trainees in the clinic, are actively working on recruiting and training staff how to be more effective recruiters.
- Temp agencies we contacted are not able to place MA, DA in clinics due to lack of talent and those who could place, it was for acute settings who could pay the "covid" rate (\$30/hr).
- Staffing agencies, hiring temporary workers, and trying to recruit new employees. The clinical staffing shortages extends to... staffing agencies.
- Recruited new staff, used recruiting and locum agencies, changed clinic hours and consolidated staff when needed.

#### **What employee benefits are, or would be, the most helpful to improve your facility's ability to retain its workforce? If you have been able to implement or increase access to any of these benefits within the past 6 months what effect have they had on retention?**

- Higher pay, cheaper family benefits, childcare, flexible schedules, remote options.
- Subsidized childcare would be the greatest benefit. We are looking at ways to offer this.
- Added COVID PTO bank for each employee to use as needed for a COVID-related absence. This benefit expires in June.
- Enhanced health insurance package, improved life insurance, expanded time off policies and the addition of paid holidays. An increased student loan repayment program and tuition reimbursement have been added. This has resulted in increased retention and greater interest from outside candidates.

#### **What are your top workforce needs that could be alleviated by new or modified policies, regulations, and/or payment rules?**

- Reimbursement for healthcare is low in general, providers can't see enough patients to show a profit. Many services are not billable.
- License reciprocity, particularly for mental health and nurses. Accepting licenses from other states while WA license is pending.
- Need quicker licensing process for MAs (new grads waiting 2+ months for MA-C). Mandating 2k+ hours of work to obtain LICSW creates a hardship for those not able to find work.

#### **How would you describe your facility's use of telehealth/virtual visits now compared with your use a year ago? If your organization provides telehealth/virtual visits, how would you describe the impact on recruiting and retaining your workforce?**

Only 1 respondent (out of 14) said their organization does not provide telehealth services; two-thirds said they provide telehealth, but less than a year ago; the remaining ~30% said they provide telehealth the same or more than a year ago.

- The ability to provide telehealth services has been very helpful in retaining providers during the pandemic when they could work remotely. It's also helped our patients access services on a regular basis.
- Our increased telehealth/virtual visits have mainly been in the mental health area, which has had a positive impact on other providers as we... are able to further our integrated health model.

## Community Health Centers (Spring 2022)

Between 2016 and 2022, over the course of 12 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](http://wa.sentinelnetwork.org).

Top occupations cited as having exceptionally long vacancies by date of reporting*								
Rank	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020	Spring 2021	Fall 2021	Spring 2022
1	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Registered nurse	Medical assistant	Registered nurse	Registered nurse
	Physician/ Surgeon						Medical assistant	
2	Dental assistant	Registered nurse	Physician/ Surgeon	Dental assistant	Mental health counselor	Registered nurse	Physician/ Surgeon	Physician/ Surgeon
	Registered nurse		Dental assistant	Medical assistant				
				Registered nurse				
3	Mental health counselor	Medical assistant	Mental health counselor	Mental health counselor	Physician/ Surgeon	Multiple occupations cited at same frequency	Dental assistant	Dental assistant
	Nurse practitioner			Dental hygienist			Office staff / front desk / scheduler	
							Nurse practitioner	
4	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**	Dental hygienist
		Mental health counselor	Nurse practitioner				Dental hygienist	Mental health counselor
							Dental hygienist	Dental hygienist
5	Multiple occupations cited at same frequency	Psychologist, clinical and counseling						

↑ Most cited

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

\* Findings prior to Fall 2017 not shown due to space constraints and may be seen at [wa.sentinelnetwork.org](http://wa.sentinelnetwork.org). Spring 2020 findings not shown due to low response.

\*\*Substance Use Disorder Professional (formerly called Chemical dependency professional)

### Reasons for exceptionally long vacancies reported by Community Health Centers\*

Many reported salary/wage demands as hampering hiring, but other reasons were also cited.

