

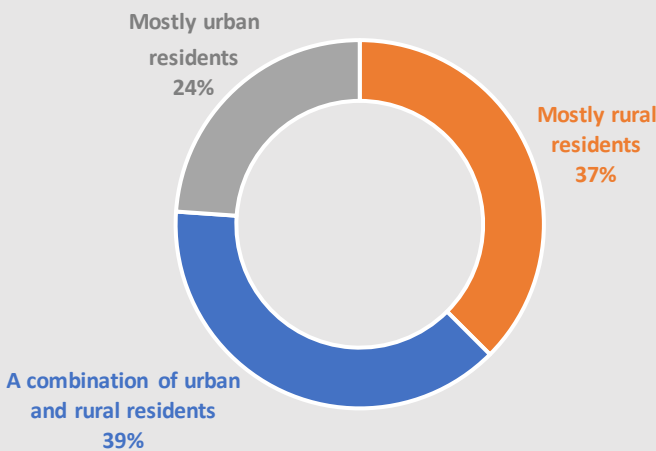
## Washington’s Health Workforce Sentinel Network *Findings Brief: Rural Health Workforce*

Washington’s Health Workforce Sentinel Network links the state’s healthcare industry with partners in education and training, policy, and planning to identify and respond to emerging demand changes in the health workforce. Every six months, employers (“Sentinels”) from across the state and from a wide range of healthcare sectors share their top workforce challenges. This report highlights findings regarding workforce challenges and successes specific to rural-serving healthcare organizations as of Spring 2024. More in-depth findings from 2024 and prior years may be viewed at [www.wa.sentinelnetwork.org/findings](http://www.wa.sentinelnetwork.org/findings).

### Rural Participation in the Sentinel Network – Spring 2024

The Sentinel Network questionnaire asks respondents to report the rural/urban composition of their service area. In Spring 2024, thirty-seven percent of responding facilities indicated that they served **mostly rural residents** of Washington. Unless otherwise indicated, this report highlights responses from facilities that serve **mostly rural residents**.

“In general, does your facility provide services to:” \*



\*Percentages are out of all Sentinel Network responses from Spring 2024

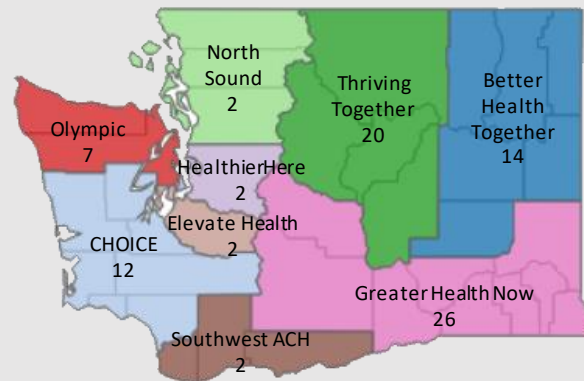
Facility types with the highest percentage of Sentinel Network respondents reporting that they serve **mostly rural residents (MRR)** in Spring 2024:

- Rural health clinics – 100% of respondents serve MRR
- Small hospitals (≤ 25 beds) – 92% of respondents serve MRR
- Mobile crisis outreach teams – 43% of respondents serve MRR

See [www.wa.sentinelnetwork.org/findings](http://www.wa.sentinelnetwork.org/findings) for summaries of findings from these and other facility types

Spring 2024 rural responses came from across the state:

Number of Sentinel Network Responses From Facilities That Serve **Mostly Rural Residents** by Accountable Community of Health (ACH)



### Workforce Themes Identified by Employers at Facilities Serving Mostly Rural Residents, Fall 2023 & Spring 2024

Employers from facilities that serve mostly rural residents identified several workforce topics that are particularly challenging in a rural setting:

- A perception that rural locations are less desirable for many healthcare workers and their families, especially for nurses and physicians.
- Many rural employers report that they have created their own training programs because many of the education and training programs for healthcare workers are not located in rural areas.

### Recognizing and addressing the desirability of working in a rural location\*

#### It can be difficult to find workers who are interested in working in a rural area:

- *[Primary care medical clinic - Family medicine physician] Hard to get providers to commit to rural areas, their families don't want to live in rural areas and possibly they are not paid enough money to pay expenses.*
- *[Small hospital - Nurses] It has been difficult to recruit RNs, LPNs and CNAs to our small rural community. Although we are competitive with wages, it is difficult to provide the comprehensive medical benefits packages of other health systems.*
- *[Small hospital - Medical/clinical laboratory technologist] Our area lacks housing, public transportation and daycare services. There are also limited job opportunities for spouses and limited activities for children. Solutions of course would be more housing, transportation and daycare. However, without economic growth in the area, it's very hard to find solutions on our own.*
- *[Behavioral-mental health clinic – Multiple occupations] Our rural location seems to be the biggest barrier. We are located near [a larger city] which has numerous programs and open positions. Job seekers do not have to commute so far when there are vacancies in competitive areas like [the larger city].*
- *[Rural health clinic - Dental hygienist] Difficult to recruit a dental hygienist here in the [our rural area]. We can get a few hygienists to commit to (1) day per week. Never a long term commitment unless the person was born and raised [here].*

#### Some employers develop creative strategies to attract workers:

- *[Small hospital - Family medicine physician] It is difficult to recruit physicians to a rural location and an aging facility. We are considering NP/PA alternatives.*
- *[Rural health clinic – Nurse practitioner] It is harder and harder to find PNs who want to do more than simply work 9-5, take no call, and have all their nights and weekends free. We try to offer other types of benefits such as more PTO and CME than other clinics, and our culture and Mission is something unique that resonates with certain people.*

