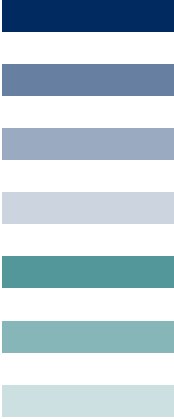




WASHINGTON

Workforce
Training & Education Coordinating
Board



Health Workforce Council

2022 Annual Report

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Health Workforce Council Membership

The Health Workforce Council (Council) is composed of leaders from a range of healthcare stakeholders, including education and training institutions; healthcare organizations; community health services; labor and professional associations; state agencies, and employer representatives. The Council has flexibility to add members from additional sectors or organizations as needed. The Council is chaired by Dr. Suzanne Allen, Vice Dean of Academic, Rural and Regional Affairs at the University of Washington School of Medicine. The Vice-Chair is Dr. Suzanne Ames, President of Peninsula College. The Council is staffed by the Workforce Training and Education Coordinating Board (Workforce Board).

2022 Health Workforce Council Members

Council Member	Organization
Suzanne Allen, Chair	Vice Dean for Academic, Regional & Rural Affairs, University of Washington School of Medicine
Suzanne Ames, Vice-Chair	President, Peninsula College
Renee Fullerton	Council Staff Coordinator
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Executive Summary

In 2022, even as the COVID-19 state of emergency declaration came to an end, Washington’s healthcare sector continued to face tremendous strain. Major hospitals throughout the state found their buildings overflowing with patients. Washington residents who delayed healthcare during the height of the pandemic began returning to the healthcare system much sicker than if they had received earlier treatment. The staffing crisis in long-term care dramatically reduced capacity at nursing homes, skilled nursing facilities, and assisted living facilities, leaving hospitals unable to discharge patients who could not be cared for at home.

While the term “in crisis” has frequently been used to describe the healthcare workforce over the years, the current conditions are truly unprecedented. Rebuilding the healthcare workforce will require years of focused efforts, new approaches to recruitment and retention, robust access to data, and renewed dedication to health equity to ensure communities furthest from opportunity have needed access to healthcare.

The Health Workforce Council continued its work in 2022 to study and address topics affecting healthcare workers, employers, and the education system. This report contains updates on Council meetings during the year, recommendations in key areas, as well as information about ongoing projects.

Washington’s Health Workforce Sentinel Network remains a key tool for gathering real time qualitative information directly from healthcare employers about their workforce situation. Sentinel Network data led directly to a Council recommendation this year to support access to affordable, high-quality child care due to the large role that community resource is playing in limiting people’s ability to work.

The Council’s long-term care project, a 2021 recommendation that was supported by the Governor and Legislature in the 2022 Session, is underway with key work happening to stand up a licensed practical nurse registered apprenticeship.

The Council also noticed that the troubling trend of decreasing health professions program completions that predates the COVID-19 pandemic has continued. As recently as the 2019 reporting period, the Workforce Board tracked nearly 30,000 program completions. Two years later, that number had dropped to 22,478 completions (6,651 reduction) across a wide range of healthcare occupations, typically in entry-level roles. Across all professions, that works out to an annual 11.4 percent drop in completions during the two years ending in 2021.

This is highly concerning, with potentially severe ongoing healthcare workforce implications. Washington experienced almost 7,000 fewer entrants for a career in health

occupations in two years. The reductions are greatest among nursing assistants and home care aides, professions that serve as key entry points to the health workforce.

During meetings this year the Council identified key priorities for policymakers to act on to help keep the healthcare workforce we already have, encourage new entrants to the sector, and improve our understanding of the workforce. Policymakers are urged to act in 2023 on the following Council recommendations:

Recommendation 1: Support for Child Care Access

The Council affirms that access to high-quality, reliable child care is a key community resource for the current and future healthcare workforce. Having child care for their children under age 12 allows the state’s healthcare workers to accept and maintain employment. Additionally, child care is vital to future workforce efforts. Health professions students and educators are also highly impacted by child care access challenges. The Council recommends that the Governor and Legislature continue to take action to address the need for dramatically increased access to affordable, high-quality child care services in Washington. See page 26 for more information.

Recommendation 2: Improve Workforce Data Collection

The Council recommends that policymakers provide ongoing funding and the necessary authority to the Department of Health to support ongoing collection of healthcare licensee demographic information. This collection effort should include practice location and licensees' racial and ethnic identities as well as other information important to understanding the supply, distribution, and characteristics of the state’s health workforce and how they change over time. See page 30 for more information.

Recommendation 3: Expand State Approaches to Address Student Debt

- **Recommendation 3a:** As a short-term strategy, the Council recommends policymakers appropriate additional funds to support both behavioral health and other health professional loan repayment awards through the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.
- **Recommendation 3b:** As part of supporting the investments made in loan repayment programs in Washington, the Council recommends policymakers appropriate funds to support administration of the Washington Health Corps and require an evaluation of program outcomes.

- **Recommendation 3c:** As a middle and long-term strategy, policymakers should require eligible healthcare employers to provide Public Service Loan Forgiveness educational materials and information about the Office of the Student Loan Advocate at the Washington Student Achievement Council when hiring a new employee, annually, and at the time of separation. Within already appropriated resources, the Office of the Student Loan Advocate should conduct outreach to eligible healthcare employers and assess if additional staff members are warranted to serve demand.
- **Recommendation 3d:** As a middle- and long-term strategy, if the philanthropically funded conditional grant program demonstrates successful outcomes in training and retaining a diverse master's-level workforce for community behavioral health settings, policymakers should provide funding to continue the program beginning in the 2025-26 biennial budget. Additionally, the Council should determine if successful outcomes could translate to other targeted health professions and make recommendations to expand conditional grant available to include other health occupations beyond behavioral health roles. See page 33 for more information.

Health Workforce Council History and Role

Twenty-one years ago, the state's Workforce Board gathered a group of healthcare stakeholders to address growing concerns about personnel shortages in Washington's healthcare industry. In those years, healthcare facilities across the state faced critical staff shortages with industry reaching out to temporary employment agencies to fill regular staffing needs. In some cases, patients were turned away from emergency rooms or delayed scheduled procedures. At the same time as demand was growing, many of Washington's healthcare training programs turned away qualified students because of lack of capacity, faculty, and clinical sites to train them.

Soon after, in 2002, then-Governor Gary Locke directed the Workforce Board to create the Healthcare Personnel Shortage Task Force (Task Force). The Task Force developed a statewide strategic plan to address severe personnel shortages in the healthcare industry, and in January 2003, the Task Force released an action plan to tackle the growing gap between the number of trained healthcare professionals and the needs of Washington residents. The report, *Healthcare Personnel Shortages: Crisis or Opportunity*, was presented to the Governor and Legislature.

In 2003 the Legislature passed Engrossed Substitute House Bill 1852, directing the Workforce Board to continue gathering stakeholders to address healthcare workforce shortages. The intention of the plan was to provide a framework that helped ensure a sufficient supply of trained personnel, with an emphasis on increasing diversity to better reflect the demographics of Washington's residents, along with efforts to ensure that healthcare services were available everywhere, including rural and underserved communities. The bill also required an annual report to the Governor and Legislature, including updated recommendations to address healthcare occupations facing the most acute shortages. In 2014, Task Force members voted to change their name to the Health Workforce Council to better reflect a new focus on the overall health of a person instead of just considering healthcare delivery.

Health Workforce Council Provided Staff Funding

In 2019 the Workforce Board received funding from the Legislature to staff the Council, along with increased administrative support. The Workforce Board also received ongoing funding to support the Health Workforce Sentinel Network (see p. 8). This allowed the Council to take a greater role in connecting the educational community to on-the-ground workforce needs and explore more fully a wide range of health workforce issues – from traditional topics such as student access to clinical training to exploring key community barriers to employment, such as access to child care, housing, and transportation.

Council's Roles Remain Critical

The Council's main roles continue to be providing updates to policymakers on the number of qualified healthcare personnel (by occupation) graduating from the state's education and training programs, providing insight on the real-time workforce needs of area healthcare providers, and tracking the progress of newly implemented programs. By bringing together a wide range of stakeholders to develop and advocate for sustainable solutions, the Council is able to identify key policy and funding priorities for the Governor, Legislature, and other policymakers and stakeholders.

Health Workforce Council Year-in-Review

Council members held three formal meetings following the end of the 2022 Legislative session, to hear legislative updates, discuss topics of interest, and identify key priorities for the year. Council members continued to gather virtually, with meetings broadcast for the public on TVW. Meeting attendance remains higher than what was typical for the in-person meetings held before March 2020 and the start of the COVID-19 pandemic. Agendas and meeting materials can be found [here](#), and more details on each of these items will be provided throughout the report.

The August meeting featured a full agenda with updates on staffing challenges facing the long-term care workforce, fresh findings from Washington’s healthcare employers in response to questions from the Health Workforce Sentinel Network,¹ efforts to bolster diversity, equity, and inclusion in the health workforce, and recent trends in the behavioral health workforce and dental workforce.

Council members and staff affirmed that improving diversity, equity, and inclusion in the health workforce would be a continuing topic for the Council, both in future reports and meetings, as the issue is highly complex. The development of a health workforce that reflects the demographics of the state across all levels of licensure has been a focus of the Council since its first strategic plan was published in 2002.

The October meeting featured a presentation on efforts to boost child care access in Washington, a discussion of workforce retention, and the impact of educational debt on the health workforce, along with student loan forgiveness efforts.

Healthcare employers responding to the Health Workforce Sentinel Network, a tool to understand workforce needs from recruitment and retention to needed skills, previously identified access to child care as a key resource that would help them better recruit and retain their staff. The Fall data collection round for the Sentinel Network included a question specifically asking whether child care, housing, and transportation are affecting employers’ ability to recruit and retain staff. Public attendees also shared how access to

¹ Every six months, employers (“Sentinels”) from across the state and from a wide range of healthcare sectors share their top workforce challenges. This information is used to identify signals of changes in the healthcare workforce and possible solutions. The data are compiled and made available on the Sentinel Network website and disseminated through meetings and reports so that employer needs are communicated to stakeholders who can make the necessary changes. Information provided by employer Sentinels are kept confidential and are reported in aggregate form, grouped with data from other similar organizations. 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.

child care is a key issue for behavioral health workers, many of whom may be single parents.

Several presenters discussed the important role retention plays in the health workforce and provided information about challenges facing current healthcare workers—including lack of access to child care, burnout from long hours and a shrinking number of colleagues who can pitch in, and insufficient pay among frontline caregivers. Some parts of the health workforce are facing greater challenges than others. The worst impacts appearing to be in long-term care, which is causing ripples throughout the larger healthcare system as patients are unable to be discharged from the hospital into skilled facilities, and fatigued family caregivers are unable to move their relatives into settings that provide professional help. More on the Workforce Board’s efforts on long-term care on page 37.

Speakers knowledgeable about educational debt addressed participation levels among Washington healthcare professionals in the Public Service Loan Forgiveness program, available through qualifying employers including both government agencies and 501(c)3 nonprofits, along with other loan repayment programs available to health professionals.

Finally, the Council’s December meeting provided a Legislative session preview with policymakers highlighting the health workforce topics they expect to arise during the 2023 session. Council members engaged in a discussion of their respective legislative priorities in advance of the upcoming 2023 Legislative Session, including opportunities for cross-industry collaboration and support.

