

## Washington's Health Workforce Sentinel Network *Findings Brief: Rural Health Clinics*

This Findings Brief highlights current workforce needs reported to the state's Health Workforce Sentinel Network by Washington's rural health clinics during October/November 2023. Between 2016 and 2023, over the course of 15 reporting periods, rural health clinics and other health care facilities in Washington provided key, on-the-ground information to the Washington State Health Workforce Sentinel Network. Below are highlights of trends over time and recent findings. More findings from 2023 and earlier, as well as for other health care facilities, may be viewed at <https://www.wa.sentinelnetwork.org/findings>

Top occupations with exceptionally long vacancies*				
Rank	Spring 2022	Fall 2022	Spring 2023	Fall 2023
1	Medical assistant	Medical assistant	Medical Assistant	Medical Assistant
		Registered nurse		Physician/Surgeon
		Physician/Surgeon		
2	Registered nurse	Mental health counselor	Office staff/ Front desk staff/ Scheduler	Nurse practitioner
	Physician/Surgeon	Office staff/ Front desk staff/ Scheduler		Registered nurse
3	Licensed practical nurse	Marriage & family therapist	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency
		Nurse practitioner		
4	Office staff/ Front desk staff/ Scheduler	Multiple occupations cited at the same frequency		

← Most cited

\*Rural health clinics were added as a standalone reporting category in Spring 2022. Before that, RHCs were included with primary care clinics. Occupations cited by the same number of responses share the same rank number.

### Reasons for prolonged vacancies reported by rural health clinics

The most cited reason for exceptionally long vacancies as reported by rural health clinics was salary/wage/benefits issues, emphasizing wage competition with other healthcare facilities and geographical constraints.

- *[Physician/Surgeon] We are a small rural community and competing across the country.*
- *[Medical assistant] We cannot compete with hospitals who are offering higher wages, bonuses, and benefits. We have already raised salaries to a rate that we can barely support as it is. We are looking for MAs who instead value our culture and align with our Mission more than they want the higher pay.*
- *[Registered nurse] We have been recruiting for a Clinic Care Coordinator, RN for the past several months. We have decided to hold on filling the position and fill the duties with other staff.*
- *[Office staff] We have lost several staff to higher-paying jobs. We have raised our salaries as high as we can financially sustain right now and are offering other non-tangible benefits such as improved work climate and flexible hours.*
- *[Social worker] We are looking for a specially trained LICSW to work specifically with pediatric patients. We do not have many trained LICSW in our area.*

## Rural Health Clinics (Fall 2023)

Highlights of current workforce needs reported to the state's Health Workforce Sentinel Network by rural health clinics during October/November 2023 (continued).

### Reasons for worker retention/turnover problems reported by rural health clinics

Respondents frequently reported salary/wage/benefits issues as reasons for worker retention and turnover problems, citing wage competition, as well as work/life balance.

- *[Mental health counselor] We lost 4 of our therapists to higher paying jobs being offered at our local community mental health center. We have an Integrated Behavioral Health Therapy program embedded in our pediatric clinic. It has been very difficult finding therapists who (1) have an interest in pediatrics, (2) want to be integrated with a medical practice, (3) want to live in a rural community, and (4) aren't going after the higher salaries that are being offered by stand-alone outpatient mental health facilities.*
- *[Office staff] We have lost several staff to higher-paying jobs. We have raised our salaries as high as we can financially sustain right now and are offering other non-tangible benefits such as improved work climate and flexible hours.*
- *[Medical assistant] We cannot compete with hospitals who are offering higher wages, bonuses, and benefits. We have already raised salaries to a rate that we can barely support as it is.*

### Changes in rural health clinics' priorities regarding orientation/onboarding for new employees

Respondents indicated that they've made changes to scheduling or content, standardizing training across similar occupations.

- *[Marriage and family therapist] More structured orientation and training. We hired a Director of Behavioral Health who helped us shape the program. We are also providing all-staff training in Trauma Informed Care and Cultural Competency.*
- *[Nursing occupations] We have made a standardized training and orientation manual and have assigned Nurse Trainers. We are also providing all-staff training in Trauma Informed Care and Cultural Competency.*
- *[Physician/Surgeon] We have been working on a more robust orientation for physicians that will include a day of orienting to our EMR with our Informatics specialist. Also working as a team to ensure physician mentors are scheduled out accordingly to meet with the new provider on their first day.*

### Changes in rural health clinics priorities regarding training for existing/incumbent workers

- *[Medical assistant] Brought back in person training and workplace safety training.*
- *[Multiple occupations] We are providing all-staff training in Trauma Informed Care and Cultural Competency.*

