Health Workforce Council

2023 Annual Report

Workforce Training and Education Coordinating Board
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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 the 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. Suzy Ames, President of Peninsula College. The Council is staffed by the Workforce Training and Education Coordinating Board (Workforce Board).

2023 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
Sharon Brown	Accountable Communities of Health
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Executive Summary

The workers, employers, educators, and government entities involved in Washington's health sector stand at a critical juncture as we grapple with a complex and interconnected set of challenges. While the designated Public Health Emergency (PHE) has concluded, the impacts of the past three years and the broader trends that predate 2020 continue to reverberate.

The health workforce faces persistent challenges in retention, working conditions, and for some professions, wages – creating an environment where retention is a formidable hurdle. Due to the interconnected nature of the health sector, staffing challenges in one area or facility can quickly lead to cascading impacts on other facilities and providers as well as patients not receiving timely care and experiencing worse health outcomes.

The Health Workforce Council continued its work in 2023 to study and address topics affecting healthcare workers, employers, and the education system. This report contains updates on Council meetings during the year, analyses of high-demand occupations, educational completions and licensure trends, recommendations in key areas, as well as information about new and ongoing projects.

2023 Progress and New Strategic Priorities Areas

During its meetings in 2023, the Council identified strategic priority areas that align with the strengths of the Council and fit well with opportunities in the current policy environment. Through multiple meetings, discussions, and a ranked choice voting process, Council members identified two strategic priority areas for work.

> ***Council Strategic Priority Area***
> **Health workforce data for planning and policy:** Increase collection, ensure reasonable access, and fund ongoing analysis of health workforce data across multiple data sources.

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 this work remains incomplete. Washington has not had a complete understanding of the demographic make-up nor the geographic distribution of its health workforce.

In 2022, as part of addressing diversity in the health workforce, the Council recommended policymakers provide ongoing funding and the necessary authority to the Department of Health to support continuous collection of healthcare licensee demographic information. The collection effort was to 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 those characteristics change over time.

During the 2023 session the Legislature passed House Bill 1503, sponsored by Rep. Marcus Riccelli, that requires healthcare professionals to provide a set of information to the Department of Health at the time of initial license application and review. The requirement will go into effect in January 2025. The information generated will help workforce planners, researchers, and policymakers understand to what degree Washington is making progress towards the goal of having a workforce that reflects the state's population. These data will also enable better understanding of the distribution and practice characteristics of the workforce.

Council Strategic Priority Area
Rural strategies: Generate rural-specific health workforce strategies that account for unique needs in those communities and support the adoption of those strategies.

The Council recognizes rural communities face challenges in the healthcare workforce that are different from those faced by urban communities, and strategies to address these challenges must be tailored to the unique needs of rural areas. Rural communities themselves are not homogeneous, with rural counties representing both the youngest and oldest populations in the state[1]. The Council and its stakeholders also stress the importance of elevating the voices of rural communities to ensure equitable access to healthcare services and address workforce challenges effectively.

Examples of initiatives targeting rural areas might include developing sustainable education and training programs that allow youth and adults to remain in rural areas, examining successful rural-specific innovations implemented in other states, bringing expertise into rural communities, and exploring telehealth solutions that expand access without supplanting local healthcare resources.

Council efforts will focus on these topics in 2024 through the work of two open-membership subcommittees. The goal will be crafting policy recommendations ahead of the 2025 Legislative session. The Council staff welcomes participation from both Council members, policymakers, and all stakeholders invested in these topics.

Employer Demand, Educational Completions and Licensure Trends

Twice a year, employers participating in Washington's Health Workforce Sentinel Network, a project of the Council, answer a variety of questions about their workforce needs, including their occupations with exceptionally long vacancies. This report pairs a number of these named occupations with information about the completion of training/education programs and the growth of active occupation licenses. Presenting

[1] Office of Financial Management. (2022). *Population by age, mapped by county*. Retrieved Dec. 12, 2023.

this information together helps create a more complete picture about how reported employer recruitment experiences relate to the training and licensure system.

For many in-demand professions, completions and total issued licenses have increased; however, in other cases the number of program completions is declining, indicating a mismatch between the educational/training system and employers' needs. A downward trend in education and license data for medical assistants, substance use disorder professional trainees, medical lab professions, licensed practical nurses, and nursing assistants raises concerns that employer workforce challenges will persist.

It is important for all to recognize how the cumulative impact of broad decreases in available healthcare professionals affects the system, reducing efficiency and access. When employers report recruitment challenges across many different occupations, the effect on the healthcare system is exponentially magnified. As entry level roles go unfilled, the essential tasks completed by these workers must still be done. Anecdotally, the staff who remain – nurses, physicians, and others – take up this additional burden, further contributing to fatigue and attrition.

Recommendations to Policymakers

This year, rather than creating a suite of entirely new recommendations, the Council updated and affirmed their support for the recommendations focused on educational debt burden and community resource needs for the healthcare workforce that were not acted on or only partially acted on by policymakers during 2023. Policymakers are urged to act in 2024 on the following Council recommendations:

Educational Debt

Reissued in 2023

Recommendation 1: The Council recommends policymakers appropriate additional funds to support both behavioral health and other health professional loan repayment awards though the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.

Updated and Reissued in 2023

Recommendation 2: As part of supporting investments made in loan repayment programs in Washington, the Council recommends policymakers appropriate funds for an evaluation of these program outcomes.

Updated and Reissued in 2023

Recommendation 3: The Council recommends policymakers require eligible healthcare employers to provide Public Service Loan Forgiveness educational materials and information about the Office of the Student Loan Advocate when hiring new employees, annually after hiring, and at the time of employee separation. The Office of the Student Loan Advocate should conduct outreach to eligible healthcare employers and assess if additional staff members are needed to serve demand.

Why Addressing Educational Debt Matters: 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. Washington healthcare workers with federal student loans, particularly those in roles with lower wages, are in a tenuous time as federal student loan payments resumed after a more than three-year pause. Healthcare workers may feel the need to transition to roles with higher wages and away from public and nonprofit roles serving high-need patients to cover the return of this monthly expense.

The Council recommends policymakers 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. If Washington policymakers desire more students with few family resources to become highly educated healthcare workers, such as physicians, social workers, and dentists, special consideration should be given to how to decrease upfront cost barriers rather than solely relying on loan repayment or even Public Service Loan Forgiveness.

Community Resources: Child Care, Housing, and Transportation

Updated and Reissued in 2023

Recommendation 4: The Council affirms that access to high-quality, reliable child care, affordable housing, and transportation are key community resources for the current and future healthcare workforce. Having access to these resources in their communities allows the state's healthcare workers to accept and maintain employment. Additionally, child care, housing, and transportation are vital to developing future workforce efforts. Students and educators in the health professions are also highly impacted by lack of access to these community resources. The Council recommends that the Governor and Legislature continue to take action to address the need for dramatically increased access to affordable child care, housing, and transportation services in Washington.

The Council also encourages healthcare employers to consider innovative approaches to help support their workers' needs for these community resources.

Why Addressing Access to Child Care, Housing, and Transportation Matters: In recent years it has become clear that healthcare employers face some measure of recruitment and retention challenges because of the impact of community factors outside of their immediate control. Washington's current and future health workforce depends not only on access to education and training programs, but also high-quality child care and other key community resources, such as affordable housing and transportation.

Rural healthcare employers report they are unable to recruit because they don't have places for workers to live. Urban employers talk of their workers battling long commutes

in exchange for lower cost, but still expensive, housing. Child care has emerged as a key barrier for working parents.

Other Projects

The Council's Long-Term Care Initiative, 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 as well as to provide in-depth policy recommendations to help address the challenges experienced by workers and employers in this subsector.

Health Workforce Council History and Role

Twenty-two 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. 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 to help 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 workforce 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 Washingtonians instead of just 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 page 15). This allowed the Council to take a greater role in connecting the educational community to on-the-ground workforce needs and to more fully explore a wide range of health workforce issues.

Council's Roles Remain Critical

The Council's main roles continue to be serving as a convening group for cross profession and facility discussions about the workforce, providing updates to policymakers on the number of qualified healthcare personnel (by education program) graduating from the state's education and training programs, occupation-specific licensing data, where available, providing insight on the real-time workforce needs of area healthcare providers, and tracking the progress of newly implemented policy solutions. By bringing together a wide range of stakeholders to develop and advocate for sustainable solutions, the Council can identify key policy and funding priorities for the Governor, Legislature, and other policymakers and stakeholders.

Health Workforce Council Year-in-Review

Council members held four meetings in 2023 to hear workforce updates, discuss topics of interest, and identify and prioritize strategic priority areas for the Council's work over the next three to five years.

The March, September, and November meetings were held virtually with meetings broadcast for the public on TVW. In June the Council held its first in person meeting since 2019. The Council vice chairperson, Dr. Suzy Ames, hosted 33 members, staff, and stakeholders at Peninsula College in Port Angeles. Virtual meeting attendance has remained significantly higher than what was typical for the in-person meetings held before March 2020 and the start of the COVID-19 pandemic. Agendas, meeting materials, and summaries can be found here.

March 23, 2023

At the March meeting of the Council, key discussions revolved around advancing healthcare workforce development in Washington. Dr. John McCarthy, Director of the Washington Area Health Education Center (AHEC) Program Office, highlighted the strategic priorities of Washington's AHECs, including enhancing diversity and improving healthcare distribution. Four AHECs, each with distinct initiatives, shared their recent activities aimed at engaging students and promoting healthcare careers. Leigh Christopherson from SEIU Healthcare 1199NW Multi-Employer Training Fund presented the organization's healthcare sector strategy, emphasizing Career Connect Washington Career Launch programs and diversity. Ryan Davis, executive director of the Seattle Jobs Initiative, discussed the Healthcare Industry Leadership Table's efforts in Seattle-King County, with a focus on the nursing workforce, talent pipeline, and anti-racism initiatives.

Attendees also discussed the decline in higher education enrollment trends, particularly in health professions programs. The Council considered its future role, exploring whether to embark on a new comprehensive planning effort or focus on a select few strategic priorities that align with ongoing healthcare workforce initiatives. Potential areas of focus discussed in the March meeting included improving health workforce data, promoting diversity and inclusion, addressing regulatory barriers, and addressing rural healthcare workforce needs. The meeting concluded with updates on the progress of Council priorities during the 2023 Legislative session, including the introduction of HB 1503, sponsored by Rep. Marcus Riccelli. The bill was written to help implement the Council's 2022 recommendation for the Department of Health to collect a basic set of demographic and practice information from all healthcare professionals at the time of initial application and license renewal. Staff testified on behalf of the Council in support of the legislation. On May 9, Governor Inslee signed ESHB 1503 into law. This highlights

the Council's active involvement in shaping the future of healthcare workforce development in Washington.

June 22, 2023

At the June meeting in Port Angeles, the Council embarked on a critical decision-making process to inform its work going forward. The purpose of the meeting was to identify strategic priority areas that align with the strengths of the Council and fit well with opportunities in the current policy environment. Before the June meeting, Council staff held virtual meetings and solicited potential strategic priority areas for the Council and attendees to consider. The meeting was held in person to allow for multiple small group discussions that identified strengths, weakness, opportunities, and threats, along with in-depth small group work on the potential strategic priority areas. All meeting attendees had an opportunity to select their top two choices from among the 11 pre-generated topic areas.

The top five topics receiving votes were the focus of small and large group discussion during the meeting:

- **DATA FOR PLANNING/POLICY:** Increase collection, ensure reasonable access, and resource ongoing analysis of health workforce data across multiple data sources (both qualitative and quantitative).
- **RURAL STRATEGIES:** Generate rural-specific health workforce strategies that account for unique needs in those communities and support the adoption of those strategies.
- **INCREASE COLLABORATION:** Use the position of the Council to drive focused policymaking that targets specific silos between the health, government, and educator sectors.
- **SIMPLIFY THE REGULATORY ENVIRONMENT:** Systematically work to identify laws or rules that don't have a quantifiable impact on patient safety but have unintended consequences of impeding individuals' ability to enter the health workforce or move between different healthcare settings.
- **CLARIFY CAREER PATHWAYS:** Use the position of the Council to advocate for expansion of interconnected, progression-based career pathways in health professions, including both traditional education models and "earn while you learn" models.

September 21, 2023

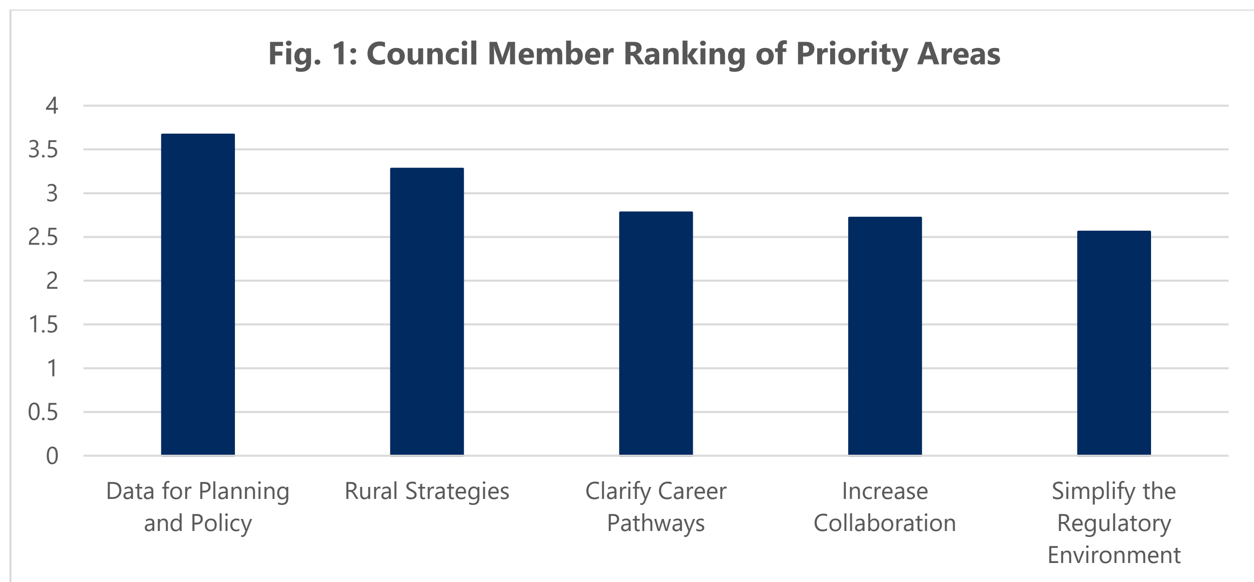
At the September meeting, the attendees had an opportunity to further discuss the five potential priority areas and gather input from those not able to attend the June

meeting. Attendees were asked to keep in mind the Council's role as an advisory, policy-focused convening body that is to provide recommendations to policymakers regarding the health workforce.

Discussions during the meeting revealed varying options on the role of collaboration, the complexity of career pathways, and the appropriateness of the Council leading efforts to simplify the regulatory environment. The meeting concluded with plans to send a summary and survey to Council members to rank the five priority areas discussed, with results to be shared in the November Council meeting.

In September the Council also focused on reviewing and updating their 2022 recommendations for the upcoming 2024 short legislative session considering the progress made during 2023. The three priority areas from 2022 were educational debt burden, child care access, and health workforce data. The Council updated the recommendations as needed but did not make recommendations on new topic areas. The Council is aiming for a more extensive set of recommendations in the 2024 report as more work can be completed for the Council's identified priority areas ahead of the 2025 Legislative session.

Between the September and November meetings, Council staff distributed an electronic ranked choice survey to the Council members. Twenty Council members responded, leading to the selection of "Data for Planning and Policy" and "Rural Strategies" as the first and second ranking priority areas.



November 30, 2023

At the November meeting, Council members and attendees heard a Legislative preview given by Rep. Vandana Slatter, Rep. Alex Ybarra, and Rep Marcus Riccelli about their priorities in the upcoming session. The Council also launched into its initial work on

health workforce data and rural health strategies, hearing from speakers working in both areas.

Lindsey Ruivivar, chief strategy officer for NEW Health, spoke about how the rural federally qualified health center (FQHC) has developed local solutions to their health workforce challenges in northeastern Washington. The FQHC has developed NEW Health University, a locally focused workforce development effort that partners with local K-12 schools to allow students to train and start careers locally. The program focuses on creating pathways from a variety of entry level roles both clinical and non-clinical, like information technology. NEW Health is in the process of developing a regional workforce development center and fundraising for capital costs in partnership with the Chewelah School District. Ms. Ruivivar also shared needs and challenges including more support for rural school districts, capital dollars for workforce development, more rural training options for nurses/dental hygienists and greater program flexibility that accounts for rural limitations.

Gregor Thomas, principal data scientist, Center for Social Sector Analytics and Technology, University of Washington, presented on providing public access to behavioral health workforce data. He stressed the importance of using administrative data for gaining insights into the workforce and highlighted the potential of this data to answer crucial questions, and steer workforce investments. The project is intended to create a behavioral health data portal to make the metrics available to the public and stakeholders for various purposes, such as grant applications, program evaluation, and system impact assessment. The presentation also touched on challenges related to negotiating data sharing agreements, data linking, and the importance of refining metrics for accurate analysis. Mr. Thomas sought feedback and discussion from the audience to enhance the project's alignment with stakeholders' needs. The project is currently collecting data and seeking proviso funding.

Council staff is gathering contact information for individuals interested in participating in the 2024 work; subcommittees will be forming in the winter.