The Council also had an opportunity to review an outline for the 2022 report and receive a Sentinel Network update. Council staff will educate and advocate for priorities in the 2023 Legislative Session.

Council Project Update:

Washington's Health Workforce Sentinel Network

Washington's Health Workforce Sentinel Network links the state's healthcare industry with partners in education and training, policymakers, and other workforce planners to identify and respond to emerging demand changes in the health workforce. The unique qualitative information captured by the Sentinel Network provides the "why" behind changes in occupations, roles, and skills needed to deliver quality care. Created as part of the state's Healthier Washington initiative in 2016, with ongoing funding provided by the 2019 Washington State Legislature, the Sentinel Network is a collaboration of the Workforce Board (and the Council) and the University of Washington Center for Health Workforce Studies.

Every six months, employers, or "sentinels" from across the state and from a wide range of healthcare sectors share their top workforce challenges. This information is used to identify signals of changes in the healthcare workforce and suggested solutions. The data are compiled and made available on the Sentinel Network website (wa.sentinelnetwork.org) and disseminated through meetings and reports so that employer needs are communicated to planners who can make the necessary changes.

Focus on Employer Needs from a Selection of Healthcare Settings

The Sentinel Network allows members of Washington's Health Workforce Council and other workforce planners to learn about employers' health workforce needs in specific settings and in different geographic regions of the state. During 2022, healthcare employers shared their experiences and suggested solutions to workforce challenges in April and again in October. This frequent check-in with employers allows educators, regulators, policy makers, and other key stakeholders to adjust to the rapidly changing healthcare environment and to tailor workforce solutions to the needs of unique sectors and areas of the state.

Summarized below are some of the top issues raised by employers from long-term care, behavioral health, oral health settings, hospitals, and Federally Qualified Health Center (FQHC) or community clinic providing free care, or on a sliding fee scale. See the Sentinel Network dashboards at wa.sentinelnetwork.org for findings from additional settings and time periods.

Employer Perspectives on Overarching Workforce Issues

Summarized in this section are questions asked of each employer, regardless of facility type, about diversity, equity, and inclusion efforts their organization has undertaken in the past year and related effects on recruitment and retention, as well as the behavioral health status of the workforce, and if issues such as child care, housing, and transportation have had any impact on staffing issues at their organization.

Of 168 facilities that responded to the Sentinel Network in Fall, 2022, 114 (67.9%) responded that child care did have an impact on their facility's staffing. Some facilities reported that their hours of operation often do not coincide with school start and end times, leaving employees to find their own child care arrangements during these times. Many employers noted that child care is often hard to find in their area or is cost-prohibitive to their employees. Some employers noted that they have either had to alter work schedules or shifts to accommodate parents and caregivers if child care was unavailable or inaccessible.

Employer comment regarding child care access

"Several employees have struggled with the reduction in area childcare due to COVID restrictions and fears, as well as periodic closures when childcare facilities are short-staffed."

– Small Hospital, Fall 2022

Nearly half (49.4%) responded that housing had an impact on staffing at their facility. Many employers indicated a lack of affordable housing for employees in their area. Some employers emphasized that this not only affects the retention of incumbent employees, but also recruitment of potential new employees, while others noted that some employees have left the area due to the increasing costs of housing.

Employer comments regarding housing availability and affordability

"There is not affordable housing in our town, nor enough housing available for new employees."

– Small Hospital, Fall 2022

"The most common reason we lose staff is when they move out of the area for housing (which is hard to find in our area, and expensive)." – Rural Health Clinic, Fall 2022

When asked about the behavioral health status of their workforce over the past year and what would be helpful in addressing these concerns, employers responded in a variety of ways. Some indicated that the behavioral health status of their workforce has not changed over the past year, while others noted that the work environment and culture has improved, alleviating prior behavioral health concerns. Many employers responded that stress and burnout are among their top behavioral health concerns for their workforce and that more resources are needed to help address these issues. Some indicated that the COVID-19 pandemic and related governmental mandates have added stress to their employees and created morale challenges. Of the solutions offered, some employers indicated that they are having more check-ins with their employees, offering

employee assistance programs, and in some cases are paying for additional mental health supports for their employees.

Employer comments regarding behavioral health of their workforce

“Yes, mental health, stress have affected many staff. Additional resources for mental health availability support would be helpful, funding for additional programs, etc.”

– Rural Health Clinic, Fall 2022

“Mental health challenges have increased for the workforce resulting in several leaving the field completely and some employees having to take a leave of absence. In 20 years in this field, I have never witnessed such a high rate of burnout.”

– Behavioral/Mental Health Clinic, Fall 2022

“(Staff are experiencing) generalized burnout, combined with grief (experienced by multiple staff and staff family. We have utilized our [Employee Assistance Program] EAP.”

– Hospital/Clinical Pharmacy, Fall 2022

When asked to describe any institutional actions their organizations have taken in the past year to improve diversity in their workforce or increase representation in their organization and any impacts this had on recruitment and retention, many employers responded that they have not implemented any diversity, equity, and inclusion (DEI) efforts. Many employers indicated that overall, despite general recruitment efforts, applicant pools are limited. Other employers noted that they have either already implemented a DEI presence or program in their organization or don't feel the need to given they currently employ a diverse team that is representative of their patient population. Of those that did indicate that they have implemented or expanded programs on DEI, the responses ranged from convening DEI committees to look at organizational processes and setting goals, improving training for new and existing staff, and providing more inclusive language and imagery on marketing materials.

Long-Term Care Facilities

In Spring 2022, a total of 88 long-term care facilities in Washington provided responses to the Sentinel Network, including: 43 from assisted living facilities, 37 from nursing home or skilled nursing facilities, 4 from retirement home or independent living facilities, and 4 others from nursing or personal care facilities. In Fall 2022, a total of 26 facilities responded, including 13 from assisted living facilities, 11 from nursing homes or skilled nursing facilities, and 2 from independent living facilities.

The figure below focuses on nursing homes and skilled nursing facilities and highlights the occupations that employers from long-term care facilities call out as having exceptionally long vacancies in recent years. As the figures below show, registered

nurses, licensed practical nurses, and nursing assistants are among the top occupations reported as experiencing exceptionally long vacancies at both nursing homes/skilled nursing facilities and assisted living facilities since at least 2019. Recently, other occupations such as cook/food services and environmental services have reported exceptionally long vacancies, along with nursing occupations.

**Figure 1. Nursing Homes/Skilled Nursing Facilities
Occupations with exceptionally long vacancies: 2019-2022**

Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022
1	Registered nurse	Nursing assistant	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Registered nurse	Nursing assistant
2	Nursing assistant	Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse
						Nursing assistant		Registered nurse
3	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Occupational therapist	Nursing assistant	Cook / Food services
			Dentist			Physical therapist		
4	Occupational therapy assistant	Speech-language therapist	Multiple occupations cited at same frequency	Occupational therapy assistant	Occupational therapist	Speech-language therapist	Cook / Food services	Dietitian / Nutritionist
	Physical therapist			Physical therapist	Physical therapist			
	Social worker			Social worker	Speech-language therapist			
	Psychologist			Physical Therapy Assistant	Speech-language therapist			

← Most cited

*Findings prior to Spring 2019 can be viewed on the Sentinel Network dashboard: wa.sentinelnetwork.org

Employer comments regarding recruitment of long-term care staff

“In general, we are experiencing a shortage of nursing staff [LPNs, CNAs and RNs] in long term care. Many opted for career change during pandemic, decided to retire earlier, or would rather work in different setting, i.e. hospitals.”

– Skilled Nursing Facility, Spring 2022

“Wages, and competition is heavy. We have adjusted pay and incentive packages numerous times over the last year. There have not been a lot of applications over the past year.”

– Assisted Living Facility, Fall 2022

**Figure 2. Assisted Living Facilities
Occupations with exceptionally long vacancies: 2019-2022**

Rank	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	
1	Nursing assistant	Home health aide or home care aide	Nursing assistant	Nursing assistant	Nursing assistant	Nursing assistant	Licensed practical nurse	
							Registered nurse	
2	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Registered nurse	Cook / Food services	Nursing assistant	
		Registered nurse						
		Nursing assistant						
3	Home health aide or home care aide	Multiple occupations cited at the same frequency	Registered nurse	Registered nurse	Home health aide or home care aide	Home health aide or home care aide	Cook / Food services	
	Registered nurse			Personal care aide		Licensed practical nurse		
4	Personal care aide		Multiple occupations cited at the same frequency	Home health aide or home care aide	Cook / Food services	Licensed practical nurse	Registered nurse	Home health aide or home care aide
	Cook / Food services			Home health aide or home care aide	Home health aide or home care aide			
5	Multiple occupations cited at the same frequency		Multiple occupations cited at the same frequency	Personal care aide	n/a	Personal care aide	Environmental services	Environmental services
		Cook / Food services						
		Housekeeping						

← Most cited

* Findings prior to Fall 2019 can be viewed on the Sentinel Network dashboard: wa.sentinelnetwork.org

In 2022, long-term care employers reported various reasons for worker vacancies, with many employers describing increased competition for workers with other industries and contract agencies. Some employers responded that they have few or no applicants for vacant positions. Others noted that some professions use long-term care to train and get experience before pursuing work opportunities in other settings for better pay and benefits, such as hospitals.

As for retention and turnover, long-term care employers reported that employees often left positions looking for higher pay, flexible schedules, and improved work-life balance. Some respondents noted that their organization could not compete with other healthcare settings or other industries for benefits and pay, noting that these issues have been exacerbated by the COVID-19 pandemic resulting in more strict protocols, tensions with patients, increased workloads, and the potential for burnout.

In 2022, employers in long-term care settings reported to the Sentinel Network that they have asked incumbent employees to expand their roles, while using staffing agencies and other strategies to fill gaps due to the inability to hire enough registered nurses (RNs), certified nursing assistants (CNAs), and licensed practical nurses (LPNs).

In Spring 2022, when asked what employee benefits are currently or would be most helpful to improve retention, long term care employers responded to the Sentinel Network that they have implemented or expanded flexible scheduling, employee assistance programs like tuition reimbursement, wage and salary increases, mental health support services, and child care assistance.

In Spring 2022, when asked which potential or modified policies, regulations, and/or payment rules would help address or alleviate their top workforce needs, Sentinel Network respondents from long term care indicated streamlining licensing and credentialing processes, on-the-job training for CNAs, educational incentives, and better reimbursement rates.

Behavioral and Mental Health Facilities

In Spring 2022, there were 58 total Sentinel Network responses from behavioral and mental health facilities in Washington (including 25 behavioral/mental health clinics, 6 substance use disorder clinics, and 11 residential treatment facilities). In Fall 2022 33 behavioral and mental health facilities responded (including 13 behavioral/mental health clinics, 3 residential treatment facilities, and 3 substance use disorder residential treatment facilities).

The following table shows the occupations that employers from behavioral health facilities have indicated had exceptionally long vacancies. As the figure shows, many of the same occupations have been reported as experiencing exceptionally long vacancies since at least spring 2019.