### New roles for existing employees and new occupations hired by rural health clinics

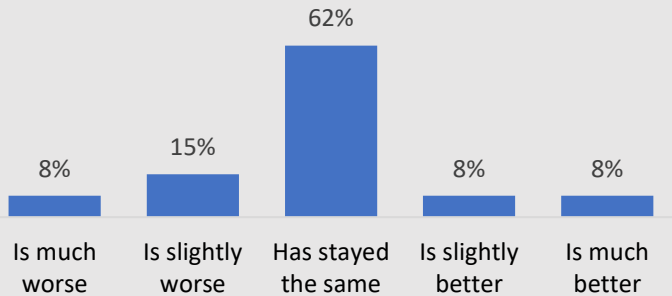
- *[Phone nurse triage] To support incoming calls and improve access for patients*
- *[Community health worker] We use our CHW to help connect families with services determined by SDOH screeners. Our CHW also helps families with making and coordinating appointments if needed, educates families on inappropriate ED use (to help reduce overutilization of the ED). She also supports our Integrated BHT by contacting patients who have no showed their appointments. This was not so much a response to the pandemic as it was a response to a growing number of families with positive SDOH screeners.*

## Rural Health Clinics (Fall 2023)

Responses by rural health clinics to questions about current overarching workforce issues are summarized below. Earlier overarching and pandemic-related findings are at [www.wa.sentinelnetwork.org/findings/covid-19/](http://www.wa.sentinelnetwork.org/findings/covid-19/).

### Overarching Workforce Issues: Themes and Examples

#### In the past six months, how has your organization's ability to staff your facility/facilities changed?



- *[Is much worse] Nurses and MAs are the hardest positions to fill.*
- *[Is slightly worse] With the new Paid sick leave law, a lot of our staff is constantly taking time off.*
- *[Has stayed the same] Able to recruit providers but can't get MAs with experience*
- *[Has stayed the same] We are generally short staffed in clinical areas and are able to more easily hire in support roles.*

#### How has your facility's staffing affected your ability to respond to patient/client demand during the past year?

Some respondents reported delays in care due to staffing shortages, while others report business as usual.

	%	Comments
Delay in care for current patients/clients	31%	<ul style="list-style-type: none"> <li>• <i>Can't get patients in to a provider quickly, especially new patients.</i></li> <li>• <i>While we are accepting new patients, the first appointment is a number of months out.</i></li> </ul>
Inability to take new patients/clients	8%	<ul style="list-style-type: none"> <li>• <i>Since we lost 1/3 of our workforce during the COVID-19 pandemic, we have not been able to accept any new patients. We have had to close some of our clinics multiple days a month due to staffing shortages and our walk-in clinic sometimes cannot be staffed so we have to close it early[...]</i></li> </ul>
Other	8%	<ul style="list-style-type: none"> <li>• <i>The duties of the nurse will be absorbed by other staff in the hospital and clinic.</i></li> </ul>
Reduction in the number of patients/clients you are able to care for (e.g. unit/service line closure)	8%	<ul style="list-style-type: none"> <li>• <i>It closed OB service.</i></li> </ul>
No effect, operations continue as usual	18%	<ul style="list-style-type: none"> <li>• <i>We have been able to staff using double time and incentive pay as to not effect patient care.</i></li> <li>• <i>We continue to have available providers with same day appointments to accommodate.</i></li> </ul>

#### Is your organization assisting workers who are pursuing education or training with the goal of advancing to a higher paying healthcare career?

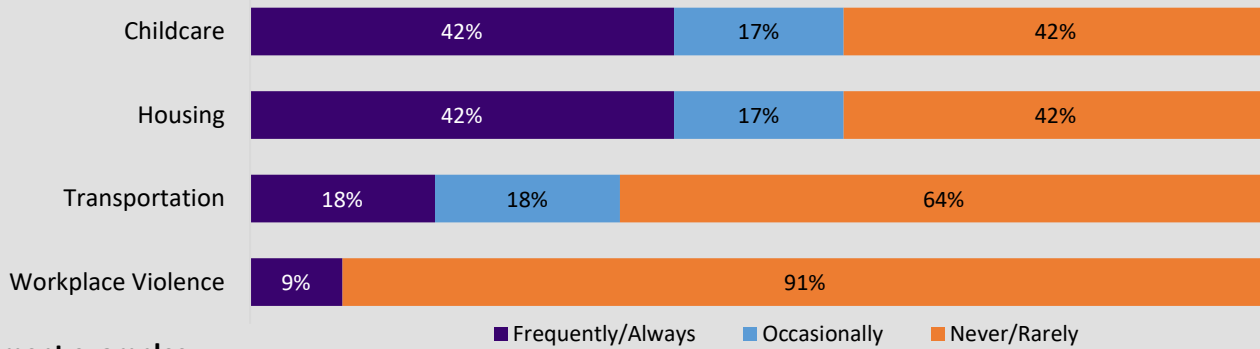
83% of respondents answered “yes” to this question. Of those who answered “yes,” respondents indicated that they offer provide apprenticeship programs, tuition reimbursement, scholarships, CME allowances, and flexible scheduling.