Council Spotlight: Washington's Health Workforce Sentinel Network, Education, and Licensure Data

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 illustrates 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 Washington State Legislature in 2019, the Sentinel Network is a collaboration between the Workforce Board (and the Council) and the University of Washington Center for Health Workforce Studies (CHWS).

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 potential 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 and planners can respond appropriately.

Focus on Employer Needs from a Selection of Healthcare Settings

This year, healthcare employers shared their experiences and suggested solutions to workforce challenges in April and again in October. These frequent check-ins with employers allow educators, regulators, policymakers, and other key stakeholders better understand and, where possible, to adapt to the changing healthcare environment to tailor workforce solutions to the needs of unique sectors and areas of the state. Only a limited data set from Fall 2023 was available in time for the development of this report. The full analysis of the fall 2023 data collection round will be available in early 2024 and can be accessed here.

Summarized below are some of the top issues raised by employers from long-term care, behavioral health, and dental settings, as well as hospitals and rural health clinics during the Spring 2023 data collection period. See the Sentinel Network's dashboards for findings from additional settings and time periods.

These data also offer the opportunity to compare occupations reported by employer sentinels as having exceptionally long vacancies with data about the trends in our state for completion of training/education programs and the total numbers of occupation licensees. Pairing this information helps create a more complete picture about how reported employer recruitment experiences relate to the training and licensure system. For many in-demand professions, completions and total issued licenses have increased; however, in other cases the number of program completions is declining, indicating a mismatch between the educational/training system and employer's needs. It should be

noted that not everyone who completes their health occupation-related education becomes credentialed to work in the state, and many of Washington's healthcare workers are educated in and/or in-migrate from other states, so comparing in-state education completion numbers with workforce demand should be considered an estimate of the match between workforce supply and demand.

Long-Term Care:
Nursing Homes/Skilled Nursing and Assisted Living Facilities

In Spring 2023, the Sentinel Network received 21 responses from long-term care facilities in Washington, including eight from assisted living facilities and 13 from nursing homes and skilled nursing facilities.

The figures below focus on these facilities and highlight the occupations that employers from long-term care facilities identify as having exceptionally long vacancies in recent years. In assisted living facilities, exceptionally long vacancies were reported for nursing assistants (NAs) since 2020, and in 2023 cook/food services workers, health/home care aides (HCAs), and environmental services positions were among the most frequently cited.

Figure 2: Assisted Living Facilities
Occupations with exceptionally long vacancies: 2019-2023

Top occupations cited as having exceptionally long vacancies by date of reporting							
Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	Home health aide or home care aide	Nursing assistant	Nursing assistant	Nursing assistant	Nursing assistant	Licensed practical nurse Registered nurse	Nursing Assistant
2	Licensed practical nurse Registered nurse Nursing assistant	Licensed practical nurse	Licensed practical nurse	Registered nurse	Cook / Food services	Nursing assistant	Cook / Food services Home health aide or home care aide
3	Multiple occupations cited at the same frequency	Registered nurse	Registered nurse Personal care aide	Home health aide or home care aide	Home health aide or home care aide Licensed practical nurse	Cook / Food services	Environmental services
4		Home health aide or home care aide	Cook / Food services Home health aide or home care aide	Licensed practical nurse	Registered nurse	Home health aide or home care aide	Multiple occupations cited at the same frequency
5		Personal care aide Cook / Food services Housekeeping	n/a	Personal care aide	Environmental services	Environmental services	

↑ Most cited

Skilled nursing facility/nursing home employers reported registered nurses (RNs), licensed practical nurses (LPNs), and NAs as the top occupations experiencing

exceptionally long vacancies since Spring 2020. Cook/food services and environmental services are newer occupations that have been cited as having exceptionally long vacancies.

Figure 3: Skilled Nursing Facilities/Nursing Homes Occupations with exceptionally long vacancies: 2019-2023

Top occupations cited as having exceptionally long vacancies by date of reporting							
Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Registered nurse
2	Registered nurse	Registered nurse	Nursing assistant	Licensed practical nurse Nursing assistant	Licensed practical nurse	Licensed practical nurse Registered nurse	Licensed practical nurse Nursing assistant
3	Licensed practical nurse Dentist	Licensed practical nurse	Licensed practical nurse	Occupational therapist Physical therapist	Nursing assistant	Cook / Food services	Cook / Food services
4	Multiple occupations cited at same frequency	Occupational therapy assistant Physical therapist Physical Therapy Assistant	Occupational therapist Physical therapist Social worker Speech-language therapist	Speech-language therapist	Cook / Food services	Dietitian / Nutritionist	Environmental Services Occupational therapy assistant

← Most cited

In Spring 2023, respondents from the different types of long-term care facilities reported a lack of qualified applicants as one of the main reasons for exceptionally long vacancies. Assisted living facilities cited workload and patient acuity issues, not enough applicants, and salary, wage, and benefit issues as additional reasons for exceptionally long vacancies. Skilled nursing facilities/nursing homes also reported issues around salary, wages, and benefits as reasons for these vacancies.

Employer Comments Regarding Recruitment of Long-Term Care Staff

[Regarding HCA] "We are in the same pool as home care agencies, and they can pay a higher pay rate and then they will send them in to fill empty spots that we have. Then we have to pay them [the agency workers] a higher rate which keeps our pay rate lower." – Assisted Living Facility, Spring 2023

[Regarding LPN] "Nurses will take higher wages from another company."
– Nursing Home or Skilled Nursing Facility, Spring 2023

[Regarding RN] Increased competition for licensed professionals, to include wages and bonus incentives which are not equitable across all employers. The reduction in availability of certified healthcare professionals. – Nursing Home or Skilled Nursing Facility, Spring 2023

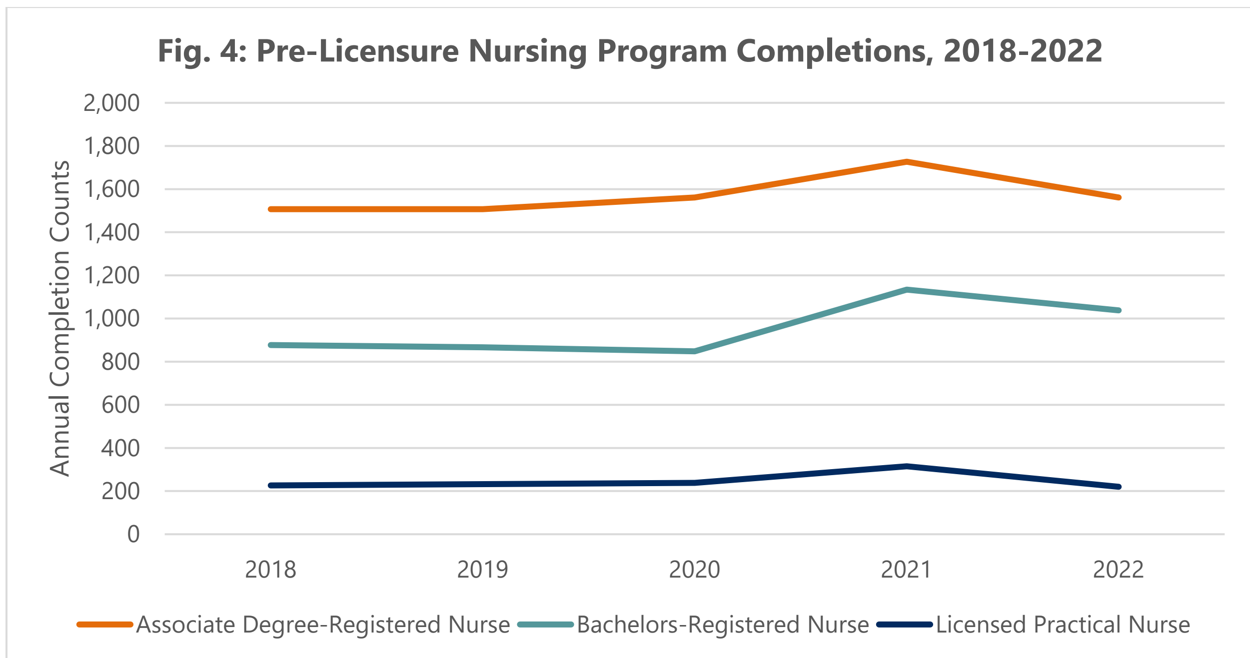
Similar to 2022 findings, respondents from across long-term care facilities reported that another major reason for turnover is staff leaving to look for positions with higher pay rates, flexible schedules, and lower workloads.

There are clear differences in completion and licensure trends between the four occupations – RNs, LPNs, NAs, and HCAs – identified by long-term care employers as having exceptionally long vacancies.

RN and LPN: Training and Education Program Completions

RN program completions (combining associate and bachelor's level nursing degrees) have been stable in recent years. LPN completions had been slowly declining in Washington since 2014[2]. This drop in completions, combined with the consistent feedback from Sentinels about the need for LPNs, was a key reason for the call for a registered apprenticeship program for HCAs/NAs working in long-term care settings to earn their LPN credentials. Washington's community and technical college system is also responding to this demand with a new LPN program, which began at Yakima Valley College in 2021.

While RN completion and licensure trends are discussed in the long-term care facility section, it is important to recognize that employers across multiple facility types, including hospitals, behavioral health, and rural health clinics, identified RN positions as having exceptionally long vacancies.



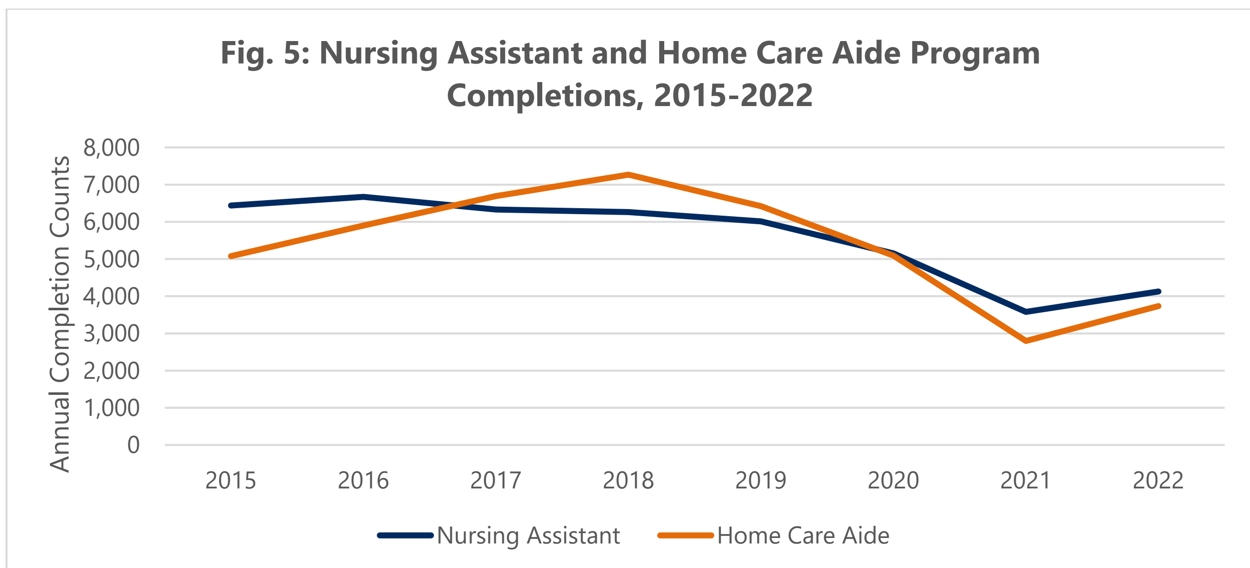
Source: WABON

[2] WABON. (2020). *Nursing Education Programs 2019-2020 Annual School Report: Statistical Summary and Analysis Trends*.

NA and HCA: Training and Education Program Completions

Trends with the NA and HCA professions will be challenging to interpret until more years have elapsed since the expiration of the COVID-19 public health emergency (PHE.) During the PHE, several regulations that impacted training and licensure requirements for NAs and HCAs were suspended. These regulations affecting NA training and testing requirements returned in October 2022. The Washington State Board of Nursing (WABON) and NA training programs have been working on process improvements to streamline the entire NA testing process, smoothing the path into the workforce for NAs after the testing challenges exacerbated by the PHE. Early results of this new approach demonstrate nearly a doubling in student testing volumes with increased focus on local and flexible testing options for NA students. Figure 5 below represents postsecondary and private career school NA and HCA completions as well as training provided by the SEIU 775 Benefits Group to HCAs. Skilled nursing facilities and high school programs also provide NA training and contribute to the available workforce.

SEIU 775 Benefits Group provides the majority of HCA training in Washington and reported that 2022 completions were still artificially depressed by the PHE and have rebounded somewhat in 2023. More information about the HCA and NA workforce are available in the Workforce Board's [2023 Long-Term Care Workforce Initiative Legislative Report].



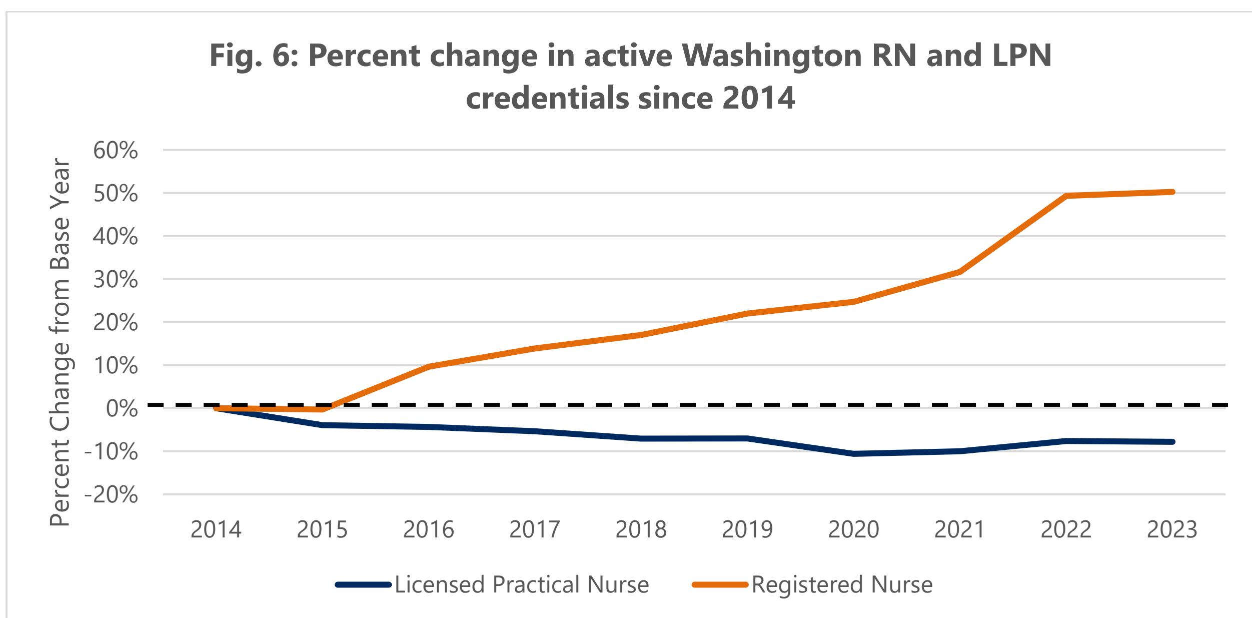
Source: IPEDS 2022, SEIU 775 Benefits Group, Workforce Board Data Reporting System 2022

To minimize the impacts of training and testing requirements on the HCA workforce following the end of the PHE, both Department of Health (DOH) and the Department of Social and Health Services (DSHS) have rules in place to allow for additional time to complete training and certification, depending on employee hire date. A full return to pre-PHE requirements is not anticipated until spring 2025. Additional information about

the current timelines affecting HCA requirements are available from the Department of Health.

RN and LPN: Licensure Trends

Since 2018, licensure data have shown variable trends between the various occupations consistently named by LTC employers as having long vacancies. The number of pre-licensure associate-RN and BSN completions have been steady over the past several years. This contrasts with a 28 percent increase in active RN licenses since 2018. One possible reason for this discrepancy could be a significant influx of nurses trained in other states seeking licensure in Washington. This could be due to a permanent relocation to Washington or because the nurse has accepted a traveling nurse position in the state.



Source: WA DOH, Base Year: 2014

In 2023, the Legislature passed SSB 5499, which allowed Washington to enter the Nurse Licensure Compact. Consequently, as of July 24, 2023, RNs and LPNs holding multi-state licenses can legally practice in Washington. Washington is now one of 41 jurisdictions participating in the Compact[3]. Compact implementation may influence the number of nurses holding Washington licenses if many nurses live in another Compact state and hold a multi-state license. In November 2023, WABON reported that 42,320 RN licensees have an out-of-state address noted in their contact information[4]. Following full implementation of the Compact in January 2024, further analysis of temporary versus

[3] NCSBN. (n.d.). *Nurse Licensure Compact*. Retrieved Nov. 27, 2023.