Employer comments regarding recruitment/retention of behavioral health staff

“Current [insurance reimbursement] rates do not support competitive compensation [...], which has resulted in a dramatic decrease in the number and qualification of potential candidates.”
– Behavioral/Mental Health Clinic, Fall 2022

“Increased stress caused by the pandemic, higher needs of clients and staff shortages have led to burnout and turnover. We are seeing employees not only leave our organization but leave the industry.”
– Behavioral/Mental Health Clinic, Spring 2022

“Staff leaving for positions that pay them an exceptional rate of pay or they can work from home. Also, leaving to take positions that are higher in pay, full-time, or have benefits. As mentioned, our reimbursement rate for our services from funders prevents us from offering exceptional pay, full-time, with benefits for all positions. And, due to the nature of our business (open 24/7), we do not have much flexibility in schedules and cannot work from home.”
– Substance Use Disorder Residential Treatment Facility, Fall 2022

Figure 3. Behavioral Health Facilities*
Occupations with exceptionally long vacancies: 2019-2022

Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022
1	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Chemical dependency professional (SUDP)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP
								Registered nurse
								Peer counselor
3	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)	Psychiatrist	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)	Social worker (Mental Health/SUDP)
					Social worker			
4	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist

↑ Most cited

*Includes behavioral/mental health, substance use disorder clinics, residential treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and out-of-facility behavioral health services.

**Occupation title changed to Substance Use Disorder Professional (SUDP).

Note: *Findings prior to Spring 2019 can be viewed on the Sentinel Network dashboard:

wa.sentinelnetwork.org

The reasons cited for these exceptionally long vacancies were often low salary, high cost of living in the area around their facility, wage competition, lack of qualified applicants and other recruitment issues.

Sentinel Network respondents from behavioral health facilities highlighted a variety of reasons for worker retention and turnover problems, including employees leaving for higher pay, more flexibility in their work schedule and/or location, and improved work-life balance. Others noted that the COVID-19 pandemic has left their clients with higher needs and reduced staff to care for these patients, leading to burnout and turnover among incumbent employees. Some facilities reported that their employees were choosing not only to leave their organization, but also to exit the industry.

To cover worker absences and vacancies, many respondents indicated their organization asked current employees to expand their roles, but were concerned about potential burnout among their current workforce. Others reported they have had to implement patient waitlists or reduce the number of appointments for each patient to help manage their current employees' workloads. Others reported that their current staff worked overtime, took less time off, reduced the number of clients seen or hours spent per client, resulting in staff experiencing increased stress.

When asked about what employee benefits are or would be the most helpful in improving retention of their behavioral health facility's current workforce, Sentinel Network respondents indicated that child care, enhanced medical coverage and family leave, behavioral health services, increased pay and wages, and flexible schedules would be among the most helpful. Respondents indicated that many employees like telehealth as it offers greater flexibility, but it is not always possible depending on the needs and characteristics of the patient population.

In Spring 2022, when asked to name their top workforce concerns that could be alleviated by policies, regulations, and payment rules, respondents from behavioral health facilities frequently highlighted credentialing and licensing requirements, educational incentives, and payment increases as priorities for many employers. Some respondents indicated that the licensing process can be too long for new and out-of-state employees. Others highlighted the need for increased public and private insurance reimbursement rates to enable employers to offer competitive benefits and salaries, as well as expanding benefits to cover employees' behavioral health needs.

Behavioral health employer comments regarding rules/policy/payment changes

"Private insurance [should provide] reimbursement for group therapy, peer support, and/or case management to reduce pressure on [mental health professionals] for all behavioral health needs."
– Behavioral/Mental Health Clinic, Spring 2022

Dental Offices and Dental Clinics

In Spring 2022, 79 dental offices and clinics responded to the Sentinel Network. In Fall 2022, 59 dental offices and clinics responded.

Since 2016, the Sentinel Network has tracked the occupations that dental offices and dental clinics in Washington reported as experiencing exceptionally long vacancies. As the following table shows, dental hygienists and dental assistants have been the occupations most difficult to hire, followed by office personnel and dentists. This trend predates the COVID-19 pandemic, but many dental employers report that hiring has become even more difficult since the pandemic began.

**Figure 4. Dentist Offices/Dental Clinics
Occupations with exceptionally long vacancies: 2019-2022**

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022
1	Dental hygienist	Dental assistant	Dental Hygienist	Dental assistant	Dental assistant	Dental assistant	Dental hygienist	Dental hygienist
				Dental hygienist	Dental hygienist			
2	Dental assistant	Dental hygienist	Dental assistant	No additional occupations reported	Dentist	Dental hygienist	Dental assistant	Dental assistant
3	Dentist	Dentist	Dentist		Office personnel	Dentist	Office personnel	Office personnel
			Office personnel		Medicaid navigator			
4	Office personnel	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		No additional occupations reported	Office personnel	Dentist	Dentist

*Findings prior to Spring 2019 can be viewed on the Sentinel Network dashboard: wa.sentinelnetwork.org

Many Sentinel Network respondents reported a lack of qualified applicants for open positions, especially among hygienists and assistants as a reason for worker vacancies. Some respondents attributed the COVID-19 pandemic and government mandates as the reason why many hygienists and assistants left the field and have had difficulties filling those positions since. Some employers cited a reduced number of dental training program graduates as one of their main issues. Others reported that, due to Washington licensing and credentialing requirements, it is often difficult to successfully recruit applicants from out-of-state.

Like other professions, dental offices and clinics reported concern about employee burnout to the Sentinel Network and noted that employees sometimes leave for higher pay or lower cost of living elsewhere. This has resulted in workers at all levels taking on additional tasks to cover for staff shortages, including dentists filling in for hygienists and dental assistants taking on additional administrative or front office duties. In addition, many dental offices and clinics reported hiring less experienced workers than they may have in the past and training them on-the-job.

Employer comments regarding recruitment/retention of dental staff

[Many dental hygienists have] left the profession due to COVID. The ones still working are demanding significantly higher wages and benefits even though insurance reimbursement has been frozen for 12+ years and inflation is the highest it's been in 40 years. We've had an ad out for a full-time hygienist for 2 years..."

– Dental Office/Clinic, Fall 2022

"[We're] hiring assistants without experience and needing to train the employee in all aspects of clinical dentistry."

– Dental Assistants, Dental Office/Clinic, Spring 2022

"We have had to reschedule patients and shut down on several occasions as there were insufficient staff to treat patients."

– Dental Office/Clinic, Spring 2022

During 2022, dental offices reported continuing struggles to meet patient demand due to ongoing workforce challenges. Some respondents from 2022 indicated that they have used temp staffing services and Facebook groups to fill vacancies, while others reported asking current employees to take on additional workloads and to expand their roles, but did so with some fear of contributing to burnout. Others noted that relying on temporary employees can be a problem, including inconsistency in their qualifications.

In Fall 2022, when asked how staffing arrangements have helped respond to patient demand over the past year, most reported they had not had much success.

Offering flexible work hours, however, was reported to have been helpful in alleviating short-term issues around child care and commuting, but respondents indicated that better access to quality child care and affordable housing is critical. Longer-term solutions suggested by dental clinics included strategies to increase the supply of workers as well as increased insurance reimbursement rates to allow for better pay and improved benefits.

Hospitals

In Spring 2022, the Sentinel Network received 20 responses from small acute care hospitals (with 25 beds or fewer) and 5 from larger acute care hospitals (with more than 25 beds). In Fall 2022, there were 11 responses from small acute care hospitals (with 25 beds or fewer) and 1 larger acute care hospital (with more than 25 beds). As a result, the following findings from 2022 tend to reflect the perspectives of small hospitals, many of which serve largely rural areas of the state.

As the figure below shows, registered nurses, nursing assistants, and cooks or food service staff have been cited most often as the occupations experiencing exceptionally long vacancies in the most recent data collection periods.

Figure 5. Small Hospitals
Occupations with exceptionally long vacancies: 2019-2022

Rank	Spring 2019	Fall 2019	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	↑ Most cited
1	Registered nurse	Physician/ Surgeon	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	
2	Physician/ Surgeon	Registered nurse Nursing assistant	Medical assistant Nursing assistant	Nursing assistant	Medical assistant Nursing assistant	Nursing assistant	Cook / Food services	
3	Physical therapist Marriage & family therapist	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Medical assistant Med/Clin Lab technologist	Physician/ Surgeon	Cook / Food services	Nursing assistant	

*Findings prior to Spring 2019 can be viewed on the Sentinel Network dashboard: wa.sentinelnetwork.org

** Responses from large hospitals not shown due to low response rates.

Reasons for exceptionally long vacancies, as reported to the Sentinel Network by small hospitals, centered on wage competition with other industries, other hospitals, and contract agencies as hinderances to hiring.

Turnover and retention issues in hospital settings reflected challenges facing other healthcare facilities. Common reasons for employee departures, noted by Sentinel Network respondents, included opportunities for higher wages, inflation pressures, lack of affordable housing, and lack of access to child care, as well as issues with workplace culture and low morale.

To cover worker absences and fill vacancies, almost all respondents reported using staffing or travel agencies to fill gaps, albeit with mixed results. Some respondents noted the increased cost of using these services, while also hiring temporary employees at higher wages due to not having to cover benefits and offering financial incentives to incumbent employees to help reduce turnover and improve retention.

Employer comments regarding recruitment/retention of hospital staff

“Struggling with [RN] candidates looking for traveler wages for permanent placement positions; we have lost candidates who decided to keep traveling instead of settling down for permanent rates.” – Small Hospital, Fall 2022

“We are constantly scrambling to get enough staff to care for the patients in house. We used to be able to rely on staffing agencies for Nursing, but that even has become difficult, and the price gouging is out of control.” – Small Hospital, Fall 2022

“Relocation has been an issue. We are rural and housing has been a huge roadblock for [physical therapist] candidates who had otherwise already accepted the role.” –Small Hospital, Spring 2022

‘More access to childcare in our area – with hours that are conducive to shiftwork [would help retention]. We have invested money in a local childcare clinic that allowed us to have “priority” seats available for our staff.’ – Small Hospital, Spring 2022

In Spring 2022, when asked which benefits are, or would be, most helpful to improve retention, Sentinel Network respondents noted that increasing flexibility in work schedules, increased access to child care, improved family and mental health coverage and resources, as well as increased wages would help with retention.

In Fall 2022, when asked how staffing arrangements have been able to respond to patient demand over the past year, hospitals that responded reported that they are still using traveling agency personnel and/or limiting their admissions due to shortages and vacancies in key positions.

Community Health Centers (including Federally Qualified Health Centers)

In Spring 2022, there were 14 Federally Qualified Health Centers (FQHC) or community clinics providing care for free or on a sliding fee scale that responded to the Sentinel Network. Four responded in Fall 2022. These facilities will be referred to as community health centers or CHCs in this report.

Medical assistants, registered nurses, physicians, and mental health counselors have been among the top professions cited as experiencing exceptionally long vacancies since at least the Fall of 2017. Many CHC respondents to the Sentinel Network noted unmet salary and wage demands as contributing to exceptionally long vacancies, but also cited their rural location as a barrier for recruitment, industry-wide staffing shortages, and wage competition with other healthcare organizations.