- *MA Apprentice Program, developing a partnership for a CNA training program, tuition reimbursement , our foundation is launching a scholarship program for 2024.*
- *\$3500.00 per year for employees to attend accredited healthcare programs / education.*

Those who answered “no” to this question indicated that they don’t have the funding or flexibility to support these offerings.

## Rural Health Clinics (Fall 2023)

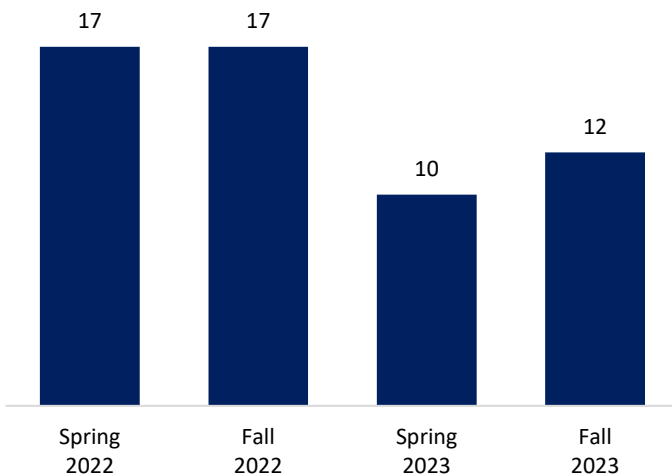
To what extent have childcare, housing, transportation, and/or workplace violence affected your ability to recruit and retain staff in the past year? What strategies have you used to address these challenges?



### Comment examples

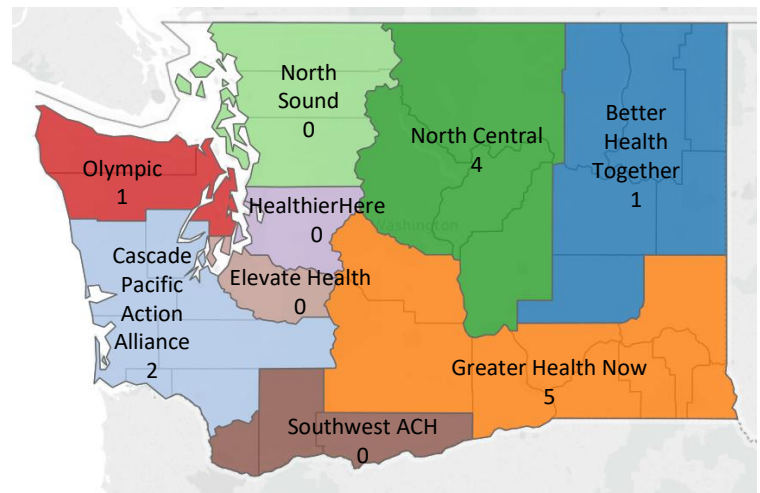
- We have rented several houses in the community to house new providers for 6 months until they can secure permanent housing.
- We looked at commuting benefits, including ride-share and a bus [run by our organization]. We also provided funding for a local childcare facility who gave [our] employees "priority" when placing their kids.
- Childcare center on campus.
- Pay market wages.
- Inventory of available housing, and corresponding impact on pricing [in our area] remains a challenging aspect of recruitment.

### Number of Sentinel Network Responses from Rural Health Clinics in WA by Data Collection Date\*



\*Rural health clinics were added as a standalone reporting category in Spring 2022. Before that, RHCs were included with primary care clinics.

### Number of Rural Health Clinics Responses by Accountable Community of Health (ACH) (Fall 2023)



Note: Each facility may serve clients/patients in more than one county, which is why map totals may exceed total unique responses.

### About the Washington Health Workforce Sentinel Network

The Sentinel Network links the healthcare sector with policymakers, workforce planners and educators to identify and respond to changing demand for healthcare workers. The Sentinel Network is an initiative of Washington's Health Workforce Council, conducted collaboratively by Washington's Workforce Board and the University of Washington 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 organization's workforce needs to inform policy and planning responses.
- 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).

Contact: [healthworkforce@wasentinelnetwork.org](mailto:healthworkforce@wasentinelnetwork.org)

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