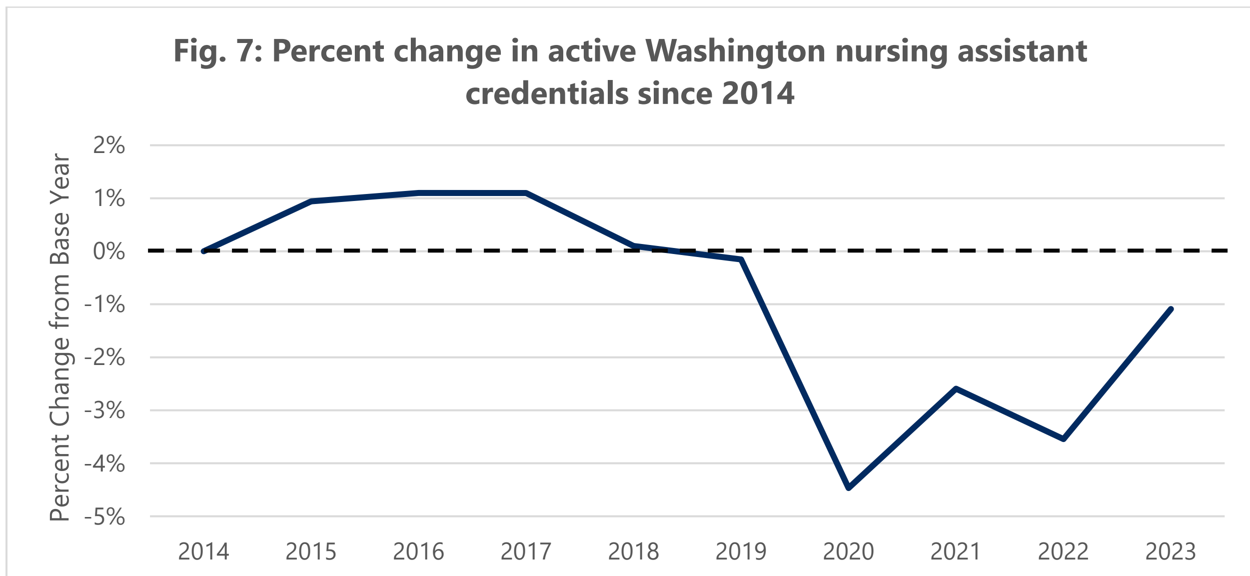
[4] WABON. (n.d.) *Licensing Dashboard: Washington Nursing Licenses Detail Data*. Retrieved Nov. 27, 2023.

permanent residency will be available to understand long-term impacts of the Compact to the Washington nursing workforce.

The number of active LPNs with Washington credentials has slowly declined from 14,164 in 2008 to 11,464 in 2023[5]. This decline in active licensees is likely strongly influenced by LPNs seeking additional training to become RNs and not being replaced by new LPNs finishing training. Retirement may also be contributing to this decline as the median age of LPNs is 50, compared to 45 for RNs[6].

NA and HCA: Licensure Trends

The number of active NA credentials was declining before 2020 but was dramatically influenced by the PHE. Typical certification requirements were suspended during the PHE and returned in October 2022. This caused the number of active credentials to be artificially low. In the past 10 years, 2016 had the highest number of total active NA licenses at 76,175. In 2023, there were 74,526 active NA licenses[7].



Source: WA DOH, Base Year: 2014

Due to DOH and DSHS emergency rules that are currently in place to smooth the return to normal training and certification requirements for HCAs, the number of HCA active licenses likely does not capture all currently working HCAs. These numbers are not included in this section of the report but are available in the table on page 64 and online.

[5] DOH. (2023). *Licensee Counts by Profession*. Retrieved Nov. 27, 2023.

[6] WABON. (n.d.). Workforce Dashboard: Demographic Data for Nurses in Washington. Retrieved Nov. 27. 2023.

[7] DOH. Ibid.

Dental Offices/Clinics

In Spring 2023, 30 dental offices and clinics in Washington provided responses to the Sentinel Network. Similar to prior data collection periods, the most common occupation types cited by dental facilities as experiencing exceptionally long vacancies were dental assistants, dental hygienists, office personnel, and dentists.

Figure 8: Dental Offices/Clinics
Occupations with exceptionally long vacancies: 2019-2023

Top occupations cited as having exceptionally long vacancies by date of reporting

Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	Dental Hygienist	Dental assistant Dental hygienist	Dental assistant Dental hygienist	Dental assistant	Dental hygienist	Dental hygienist	Dental assistant
2	Dental assistant	No additional occupations reported	Dentist	Dental hygienist	Dental assistant	Dental assistant	Dental hygienist
3	Dentist Office personnel		Office personnel Medicaid navigator	Dentist	Office personnel	Office personnel	Office personnel
4	Multiple occupations cited at same frequency		No additional occupations reported	Office personnel	Dentist	Dentist	Dentist

← Most cited

Dental office/clinic respondents reported not enough applicants for open positions as the main reason for exceptionally long vacancies. In 2022, respondents reported a lack of qualified applicants for open positions as the main reason for these vacancies. For dental assistants and hygienists, respondents cited not having enough new graduates to fill open positions and competition over wages with temporary and contract work as being the leading causes of vacancies. These staffing challenges precede the COVID-19 pandemic, however many employers noted that these challenges have become more acute since the PHE.

Employer Comments Regarding Recruitment of Dental Office/Clinic Staff

[Dental assistant/hygienist] "Most interviewees were wage and benefit shopping. Using job offers as leverage to increase pay in current job." – Dental Office/Clinic, Spring 2023

[Dental hygienist] Unaffordable wage, bonuses, expectations. As a dentist, insurance does not pay us more, we are stuck but the expectation is high from hygiene. – Dental Office/Clinic, Spring 2023

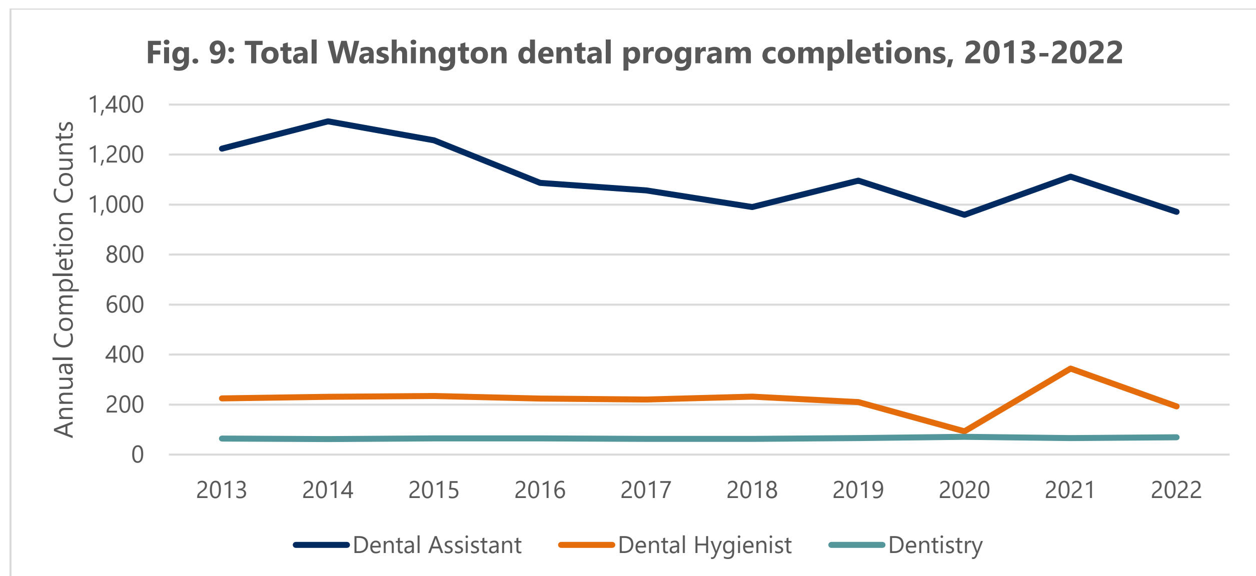
[Dental assistant] Many are leaving long-term staffed positions for higher paying temporary positions. The state is not producing enough new graduates from proper training institutions to keep pace with the population growth and demand. – Dental Office/Clinic, Spring 2023

Like other facility types, respondents from dental offices/clinics noted that their main reasons for worker retention and turnover were wage and benefit issues, lack of flexible schedules, and workload concerns. Some dental clinic and office respondents cited competition with temporary or contact positions that pay higher wages.

Dental Professions: Training and Education Program Completions

Completion trends for educational programs have remained stable for both dentists and dental hygienists except for the classes whose graduations were delayed due to the early disruptions of the PHE. Educational program completions for dental assistants have trended modestly downward since 2013. The data below represent completions by postsecondary institutions and private career schools. Several skills centers in Washington have dental assisting programs, however completions data were not available for this report. The Office of Superintendent of Public Instructure reported that as of fall 2023 there are 194 high school students enrolled statewide in dental assisting programs. The Council will seek to add completions by high school skills center graduates for the 2024 report if possible.

Community and technical colleges are responding to the increased demand for dental assistants and hygienists by expanding capacity. For example Edmonds College has opened a new dental assisting program and Peninsula College is working towards accreditation of a new dental hygiene program.



Source: IPEDS

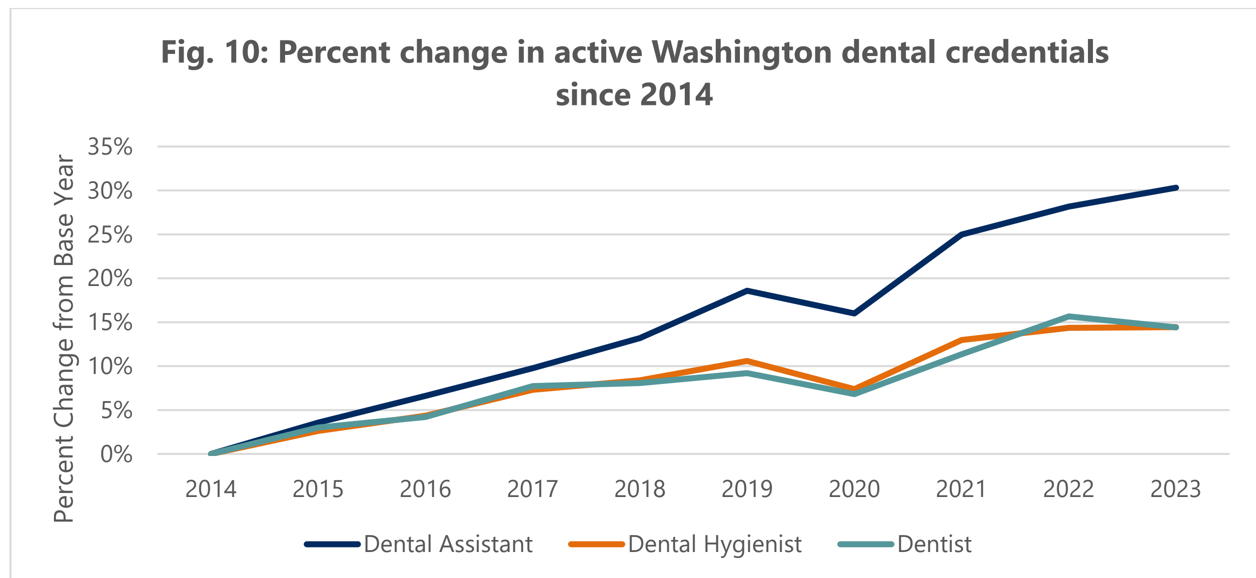
In response to prolonged vacancies, turnover, and hiring issues, Sentinel Network respondents from dental offices and clinics reported they've had incumbent employees take on new roles to help fill in the gaps. Some dental offices and clinics have shortened or reduced their number of daily appointments to accommodate patient load and

staffing while others have cross trained their hygienists to take on sterilization tasks and have trained office personnel to work in both the front and back of the clinic.

Given the high employer demand and the lack of postsecondary education required for an individual to receive the dental assistant credential, it is possible dental clinics are opting to train their own dental assistants when they cannot identify enough individuals who have completed a formal training program. This may partially explain the overall growth trend in dental assistant licenses and the comments from Sentinel employers who mention training employees for new roles. While postsecondary educational program completions have been declining, the total number of individuals with a dental assistant credential issued by DOH has grown 15 percent since 2018.

Dental Professions: Licensure Trends

The annual licensure counts for dental professions in 2020 were heavily influenced by PHE polices that lead to individuals delaying the renewal of their licenses between April and October 2020, rather than reflecting an actual drop in the available dental workforce. It is interesting to note that in 2023, Washington has more licensed dentists (7,059) than dental hygienists (6,753)[8]. As DOH collects more information about practice location, the Council will be able to better understand the dental workforce.



Source: WA DOH, Base Year: 2014

In addition to the Council's efforts, UW CHWS has implemented the Washington Oral Health Workforce Tracking Program, which seeks to provide relevant information about Washington's oral health workforce that can be used to guide practice and policy to help ensure the state's population has access to needed oral health services. Learn more about this effort and see the dental workforce dashboards here.

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[8] DOH. Ibid.

Behavioral Health

In Spring 2023, a total of 65 behavioral/mental health and substance use disorder treatment facilities in Washington provided responses to the Sentinel Network, including 36 from behavioral/mental health clinics, four from designated crisis responder (DCR) services, six from freestanding evaluation and treatment facilities, four from mobile crisis outreach facilities, three from outpatient substance use disorder (SUD) treatment facilities, nine from other out-of-facility behavioral health services, and three from other residential treatment facilities.

Figure 11: Behavioral Health Facilities*
Occupations with exceptionally long vacancies: 2019-2023

Top occupations cited as having exceptionally long vacancies by date of reporting (↑ Most cited)

Rank	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	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)**	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP Registered Nurse Peer Counselor	Substance use disorder professional
3	Social Worker	Social Worker (Mental Health/SUDP)	Psychiatrist Social Worker	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Social Worker (Mental Health/SUDP)	Registered Nurse
4	Peer counselor	Registered Nurse	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist

Findings prior to Spring 2020 not shown due to space constraints.
*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).

Figure 11 shows mental health counselors, substance use disorder professionals, peer counselors, social workers, and marriage and family therapists as positions consistently listed by behavioral health employers as having exceptionally long vacancies.

In Spring 2023, employers cited several reasons they believed hiring has continued to be challenging for these occupations, including a lack of qualified applicants, wage competition, a preference for remote work and flexibility in work schedules, and jobs in community behavioral health organizations being perceived as less desirable.

Employer Comments Regarding Recruitment of Behavioral Health Facility Staff

"We are located in a rural county… and now must compete with multiple agencies. We have offered sign on bonuses, flexible work hours/schedules, and telecommute options without much success."
– Behavioral/Mental Health Clinic, Spring 2023

"MHPs [Mental health professionals] leave for more lucrative positions, or positions with more advancement opportunity, or positions that are closer to affordable housing. Other reasons given for turnover include burnout, health problems, lack of dependent-care resources, and personality difficulties." – Behavioral/Mental Health Clinic, Spring 2023

"We are finding that experienced mental health clinicians are preferring to work in a private practice [rather than] in community mental health - due to documentation, pay difference, schedule flexibility, and overall demand/pressure to meet Medicaid/state/county expectations."
– Behavioral/Mental Health Clinic, Spring 2023

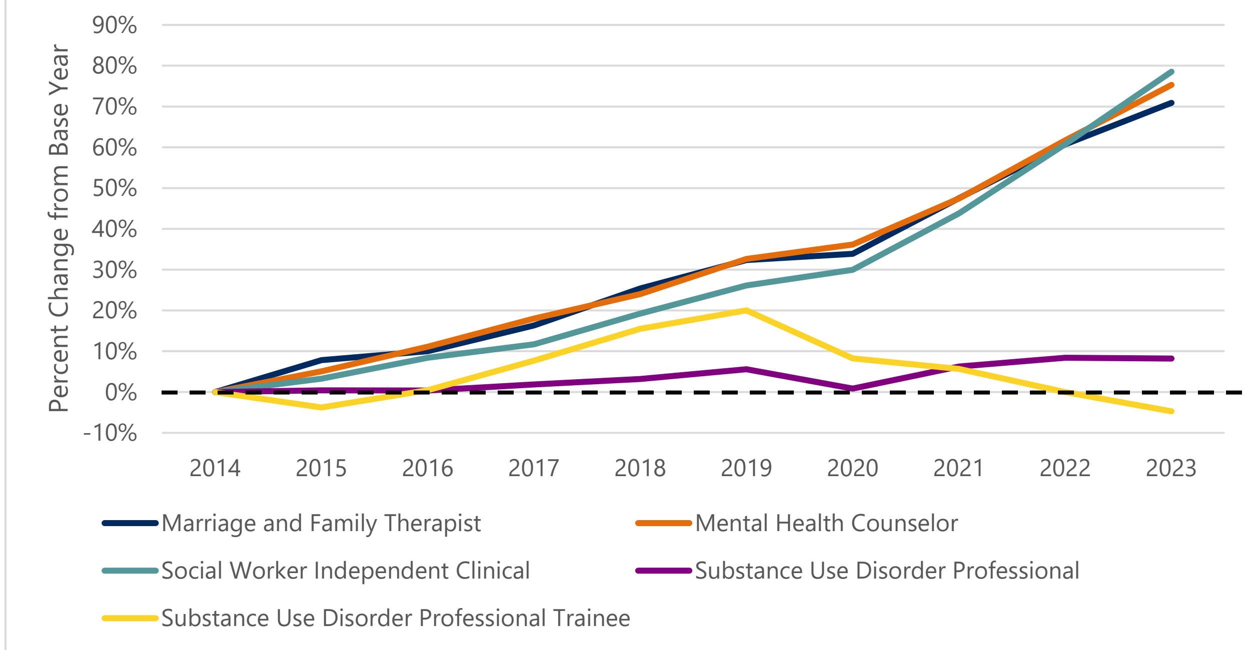
Behavioral Health Professions: Training and Education Program Completions

Due to non-standardization and lack of granularity of the federal coding used by postsecondary institutions to classify behavioral health training professions, it was not possible in this report to provide reliable education completion numbers. For example, the federal coding combines bachelor and master's level social work program graduates although these individuals play different roles in the workforce. The Council will continue to pursue ways to show a more accurate number of individuals completing behavioral health postsecondary education in 2024.