Employer comments regarding recruitment/retention of community health center staff

“Tribal facilities have difficulties in recruiting or getting qualified applicants simply due to lack of knowledge or exposure on working in a Tribal environment/community.” – FQHC or Community Health Center, Fall 2022

“Scarce applicants and often wanting to work entirely remote/virtual.” – FQHC or Community Health Center, Fall 2022

“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).” – FQHC or Community Health Center, Spring 2022

Reasons cited by Sentinel Network respondents for worker retention and turnover problems, ranged from the lasting impacts of COVID-19 including a switch to more flexible working hours and environments offered by telehealth as well as concerns over workload and burnout.

To cover worker absences and vacancies, community health center respondents to the Sentinel Network reported using staffing agencies to fill gaps, with mixed results. Several respondents noted that shortages extended to the temp staffing agencies as well. Other responses to workforce gaps included adjusting clinic hours, consolidating staff, or using students or trainees in clinic settings to fill vacancies and shortages.

Community health center employers noted that higher pay, expanded family benefits, child care, and flexible scheduling with remote options would be helpful for their retention efforts. Many community health centers responded that they offer telehealth services, with about one-third saying they provide telehealth the same or less than they did a year ago. Those that provide telehealth services emphasized that telehealth has been helpful for retaining providers through the pandemic as well as helping their patients access services.

Community health center respondents also noted that higher reimbursement rates from insurers would allow them to increase pay. Others noted the challenges to licensing some potential employees recruited from out-of-state, echoed by other types of facilities above.

Uses of the Sentinel Network

The goal of Washington’s Health Workforce Sentinel Network is to help understand employer’s workforce needs and make that information available to educators and

policymakers. The Sentinel Network allows employers who have participated to make their needs known to stakeholders who can help solve workforce problems.

The Washington Sentinel Network has been included in testimony to the Washington State Legislature, informed planners to help formulate health workforce policy, and amplified employer voices in outreach to key stakeholders. Healthcare employer needs and other findings from the Sentinel Network are reported to the Legislature through subcommittee meetings and in partnership with the Health Workforce Council. This continues to be an effective way for employers from around the state to communicate their needs and guide policy decisions. The Sentinel Network and its findings have been presented to support workforce demand topics presented at state meetings and planning sessions. The findings from each round of the Sentinel Network data collection are publicly available and used as a resource by key stakeholders from educators and employers to policymakers and health system leaders.

Council Spotlight: Child Care Access and the Health Workforce

Washington’s current and future health workforce depends on access to high quality affordable child care. Even prior to the COVID-19 pandemic, Washington did not have an adequate supply of high-quality, affordable child care. Unfortunately, the effects of the pandemic and recent inflation have made this issue more pressing. In 2021 Child Care Aware reported 13 percent of programs/providers closed in the pandemic, resulting in close to 30,000 fewer child care slots.²

It is often female workers who step away from employment in order to care for children.³ The healthcare workforce is particularly vulnerable to child care impacts due to women being overrepresented in many professions and the need for non-traditional hours of care. Many healthcare facilities offer services 24 hours a day year-round. However, child care, with rare exceptions, is typically only available five days per week from 6 am to 6 pm.

Nurses with a child under age 18 were more likely to have a negative job outcomes during May-December of 2020 when access to school and child care were most constrained by the COVID-19 pandemic.⁴ During the height of the COVID-19 pandemic and continuing for at least 18 months afterwards, both male and female healthcare workers with children under age 5 had increased turnover compared to workers without children of that age. Between January and October 2021, turnover for female healthcare workers with children under age 5 remained higher than it was in 2019.⁵

Healthcare employers participating in Washington’s Health Workforce Sentinel Network highlighted the importance of child care access when they seek to recruit or retain

Health Workforce Sentinel Network employer comments regarding child care access

“Most employees have tried to work within school hours due to not enough childcare around the area.”

– Rural Health Clinic, Fall 2022

“Staff with children under age 2 have to reduce their hours due to a lack of childcare availability.”

– Public Health/Other, Fall 2022

“HUGE issue as most employees are single moms or have very young children in need of daycare.... almost opened up our own onsite daycare.”

– Dental Office/Clinic, Fall 2022

² “[13 percent of child care providers in Washington state have closed because of the pandemic](#),” Yakima Herald, Feb 21, 2021.

³ [The childcare conundrum: How can companies ease working parents’ return to the office? McKinsey and Company, May 9, 2022.](#)

⁴ Woodward K. *The impact of COVID on jobs for nurses of color* [Dissertation]. ResearchWorks Archive: Nursing, University of Washington; 2022.

⁵ [Tracking Turnover Among Health Care Workers During the COVID-19 Pandemic: A Cross-sectional Study](#). JAMA Health Forum, 2022.

workers. Of 168 facilities that responded in Fall 2022, 114 (67.9 percent) stated that child care access had an impact on staffing at their facility. While the healthcare workforce currently faces many different challenges, healthcare workers must have improved access to child care to address this critical impact on their availability for work.

Recommendation 1: The Council affirms that access to high-quality, reliable and affordable child care is a key community resource for the current and future healthcare workforce. Having child care for their children under age 12 allows the state’s healthcare workers to accept and maintain employment. Additionally, child care is vital to future workforce efforts. Health professions students and educators are also highly impacted by child care access challenges. The Council recommends that the Governor and Legislature continue to take action to address the need for dramatically increased access to affordable, high-quality child care services in Washington.

The Council did not have an opportunity to review the Department of Children, Youth and Families’ 2023 child care proposal in detail, but policymakers might look to their legislative request and the most recent report of the Washington Child Care Collaborative Task Force as potential starting points for developing policy ideas to address this issue.

Council Spotlight:

Diversity, Equity, and Inclusion in the Health Workforce

A long-time focus of the Health Workforce Council, going back to the original strategic plan in 2002, has been supporting the development of a workforce that reflects the population it serves. During the August meeting, the Health Workforce Council received updates on two topics that intersect with diversity, equity, and inclusion in the health workforce in different ways. Council members gave updates about their organizational efforts around this topic.

Staff from Department of Health presented about the implementation of SB 5229 (2021), which requires all credentialed health professions who already have a continuing education requirement to complete training every four years on health equity. The law seeks to equip healthcare workers with the skills to reduce health inequities. The Department created model rules in 2022 that all regulatory authorities must consider in creating their own rules during 2023. The continuing education requirement will begin January 1, 2024.

Staff from the Department of Social and Health Services presented about HB 1411 (2021), which seeks to expand long-term care workforce eligibility by decreasing employment barriers caused by criminal background checks.

While many programs and efforts aimed at creating a workforce that reflects the demographics of the state have launched over the past 20 years, a foundational piece of work remains undone. Washington does not have a complete understanding of the demographic make-up nor geographic distribution of its health workforce. Currently only a small number of professions (MD and DO physicians, physician assistants, and the nursing professions) require their licensees to submit demographic and practice information at the time of license renewal.

Reports with demographic information are available from the [Washington Medical Commission](#) and the [Washington Center for Nursing](#). While these reports provide valuable insights into the make-up of the physician and nursing workforce, analysis of a specific profession doesn't provide the complete picture of the workforce. In healthcare, it is common for care to be delivered by teams of different occupations working together and scopes of practice overlap across some professions

Examining completion data from Washington's educational institutions and private career schools can give insight into who is graduating and how diversity is distributed across educational levels but won't capture details about those trained in other states. The amount of detail also varies with education levels. The data regarding the race and ethnicity of health profession program completers is much more complete for

bachelors, masters, and doctoral students compared to those receiving training for less than a year.

To understand the current workforce, its racial and ethnic composition, and measure the effect of state and private efforts, Washington should begin collecting information from all healthcare workers licensed by the Department of Health. Information about whether the individual is working in the health occupation and the practice location(s) are also important to understand the distribution of providers across the state.

Recommendation 2: The Council recommends that policymakers provide ongoing funding and the necessary authority to the Department of Health to support ongoing collection of healthcare licensee demographic information. This collection effort should include practice location and licensees' racial and ethnic identities as well as other information important to understanding the supply, distribution, and characteristics of the state's health workforce and how they change over time.

Council Spotlight:

Addressing Impacts of Educational Debt on the Health Workforce

The following recommendations are based on similar recommendations made in the [2022 Behavioral Health Workforce Assessment: A report of the Behavioral Health Advisory Committee \(BHWAC\)](#). Many Council members or their organizations have participated in the BHWAC. The educational debt recommendations have been generalized here for the broader healthcare workforce needs beyond behavioral health, in keeping with the Council’s role in addressing the needs for the full spectrum of the state’s health workforce.

Many Washington residents struggle under the burden of education costs and student loan debt. Stakeholders report that high education costs as well as educational debt weigh heavily on the workforce and impact provider practice decisions. Increased funding for the state’s health professional loan repayment programs as well as support for evaluation of program outcomes has been a frequent subject of Health Workforce Council recommendations over the past 10 years.

Loan repayment programs can make a dramatic difference in the lives of the beneficiaries.

However, given the extraordinary growth in educational debt over the past 10 years, loan repayment should not be the sole policy focus to address education costs. The many applicants to the Washington Health Corps, the state’s loan repayment program for healthcare workers, have debt that far exceeds the maximum award amount of \$75,000.

The following recommendations offer a range of approaches to address these challenges. It’s important to acknowledge that the cost of higher education, particularly at the graduate level, likely deters a portion of potential students entirely. Additionally, some health professionals have debt amounts that far exceed the loan repayment amount awarded by the state and federal programs.

2022 Loan Debt for Select Washington Health Corps Professions		
Profession	Average Loan Balance	Debt Range
Licensed Practical Nurses	\$26,446	\$1K-\$77K
Registered Nurses	\$43,941	\$7K-\$141K
Nurse Practitioners	\$94,345	\$3K-\$207K
Nurse Midwives	\$106,808	\$71K-\$171K
Clinical Psychologists	\$322,171	\$118K-\$691K
Social Workers	\$110,059	\$21K-\$324K
Marriage/Family Therapists	\$145,153	\$88K-\$201K
Mental Health Counselors	\$126,451	\$12K-\$500K
SUD Professionals	\$49,755	\$5K-\$164K

Source: Washington Student Achievement Council

Recommendation 3a: As a short-term strategy, the Council recommends policymakers appropriate additional funds to support both behavioral health and other health professional loan repayment awards through the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.

Recommendation 3b: As part of supporting the investments made in loan repayment programs in Washington, the Council recommends policymakers appropriate funds to support administration of the Washington Health Corps and require an evaluation of program outcomes

Policymakers should create a comprehensive framework to address the high cost of education and its effect on the health workforce. A suite of tools is needed to accomplish a variety of health workforce goals. Conditional scholarships, loan repayment programs, and the Federal Public Service Loan Forgiveness program can work in tandem to provide targeted relief to a broader cross section of the health workforce than loan repayment alone. It is also key to invest in evaluation to learn about program outcomes. In the case of the state loan repayment programs, millions of dollars have been invested since 2013 – the time of the last program evaluation. An evaluation can help the state determine what is working and potentially support further investment. Assessment of the program can also seek to identify any blind spots that might be causing inequitable program access.

Washington also needs to expand strategies to address the prevalence and high level of educational debt that cannot be dealt with via loan repayment programs alone. The U.S. Department of Education’s Public Service Loan Forgiveness Program offers a pathway to significant debt relief for employees of eligible healthcare employers — both government agencies and 501(c)3 nonprofits. However, receiving loan forgiveness is a complicated process, not all employers and their staff are aware that they qualify for the program, and workers need assistance navigating the necessary steps.