- [Multiple occupations] Due to the location being rural, an overall national shortage in the field, and the desire of a highly competitive compensation package.
- [Dental assistant] Shortage industry-wide makes it hard to stay competitive with wages, benefits and location. Statewide vaccine mandate also a challenge. We have recently instituted a Dental Assistant Training Program that is receiving a good response and increasing our numbers.
- [Dental hygienist and Dental assistant] No schools close enough.
- [Multiple occupations] We are in direct competition with large hospital systems and other CHC organizations that are able to pay higher wages with higher sign-on bonuses.
- [Mental health counselor, Social Worker and Marriage and family therapist] National provider shortage and increased hiring competition. Availability for remote work when [our organization] does not allow remote option.
- [Medical Assistant] MA shortage, hiring competition. [Our organization] trains new, inexperienced MAs, and they are recruited by other providers who are able to offer higher wages.

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

## Community Health Centers (Spring 2022)

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

Employee response to COVID-19 continues to affect turnover, but other reasons are becoming more prevalent.

- [Medical assistant] Covid and family lifestyle reasons are the largest reason for turnover.
- [Family medicine physician] Some professional staff have had more stress and demands. Some have chosen to work PT or leave the area for Telehealth only work.
- [Substance abuse & behavioral disorder counselor] We've had some employee turnover due to over-extended workload.
- [Registered nurse] A few were on maternity leave and never came back. They burnout and then leave us for a higher paying job.

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

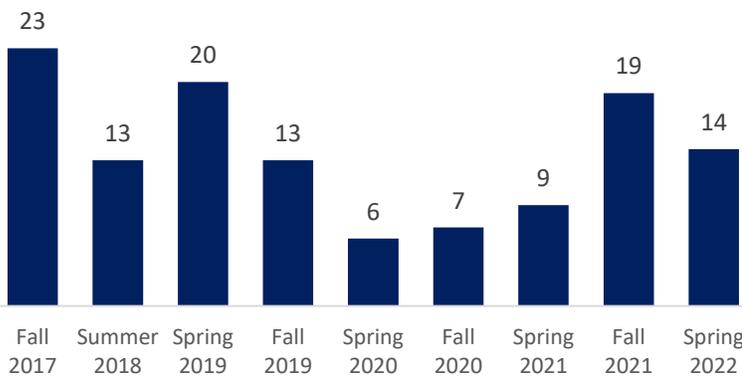
Updating COVID-19 protocols seems to be less of an emphasis than in previous months (although it is still a priority).

- [All occupations] Government regulations are always changing which causes onboarding and training to be updated.
- [Managers/Supervisors] We're working on strengthening management and leadership skills: setting clear expectations, giving tools and guidance, helping them learn performance management and skill development.
- [Nursing] Pre-employment job shadows with the team.
- [All occupations] COVID protocols for patient/client safety.

### New healthcare occupations that were not previously employed by responding Community Health Centers\*

- [Case manager - Health Care for the Homeless (HCH)] Liaisons for our homeless population and surrounding community. Provides outreach and information to serve and increase our patient population while building trust and relationships.
- [Transportation driver] Provides non-medical transport for our patients that have challenges getting to our facilities.
- [VP Population Health Management] This position guides population health strategy and related value-based payment and care management initiatives across the enterprise.

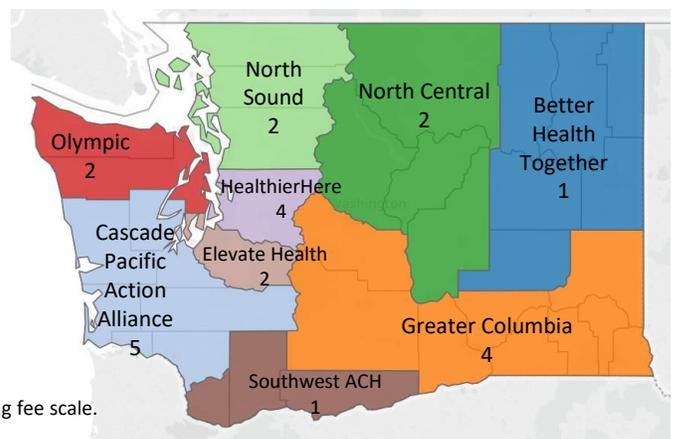
**Number of Sentinel Network Responses from Community Health Centers\* in WA by Data Collection Date\*\***



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

\*\* Responses prior to Fall 2017 not shown due to space constraints.

**Number of Community Health Centers\* Responses by Accountable Community of Health (ACH) (Spring 2022)**



### 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](http://www.wa.sentinelnetwork.org).

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