Behavioral Health Professions: Licensure Trends

Clear differences in licensure trends exist between the three master's level behavioral health professions listed as having exceptionally long vacancies – licensed mental health counselors (LMHCs), licensed independent clinical social workers (LICSWs), and licensed marriage and family therapists (LMFTs) – and substance use disorder professionals (SUDPs).

While total licensure counts do not provide specific information about important workforce metrics such as whether a provider is working in the state or a provider's type of practice, the counts can give high-level insights into professions. The LICSW, LMHC and LMFT professions have shown steady increases in the total number of licensees over the past 10 years. These trends are similar to those shown by the corresponding associate-level credentials of each licensed credential, which are not included in this report but available in a Tableau dashboard.



Source: WA DOH, Base Year: 2014

Interestingly, the percentage growth in these license types increased beginning in 2020. While explanations are speculative because practice location data are not available, this increase may reflect a greater number of behavioral health clinicians seeking Washington licenses in order to provide telehealth services. As required under ESHB 1503, which becomes effective in January 2025, the Department of Health will systematically collect information about where licensees are practicing, including how many work in community health, private practice, or provide only telehealth services. This information will allow for a better understanding of Washington's health workforce and more effective targeting of needed policy interventions.

Diverging from the overall licensing trends in the master's level professions, SUDPs have shown minimal growth, and the total number of SUDPs declined a small amount between 2022 and 2023. The number of SUDP Trainee (SUDPT) licenses has been declining since 2020, and as of 2023 Washington has 18 percent fewer SUDPT licensees than the peak in 2018. The SUDPT license is used by students who are enrolled in SUD educational programs to accrue the required supervised hours needed for licensure.

It is important to know there is overlap between master's level and SUDP licensees. In 2022, the Behavioral Health Workforce Assessment found that 33 percent of SUDPs also had another behavioral health license[9]. The most common dual combinations were

[9] Workforce Board. (2022). *2022 Behavioral Health Workforce Assessment: A report of the Behavioral Health Workforce Advisory Committee*. p. 71.

SUDP/LMHC and SUDP/LICSW. Individuals holding a qualifying license type can access an alternative training pathway to obtain an SUDP credential, which requires fewer educational and supervision hours than an individual must obtain if they have no related health professional credential[10]. This alternative pathway became effective in July 2016. The increase in SUDPT licenses seen in 2018 and 2019 is a likely result of professionals with qualifying license types accessing this pathway to become SUDPs.

In 2023, the Centers for Medicare and Medicaid Services approved a Medicaid State Plan Amendment submitted by Health Care Authority that expanded the professions authorized to bill Medicaid for SUD treatment services[11]. Prior to this change, some services could only be billed to Medicaid when provided by an SUDP. Given the ongoing challenges employers describe in hiring SUDPs, there may be increased substitutions of professions with other types of credentials who are now able to bill for SUD services. The impact of this policy change on access to SUD services remains to be seen as behavioral health employers report difficulty recruiting and retaining most licensed behavioral health professionals so potential revenue increases may not be fully realized.

Employers also identified peer counselors as an occupation with exceptionally long vacancies during four recent Sentinel Network data collection periods. Peer counselors work with individuals and parents of children receiving mental health or SUD services. They use their own lived experiences to help their peers find hope and support their recovery. This profession is not currently licensed by DOH, so licensure trends are not available. Peer counselors can become certified by the Health Care Authority (HCA), and then services they provide to Medicaid clients can be eligible for Medicaid reimbursement. This began in 2005 with peers for mental health services, and SUD services were added as qualifying peer services in 2019.

Certified peer counselors (CPCs) must complete an HCA-approved training program and pass a state CPC exam. Since the creation of the CPC certification in 2005, HCA has certified 7,597 peer counselors[12]. This includes processing a significant backlog that accumulated when access to training and testing was limited during the PHE.

In 2023, the Legislature passed SSB 5555, which requires DOH to create a certified peer specialist (CPS) profession licensed under Title 18 RCW. Rulemaking is currently underway for the CPS profession, and the credential will be issued starting July 1, 2025[13]. The Council will continue following this new profession to better understand the size, composition, and trends of the peer workforce.

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[10] DOH. (n.d.). *Certification Requirements: Substance Use Disorder Professional*. Retrieved Nov. 27, 2023.

[11] HCA. (Oct. 10, 2023). *Washington State Plan Amendment Transmittal Number 23-0010*.

[12] HCA. (personal communication, Nov. 20, 2023).

[13] DOH. (n.d.). *Peer Specialist Rules in Progress*. Retrieved Nov. 27, 2023.

Small Hospitals

In Spring 2023, 14 small acute care hospitals (fewer than 25 beds) and three large hospitals in Washington provided responses to the Sentinel Network.

For small hospitals, RNs continue to be the top occupation cited as having exceptionally long vacancies – a finding that has been documented since the Sentinel Network launched in 2016. Information about RN completions and licensure trends can be found on pages 18 and 20. New for Spring 2023, medical/clinical lab technologists and technicians were the second and third most cited occupations having exceptionally long vacancies, respectively, followed by NAs. There were not enough responses from large hospitals to provide this level of detail.

Figure 13: Small Hospitals
Occupations with exceptionally long vacancies: 2019-2023

Top occupations cited as having exceptionally long vacancies by date of reporting							
Rank	Fall 2019	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023
1	Physician/ Surgeon	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse
2	Registered nurse Nursing assistant	Medical assistant Nursing assistant	Nursing assistant	Medical assistant Nursing assistant	Nursing assistant	Cook / Food services	Medical / Clinical lab technologist
3	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Medical assistant Medical / Clinical lab technologist	Physician/ Surgeon	Cook / Food services	Nursing assistant	Medical / Clinical lab technician Nursing assistant

↑ Most cited

Employer Comments Regarding Recruitment of Small Hospital Staff

[Multiple occupations] "Shortage of applicants in our region. Housing costs or lack of housing. Lack of child care." – Small Hospital, Spring 2023

[Multiple occupations] Lack of candidates interested in a job - several weren't qualified or stated only applying due to unemployment requirements." – Small Hospital, Spring 2023

[Medical and Clinical Laboratory Technologist] "Few candidates are interested in relocating to [our town], local housing is an issue and the pay is really competitive across the nation. Traveling agencies offer more in wages." – Small Hospital, Spring 2023

Respondents for small hospitals reported a range of reasons for exceptionally long vacancies for various occupations, including recruitment and retention issues, not enough applicants, and problems unrelated to salary, wages, or benefits.

Workload/patient acuity and issues with salaries, wages, and benefits were the most commonly cited reasons for turnover across small hospitals.

Employer Comments Regarding Retention of Small Hospital Staff

[Medical/Clinical Laboratory Technologist] Stress contributes to some of the issues, as well as some leadership stability. – Small Hospital, Spring 2023

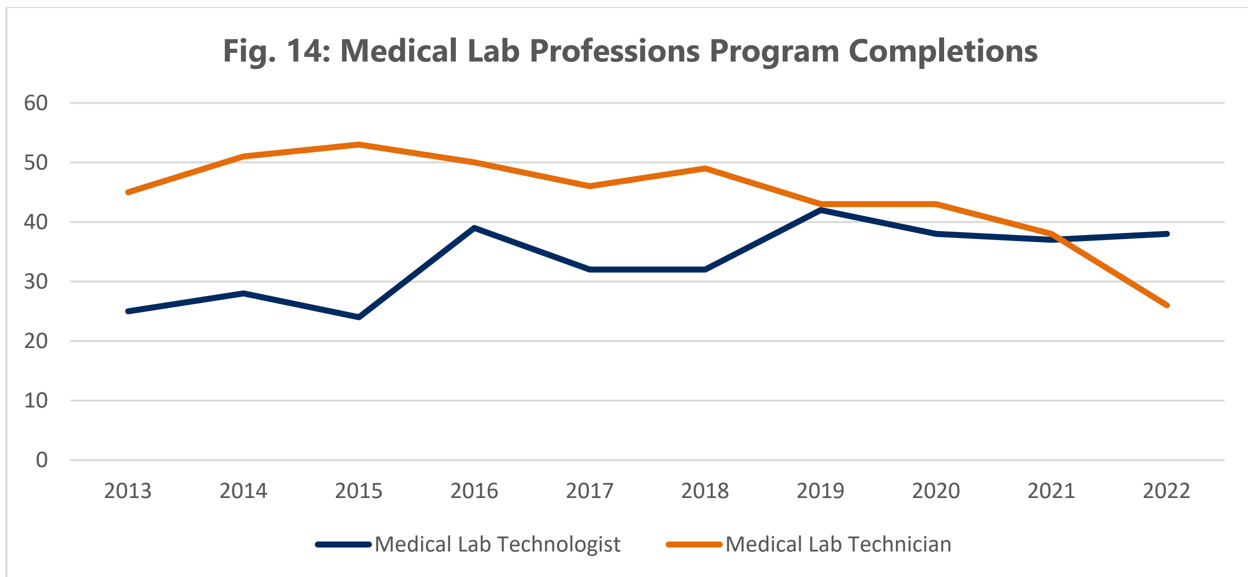
[Cook/Food Services, Environmental Services, Office Staff/Front Desk] Wages, fit in department, work not what they expected, some involuntary turnover. – Small Hospital, Spring 2023

Information about completion and licensure trends for RNs and NAs are provided in the long-term care section of this report on page 16.

Medical Lab Professions: Training and Education Program Completions

Two specialized professions comprise a large percentage of the occupations that work in medical laboratories (MLs), medical lab technicians and medical lab technologists (also called medical laboratory scientists). ML technicians typically have an associate degree while ML technologists have a bachelor's degree, although the degrees may not be from a lab-specific education program.

Both technicians and technologists perform tests and procedures ordered by other healthcare practitioners. However, technologists perform more complex tests and laboratory procedures than technicians. For example, technologists may prepare specimens and perform detailed manual tests, whereas technicians perform routine tests that may be more automated. Laboratory technicians usually work under the supervision of laboratory technologists or laboratory managers. Both roles are key parts of the laboratory workforce. There are other key laboratory science professions that are not described here but are important in various laboratory settings. These include laboratory assistants, cytotechnologists, histology technicians, histology technologists, cytogeneticists, and molecular biologists.



Source: IPEDS

The overall number of completions from the three National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)-accredited ML technician programs in Washington has been declining in recent years, from a high in 2015 of 53 completions to 26 in 2022. These are associate degree programs that qualify students to take the NAACLS certification exam. ML technicians are not licensed in Washington, although many hold Medical Assistant-Phlebotomy (MA-P) credentials to be qualified to draw blood.

There are three NAACLS-accredited ML technologist programs in Washington, but federal Integrated Postsecondary Education Data System (IPEDS) data on completions were only available from the two programs located at universities. Providence Sacred Heart Medical Center in Spokane also has a School of Medical Laboratory Science, but completion data were not available as the program does not report data to IPEDS. The number of graduates from the bachelor level technologist programs have remained steady since 2015. ML technologists are not licensed in Washington, though, like the technicians, these individuals may hold an MA-P credential in order to draw blood.

Rural Health Clinics

In Spring 2023, 10 rural health clinics in Washington provided responses to the Sentinel Network. In Spring and Fall 2022, 17 rural health clinics provided responses.

MAs and office staff/front desk staff were reported as the top occupations experiencing exceptionally long vacancies in these sites from Spring 2022 to Spring 2023.

Figure 15: Rural Health Clinics
Occupations with exceptionally long vacancies: 2019-2023

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

← Most cited

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

Rural health clinic respondents reported a range of reasons for exceptionally long vacancies, including recruitment and retention problems not related to salaries/wages/benefits and not enough applicants for open positions.

Employer Comments Regarding Retention of Rural Health Clinic Staff

[Medical assistants] "Although we have an MA-C apprenticeship program, that has allowed us to put 4 employees through to become MA-Cs, we are still facing a shortage and aren't receiving any qualified applicants for the position. We are lacking affordable housing or any housing really and child care shortages. As well as our area is lacking things for younger generations to do."

– Rural Health Clinic, Spring 2023

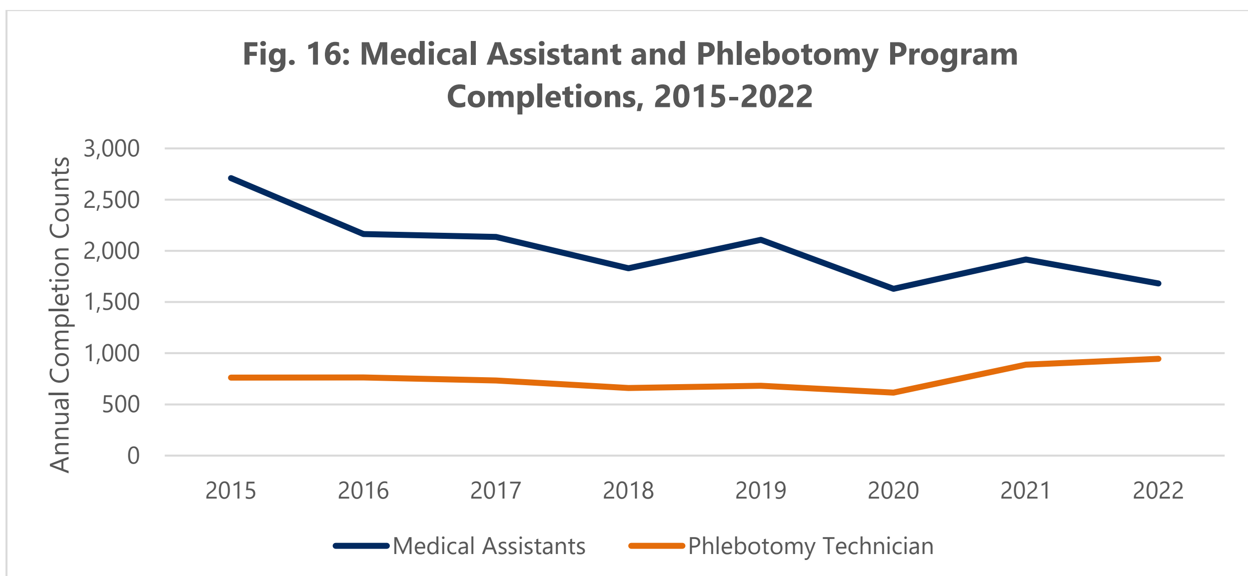
"[Staffing] has remained more difficult than in the past, but the past few months have seen more candidates than in recent years."

– Rural Health Clinic, Spring 2023

Medical Assistants: Training and Education Program Completions

Certified medical assistants (MA-Cs) play a key role in outpatient medical clinics due to their ability to carry out a broad number of tasks under the supervision of a range of healthcare practitioners. MAs are in high demand in outpatient clinics across Washington, and anecdotally, employers across the state report challenges hiring several different types of MAs. There are four different types of MAs: MA-Cs have the broadest scope of practice, but MA-phlebotomists (MA-Ps), MA-hemodialysis technicians (MA-HTs), and MA-registered (MA-Rs) are also important in different healthcare facilities such as blood banks and dialysis centers. In 2023, the Legislature expanded the scope of practice for both MA-Cs and MA-Rs by passing ESHB 1073 to enable these key professionals to perform a broader range of clinical tasks, including authorizing MA-Cs to insert IVs and expanding the medications an MA-R is allowed to administer.

MA positions have been reported by rural health clinics as having exceptionally long vacancies. The Sentinel Network data collection tool does not allow employers to indicate MA subtypes, but analysis of the comments show most rural health clinic employers are speaking about MA-Cs when discussing their hiring challenges. Over the past 10 years, completions of MA-C programs have been generally declining. The completions in Fig. 16 below for MA-Cs include apprenticeships, which in 2022 made up 9 percent of all MA-C completions in Washington. MA-P completions have been steadier with a small increase in the past two years. Employers can also provide MA-P training, which is not captured in postsecondary education data. MA-HTs and MA-Rs are all trained by employers rather than the postsecondary system.

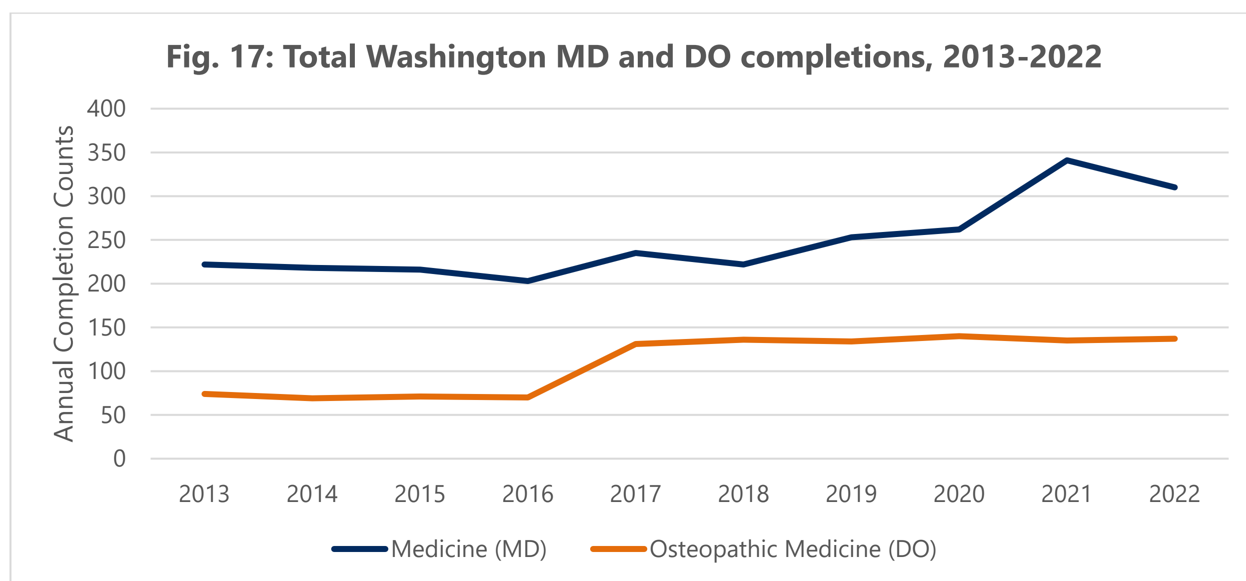


Sources: IPEDS, Workforce Board Data Reporting System, ARTS

Licensure information that separated the four MA professions was not available from DOH for this report.