### Many education opportunities are not in rural areas so employers are creating their own programs\*

#### Many employers indicate that a lack of local training programs makes it harder to develop a pool of qualified workers:

- *[Rural health clinic - Medical assistant] Our closest training program is 30-minutes away in a highly populated area.*
- *[Behavioral-mental health clinic – Bachelor's-prepared counselor] Because we live in a rural area and don't have convenient access to higher education for bachelor level folks it is hard to find this level of counselor. We have worked with our community college to develop a program for BA level counselors with a path to a Master's program therapist.*

#### Some employers implement in-house programs, work with established programs or bring in trainees:

- *[Small hospital – Pharmacy technician] Many training programs closed over the past few years... We established a Pharmacy Technician - In-Training program.*
- *[Community clinic – Multiple occupations] Always limited in number of well trained Certified MAs in area. [We] participate in WA Assn apprenticeship program... [And we] experienced a lot of turnover with minimally trained DA's from other short local programs. Currently starting the WA Assn DA program to train our own... [Also] limited candidates for rural area [dentists]. We are currently working with RIDE [Regional Initiatives in Dental Education] for last 7 years but cannot fill enough positions.*
- *[Behavioral-mental health clinic – Marriage & family therapist, mental health counselor] There is a shortage of therapists in the workforce... We target the Universities for internships. We now pay for these internships in hopes of obtaining interest and possibly retaining them at the end of the internship.*

#### However, the success of these approaches has been mixed:

- *[Community clinic – Dental assistant] Lack of candidates in the area, not experienced, no formal training. We have trained on the job but that takes a lot of time and resources to train.*
- *[Rural health clinic – Medical assistant] Although we have an MA-C apprenticeship program, that has allowed us to put 4 employees through to become MA-Cs, we are still facing a shortage and aren't receiving any qualified applicants for the position.*
- *[Community clinic - Community health worker] We train our own, but due to short staffing in nursing and medical assistants, we can only hire a few at a time. We need more training that is not dependent on our existing staff to get them ready to work.*

\*Employer comments come from Spring 2024 and Fall 2023.

## Rural Health Workforce (Spring 2024)

### Recruitment and retention strategies reported by organizations serving mostly rural residents

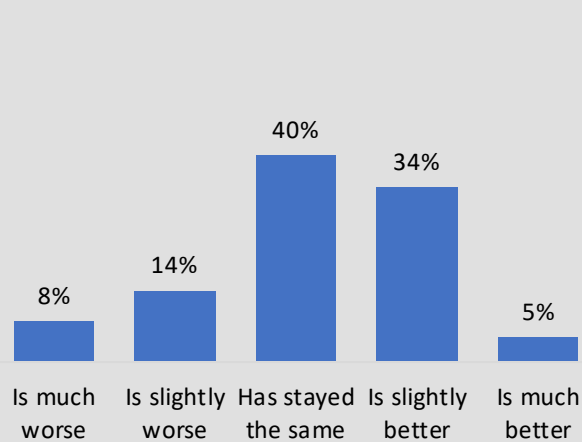
Describe any new retention strategies your organization has implemented in the past year and their impact on staffing.

Many respondents cited providing better salaries and benefits as key strategies. Others described strategies such as employee appreciation events, listening sessions and more robust onboarding procedures, among others.

- [Multiple facility types] Higher wages, better benefits.
- [Behavioral-mental health clinic] We do small perks like a monthly lunch for all staff and we support their work by providing consults as needed, and frankly we pay them quite a lot.
- [Small hospital] A robust HR Team who vets, schedules, and follows a good program of onboarding and orientation and follows up with new staff on a regular basis.
- [Community clinic] Career paths with higher pay opportunities, raises, decreasing provider visit expectation, Indirect Care time built into Provider contracts.
- [Behavioral-mental health clinic] We have built in many protective measures for our staff and spend time receiving and implementing feedback ideas they have. Feeling seen and heard is part of the protective measures that builds our agencies internal resiliency.

### Overall staffing and the use of contract workers among organizations serving mostly rural residents

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

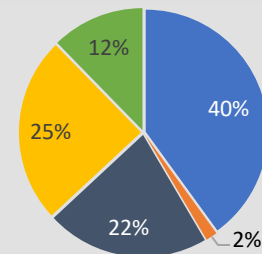


#### Comment examples

- [Is slightly better] Seeing more applicants, starting an internal NAC program and Pharmacy Tech program-"grow our own" and beginning a tuition reimbursement program for nursing.
- [Is slightly better] Covid was challenging with the high rates and other organizations offering significantly more. We are currently able to secure agency or contracted staff at more reasonable rates as needed.
- [Has stayed the same] Recruitment challenges started in 2020; consistently has been the same for both providers and staff.
- [Is slightly worse] Pulling in travelers to fill RN positions... Vacancy for primary care provider and patients have lack of access.
- [Is slightly worse] WA State DOH has been very behind approving credentials. So even though some great candidates... it was taking many months for the licenses to become approved

How would you describe your facility's use of contract/travel workers now compared with your use a year ago?

- We did not use contract/travel workers a year ago and still do not now
- We did use contract/travel workers a year ago but do not now
- We've decreased the number of contract/travel workers
- We use about the same number of contract/travel workers
- We've increased the number of contract/travel workers



### 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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