Recommendation 3c: As a middle and long-term strategy, policymakers should require eligible healthcare employers to provide Public Service Loan Forgiveness educational materials and information about the Office of the Student Loan Advocate at the Washington Student Achievement Council when hiring a new employee, annually, and at the time of separation. Within already appropriated resources, the Office of the Student Loan Advocate should conduct outreach to eligible healthcare employers and assess if additional staff members are warranted to serve demand.

Another goal of the Health Workforce Council, since 2002, has been to support increased workforce entry by individuals who come from communities underrepresented in the health workforce. The cost of higher education, particularly at the graduate level, likely deters a portion of potential students entirely. Conditional scholarships, also known as conditional grants, provide financial assistance to a student in return for an agreement to work in a certain sector or employer upon graduation. Ballmer Group, a private philanthropy, has made a significant investment in conditional grants via a donation to the University of Washington (UW) School of Social Work. This investment will provide grants to master's level behavioral health students and is being carried-out by 13 universities across Washington. Successful conditional grants could help Washington make strides towards greater diversity in the clinical behavioral health workforce.

Recommendation 3d: As a middle- and long-term strategy, if the philanthropically funded conditional grant program demonstrates successful outcomes in training and retaining a diverse master's-level workforce for community behavioral health settings, policymakers should provide funding to continue the program beginning in the 2025-26 biennial budget. Additionally, the Council should determine if successful outcomes could translate to other targeted health professions and make recommendations to expand conditional grant available to include other health occupations beyond behavioral health roles

Council Project Update: Behavioral Health Workforce Advisory Committee

Adapted from the 2022 Behavioral Health Workforce Assessment: A report of the Behavioral Health Workforce Advisory Committee

The Workforce Board, along with many members of the Health Workforce Council, has led efforts to address recruitment and retention of the behavioral health workforce since 2016. The Behavioral Health Workforce Advisory Committee (BHWAC), a group of stakeholders convened by the Workforce Board since 2016 and formalized by the Legislature in 2021, includes health facility leaders, behavioral health providers, educators, organized labor, not-for-profit organizations, state, tribal, and local government agencies, and many more. BHWAC produced a final report in 2022, as charged in the 2021 state budget, to assess the progress of recommendations from the previous assessments and update actionable policy recommendations.

The BHWAC found that while Washington’s COVID-19 pandemic state of emergency has ended, pandemic effects continue to reverberate through the behavioral health sector. Prior to March 2020, the state was already experiencing the challenges of ensuring a workforce sufficient to serve the behavioral health needs of Washington’s residents. Throughout the pandemic, the need for behavioral health services continued to grow. The number of children and teens needing behavioral health services, particularly crisis services, has remained higher than was typical before the pandemic.⁶ Deaths from drug overdoses have continued to increase among Washingtonians of all ages, with a 66 percent increase in deaths in 2021 compared to 2019.⁷

While completing this project, the BHWAC found the existing behavioral health workforce encompasses many highly competent, committed professionals working hard to deliver behavioral health services, but barriers to educational attainment needed to enter or advance in the field, along with recruitment and retention challenges, hamper the state’s ability to meet the behavioral healthcare needs of its residents. While most of this project was retrospective, with the goal of understanding the status of prior recommendations, there was much learned, and each section contains future considerations to advance the work. The state must focus on rebuilding lost capacity, supporting retention of the existing workforce, and making key improvements to better recruit and educate the future workforce. [The full report can be read here.](#)

⁶ [Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19](#), Department of Health, Fourth Quarter Update – 2022

⁷ [Overdose Deaths in Washington top 2,000 in 2021 and continue to rise](#), Department of Health, April 12, 2022

Key Findings

In the review of all the previous work since 2016, stakeholders acknowledged that much had been accomplished. However, significant challenges remain, and workforce recruitment and retention has grown more challenging in the years since the pandemic started. When asked about the specific topics covered in the BHWAC report, stakeholders were consistent in mentioning the following challenges:

Medicaid Reimbursement Rates

- Stakeholders appreciate the Medicaid rate increases approved in 2021 and 2022, Medicaid reimbursement rates, particularly those in community behavioral health, remain too low to provide the level of financial compensation needed to recruit and retain a well-qualified, well-supported workforce.
- Additional rate increases are necessary to maintain services. However, the state also must adopt a longer-term strategy, such as implementation of an alternative payment model, to make sustainable progress on wages.
- The Certified Community Behavioral Health Clinic (CCBHC) model, a prospective payment alternative model, is showing great progress in improving workforce outcomes in states that have fully implemented the model. The BHWAC recommends the state further pursue statewide implementation of CCBHCs.

Broadening strategies to address educational debt in the health workforce

- The cost of higher education, particularly graduate level education, continues to weigh on the behavioral health workforce. Given the extent and degree of student loan debt in the workforce, the BHWAC expanded the recommendations to propose broadening the policy solutions beyond loan repayment. This new series of recommendations seeks to address the effects of education debt across the behavioral health workforce through implementation of a range of strategies including short-, middle-, and long-term.

Research Partnership with WA STEM

In tandem with the BHWAC's legislative charge, the 2021 Legislature charged the Workforce Board and WA STEM with collaborating on an employer demand projection and talent development pipeline analysis, focused on behavioral health workforce in the state. This includes *"an analysis of behavioral health workforce shortages and challenges, data to inform systems change, and relevant policy recommendations and actions."*⁸

Washington STEM identified behavioral health-specific occupations and credentials, detailed barriers to credentialing, and provided recommendations about increasing the

⁸ ESSB 5902, 2021.

supply of qualified and diverse individuals for behavioral health jobs. Washington STEM developed two dashboards, one on behavioral health-specific projected job openings and one on the quantitative capacity and related barriers for behavioral health-specific credentials and licensing programs.

Washington STEM identified significant barriers to accessing and completing the degrees, credentials, and licenses required to obtain many behavioral health occupations, including Licensed Mental Health Counselor, Behavioral Specialist, and Health Informatics Specialist. Despite earning credentials and/or licenses, professionals in behavioral health careers will find that only 31 percent of those jobs pay a family-sustaining wage (sufficient to support a single adult and infant). Similarly, 82 percent of behavioral health jobs require a postsecondary credential. This disparity may lead to lack of credential completion, burnout, and high debt-to-income ratios, among other supply and retention issues. For instance, the need for postsecondary credentials combined with low wages can make it difficult to pay off student loans, forcing behavioral health workers to leave the field in favor of higher wages.

Washington STEM provides several recommendations to address these findings, including increased funding for expanded capacity in particular credentialing programs, increased support for lowering tuition or forgiveness of loans, and increased support of programming in K-12 to expose and prepare students for behavioral health pathways.

Research Partnership with UW Center for Health Workforce Studies

To better understand whether the structure of the behavioral health workforce pipeline is meeting employers' needs for client care, and if Washington's system is providing the appropriate mastery levels of competencies and skills to address the complex needs of the patient population, the Workforce Board partnered with the UW Center for Health Workforce Studies to conduct a qualitative study.

The study sought to identify stakeholders' concerns and related recommendations regarding the education and training of Washington's behavioral health workforce. Conducted in Spring 2022, key findings include:

- New graduates in behavioral health occupations tend to be more prepared for private practice than for work in community settings.
- Case management is an important skill in community settings, but it is often not well developed in new graduates.
- Frequently, specific practical skills and knowledge are weak or lacking among new hires.
- Functioning effectively in integrated care settings remains a formidable challenge for both new and existing staff.

- While some employers are hiring more bachelor’s-level workers, there is potential to expand this workforce if appropriate educational and financial models are available.
- Supervision, mentorship, and general staff support are needed for both the new and incumbent behavioral health workforce.
- Increasing numbers of providers are obtaining their education through online learning.

In order to further understanding of the key competencies behavioral health employers need from the master’s prepared⁹ behavioral health workforce, a module was prepared for employers responding to the Fall 2022 Sentinel Network data collection period. The Sentinel Network (covered in depth on page 12 of this report) utilizes data and responses from a voluntary short survey of Washington’s healthcare employers (“Sentinels”), which collects qualitative information regarding changes in health workforce demand across the state.

In Fall 2022, 20 respondents representing 38 facilities employing behavioral health workers in a variety of occupations were asked about the skills, knowledge and educational preparation of applicants and newly hired behavioral health employees. Most (85%) respondents indicated these new entrants were somewhat or not well prepared for practice in their facility type, with half or more indicating this workforce was not well prepared in interdisciplinary team-based care as well as with working with high utilizers/high need populations. In response to themes identified from recent interviews with key informants across the state, nearly all (92%) of the Sentinel Network respondents agreed that behavioral health education programs should provide students with early exposure to, and experiences with, different client populations that they may serve in their careers, and most (84%) agreed new behavioral health education approaches and occupations are welcome, if financially viable. A majority (77%) agreed that distance education improves access to behavioral health education and increases workforce supply

⁹ Master’s prepared behavioral health workforce includes social workers, mental health counselors, and marriage and family therapists.

Council Spotlight: Long-Term Care Workforce

Long-term care (LTC) services are an essential resource for meeting the health, safety, personal care, and quality of life needs of our aging population and individuals with disabilities.

When one considers the struggles of the LTC workforce over the past two decades, it's clear that the current challenges Washington is experiencing are not a new phenomenon nor unique to the state. A 2002 report authored by the Alzheimer's Associations and a 2007 report authored by the Institute for the Future of Aging Services each paint a rather grim picture of the future of LTC staffing. Two decades later, the message remains the same.¹⁰ Some would argue that the situation has worsened with the onset of the pandemic and there is evidence to support this viewpoint.^{11,12}

A report of survey results presented by the American Healthcare Association and National Center for Assisted Living (AHCA/NCAL)¹³ highlighted the staffing crisis at the height of the pandemic. The results, summarized in the box at right, revealed the challenges facing the more than 14,000 nursing homes and long-term care facilities across the country.

A 2022 follow-up report from AHCA/NCAL¹⁴ reported that nationally, 229,000 caregivers left the workforce during the pandemic (14 percent of the total LTC workforce in the United

2021 AHCA/NCAL survey results

86 percent of nursing homes and 77 percent of assisted living providers said their workforce situation has gotten worse over the last three months.

Nearly every nursing home (99 percent) and assisted living facility (96 percent) in the U.S. is facing a staffing shortage.

Due to these shortages, nearly every nursing home and assisted living community is asking staff to work overtime or extra shifts.

Nearly 70 percent of nursing homes are having to hire expensive agency staff. 58 percent of nursing homes are limiting new admissions.

78 percent of nursing homes and 61 percent of assisted living facilities are concerned workforce challenges might force them to close.

¹⁰ Bianca Frogner. August 2022. Report to the Health Care Cost Transparency Board. [Influence of health workforce trends on health spending growth.](#)

¹¹ Ibid

¹² Poon, Y.S.R., Lin, Y.P., Griffiths, P. *et al.* [A global overview of healthcare workers' turnover intention amid COVID-19 pandemic: a systematic review with future directions.](#) *Human Resource Health* 20, 70 (2022).

¹³ AHCA/NCAL/Communications & News/Press Releases/Survey: Nearly Every US Nursing Home and Assisted Living Community is Facing a Workforce Crisis. 2022 September 21.