MD and DO Physicians: Training and Education Program Completions

Physician openings are also frequently cited by rural health clinics as having exceptionally long vacancies. Washington has been graduating an increasing number of physicians over the past ten years due to the growth of the osteopathic medical school at Pacific Northwest University of Health Sciences (PNWU), which grants the Doctor of Osteopathic Medicine degree (DO), and the creation of the Washington State University (WSU) Elson. S. Floyd College of Medicine, which grants a Doctor of Medicine degree (MD).



Source: IPEDS

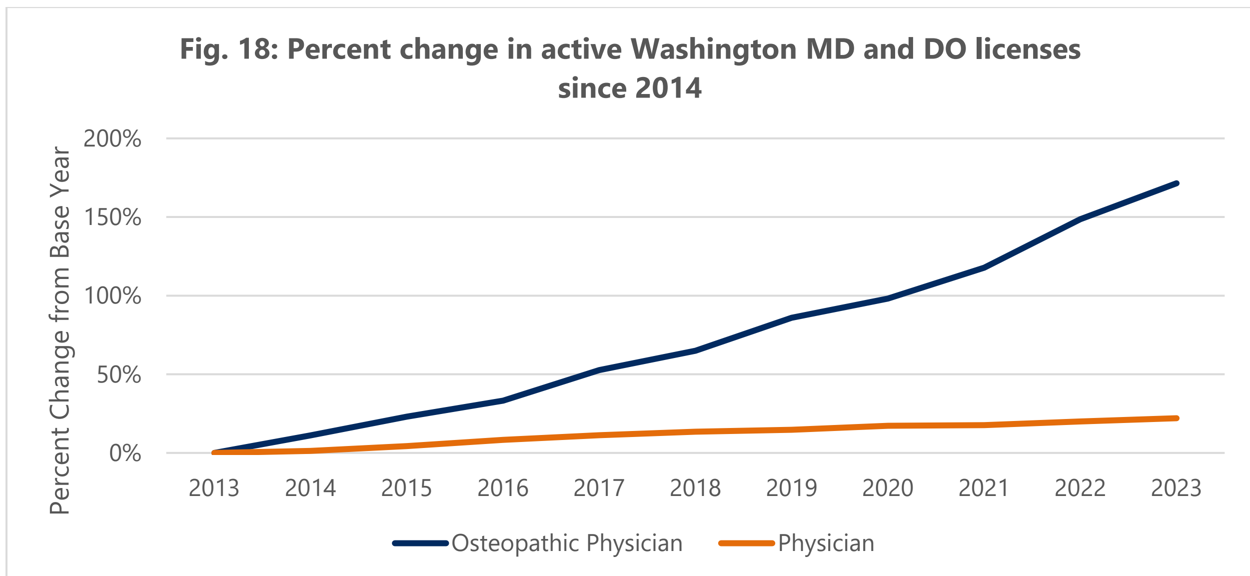
These physician graduates do not immediately impact the Washington health workforce as all physicians must complete at least a year (DO) or two years (MD) of graduate medical education (GME), also known as residency, before they are eligible for licensure. While one to two years of GME is the minimum, most physicians complete a full residency program and potentially further fellowship training. Residency programs range in length from 3 to 5 plus years depending on specialty. Medical school students commonly apply to many residency programs, often in multiple states, within their desired specialty and frequently relocate outside Washington for this portion of their training. For example, the majority of Washington family medicine residency program positions are filled by medical school graduates from other states and countries. In 2022, 32 percent of the 161 first-year family medicine residency program positions were filled by graduates of PNWU, UW, or WSU[14].

[14] DOH. (2022). *Family Medicine Residency Report*.

While PNWU and WSU graduates will contribute to the Washington-trained physician workforce, physicians with education from outside the state will likely comprise the majority of Washington's physicians for years to come. According to the Washington Medical Commission (WMC), in 2023, 11 percent of the physicians with a Washington medical license (MD) received their medical degree in Washington[15]. The physician workforce is a national marketplace, rather than solely reflecting physicians trained in Washington.

MD and DO Physicians: Licensure Trends

Another interesting development in the state's physician workforce is the dramatic growth in licenses for the osteopathic physician profession in Washington. The state has one osteopathic medical school, PNWU, established in 2005 in Yakima. Multiple DO medical schools have opened in Western states in recent years, which will likely contribute to a continuing rise in DOs licensed in Washington. In 2023, there are still many more MD physicians (32,392) than DO physicians (3,901) licensed in the state.



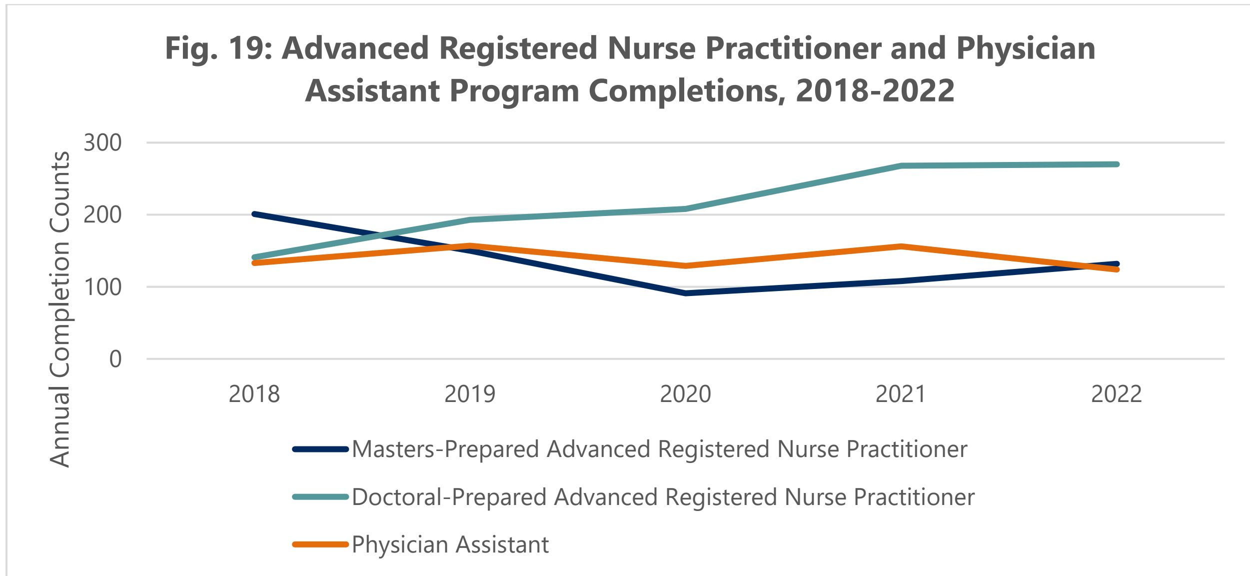
Source: WA DOH, Base Year: 2014

Advanced Practice Providers: Training and Education Program Completions and Licensure Trends

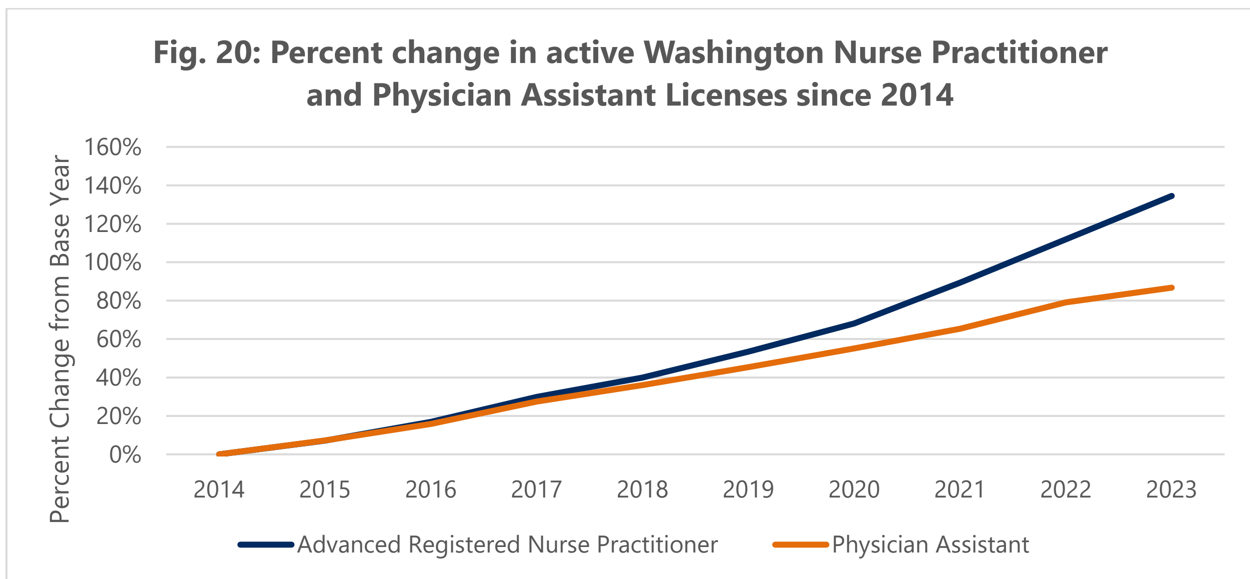
While physician assistants and nurse practitioners were not cited by Sentinel Network employers as an occupation with exceptionally long vacancies, these providers contribute to the overall primary care provider supply in Washington and are included in the charts below.

[15] WMC. (2023). *Physician Demographic Census Aggregate Report*.

According to data from the WMC, 30 percent of licensed physician assistants in Washington list family or internal medicine as their area of primary practice[16]. For nurse practitioners – including all types – 23 percent list their employment practice specialty as family health or adult health, 15 percent list psychiatric/mental health/substance abuse as their employment practice specialty[17]. Licensure trend information for nurse practitioners and physician assistants is provided in Fig. 20.



Source: IPEDS and WABON



Source: WA DOH, Base Year: 2014

[16] WMC. (2023) *Physician Assistant Demographic Census Aggregate Report.*
[17] WABON. *Workforce Dashboard: Employment Details for Nurses in Washington.* Retrieved Nov. 27, 2023.

Focus on Dissemination and Information Gathering

Sentinel Network staff continued their efforts to disseminate findings to educators, planners, and healthcare industry professionals throughout the state following the Spring 2023 data collection period. In addition to the dashboards and findings briefs that are updated on the Sentinel Network website after every data collection period, staff presented webinars and attended virtual meetings with groups representing a wide spectrum of the healthcare industry. They conducted a dozen presentations from August to October, presenting findings to the Washington State Health Care Authority, the Children and Youth Behavioral Health Work Group, the Washington Association for Community Health, the Health Industry Leadership Table, the Yakima County Health Care Coalition, and the Washington Allied Health Center of Excellence Deans and Director's Meeting, among other groups. Additional goals of these meetings were to understand how groups across the state are using Sentinel Network findings and to solicit feedback on potential program improvements, which will inform the continued evolution of the Sentinel Network as it strives to meet the needs of Washington workforce planners.

Uses of the Sentinel Network

The goal of Washington's Health Workforce Sentinel Network is to help understand employers' workforce needs and make that information available to planners and policymakers. The Sentinel Network allows participating employers to make their needs known to stakeholders who can help solve workforce problems. Findings from the Sentinel Network have been included in testimony to the Washington State Legislature and in presentations to various Legislative subcommittees, have informed planners to help formulate health workforce policy, and have amplified employer voices in many other arenas. The Sentinel Network has attracted interest as a unique tool for identifying information on health workforce demand in Washington along with other state and national audiences. Through its sponsorship by the Washington Health Workforce Council, the Sentinel Network continues to be an effective way for healthcare employers from around the state to communicate their needs and guide policy decisions.

Council Spotlight:
Addressing Impacts of Educational Debt on the Health Workforce

Reissued in 2023

Recommendation 1: The Council recommends policymakers appropriate additional funds to support both behavioral health and other health professional loan repayment awards though the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.

Updated and Reissued in 2023

Recommendation 2: As part of supporting the investments made in loan repayment programs in Washington, the Council recommends policymakers appropriate funds for an evaluation of program outcomes.

Updated and Reissued in 2023

Recommendation 3: The Council recommends policymakers require eligible healthcare employers provide Public Service Loan Forgiveness educational materials and information about the Office of the Student Loan Advocate when hiring new employees, annually, and at the time of employee separation. 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.

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. These loan burdens are disproportionately shouldered by students from racial and ethnic groups underrepresented in healthcare professions[18,19,20]. The high cost of entering many health professions hinders the Council's long-term goal of having a health workforce that represents the population it serves.

Washington has recently increased financial assistance for postsecondary educational costs for low- and middle-income residents pursuing undergraduate programs or registered apprenticeships. The Washington College Grant provides need-based financial assistance to income-eligible resident students. Some level of financial support is available for students with incomes up to 100 percent of the state's median family

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[18] Salsberg, E. et al. (2020). *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers*. Fitzhugh Mullan Institute for Health Workforce Equity, The George Washington University.
[19] Holaday, L. et al. (2023). Differences in Debt Among Postgraduate Medical Residents by Self-Designated Race and Ethnicity, 2014-19. *Health Affairs, 42*(1).
[20] Fouzia, S., Jimenez, D., and Glater, J. (2023). *Student Loans in California: A Narrative of Racial Inequality*. Student Loan Law Initiative, University of California.

income level. However, many of the highest-demand health professions require master's or even doctoral degrees, which are not covered by the Washington College Grant. While average incomes for some health professions are high, other occupations, such as behavioral health positions requiring master's degrees, receive very low wages in comparison to the amount of loans students must borrow to attain their degrees.

A separate healthcare challenge is that some communities and essential facilities have struggled to recruit and retain the workforce needed to provide services. These struggles may arise for many reasons, often because the clinician roles are lower-paying than others, involve more challenging patients, or are in geographically isolated areas with fewer amenities.

Policymakers who wish to help increase access to care in some practice locations frequently tie these two challenges together by using financial incentives as a solution. Loan repayment programs are the most common tools used to help steer clinicians towards some practice situations over others, particularly incentivizing clinicians to both stay in or consider lower-paying, more challenging, or geographically remote employment opportunities.

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 decade.

2023 Loan Debt for Select Washington Health Corps Professions

Profession	Average Loan Balance
DO Physician	$350,000
Dentist	$320,500
MD Physician	$300,000
Clinical Psychologist	$288,100
Certified Nurse Midwife	$152,800
Physician Assistant	$143,500
Pharmacist	$145,153
Mental Health Counselor	$113,700
Marriage and Family Therapist	$110,200
Nurse Practitioner	$97,000
Clinical Social Worker	$92,900
Registered Nurse	$60,000
Substance Use Disorder Professional	$52,000
Dental Hygienist	$42,000
Licensed Practical Nurse	$18,000

Source: Washington Student Achievement Council

The Washington Health Corps (WHC), the state's loan repayment program for healthcare workers, continues to receive many more applications from healthcare and behavioral health professionals than it can award with allocated funds. This funding gap is occurring without significant advertising of the program and with constraints on what types of settings and service types qualify. The Washington Student Achievement Council (WSAC) administers the umbrella WHC program, which has grown in recent years to include awards for nurse educators and forensic pathologists in addition to behavioral health and healthcare professional programs.

In the 2023 application cycle, 369 healthcare and behavioral health professionals completed a WHC application, and 166 received awards. **Many WHC applicants have debt that far exceeds the maximum award amount of $75,000.** It's not uncommon

for a clinician to complete a loan repayment contract and still have significant principal remaining on their loan balance.

Loan repayment programs can make a dramatic difference in the lives of the program beneficiaries. A wide range of healthcare and behavioral health stakeholders are highly invested in the WHC program and express a desire for the program to continue receiving significant appropriations to increase its scope. However, given the extraordinary growth in educational debt over the past 10 years, the Council's recommendation is that loan repayment should not be the sole policy focus to address education costs and debt. Washington must tap into additional solutions to solve this complex problem.

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. For example, 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.

The following recommendations offer a range of approaches to address these challenges.

Recommendation 1: Additional Funds for Washington Health Corps

The Council made a recommendation in 2022 to increase funding for the WHC. Funding was increased for the State Health Program in the 2024-2025 biennium. However, applications for the program continue to outstrip available funds for awards.

Recent General Fund – State Appropriations for Washington Health Corps*			
Program	**19-21 Biennium**	**21-23 Biennium**	**24-25 Biennium**
State Health Program	$7.65M	$7.65M	$17.6M
Behavioral Health Program	$2M	$12.25M	$12M
Nurse Educator Program	-	$3M	$6M

*This does not include the Federal Health Program. For the FHP, $2M federal dollars are matched with $1.1M GFS. Due to grant requirements, this program has less flexibility than the state-only funded programs. Source: WSAC

Council members and stakeholders stated that while the Council has little ability to influence the cost of education that is driving the workforce's debt, it can advocate for increased relief for those working in high need areas and professions. For this reason, the Council decided to reissue the recommendation in this year's report to policymakers to address this ongoing challenge within the state's health workforce alongside other policies targeting educational debt.

WSAC estimates that funding every WHC applicant, given recent application trends, would require an ongoing investment of $48 million per biennium. This assumes current application number trends continue and that unsuccessful applicants aren't duplicated

from one cycle to the next. However, the true funding amount needed is hard to estimate given the limited program outreach currently being done. The cost could potentially be higher as increased WSAC outreach would likely increase the number of applicants. Adding more eligible professions would also increase the number of applicants. The funds needed over multiple years could also be lower than $48M as awarding every applicant one year could reduce the pool of applicants the following year. Applicants not successful one year apply in successive years, so application pools are not made up entirely of different clinicians from cycle to cycle.

Recommendation 2: Evaluation of Loan Repayment Programs

As a supplement to the loan repayment program strategy, the Council recommends Washington invest in an evaluation to discover WHC program outcomes. The legislative intent of the WHC program is to encourage more healthcare professionals to work in underserved areas by providing loan repayment and conditional scholarships in return for completing a service commitment. The state-funded program was fully defunded during the recession (a small federally matched program continued), but since 2015 Washington has made significant and growing investments in loan repayment as a tool to incentivize the health workforce to work in certain areas/practice types. However, the program has not awarded conditional scholarships since state funding was restored. The WHC was significantly expanded in 2019 to increase participation by behavioral health professionals. Use of loan repayment as a workforce policy tool continues to expand to different parts of the health sector. Over the past three biennial budget cycles, Washington has invested $71.35 million into WHC programs (when state matching dollars for the federal program are included).

An evaluation of the WHC program can help the state determine what is working and potentially justify further financial investment. Assessment of the WHC can determine if the program is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas. The evaluation can also help the state meet equity goals by determining if there are structural issues causing inequitable program access or outcomes for different communities or areas of the state.

Enough time has elapsed since funding was restored in 2015 that healthcare professionals from several different application cycles have completed their 3–5-year service obligations. Consequently, it is currently possible to assess if professionals completed their service obligations, extended their service periods, changed employers during their service period, or have remained at the employers where they were originally funded, among many potential research questions of interest.

A mechanism for completing this work would be a budget proviso for WSAC to fund a third-party evaluation of the WHC, including all programs. This proviso should include directives to relevant agencies with employment, education, and licensure information

to share (with appropriate agreements) the data needed to track the progress of WHC applicants and awardees if needed for the purposes of the evaluation. The evaluation report should include policy recommendations for program improvements as supported by the findings.

Additionally, given the record appropriation in loan repayment programs during the 2024-2025 biennium, now is a key time to start collecting prospective data on WHC awardees entering service obligations in 2024. This will allow for ongoing program outcome monitoring for years into the future.

Recommendation 3: Support Access to Public Service Loan Forgiveness

Washington also needs to expand strategies to address the prevalence and high levels of educational debt as this national college affordability crisis cannot be fixed with loan repayment programs alone.

The federal Public Service Loan Forgiveness (PSLF) program offers a categorical pathway to significant debt relief for employees of eligible behavioral health employers. Eligible employers include both government agencies and 501(c)3 nonprofits providing health/behavioral health services. Clinicians working in private practice are not eligible for the program, so PSLF offers a tool to help incentivize recipients to remain working at eligible employers for a minimum of 10 years. While clinicians may work for several different organizations during the 10-year service period and while there is no obligation to work within a specific setting, there is a net benefit in incentivizing providers to remain with qualified employers in the public and nonprofit sectors, which often serve the state's most diverse and low-income populations.

However, receiving loan forgiveness is a complicated process: not all healthcare employers and staff are aware that they qualify for the program, and workers need assistance navigating the necessary application steps. The Office of Financial Management and the Office of the Student Loan Advocate are working to increase understanding and participation in the program for public sector employees. Requiring eligible nonprofit organizations to provide information about PSLF to employees and providing additional outreach specifically to the nonprofit workforce could help retain workers who might otherwise move into the private sector. Unlike loan repayment and scholarships, which typically benefit only licensed clinicians, PSLF is open to all employees of eligible employers.

The benefits of PSLF are already being realized by residents. In Washington, between November 2020 and June 2023, there have been 14,890 borrowers with processed PSLF discharges totaling $972.1 million dollars in federal student debt relief. However, as of June 30, 2023, there were a total of 804,400 federal student loan borrowers in Washington, with a combined outstanding principal and interest balance of $29.1

billion, with an average debt per borrower of $36,176. According to the Office of Financial Management, many people in Washington who qualify for PSLF are not currently participating in the program, which is why it's important to continue to raise awareness and provide technical assistance to eligible employers and workers. Fall 2023 is a particularly tenuous time for those with educational debt as federal student loan repayments have resumed after being paused since March 2020. The restoration of this cost to the health workforce may influence additional workers to seek out higher paying opportunities in the private sector or in other fields.

The Office of the Student Loan Advocate reported that complaints to the office from borrowers more than doubled from September (53) to October (113) in 2023. The Office has just 2.0 FTEs, and it is currently taking six weeks to respond to new requests for assistance due to staffing limitations. As the Office's resources become better known there will likely be even greater demand for assistance given that as of June 2023, Washington had more than 800,000 federal student loan borrowers.

Council Spotlight:
Access to Community Resources and the Health Workforce

Updated and Reissued in 2023

Recommendation 4: The Council affirms that access to high-quality, reliable child care, affordable housing, and transportation are key community resources for the current and future healthcare workforce. Having access to these resources in their communities allows the state's healthcare workers to accept and maintain employment. Additionally, child care, housing, and transportation are vital to future workforce efforts. Health professions students and educators are also highly impacted by when they cannot access these community resources. The Council recommends that the Governor and Legislature continue to take action to address the need for dramatically increased access to affordable child care, housing, and transportation services in Washington.

The Council also encourages healthcare employers to consider innovative approaches to help support their workers' needs for these community resources.

Recommendation 4:
Address Access to Child Care, Housing, and Transportation

In recent years it has become clear that healthcare employers face some measure of recruitment and retention challenge because of the impact of community factors outside their immediate control. Washington's current and future health workforce depends not only on access to education and training programs, but also high-quality child care along with other key community resources, such as affordable housing and transportation.

The influence of these community factors initially became apparent via the Sentinel Network, where for the past several years, healthcare employers in Washington have reported that the availability and affordability of child care, housing, and transportation has affected their ability to hire and retain workers. In response to these reports, the Sentinel Network included questions about these issues, first in Fall 2022 and again in Fall 2023.

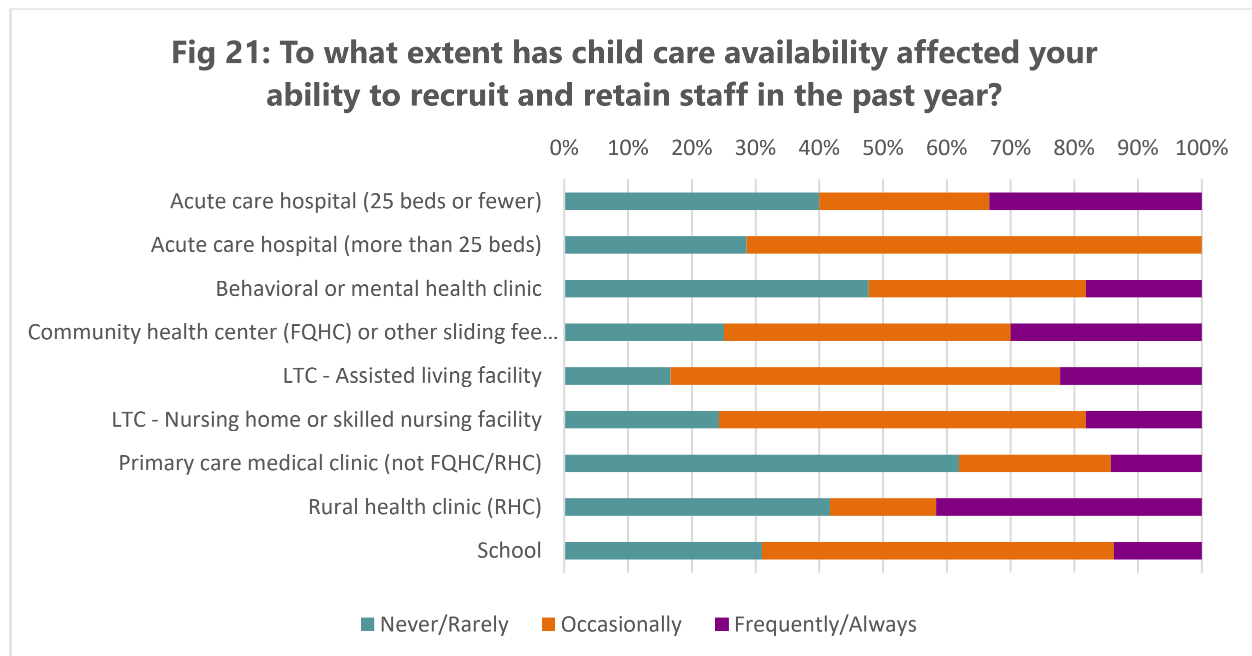
In Fall 2022, 68 percent of respondents said that difficulty accessing child care affected staffing at their organization, 50 percent cited sparse or unaffordable housing, and 35 percent said transportation difficulties affected their ability to fully staff their facilities. As these findings show, access to child care and housing was a particular barrier to recruitment and retention of healthcare workers, with an even larger impact in rural areas. In response to these and other findings, the Council made a formal recommendation in 2022 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.

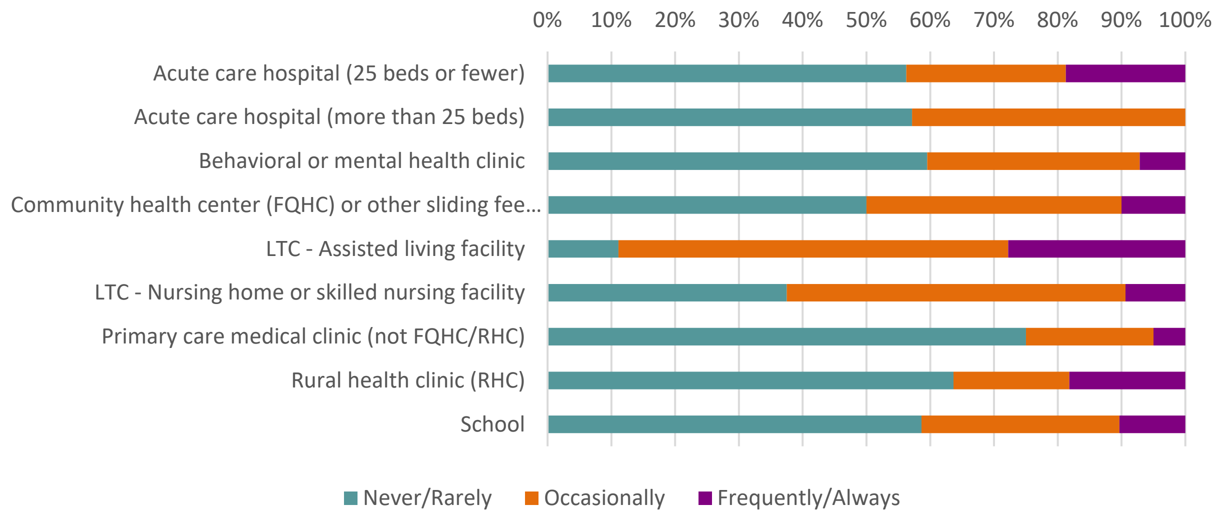
Fall 2022 Sentinel Network Question: In the past year, has access to child care, housing, or transportation affected staffing at your organization?					
Community Resource	**Overall** (n=167)	**Dental office/clinic** (n=49)	**Long-term care** (n=22)	**Small hospital** (n=12)	**Rural health clinic** (n=16)
Child care	68%	69%	68%	83%	75%
Housing	50%	35%	50%	83%	69%
Transportation	35%	27%	64%	17%	31%

Source: Washington's Health Workforce Sentinel Network

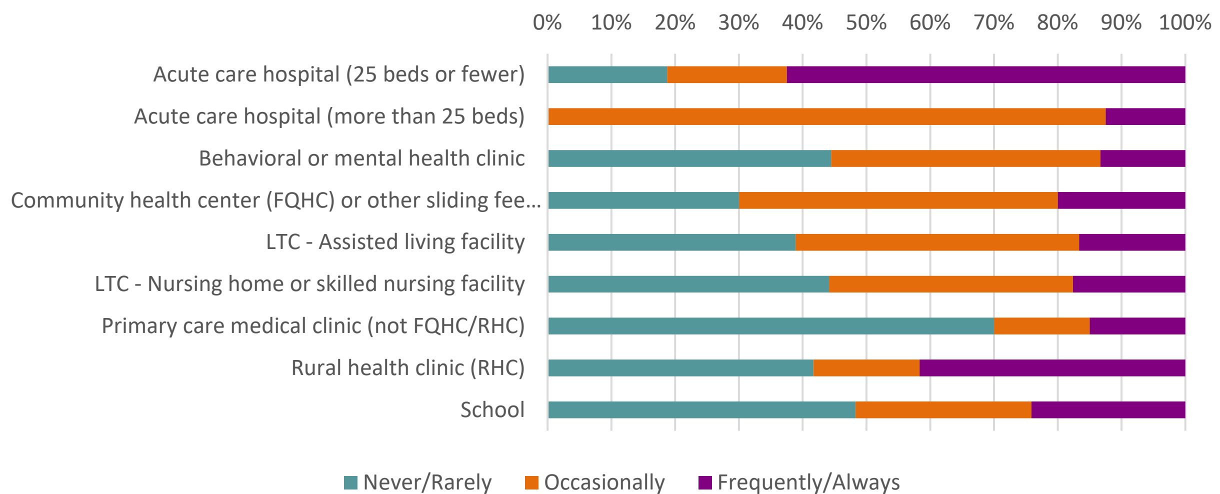
During the Fall 2023 data collection period, the Sentinel Network again asked about these social issues to understand if employers continued to report these factors as challenges to recruitment and retention. In Fall 2023, the question asked employers to report whether these factors never/rarely, occasionally, or frequently/always affected their ability to recruit and retain staff in the past year. Results indicate that employers continue to report these factors as challenges. Of the 383 total responses received, 59 percent reported that access to child care occasionally, frequently, or always affected recruitment and retention, 55 percent said that access to affordable housing was a factor, and 45 percent cited transportation difficulties as occasionally, frequently, or always affecting staffing. Full results, including how employers said their organization tried to address these challenges, will be available on the Sentinel Network website (wa.sentinelnetwork.org).



Washington Health Workforce Sentinel Network Fall 2023



Washington Health Workforce Sentinel Network Fall 2023



Washington Health Workforce Sentinel Network Fall 2023

Responses varied across the participating employers. LTC employers called out transportation and childcare access as frequent challenges to their ability to recruit and retain staff. Both small and large hospitals identified housing availability as a key barrier to recruitment and retention. Across many types of employers these community resources appear to remain consistent challenges to recruiting and retaining staff.

Nationally, since February 2023, a greater percentage of women between the ages of 25 and 54 are working than ever before[21]. This demographic increase represents more than a full recovery from the 2020 recession that had a disproportionate impact on the employment of women and parents. However, when these numbers are separated out by education level, it's clear that the return to the workforce, and subsequent wage benefits, are not accruing equally. Among women with young children, those with at least a bachelor's level degree are much more likely to be working than those with a high school education or less. These highly educated women are also much more likely than average workers to report teleworking at least one day a week[22].

It is often female workers who leave the workforce to care for children[23]. While there are some healthcare roles that allow for telework, and while the number of these opportunities are growing, many key positions require healthcare workers to be onsite at facilities[24]. The healthcare workforce is particularly vulnerable to child care impacts due to women being overrepresented in many of the frontline professions and the need for non-traditional hours of child 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.

Even prior to the COVID-19 pandemic, Washington did not have an adequate supply of high-quality child care services. 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[25].

Some healthcare employers have recognized the inherent challenge of accessing child care. There are examples of Washington facilities, such as the Fred Hutchinson Cancer Center, Martha and Mary, and Josephine Caring Community, who provide community child care services with reduced costs for employees. Other employers help provide access via community child care providers by purchasing priority access for employees. This can be a key benefit for staff, as demonstrated by an internal analysis at a hospital

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[21] Bauer, L. Wang, S. (2023, Aug. 30). "*Prime-age women are going above and beyond in the labor market recovery*." Brookings Institute.
[22] Ibid.
[23] Gitlin, S. et al. (2022, May 9). "*The child care conundrum: How can companies ease working parents' return to the office?*" McKinsey & Company.
[24] Takahama, E. (2023, Nov. 6) "*Virtual nursing offers a new career for WA's burned-out nurses*." Seattle Times.
[25] Retka, J. (2021, Feb. 25). "*13 percent of child care providers in Washington state have closed because of the pandemic*." Yakima Herald.

in Georgia which found that employees who used the hospital's child care center had the lowest turnover rate among staff[26].