¹⁴ AHCA/NCAL/Communications & News/Press Releases/ Historic Staffing Shortages Continue to Force Nursing Homes to Limit Admissions, Creating Bottlenecks at Hospitals and Reducing Access to Care for Seniors. 2022 July 14.

States). Despite the lifting of the state's COVID-19 pandemic state of emergency, LTC has not experienced a staffing recovery.¹⁵ LTC continues to experience staffing difficulties across the board. However, nursing seems most impacted, with nursing assistant staffing at LTC facilities remaining at approximately 6 percent below pre-pandemic levels. Employers participating in the Washington Health Workforce Sentinel Network 2022 data collection efforts reported exceptionally long vacancies for nursing assistants, licensed practical nurses, and registered nurses, as well as food services workers. For more workforce information from Washington LTC employers, please see the LTC facility Sentinel Network information available on page 15.

The COVID-19 pandemic was not the sole cause of extreme LTC staffing shortages seen in 2022; it exacerbated an already tenuous staffing situation in all of healthcare. LTC facilities were especially hard hit as staff fled from fear, exhaustion, illness, and burnout. As the pandemic took its course and the frequency and severity of outbreaks were reduced, staff did not return to their previous positions. Even now, approaching the three-year anniversary of the pandemic, long-term care facilities continue to struggle to recruit and retain staff at all levels. Couple this with a growing population of elderly Washingtonians seeking care, many with higher acuity needs and facing multiple diseases and medical conditions, and the concern becomes even more dire.

Impacts of the Shortages

Hospital Discharges: Hospitals face a challenge in the care of their patients that many have described as a crisis. Hospitals rely on LTC facilities to care for their patients as part of a continuum of care that is vital to recovery. Recent reports regarding the curtailing of hospital admissions at Harborview Medical Center in Seattle¹⁶ shed some light on a situation that has been exacerbated by a system stretched to the limits by the pandemic. A February 2022 report in Forbes magazine describes the impact that the staffing shortages in skilled nursing and home health services are causing severe challenges for hospitals across the country.¹⁷

Closer to home, Yakima Valley Memorial Hospital reported that it lost millions of dollars in the first part of 2022.¹⁸ Similarly, Yakima Valley's other two hospitals in Sunnyside and Toppenish lost money during the first quarter of 2022.¹⁹ Across the state, it is estimated that Washington hospitals lost approximately \$929 million during the first quarter of

¹⁵ [National Health Workforce Trends, Presentation to the Health Workforce Council, Oct. 13, 2022.](#)

¹⁶ Erica Zucco, King 5 News. August 2022. [Problems persist at Washington Hospital due to lack of long-term, care options.](#)

¹⁷ Gleckman, Howard. February 2022. [How Nursing Home Staff Shortages are Hurting Hospital Care.](#)

¹⁸ Donofrio, Joel. September 19, 2022. Yakima Valley Memorial Hospital lost millions during the first part of 2022.

¹⁹ Ibid.

2022, much of it due to labor and supply costs as well as an inability to discharge to long-term care facilities who are unable to take more new patients due to their staffing crises.

LTC financial losses: Prior to the start of the pandemic, nursing homes routinely lost money due to insufficient reimbursements as well as takebacks and penalties from the Centers for Medicare and Medicaid Services (CMS).²⁰ Providers, for years, had complained that Medicaid rates were insufficient to cover the costs of care for long term residents. Many facilities offset these losses through Medicare reimbursements for short-term rehab services which included physical therapy. A 2021 AHCA/NCAL report projected that the long-term care industry was projected to lose \$94 billion in 2020-2021, much of it due to costs associated with the pandemic.²¹ All of the uncertainty has resulted in the forced closure of hundreds of nursing homes across the country due to the excessive financial losses,²² resulting in significant job losses.

Factors Influencing a Stable Workforce in LTC

Skilled Nursing and Assisted Living facilities account for 21 percent of the state's direct care workforce.²³ When considering the LTC staffing challenges, a wide range of factors are recognized as contributors to the problem.²⁴ Pay and benefits,²⁵ education, career advancement, and employee satisfaction²⁶ are very important. Other factors must also be considered. Today's healthcare workers are challenged in ways the workforce has not been before. Quality of life,²⁷ work-life balance, inflation,

Challenges impacting LTC workforce

- Healthcare worker support
- Educational opportunity
- Job perception
- Job flexibility
- Competition for healthcare workers
- Recruiting and retention
- Career development
- Pay and benefits

²⁰ Daly, Rich. August 24, 2020. [Majority of Nursing Homes are operating at a loss, survey finds](#). Healthcare Financial Management Association.

²¹ AHCA/NCAL/Communications & News/Press Releases. February 17, 2021. [COVID-19 Exacerbates Financial Challenges of Long-Term Care Facilities](#).

²² Reiland, Jordyn. August 3, 2022. [Staffing Woes, Rising Costs Continue to Force Nursing Homes Nationwide to Shutter](#).

²³ Carma Matti-Jackson. Jan 2021. [The Critical Hour for Long-Term Care](#). A Data Driven Review: Direct Care Workforce.

²⁴ Bryant, O A. (2017) [Employee Turnover in the Long-Term Care Industry](#). Walden Dissertations and Doctoral Studies.

²⁵ Dill, J. S., Morgan, J. C., & Marshall, V. W. (2013). Contingency, employment intentions, and retention of vulnerable low-wage workers: An examination of nursing assistants in nursing homes. *The Gerontologist*, 53, 222-234.

²⁶ Bishop, C. E., Squillace, M. R., Meagher, J., Anderson, W. L., & Wiener, J. M. (2009). Nursing home work practices and nursing assistants' job satisfaction. *Gerontologist*, 49, 611-622. doi:10.1093/geront/gnp040

²⁷ Zavala MO, Klinj TP, Carrillo KL. Quality of life in the workplace for nursing staff at public healthcare institutions. *Rev Lat Am Enfermagem*. 2016 Aug 8.

low unemployment, health emergencies,²⁸ public and professional perception,^{29,30} and LTC leadership^{31,32,33} are key factors that play a significant role in the stability of this workforce.

Health Workforce Council and Workforce Board Efforts

Addressing the LTC workforce challenges will require deviation from the status quo. The 2007 report by the Institute for the Aging Services suggest changes that are still relevant today and could benefit the stability of the LTC workforce now and into the future, including,³⁴

- Modernizing the image of long-term care
- Reducing negative stereotyping of the industry
- Attracting large numbers of new and qualified personnel
- Making jobs more competitive
- Reforming working conditions that make them more attractive
- Introducing more flexible and relevant approaches to education, credentialing and ongoing training
- Providing personnel with more career mobility
- Moderating the demand for new personnel
- Reinventing the paradigm of long-term care services financing, organization and delivery

Currently, the Workforce Board has two significant efforts underway to address the LTC workforce challenges, funded during the 2022 Legislative Session.

The Workforce Board is now fully engaged in the Nursing Assistant-Certified (NA-C) to Licensed Practical Nurse (LPN) Registered Apprenticeship program development and the Long-Term Care Workforce Initiative. The two distinct projects have invited stakeholders to contribute to a multi-disciplinary coalition that will provide guidance

²⁸ Bianca Frogner. August 2022. Report to the Health Care Cost Transparency Board. [Influence of health workforce trends on health spending growth.](#)

²⁹ Diane Capek, April 2012. [Commentary: Changing Perceptions of Long-Term Care Nursing.](#)

³⁰ Albert Munanga, Spring/Summer 2020. Washington Nurse. [Busting Myths about long-term care nursing.](#)

³¹ Carey Peerman. Spring 2022. [Validating the Perception: Perceived Leadership Styles Among Nursing Home Administrators.](#) *J. Health Administration Education.*

³² Alsayed, A., Motaghi, M., & Osman, I. (2012). The use of the Multifactor Leadership Questionnaire and Communication Satisfaction Questionnaire in Palestine: A research note. *International Journal of Scientific and Research Publications*, 2(11), 1–9

³³ Donoghue, C. (2009). Leadership styles of nursing home administrators and their association with staff turnover. *The Gerontologist*, 49(2), 166–174.

³⁴ *The Long Term-Care Workforce: Can the Crisis be Fixed?* 2007. Prepared for the National Commission for Quality Long-Term Care. Institute for the Future of Aging Services.

towards the development of solutions to address the complex workforce challenges in long-term care.

LTC Workforce Initiative

The LTC Workforce Initiative has begun efforts to address the workforce challenges in long-term care. In partnership with healthcare workers, providers, educators, advocates, and policymakers, the initiative has begun to lay the groundwork to provide information and recommendations to policymakers that will eventually contribute to the remedies needed to stabilize and strengthen the LTC workforce. The ongoing efforts include

- The Workforce Board hosted a virtual kickoff meeting on October 18th with additional meetings being scheduled through 2023.
- Initial development of a comprehensive research design into factors impacting the LTC workforce and how workforce interventions could improve patient care outcomes and satisfaction. Workforce Board staff will begin soliciting proposals for research efforts in early 2023.
- Creation and early assignment of subcommittees to focus on specific aspects of the long-term care workforce.

LTC Registered Apprenticeship

In the 2021 Legislative Session, the state's Nursing Quality Care Assurance Commission (Commission) received funding to develop a plan for a registered apprenticeship program that would create a pipeline for home care aides and nursing assistant to the profession of licensed practical nurse. The Workforce Board was subsequently charged in the 2022 Legislative Session with implementation of that plan.

The LPN Registered Apprenticeship Program has made significant progress in the development of the program for LPNs in long-term care. The working partnership with LTC employers, community and technical colleges, the Nursing Commission, Labor and Industries, and the Workforce Board has successfully made advances in the LPN Registered Apprenticeship effort that include:

- Development of a Request for Proposals (RFP) to establish and operate for two years an Apprenticeship Sponsor. The RFP was posted by the Department of Enterprise Services in early October and will close in December (Details can be found on the Workforce Board's [Long-Term Care](#) page).
- Creation of an application for the recruitment of NACs by participating employers into the pre-requisite classroom training portion of the LPN program.
- Hiring two Apprenticeship Navigator positions who will work with the NACs and stakeholders involved in the apprenticeship program.
- Receipt of a federal appropriation, sponsored by Senator Patty Murray and Representative Dan Newhouse, in the form of a grant from the Health Resources

and Services Administration (HRSA) to Yakima Valley College to develop curriculum for the apprenticeship program and provide scholarship funds for participating NACs.

- Convening of a curriculum development team between the participating community colleges, led by Edmonds College. The team will develop the curriculum for the apprentices, which will include an online component for virtual learning, which will ultimately allow for expansion across the state.

Healthcare Personnel Data

Since forming in 2002, the Council has brought attention to current and projected shortages in skilled workers needed to fill key healthcare occupations, and proposed strategies to fill these gaps. Although progress has been made to close certain workforce gaps, continued shortages in key occupations remain pervasive in the healthcare industry, particularly when it comes to recruiting and retaining healthcare professionals in Washington’s rural and underserved communities.

For this report, Workforce Board staff collected and analyzed the supply of individuals completing Washington healthcare education programs over the past five years. Research staff also reviewed employment data for key occupations to provide greater insight on the state’s current and projected health workforce needs.