In addition to lack of access to child care, the Council also seeks to emphasize how lack of affordable housing and transportation barriers are impacting Washington's ability to have a robust healthcare workforce. While the high cost of housing is a key barrier in the state's urban centers, rural communities are heavily impacted by overall low access to housing. Rural facilities responding to the Sentinel Network indicated that overall lack of housing drives both recruitment and retention challenges. This is recognized as a nationwide challenge for rural communities which impacts recruitment not only of lower paid staff, but also physicians, who are typically the highest paid healthcare workers in a community[27]. Transportation and housing are tied together as barriers; anecdotally, behavioral health employers have reported to Council staff that as housing costs rise, their workers move farther away from their worksites in search of more affordable housing. These longer distances from worksites then increase the burden of workers' transportation costs. Long-term care employers reporting to the Sentinel Network described transportation as a particularly challenging barrier impacting the recruitment and retention of their workers.

Sentinel Network: Employer comments regarding housing and transportation access

"We have partnered with a provider to have childcare on campus. We have not been able to approach housing very effectively. We promote public transportation."
– Small hospital, Fall 2023

"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

"The hospital has purchased an apartment complex as well as a few other rentals to help with housing."
– Small hospital, Fall 2023

"We have staff who come from outlying communities, so I have often paid milage for them to drive to work. Sadly, many of these staff drive an hour to get here, passing by hospitals or other nursing homes, and after a year or two of commuting they eventually give up and take a job closer to home."
– Skilled Nursing Facility, Fall 2023

[26] Gale, R. (2023, May 30). "*More hospitals are offering child care. But they shouldn't have to*." STAT.
[27] Lahr, M. et al. (2023, Oct). "*Policy Brief: Key Informant Perspectives on Rural Housing and Health.*" University of Minnesota Rural Health Research Center.

Council Project Update: Behavioral Health Workforce

In previous years the Workforce Board has completed Behavioral Health Workforce Assessments in conjunction with the Behavioral Health Workforce Advisory Committee (BHWAC). Funding for the BHWAC was not continued following the 2021-2023 biennium. As a result, behavioral health workforce activity has returned to being part of the Council's annual report rather than a separate report.

Focus on Clinical Supervision in Behavioral Health Settings

During 2023, Council staff assisted the Department of Health (DOH) in the implementation of SSHB 1724 (2023), regarding the behavioral health workforce. This bill contained many provisions with the common goal of reducing barriers to entry for the licensed behavioral health workforce. The legislation had to be implemented on an aggressive timeline to meet the required deadline for November 2023 recommendations. The Council was able to support this work by leveraging the Sentinel Network tool to rapidly gather information directly from behavioral health facilities about their experiences and the barriers of providing clinical supervision to their new staff members that meets clinical licensure requirements.

During the Spring 2023 data collection period, the Sentinel Network asked employers from organizations that provide behavioral health services about licensing and required clinical supervision for newly hired and incumbent workers. These questions were developed in response to information provided in previous data collection periods that indicated employers were facing challenges around pre-licensure clinical supervision regulations that were hampering their ability to hire and retain employees.

Of the 42 responses received from behavioral health employers in Spring 2023, 36 (86 percent) indicated that their organization provided clinical supervision for associate-licensed or trainee staff. Among those providing supervision, challenges included having only one or two staff members who held the qualifications to provide supervision, supervisors who also had busy clinical schedules, restrictive requirements that some types of trainees have less flexibility in their supervisor qualifications than other trainees, and lack of reimbursement for supervised trainees. Among organizations not providing supervision, some said they lacked qualified supervisors and others said they hired only experienced staff.

Employers also suggested rules, laws and policy changes that could make it easier to provide pre-licensure clinical supervision, which fell into two broad categories. The first was related to pre-licensure supervision requirements, recommending greater flexibility in the type of professionals allowed to supervise trainees, greater consistency in the supervision hours required across professions, and expansion of the number of trainees that supervisors can oversee at one time. The second category was related to funding

for clinical supervision, suggesting that insurance payments or other funding streams could incentivize experienced clinicians to take on more supervisory responsibilities.

Examples of suggestions from behavioral healthcare employers to improve their ability to provide pre-licensure clinical supervision for employees include:

Sentinel Network: Employer Comments Regarding Ways to Reduce Barriers to Providing Clinical Supervision Required for Licensure

"Allow for general clinical supervision despite licensure type in mental health."

"Make supervision hour requirements consistent across disciplines (including who can provide the supervision)."

"Having qualified clinical supervision be equally applicable across licenses would be helpful, or being able to cross train a clinical supervisor in content areas that would allow them to be qualified to supervise a different credential."

"The area most challenging is the differences in the allowed size of the group for supervision of more than one clinician."

"Billing for trainee services is key, as the extra income would offset the costs of supervision."

"Additional funding for the supervisor to cover costs of the additional time and professional liability staff is taking on. Financial assistance or incentives to those that are able to provide supervision hours."

– Multiple behavioral health employers, Spring 2023

Full comments, with the facility names redacted, were released to DOH as soon as they were available. DOH conducted its own extensive outreach effort over the summer as well. Several items identified by Sentinel Networker employers corresponded with the findings from DOH's effort. Several items identified by employers are moving forward as DOH recommendations. This was a successful example of Sentinel Network being able to rapidly return employer qualitative data to help inform a state health workforce effort.

Council Project Update: Long-Term Care Workforce

Adapted from the Washington Long-Term Care Workforce Initiative Legislative Report, Fall 2023.

Long-Term Care (LTC)

LTC includes services provided in the home such as personal care and respite, home delivered meals, skills acquisition and habilitation, and provision of equipment and supplies; services provided in licensed residential settings; services provided in a center such as adult day care and day health; and services in skilled nursing facilities. It also includes routine skilled treatments and therapies that can be provided at home, in licensed residential settings or nursing home facilities. In Washington, licensed residential settings include: adult family homes, assisted living facilities, and enhanced services facilities.

The occupations involved in delivering LTC services are frontline care workers including nursing assistants and home care aides, nursing staff of all levels, other licensed healthcare providers (clinical social workers, physical therapists and assistants, and dietitians), in addition to their managers, supervisors, and other support staff, such as cooks and custodians.

More than half of Washingtonians over the age of 65 are expected to need paid long-term care (LTC) for an average of 3.2 years[28]. An estimated 70 percent will need help with at least one activity of daily living such as bathing, using the toilet, or eating, at some point in their remaining lifetime[29]. These services are expensive with monthly costs ranging from $2,600 to $10,500 per month[30] depending on the types of services needed. However, most care is provided at home by unpaid caregivers, accounting for one in five adults[31].

This can put extraordinary financial strain on Washington families and their loved ones needing care—draining savings, investments, and assets. To provide the necessary care for family members, unpaid caregivers often leave the labor force, further reducing family incomes and their ability to save or plan for the future. This puts significant drag on the economy.

The demand for LTC is rapidly growing in step with an aging population. By 2030, the population of Washington State is expected to grow by 5 percent from 2023, and 25 percent by 2050. However, the number of residents over the age of 65 will grow by 30

[28] Office of the Assistant Secretary for Planning and Evaluation. (2021*). Most Older Adults Are Likely to Need and Use Long-Term Services and Supports Issue Brief*. ASPE.

[29] Federal Interagency Forum (FIF) on Aging-Related Statistics. (2016). *Older Americans 2016: Key Indicators of Well-Being*. AgingStats.gov.

[30] Genworth. (2021). *Cost of Care Survey, Monthly Median Costs: Washington – State (2021).* Genworth.

[31] AARP and National Alliance for Caregiving. (2020). *Caregiving in the U.S.* AARP.

percent in 2030, and by 64 percent in 2050. For those over 85, growth is expected to be 58 percent and 246 percent, respectively[32].

Washington's aging population growth highlights the tremendous challenges to recruit and retain a well-trained, professional LTC workforce. The available pool of workers is unable to keep pace with the growing demand for LTC services and supports. This is further complicated by ongoing staffing challenges that have persisted for years.

Although Washington has adjusted Medicaid rates in recent years – a significant factor in establishing direct care worker wages – many direct care workers continue to live at or below 200 percent of the federal poverty level. These are demanding jobs that require significant training well beyond the requirements of similarly paid work in other sectors. The LTC sector has been plagued by high levels of turnover, employee burnout, and a lack of social recognition and respect for decades[33]. Average annual turnover rates for direct care workers hovers around 50 percent[34]. Turnover is also expensive, costing employers as much as 150 percent of a direct care worker's annual salary[35].

LTC staffing challenges were further compounded by the COVID-19 pandemic. Skilled nursing facilities, for example, saw a near 12 percent loss in hours per resident day (the number of hours of direct care for each patient per day) for nursing assistants. The vacancies that cause these numbers have not yet recovered, forcing facilities to rely on more expensive temporary contract staff to meet regulatory staffing requirements. Staffing shortages and high turnover are directly linked to reduced quality in care outcomes, delays in receiving essential care, and increased hospitalization rates. [36]

Staff who stayed through the pandemic in LTC settings (and really, any healthcare occupation) were overwhelmed with work schedules that stretched their capacity beyond tolerable levels, resulting in experienced staff leaving for less strenuous work environments, often in unrelated professions. The resulting staff shortages put greater pressure on remaining staff and created additional burdens for providers who were exposed to an increased risk of sanctions, e.g., fines, holds on new admissions, and expanded oversight resulting from violations of regulatory policies connected to staff-to-patient ratios and quality care outcomes.

The LTC staffing crisis is not isolated in its impact. Staffing shortages in post-acute and long-term care affect the entire healthcare system. LTC workforce shortages are a detriment to service delivery across other components of the healthcare system and

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[32] Office of Financial Management. (n.d.). *Population forecasts and projections*. OFM.

[33] Medlock, M. et al. (2022, Nov. 15). *Addressing health care's talent emergency*. Deloitte.

[34] St. John, C. (2021, April 15). *New Study: High Nursing Home Staff Turnover Impacts Quality of Care*. Center for Medicare Advocacy.

[35] Peterson, L. (2014, Nov. 14). *The True Cost of Employee Turnover*. FQHC Associates.

[36] St. John, C. Ibid.

contribute to disjointed care. For example, if fully staffed beds are unavailable in long-term care settings for individuals with complex needs, hospitals sometimes must keep these patients in more expensive acute care settings until an appropriate placement can be found.

If the status quo is allowed to remain and the LTC workforce shortage is not adequately addressed, Washington will face an even greater healthcare crisis by 2030 when the number of individuals needing LTC services will dramatically outpace the number of available workers. Thankfully, Washington State policymakers have a history of mitigating crises in the healthcare workforce – and are once again up to the task.

In 2022, the Governor and Legislature authorized the Workforce Board to take the lead on two initiatives aimed at developing strategies and policy recommendations to build on the exceptional efforts of previous workgroups and develop strategies to address the ongoing challenges associated with establishing a stable LTC workforce that can ultimately impact the healthcare delivery system in Washington. The Workforce Board will release three annual reports to policymakers communicating the progress of these initiatives and making policy recommendations to impact the state's LTC staffing challenges through August 2025.

The Long-Term Care Initiative (LTC Initiative) convenes healthcare practitioners, LTC provider representatives, educators, direct care workers, labor organizations, and government agencies, collectively referred to as stakeholders, to identify factors contributing to workforce challenges. These stakeholders helped to develop recommended practices and policies to increase and stabilize the number of direct care workers.

The Workforce Board is partnering with the University of Washington's Center for Health Workforce Studies (UW CHWS) to investigate the underlying causes of workforce shortages and other challenges, including linkages between staffing and quality care outcomes. This research will create the foundation for identifying metrics to be used for establishing the needs of LTC and their ability to provide quality care for Washingtonians. Further, the researchers in this effort will be called upon to monitor and evaluate the impact of current and future policies and programs on alleviating shortages and improving quality care outcomes.

The research findings, along with the barriers and challenges identified by stakeholders were distilled and prioritized into policy recommendations. Included in the LTC Initiative report are preliminary recommendations that generated broad agreement among stakeholders. A more extensive list of barriers and potential solutions has been created that requires further exploration for consideration and inclusion in subsequent reports.

The report also contains an update on the LPN Registered Apprenticeship Initiative. Led by a three-agency partnership between the Workforce Board, WABON, and the Apprenticeship Section of Labor and Industries, with the Washington Health Care Association serving as the industry sponsor, this LPN pilot apprenticeship program is developing a pathway for current NAs and HCAs to become LPNs by implementing an LPN Registered Apprenticeship Program. Representatives from community colleges, employers, and government agencies are collaborating to support future LPNs with their LPN prerequisites and program coursework, financial aid, hands-on training in the workplace, program navigation, and wraparound support. To date, 37 NACs and HCAs from three employer groups are enrolled in prerequisite coursework at two partnered community colleges.

Initial Policy Recommendations

Recognizing the complex challenges within the LTC workforce, a broad range of ideas were proposed by three LTC Initiative subcommittees. Each subcommittee identified specific policies for consideration. The initial policy recommendations to address workforce challenges in LTC are as follows:

1. Continue funding the developing LPN Registered Apprenticeship Program (current funding expires in 2025). Policymakers funded the development of a Registered Apprenticeship Program for LPNs beginning in 2021 with a planning year. Funding for implementation is guaranteed through June 30, 2025. This request is for continuation through June 30, 2027, to ensure the program has the time needed to become sustainable, the apprentices and their employers have certainty that the program will continue, and all the details of program administration are in place.

2. Expand the resources for Edmonds College's role in the LPN Registered Apprenticeship Program to accommodate increased student participation. Edmonds College's hybrid curriculum has been approved by WABON and the final details for implementing the curriculum component of the LPN Registered Apprenticeship Program are currently under review by WABON. Pending approval of the LPN apprenticeship program, this curriculum will be utilized to train LPN apprentices. Edmonds College's pioneering work with nursing apprenticeships is paving the way for program expansion to other institutions across the state.

3. Provide funding to expand enrollment capacity for related supplemental instruction dedicated to registered apprenticeship cohorts in the Edmonds LPN hybrid program, or other participating community and technical colleges, for applicants who have met all required prerequisites. Funding would support a dedicated cohort of apprentices in this competitive LPN Registered Apprenticeship Program.

4. To address critical recruitment and retention needs, policymakers should fund LTC reimbursement rates at the level necessary for LTC providers to provide competitive wages and benefits, including training benefits, and ensure rates keep pace with inflation. The additional reimbursement should be specifically dedicated to compensation for the LTC workforce in support of workforce stability, to the extent possible. This will ensure workers are adequately compensated, which will support greater recruitment, retention, and workforce stability.

5. Double the current number of Quality Improvement Program nurses in the DSHS program from 6 to 12 to allow more support and technical assistance for LTC providers. Expansion of this popular program would improve the care of LTC residents and reduce the number of provider citations.

6. Review RCW 18.79.340 to allow nursing technicians to work in any LTC setting that meets statutory requirements for RN supervision. Flexibility of employment sites for nursing technicians is critical and should be expanded to include assisted living, adult family homes, and community care that meet the conditions of position and supervision requirements.

7. Provide additional funding to the LTC Initiative through, at minimum, Fiscal Year 2028, to develop a grant program for LTC settings to test new care models and workplace practices that will better support LTC workers while improving availability of high-quality care. Support continuation of the Initiative and implementation of the full original request, which proposed funding for small transformation grants for LTC providers to test promising practices for improving care outcomes, with the goal of increasing workforce retention. This may include supporting LTC workers in training and education to advance skills and achieve higher wages within the field.

Access more information about the LTC Initiative on the [Workforce Board website.]()

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 has 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 and apprentices who have completed a healthcare-related apprenticeship registered with the Washington State Apprenticeship and Training Council. The following table shows completions for over 80 healthcare education and training programs for a one-year period spanning July 1, 2021, to June 30, 2022 (labeled 2022 for ease of reading). The table includes the five-year average annual completion numbers for each training program for perspective. The schools select the program designation for their programs, so there can be inconsistencies between how schools with similar programs have chosen to self-identify.

These data are also available on a publicly accessible Tableau dashboard, which includes completion trends. On the dashboard it is possible to filter down to the individually reporting postsecondary institution, career school, or apprenticeship.

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 those completing programs may not always 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.

Long-Term Decrease in Healthcare Program Completions Continues in 2022

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. The state has successfully pushed to expand capacity in healthcare training programs, and in some areas has provided additional support such as funds to pay higher salaries for nursing faculty at community and technical college nursing programs.

The data in the following table illustrate varying numbers of completions across all health programs when comparing data from 2022 to data from 2021. While these data represent the best information that is available from multiple sources, staff noted inconsistencies between how similar programs are coding graduates in some occupations, notably in the medical laboratory, behavioral health, and respiratory care professions. In some occupations, staff used an alternative data source, such as WABON graduation numbers for RNs and LPNs, when it was more accurate than IPEDS.

It also should be noted that the period of time covered in this report includes a portion of the PHE. The COVID-19 pandemic continues to impact education and training institutions. Consequently, the moderate increase in the number of healthcare program completions from 2021 to 2022 has not returned to match the number of completions in 2019.

In the 2021 reporting period, the Workforce Board tracked approximately 23,000 healthcare program completions. In 2022, **that number had moderately increased to 24,159 completions** across a wide range of healthcare occupations, with the largest rise seen in entry-level program completions. Across all professions, this corresponds to an average 5 percent increase in completions during the 2022 reporting period when compared to 2021. Although this increase in program completions is a promising sign that the healthcare workforce might be somewhat rebounding after record-low number of completions reported in 2021, **the number of program completions in 2022 is still significantly lower than the almost 30,000 recorded program completions in 2019**.