Healthcare Education/Training Program Completions

Education and training completion information in this report includes all Title IV public and private degree-granting schools in Washington as well as 300+ private career schools offering short-term training and certificates. Also included are individuals completing Home Health Aide training through SEIU 775 Benefits Group. The following table shows completions for over 80 healthcare education and training programs for a one-year period spanning July 1, 2020 to June 30, 2021 (labeled 2021 for ease of reading). The table includes the five-year average annual completion numbers for each training program for perspective.

NOTE: Completion numbers do not necessarily translate to workers filling positions. Some programs require additional training, clinical work, licensing/certification requirements, or residency after completion, so program completers may not immediately enter the workforce. In addition, some practice areas are experiencing more severe workforce gaps due to increasing demand for services, new regulations, challenges with recruitment and retention, and other factors. Frequently cited examples of healthcare areas with profound workforce challenges include long-term care and behavioral health.

Dramatic Decrease in Healthcare Program Completions Continues in 2021

For many years, the state saw an increasing number of Washington residents enrolling in, and completing, healthcare programs to prepare for a variety of healthcare occupations. Healthcare has been a thriving occupation area for a range of training opportunities from the entry level to graduate and professional education. The state has successfully pushed to expand capacity in healthcare training programs, and in some areas provided additional support such as funds to support higher salaries for nursing faculty at community and technical college nursing programs.

The data in the following table illustrates an alarming drop during the last two years in overall healthcare program completions, particularly in short-term programs (though some programs experienced a small increase). The Council's annual report typically benchmarks completion information against the year before. Since 2020 was such a disrupted year for the education and training system, Council staff elected to compare 2021 completions to 2019 to better understand lingering effects from pandemic disruptions. As noted earlier, the time period covered in this report includes just the first year and a half of the COVID-19 pandemic. Administrative data from 2022 is not yet available.

As recently as the 2019 reporting period, the Workforce Board tracked nearly 30,000 program completions. Two years later, **that number had dropped to 22,478 completions** (6,651 reduction) across a wide range of healthcare occupations, typically in entry-level roles. Across all professions, that works out to an annual 11.4 percent drop in completions during the two years ending in 2021.

This is highly concerning, with potentially severe ongoing healthcare workforce implications. Washington experienced almost 7,000 fewer entrants for a career in health occupations in two years. The reductions are greatest among nursing assistants and home care aides, professions that serve as key entry points to the health workforce. Nursing assistants are also trained by skilled nursing facilities. Those completions are not reflected in the tables but long-term care stakeholders report that skilled nursing facilities are running their cohorts half full or putting programs on hold due to insufficient applicants. The Nursing Commission reported a decline in licensed nursing assistants (both certified and registered) from a recent high of 76,178 in December of calendar year 2016 to 73,004 licensed in October of 2022.

Reductions also appear in other high-demand professions such as substance use disorder counselors (down 57 completions, or 17 percent, from 2019) and medical assistants, (down 193 completions, or 9 percent, from 2019). Some of the information showing reduced completions could be due to regulatory waivers that were in place during the pandemic state of emergency. It's also possible that students' educations are still delayed, and some professions will show rebounds in the 2022 data, when available.

Anecdotally, Council staff have heard from several community and technical college stakeholders that student demand for some allied health professions at their institutions has declined. If student demand for some training programs has softened, expanding program sizes would not necessarily help reverse the completion trends despite high employer demand for workers.

As a bright spot, some health professions showed increases, such as medical school completions, especially as 2021 was the first graduating class from Washington State University Elson S. Floyd College of Medicine. Those physicians are now completing their

residency programs and will start independent practice in three or more years, depending on the length of their programs.

There are also positive developments such as the growing role of registered apprenticeships in some professions. Medical assistant apprenticeship completions in particular are increasing, with 132 of the 1,915 total completions (7 percent) coming from registered apprenticeship programs. This represents a substantial increase from the 49 apprenticeship completions in 2017.

The information displayed in the tables should be taken with caution still as the effects of the pandemic continue to affect the education and training system, including typical completion times. For example, dental hygiene appeared to show a dramatic increase in graduates in 2021. Upon closer examination it appears likely many of those hygiene students were due to graduate in 2020 but were delayed until the following year. The average number of dental hygiene completions across 2020 and 2021 was 218, only eight individuals more than 2019.

Registered nursing (RN) program completions appeared to hold steady compared to 2019, with 3,432 RNs finishing their training: a 1.2 percent increase from 2019. However, when 2020 and 2021 completions are averaged together, there appears to be a drop per year from 2019, showing that some nurses may have had their educational experience disrupted.

The COVID-19 pandemic continues to have repercussions for the education and training system. Despite the end of the state of emergency, there will not be a quick improvement to the supply of healthcare workers, as the effects of the completion drop will persist. Programs would need to increase their cohort sizes over the next several years to compensate for the decrease, and it is not clear there is current demand for the entry-level credentials.

The Council will continue monitoring completion numbers across a range of occupations to identify where appropriate changes or investments may be required to reverse worrisome downward trends in this sector.

The following table includes completion numbers for 2019, 2020, and 2021, as well as the average completions during 2017-2021, to provide a more comprehensive perspective on recent completion trends. For ease of reading, the 2019-21 Change column uses red for those programs that dropped in completions, and green for those that increased.

Health Education Program Type	Average Completions 2017 - 2021	Program Completions			Actual Change 2019-2021	Percentage Change 2019-2021
		2019	2020	2021		
Acupuncture and Eastern Medicine	60	71	50	46	(25)	-35.2%
Athletic Training/Trainer	35	34	37	36	2	5.9%
Audiology/Audiologist and Speech-Language Pathology/Pathologist	48	50	46	42	(8)	-16.0%
Clinical Laboratory Science/Medical Technology	37	44	31	31	(13)	-29.5%
Clinical Psychology	32	22	31	27	5	22.7%
Clinical/Medical Laboratory Assistant	40	38	40	32	(6)	-15.8%
Clinical/Medical Laboratory Technician	29	33	30	27	(6)	-18.2%
Clinical/Medical Social Work	22			110	NA	NA
Communication Sciences and Disorders, General	111	106	130	108	2	1.9%
Community Health Services/Liaison/Counseling	67	30	88	91	61	203.3%
Counseling Psychology	181	184	169	139	(45)	-24.5%
Counselor Education/School Counseling and Guidance Services	108	127	90	95	(32)	-25.2%
Dental Assisting/Assistant	1,038	1,096	956	1,091	(5)	-0.5%
Dental Hygiene/Hygienist	220	210	93	344	134	63.8%
Dentistry	66	66	71	66	0	0.0%
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	77	74	85	82	8	10.8%
Dietetics/Dietitian	92	118	190	100	(18)	-15.3%
Electrocardiograph Technology/Technician	32	54	54	34	(20)	-37.0%
Emergency Care Attendant (EMT Ambulance)	687	766	399	597	(169)	-22.1%

Health Education Program Type	Average Completions 2017 - 2021	Program Completions			Actual Change 2019- 2021	Percentage Change 2019-2021
		2019	2020	2021		
Emergency Medical Technology/Technician (EMT Paramedic)	312	277	301	406	129	46.6%
Environmental Health	43	58	50	41	(17)	-29.3%
Health and Wellness, General	21	25	25	28	3	12.0%
Health Information/Medical Records Administration	63	68	51	88	20	29.4%
Health Information/Medical Records Technology/Technician	157	167	117	120	(47)	-28.1%
Health Services Administration	43	46	47	52	6	13.0%
Health Services/Allied Health/Health Sciences, General	263	269	284	302	33	12.3%
Health Unit Coordinator/Ward Clerk	32	37	21	22	(15)	-40.5%
Health/Health Care Administration/Management	130	132	133	124	(8)	-6.1%
Hearing Instrument Specialist	23	28	24	15	(13)	-46.4%
Home Health Aide/Home Attendant*	5,650	6,422	5,090	2,779	(3,643)	-56.7%
Hypnotherapy/Hypnotherapist	213	290	168	173	(117)	-40.3%
Industrial and Organizational Psychology	34	30	33	30	0	0.0%
International Public Health/International Health	44	54	49	39	(15)	-27.8%
Licensed Practical Nurse Training	322	244	244	211	(33)	-13.5%
Marriage and Family Therapy/Counseling	106	88	129	140	52	59.1%
Massage Therapy	660	597	531	376	(221)	-37.0%
Medical Administrative/ Executive Assistant and Medical Secretary	190	179	153	159	(20)	-11.2%
Medical Insurance Coding Specialist/Coder	220	217	185	224	7	3.2%
Medical Insurance Specialist/Medical Biller	84	89	79	66	(23)	-25.8%

Health Education Program Type	Average Completions 2017 - 2021	Program Completions			Actual Change 2019-2021	Percentage Change 2019-2021
		2019	2020	2021		
Medical Office Assistant/Specialist	261	343	364	74	(269)	-78.4%
Medical Office Management/Administration	57	54	48	48	(6)	-11.1%
Medical Radiologic Technology/Science - Radiation Therapist	90	72	91	74	2	2.8%
Medical Reception	64	71	56	35	(36)	-50.7%
Medical Transcription	45	46	25	12	(34)	-73.9%
Medical/Clinical Assistant	1,923	2,108	1,629	1,915	(193)	-9.2%
Medical/Health Management and Clinical Assistant/Specialist	36	28	29	36	8	28.6%
Medicine (MD)	263	253	262	341	88	34.8%
Mental and Social Health Services and Allied Professions, Other	137	155	34	58	(97)	-62.6%
Mental Health Counseling/Counselor	66	59	79	98	39	66.1%
Naturopathic Medicine	144	183	148	125	(58)	-31.7%
Nursing Assistant/Aide and Patient Care Assistant/Aide	5,441	5,981	5,123	3,527	(2,454)	-41.0%
Occupational Therapist Assistant	88	104	69	80	(24)	-23.1%
Occupational Therapy/Therapist	93	86	90	100	14	16.3%
Orthotist/Prosthetist	21	16	25	14	(2)	-12.5%
Osteopathic Medicine	135	134	140	135	1	0.7%
Pharmacist	232	229	258	269	40	17.5%
Pharmacy Technician	212	227	139	206	(21)	-9.3%
Phlebotomist	716	682	615	888	206	30.2%
Physical Therapy Assistant	146	132	116	177	45	34.1%
Physical Therapy/Therapist	126	123	137	131	8	6.5%
Physician Associate/Assistant	143	157	129	156	(1)	-0.6%
Psychiatric/Mental Health Services Technician	24	22	20	21	(1)	-4.5%
Psychology, General	70	64	64	59	(5)	-7.8%

Health Education Program Type	Average Completions 2017 - 2021	Program Completions			Actual Change 2019-2021	Percentage Change 2019-2021
		2019	2020	2021		
Public Health Education and Promotion	25	32	23	31	(1)	-3.1%
Public Health, General	366	368	344	412	44	12.0%
Radiologic Technology/Science - Radiographer	122	114	144	122	8	7.0%
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other	210	235	217	283	48	20.4%
Registered Nurse Training	3,368	3,391	3,142	3,432	41	1.2%
Respiratory Care Therapy/Therapist	30	23	27	47	24	104.3%
Respiratory Therapy Technician/Assistant	42	41	42	22	(19)	-46.3%
School Psychology	54	70	52	64	(6)	-8.6%
Social Work	407	377	495	366	(11)	-2.9%
Social Work, Other	44	54	48	27	(27)	-50.0%
Speech-Language Pathology/Pathologist	110	110	110	109	(1)	-0.9%
Sterile Processing Technology/Technician	44	53	33	35	(18)	-34.0%
Substance Abuse/Addiction Counseling	298	330	275	273	(57)	-17.3%
Surgical Technology/Technologist	135	133	107	172	39	29.3%
Therapeutic Recreation/Recreational Therapy	20	29	13	11	(18)	-62.1%
Youth Services/Administration	32	46	49	3	(43)	-93.5%
Remaining Health Education Program Types (under 20 completions last 5 years) **	7	437	351	446	9	2.1%
TOTAL	27,398	29,129	25,066	22,478	(6,651)	-22.8%

Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2021; Workforce Board Data Reporting System 2021 for private career school completions.

* SEIU 775 Benefits Group contributed to data on home health aides.

** Includes multiple instructional programs. Full details are available upon request.

Healthcare Employment Data

On behalf of the Council, the Workforce Board analyzes employment data and projected openings for select healthcare occupations. The data includes an analysis of approximately 100 healthcare occupations, including the reported average educational program requirement (*as reported by the U.S. Bureau of Labor Statistics*), current employment numbers for that occupation, the projected annual openings due to growth for that occupation, and finally, given career changes and retirements, a projection of actual annual openings expected for this occupation.

Health workforce data is complex and comes from many sources. Often, key data are spread across multiple agencies and organizations. Individual data elements may be held by a number of sources, such as state agencies and professional associations, or contained within licensing surveys. What might seem like a simple question about a specific occupation in a geographic area could involve any number of agencies and organizations tallying their data and calculating their findings slightly differently. Arriving at a firm answer to these types of labor market questions can be challenging.

State-level data on health occupations is generally available and accessible. Even so, this data often does not tell the whole story. Health workforce data without an analysis of additional contributing factors does not always provide the level of detail necessary to make sound decisions on where to invest in training programs and other areas of the health workforce pipeline. Washington's Health Workforce Sentinel Network (see page 12 for more details) gathers ground-level feedback from Washington's healthcare providers on a regular basis, helping to provide a much-needed real-time perspective—particularly for regional data on emerging changes in healthcare personnel needs.

Not included in these data is information on individuals no longer practicing but retaining their license, or providers who serve Washington residents and practice through an endorsement of their license but reside in another state. Most significant is the challenge and expense of obtaining regionally specific data. There may be a distribution issue in some communities, where the number of educated healthcare professionals is higher than the number of available job openings, while other areas of the state struggle to fill open positions. For more on the need for increased access to healthcare demographic data, please see the Council's recommendation on page 28.

The analysis in the table below, performed by research staff at the Workforce Board using data from the state’s Employment Security Department, centers on what are known as projected “growth openings” or jobs within an occupation that are due to either expansion or openings from someone leaving the occupation (to another occupation or leaving the workforce). The adjacent column shows all projected job openings combined for each profession.

It is important to note that most of the data underlying these projections, particularly the rate at which employees leave the profession, were collected about a year after the start of the COVID-19 pandemic (second calendar quarter of 2021). 2022 data is not yet available.

Occupation Title	Typical Education Required	2021 Employment (Q2)	Projected Annual Growth Openings 2025-2030	Projected Annual Job Openings 2025-2030
Ambulance Drivers and Attendants, Except Emergency Medical Technicians	High school diploma or equivalent	53	1	8
Anesthesiologists	Doctoral or professional degree	1,033	7	43
Athletic Trainers	Bachelor's degree	440	13	63
Audiologists	Doctoral or professional degree	426	7	34
Cardiovascular Technologists and Technicians	Associate's degree	1,134	22	134
Child, Family, and School Social Workers	Bachelor's degree	8,599	138	1,142
Chiropractors	Doctoral or professional degree	1,512	54	152
Clergy	Bachelor's degree	4,728	41	685
Clinical Laboratory Technologists and Technicians	Bachelor's degree	6,947	117	720
Community Health Workers	High school diploma or equivalent	3,264	101	604
Community and Social Service Specialists, All Other	Bachelor's degree	2,640	42	390
Counselors, All Other	Master's degree	27,571	718	4,407
Dental Assistants	Postsecondary nondegree award	10,690	259	2,012
Dental Hygienists	Associate's degree	7,560	197	959
Dental Laboratory Technicians	High school diploma or equivalent	768	10	125
Dentists, All Other Specialists	Doctoral or professional degree	93	1	4
Dentists, General	Doctoral or professional degree	4,433	108	359

Occupation Title	Typical Education Required	2021 Employment (Q2)	Projected Annual Growth Openings 2025-2030	Projected Annual Job Openings 2025-2030
Diagnostic Medical Sonographers	Associate's degree	1,838	34	214
Dietetic Technicians	Associate's degree	222	4	26
Dietitians and Nutritionists	Bachelor's degree	1,708	36	205
Directors, Religious Activities and Education	Bachelor's degree	2,633	20	428
Educational, Guidance, and Career Counselors and Advisors	Master's degree	5,840	68	733
Emergency Medical Technicians and Paramedics	Postsecondary nondegree award	4,073	59	408
Epidemiologists	Master's degree	554	17	83
Exercise Physiologists	Bachelor's degree	215	6	28
Family Medicine Physicians	Doctoral or professional degree	1,344	17	75
General Internal Medicine Physicians	Doctoral or professional degree	667	3	25
Genetic Counselors	Master's degree	95	2	11
Health Education Specialists	Bachelor's degree	1,546	19	210
Healthcare Diagnosing or Treating Practitioners, All Other	Postsecondary nondegree award	1,510	30	163
Healthcare Practitioners and Technical Workers, All Other	Postsecondary nondegree award	9,995	176	1,139
Healthcare Social Workers	Master's degree	4,481	84	626
Healthcare Support Workers, All Other	High school diploma or equivalent	3,369	66	598
Hearing Aid Specialists	High school diploma or equivalent	165	3	20
Home Health and Personal Care Aides	High school diploma or equivalent	62,850	2,075	13,267
Licensed Practical and Licensed Vocational Nurses	Postsecondary nondegree award	7,920	90	822
Magnetic Resonance Imaging Technologists	Associate's degree	871	16	100
Marriage and Family Therapists	Master's degree	381	11	63
Massage Therapists	Postsecondary nondegree award	8,865	448	2,278
Medical Appliance Technicians	High school diploma or equivalent	430	12	87
Medical Assistants	Postsecondary nondegree award	16,569	359	2,935
Medical Equipment Preparers	High school diploma or equivalent	1,858	36	329

Occupation Title	Typical Education Required	2021 Employment (Q2)	Projected Annual Growth Openings 2025-2030	Projected Annual Job Openings 2025-2030
Medical Scientists, Except Epidemiologists	Doctoral or professional degree	6,539	141	833
Medical Secretaries and Administrative Assistants	High school diploma or equivalent	8,728	160	1,374
Medical Transcriptionists	Postsecondary nondegree award	1,341	8	205
Mental Health and Substance Abuse Social Workers	Master's degree	2,720	53	386
Nuclear Medicine Technologists	Associate's degree	296	5	34
Nurse Anesthetists	Master's degree	772	12	67
Nurse Midwives	Master's degree	115	2	11
Nurse Practitioners	Master's degree	4,091	236	765
Nursing Assistants	High school diploma or equivalent	34,773	693	6,086
Nursing, Psychiatric, and Home Health Aides	Postsecondary nondegree award	98,573	2,789	19,527
Obstetricians and Gynecologists	Doctoral or professional degree	407	4	21
Occupational Therapists	Master's degree	2,983	79	351
Occupational Therapy Aides	High school diploma or equivalent	114	3	24
Occupational Therapy Assistants	Associate's degree	701	33	179
Ophthalmic Laboratory Technicians	High school diploma or equivalent	970	12	157
Ophthalmic Medical Technicians	Postsecondary nondegree award	1,273	25	152
Opticians, Dispensing	High school diploma or equivalent	2,029	59	307
Optometrists	Doctoral or professional degree	1,547	49	156
Oral and Maxillofacial Surgeons	Doctoral or professional degree	301	7	24
Orderlies	High school diploma or equivalent	481	10	86
Orthodontists	Doctoral or professional degree	103	2	8
Orthotists and Prosthetists	Master's degree	177	4	22
Pediatricians, General	Doctoral or professional degree	817	10	45
Pharmacists	Doctoral or professional degree	7,312	102	507
Pharmacy Aides	High school diploma or equivalent	1,690	11	256
Pharmacy Technicians	High school diploma or equivalent	8,364	109	862
Phlebotomists	Postsecondary nondegree award	2,649	66	489
Physical Therapist Aides	High school diploma or equivalent	708	23	151
Physical Therapist Assistants	Associate's degree	1,674	51	347
Physical Therapists	Doctoral or professional degree	7,483	226	826
Physician Assistants	Master's degree	2,960	86	368

Occupation Title	Typical Education Required	2021 Employment (Q2)	Projected Annual Growth Openings 2025-2030	Projected Annual Job Openings 2025-2030
Physicians, All Other	Doctoral or professional degree	8,916	128	525
Podiatrists	Doctoral or professional degree	269	3	27
Probation Officers and Correctional Treatment Specialists	Bachelor's degree	2,068	7	188
Prosthodontists	Doctoral or professional degree	12	0	0
Psychiatric Aides	High school diploma or equivalent	469	11	88
Psychiatric Technicians	Postsecondary nondegree award	1,222	32	168
Psychiatrists	Doctoral or professional degree	504	9	33
Psychologists, All Other	Master's degree	16,449	289	1,791
Radiation Therapists	Associate's degree	317	6	30
Radiologic Technologists and Technicians	Associate's degree	3,929	66	440
Recreational Therapists	Bachelor's degree	1,402	47	221
Registered Nurses	Associate's degree	61,335	1,106	5,778
Rehabilitation Counselors	Master's degree	4,694	41	544
Religious Workers, All Other	Bachelor's degree	1,172	9	218
Respiratory Therapists	Associate's degree	2,177	43	201
Social Scientists and Related Workers, All Other	Bachelor's degree	1,243	23	171
Social Workers, All Other	Bachelor's degree	989	9	113
Social and Human Service Assistants	High school diploma or equivalent	9,806	254	1,828
Sociologists	Master's degree	142	1	16
Speech-Language Pathologists	Master's degree	3,626	67	380
Surgeons, All Other	Doctoral or professional degree	1,162	17	69
Surgical Technologists	Postsecondary nondegree award	2,309	43	269
Therapists, All Other	Bachelor's degree	271	6	32

Sources: Washington's Employment Security Department, U.S. Bureau of Labor Statistics. Data for projected annual net increase and projected annual openings is for the time period spanning 2024-2029.

Data Details, Limitations, and Potential Discrepancies

Accurately responding to future changes in demand for healthcare workers is challenging. Many factors need to be taken into consideration, including monitoring changes in the healthcare system for labor market effects not predicted in the official

projection. In general, this methodology tends to be conservative in predicting changes to recent trends.

Demand estimates are from occupational projections for Washington developed by ESD under a contract from the U.S. Department of Labor. This national methodology relies heavily on recent trends and national averages. Therefore, it may underestimate emerging overall changes or effects specific to Washington.

As noted previously, most of the data underlying these projections, particularly the rate at which employees leave the profession, were collected in 2021, at a particularly challenging time for this workforce due to the COVID-19 pandemic.