While the number of completions did increase in some health education program types, many programs saw a reduction of completions from 2021 to 2022. Some of these reductions are due to lingering PHE effects, such as dental hygiene programs appearing to have a 44 percent decrease that is created by the artificially high number of completions in 2021. Many hygienists in training during 2020 had to delay graduation until 2021 due to the designated Public Health Emergency (PHE), which ended on October 31, 2022, by Governor's order. Notably, the number of completions among nursing assistants and home health aides/home care aides – professions that serve as key entry points to the health workforce – increased moderately (15 percent and 34 percent, respectively), though these professions had some of the greatest number of reductions in 2021 data. Some of the information showing reduced completions for NAs

and HCAs is likely due to regulatory waivers that were in place during the pandemic state of emergency.

Reductions appear in other high-demand professions such as substance use disorder counselors (down 17 completions, or 6 percent, from 2021) and medical assistants, (down 233 completions, or 12 percent, from 2021). Notably, these professions also showed significant decreases when compared to 2019 numbers, with substance use disorder counselors down by 74 program completions and medical assistants down by 426 program completions.

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. However, this varies greatly from school to school and program to program. 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. Efforts to stimulate student interest in enrolling in health programs might be impactful.

As traditional training program completions have fallen, it appears that the role of registered apprenticeships in some professions is growing. Medical assistant apprenticeship completions in particular are increasing, with 157 of 1,682 total completions (9 percent) coming from registered apprenticeship programs. This represents a substantial increase from the 49 apprenticeship completions in 2017. A new SUDP apprenticeship has also shown significant participation but has not yet had any apprentices complete their required hours.

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

The following table includes program completion numbers for 2021 and 2022, as well as the average completions during 2018-2022, to provide a more comprehensive perspective on recent completion trends. For ease of reading, the 2021-22 Change column uses red for those programs that dropped in number of completions. Occupations that were included for discussion of long-term completion trends are noted in the report with a page number reference for where that information can be found. The data provided for LPNs and RNs comes from IPEDS as reported by the schools. However, this data does not closely match the educational program graduation data tracked by WABON. While IPEDS data is reported in the tables below for consistency with prior report years, the WABON data is used for discussion of completion trends on page 18.

Health Education Program Type	Average Completions	Yearly Completions		Change 2021 - 2022	
	2018-2022	2021	2022	Absolute	Percentage*
Acupuncture and Eastern Medicine	58	46	62	16	35%
Athletic Trainer	38	36	46	10	28%
Audiologist and Speech-Language Pathologist	48	42	50	8	19%
Clinical Laboratory Science/Medical Technology/Technologist *(See page 31 for 10-year trend)*	35	31	26	5	-16%
Clinical Psychology	31	27	37	10	37%
Clinical/Medical Laboratory Assistant *(See page 31 for 10-year trend)*	33	32	20	12	-38%
Clinical/Medical Laboratory Technician *(See page 31 for 10-year trend)*	28	27	23	4	-15%
Clinical/Medical Social Work	49	110	135	25	23%
Communication Sciences and Disorders, General	113	108	115	7	6%
Community Health Services/Counseling	66	91	68	23	-25%
Counseling Psychology	175	139	179	40	29%
Counselor Education/School Counseling and Guidance Services	103	95	78	17	-18%
Dental Assisting/Assistant *(See page 23 for 10-year trend)*	1026	1112	971	141	-13%
Dental Hygiene/Hygienist *(See page 23 for 10-year trend)*	214	344	193	151	-44%
Dentistry *(See page 23 for 10-year trend)*	67	66	69	3	5%
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	81	82	90	8	10%
Dietetics/Dietitian	101	100	65	35	-35%
Electrocardiograph Technology/Technician	34	34	23	11	-32%
Emergency Care Attendant (EMT Ambulance)	645	597	597	0	0%
Emergency Medical Technology/Technician (EMT Paramedic)	319	436	389	47	-11%
Environmental Health	46	41	49	8	20%
Health and Wellness, General	25	28	35	7	25%
Health Information/Medical Records Administration/Administrator	66	88	74	14	-16%

Health Education Program Type	Average Completions	Yearly Completions		Change 2021 - 2022	
	2018-2022	2021	2022	Absolute	Percentage*
Health Information/Medical Records Technology/Technician	144	120	103	17	-14%
Health Services Administration	46	52	43	9	-17%
Health Services/Allied Health/Health Sciences, General	262	302	196	106	-35%
Health Unit Coordinator/Ward Clerk	29	22	29	7	32%
Health/Health Care Administration/Management	128	124	114	10	-8%
Health/Medical Preparatory Programs, Other	52	68	64	4	-6%
Hearing Instrument Specialist	23	15	22	7	47%
Home Health Aide/Home Attendant	5,062	2,797	3,735	938	34%
Hypnotherapy/Hypnotherapist	204	196	155	41	-21%
International Public Health/International Health	44	39	40	1	3%
Licensed Practical Nurse *(See page 18 for 5-year trend of WABON completion data rather than IPEDS)*	249	201	204	3	1%
Marriage and Family Therapy/Counseling	123	140	169	29	21%
Massage Therapy	563	379	479	100	26%
Medical Administrative/Executive Assistant and Medical Secretary	160	159	120	39	-25%
Medical Insurance Coding Specialist/Coder	216	224	211	13	-6%
Medical Insurance Specialist/Biller	81	66	76	10	15%
Medical Office Assistant/Specialist	259	74	242	168	227%
Medical Office Administration	52	48	61	13	27%
Medical Radiologic Technology - Radiation Therapist	81	74	72	2	-3%
Medical Reception/Receptionist	62	35	74	39	111%
Medical Transcription	31	12	2	10	-83%
Medical/Clinical Assistant *(See page 33 for 10-year trend)*	1,833	1,915	1,682	233	-12%
Medical/Health Management and Clinical Assistant/Specialist	30	36	33	3	-8%
Medicine *(See page 34 for 10-year trend)*	278	341	310	31	-9%
Mental and Social Health Services and Allied Professions, Other	104	58	86	28	48%
Mental Health Counseling/Counselor	78	98	104	6	6%
Naturopathic Medicine	150	125	168	43	34%
Nursing Assistant *(See page 19 for 10-year trend)*	5,025	3,579	4,125	546	15%

Health Education Program Type	Average Completions	Yearly Completions		Change 2021 - 2022	
	2018-2022	2021	2022	Absolute	Percentage*
Occupational Therapist Assistant	83	80	75	5	-6%
Occupational Therapy/Therapist	94	100	98	2	-2%
Orthotist/Prosthetist	20	14	18	4	29%
Osteopathic Medicine *(See page 34 for 10-year trend)*	136	135	137	2	1%
Pharmaceutics and Drug Design	21	16	33	17	106%
Pharmacy Technician	185	206	140	66	-32%
Pharmacy	245	269	253	16	-6%
Phlebotomy Technician/Phlebotomist	758	888	943	55	6%
Physical Therapy Assistant	141	177	117	60	-34%
Physical Therapy/Therapist	126	131	120	11	-8%
Physician Associate/Assistant	140	156	124	32	-21%
Pre-Medicine/Pre-Medical Studies	29	37	19	18	-49%
Pre-Physical Therapy Studies	30	11	15	4	36%
Psychiatric/Mental Health Services Technician	23	21	22	1	5%
Psychology, General	65	59	76	17	29%
Public Health Education and Promotion	27	31	26	5	-16%
Public Health, General	385	412	426	14	3%
Public Health, Other	36	7	142	135	1,929%
Radiologic Technology/Science - Radiographer	130	122	145	23	19%
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other	230	283	241	42	-15%
Registered Nurse *(See page 18 for 5-year trend using WABON completion data)*	3,353	3,432	3,399	33	-1%
Respiratory Care Therapy/Therapist	29	47	23	24	-51%
Respiratory Therapy Technician/Assistant	42	22	54	32	145%
School Psychology	65	64	82	18	28%
Social Work, Other	42	27	27	0	0%
Social Work	406	366	399	33	9%
Somatic Bodywork	23	9	0	9	-100%
Speech-Language Pathology/Pathologist	111	109	116	7	6%
Sterile Processing Technology/Technician	41	35	30	5	-14%
Substance Abuse/Addiction Counseling	301	273	256	17	-6%
Surgical Technology/Technologist	130	172	114	58	-34%

Health Education Program Type	Average Completions	Yearly Completions		Change 2021 - 2022	
	2018-2022	2021	2022	Absolute	Percentage*
Remaining Health Education Program Types**	349	391	376	15	-4%
Total	26,569	23,113	24,159	1,046	5%

Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2022; Workforce Board Data Reporting System 2022 for private career school completions, Apprenticeship Registration and Tracking System (ARTS) 2022.

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

** Includes multiple instructional programs with cohorts too small to report results. Full details are available upon request.

Health Profession Licensing

The Department of Health provides counts of active credentials as of July 1 each year. This information is available for many professions going back to 2008 and can be accessed online. The table below features active credential counts for a selection of professions spanning 2018 to 2023.

Active License Counts by Year: Professions	2018	2019	2020	2021	2022	2023
Acupuncturist	1,557	1,606	1,514	1,560	1,625	1,571
Advanced Emergency Medical Technician	359	364	348	350	336	344
Advanced Registered Nurse Practitioner	8,361	9,169	10,044	11,311	12,659	14,011
Animal Massage Practitioner	92	108	106	112	124	138
Applied Behavior Analyst	553	733	829	988	1,153	1,218
Applied Behavior Analyst Assistant	53	85	127	154	180	206
Athletic Trainer	744	789	788	818	846	851
Audiologist	451	465	471	497	541	528
Cardiovascular Invasive Specialist	328	338	341	345	350	375
Certified Behavior Technician	1,659	2,435	2,748	3,491	3,766	3,802
Chiropractic X-Ray Technician	219	206	197	198	218	249
Chiropractor	2,573	2,605	2,513	2,598	2,682	2,545
Counselor, Agency Affiliated	8,703	9,092	8,669	9,279	9,156	10,680
Counselor, Certified	507	471	402	391	382	353
Dental Anesthesia Assistant	193	215	225	240	249	263
Dental Assistant	14,964	15,677	15,335	16,522	16,944	17,227
Dental Hygienist	6,395	6,526	6,336	6,666	6,748	6,753
Dentist	6,668	6,738	6,590	6,870	7,136	7,059
Denturist	152	156	138	144	151	150
Dietitian/Nutritionist	2,179	2,329	2,363	2,457	2,638	2,832
Dispensing Optician	1,005	1,006	987	982	1,014	944
Dispensing Optician Apprentice	1,036	1,051	997	1,001	1,013	1,009
Emergency Medical Responder	364	342	308	348	290	248
Emergency Medical Technician	13,115	13,304	13,580	14,075	13,264	13,441
Expanded Function Dental Auxiliary	264	286	303	359	372	389
Genetic Counselor	252	298	361	400	516	555

Active License Counts by Year: Professions	2018	2019	2020	2021	2022	2023
Hearing Aid Specialist	313	328	332	332	353	330
Home Care Aide	22,631	26,620	26,270	26,653	24,625	24,548
Hypnotherapist	724	744	676	697	727	718
Licensed Practical Nurse	11,554	11,558	11,115	11,189	11,486	11,464
Marriage and Family Therapist	1,728	1,824	1,845	2,033	2,215	2,355
Marriage and Family Therapist Associate	573	609	557	612	684	725
Massage Therapist	13,831	13,824	12,329	12,438	12,369	11,733
Medical Assistant Certified (this includes MA-Phlebotomists and MA-Hemodialysis Technicians also)	28,425	30,083	28,824	31,617	32,856	33,883
Medical Assistant Registered	8,133	8,605	8,276	8,869	9,535	9,145
Mental Health Counselor	7,149	7,646	7,850	8,501	9,324	10,106
Mental Health Counselor Associate	1,895	2,014	2,053	2,305	2,483	2,693
Midwife	178	182	195	199	219	219
Naturopathic Physician	1,424	1,474	1,434	1,571	1,611	1,620
Nursing Assistant	75,421	75,231	71,980	73,392	72,677	74,526
Nursing Home Administrator	446	450	414	403	424	401
Nursing Pool Operator	257	284	289	307	404	496
Nursing Technician	525	558	563	690	977	1,342
Occupational Therapist	3,732	3,909	3,919	4,022	4,338	4,362
Occupational Therapy Assistant	1,156	1,189	1,175	1,194	1,213	1,210
Optometrist	1,643	1,676	1,682	1,678	1,822	1,772
Orthotics Prosthetics	344	350	344	355	367	360
Osteopathic Physician	2,371	2,672	2,848	3,130	3,573	3,901
Paramedic	2,695	2,760	2,890	3,095	2,930	3,018
Pharmacist	10,490	10,716	10,673	11,046	11,065	11,274
Pharmacist Intern	1,658	1,777	1,749	1,588	1,471	1,345
Pharmacy Assistant	9,231	7,422	7,348	8,049	8,382	10,009
Pharmacy Technician	8,829	8,748	8,488	8,631	8,676	9,285
Physical Therapist	7,167	7,507	7,361	7,562	7,863	7,840
Physical Therapist Assistant	2,382	2,455	2,377	2,483	2,480	2,424
Physician	30,110	30,450	31,127	31,226	31,852	32,392
Physician Assistant	3,829	4,091	4,364	4,654	5,039	5,255

Active License Counts by Year: Professions	2018	2019	2020	2021	2022	2023
Podiatric Physician	373	377	365	380	406	393
Psychologist	3,083	3,254	3,497	3,995	3,842	3,824
Radiological Technologist	6,600	6,685	6,769	6,967	7,269	7,388
Recreational Therapist	157	168	150	162	146	139
Reflexologist	259	260	249	245	242	245
Registered Nurse	102,210	106,569	108,940	115,007	130,459	131,261
Respiratory Care Practitioner	2,939	3,028	3,139	3,186	3,514	3,661
Sex Offender Treatment Provider	94	97	93	97	105	101
Sex Offender Treatment Provider Affiliate	21	27	25	23	18	12
Social Worker Advanced	150	154	147	155	154	151
Social Worker Associate Advanced	228	247	280	328	381	391
Social Worker Associate Independent Clinical	1,799	1,952	2,111	2,365	2,638	2,888
Social Worker Independent Clinical	4,455	4,712	4,855	5,373	6,006	6,670
Speech Language Pathologist	3,064	3,249	3,338	3,536	3,809	3,970
Speech Language Pathology Assistant	243	242	241	254	274	291
Substance Use Disorder Professional	2,958	3,026	2,890	3,045	3,107	3,102
Substance Use Disorder Professional Trainee	1,736	1,804	1,627	1,588	1,503	1,432
Surgical Technologist	3,085	3,141	3,169	3,388	3,571	3,715
X-Ray Technician	1,583	1,563	1,436	1,417	1,537	1,616
Total	48,1673	49,8300	49,4915	51,8525	54,2076	55,4787

Source: DOH 2023

Healthcare Employment Data

On behalf of the Council, the Workforce Board analyzes employment data and projected openings for select healthcare occupations. The data include analyses 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 occupations.

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 may be 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 are generally available and accessible. Even so, these data often do not tell the whole story. Health workforce data without an analysis of additional contributing factors do 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 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. See page 15. for more information.

Not included in these data is information on individuals no longer practicing but still retaining their license, or providers who serve Washington residents, 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.

The analysis in the table below, performed by research staff at the Workforce Board using data from the state's Employment Security Department (ESD), centers on what are known as projected "growth openings," or available jobs within an occupation that are vacant due to either organizational expansion or openings from someone leaving the occupation (to another occupation or exiting 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 professions, were collected while the PHE was still in effect (second calendar quarter of 2022). 2023 data are not yet available.

Occupation	Typical Education Requirements	2022 Employment (Q2)	Projected Annual Growth Openings 2026-2031	Projected Annual Job Openings 2026-2031
Ambulance Drivers and Attendants, Except Emergency Medical Technicians	High school diploma or equivalent	54	1	8
Anesthesiologists	Doctoral or professional degree	1041	11	53
Athletic Trainers	Bachelor's degree	512	15	73
Audiologists	Doctoral or professional degree	429	8	37
Cardiovascular Technologists and Technicians	Associate degree	1130	28	148
Child, Family, and School Social Workers	Bachelor's degree	8830	156	1208
Chiropractors	Doctoral or professional degree	1519	61	166
Clinical Laboratory Technologists and Technicians	Bachelor's degree or associate degree	6961	114	710
Community Health Workers	High school diploma or equivalent	3483	124	686
Community and Social Service Specialists, All Other	Bachelor's degree	2670	57	427
Counselors, All Other	Master's degree	27815	720	4425
Dental Assistants	Postsecondary nondegree award	10832	0	1227
Dental Hygienists	Associate degree	7670	0	424
Dental Laboratory Technicians	High school diploma or equivalent	807	3	110
Dentists, All Other Specialists	Doctoral or professional degree	93	0	3
Dentists, General	Doctoral or professional degree	4521	0	117
Diagnostic Medical Sonographers	Associate degree	1831	45	240
Dietetic Technicians	Associate degree	222	6	30
Dietitians and Nutritionists	Bachelor's degree	1702	43	219
Educational, Guidance, School, and Vocational Counselors	Master's degree	6423	71	772
Emergency Medical Technicians and Paramedics	Postsecondary nondegree award	4231	56	409
Epidemiologists	Master's degree	578	17	84

Occupation	Typical Education Requirements	2022 Employment (Q2)	Projected Annual Growth Openings 2026-2031	Projected Annual Job Openings 2026-2031
Exercise Physiologists	Bachelor's degree	211	5	26
Family Medicine Physicians	Doctoral or professional degree	1362	25	91
General Internal Medicine Physicians	Doctoral or professional degree	670	10	40
Genetic Counselors	Master's degree	92	2	12
Health Educators	Bachelor's degree	1711	24	240
Healthcare Diagnosing or Treating Practitioners, All Other	Postsecondary, varies	1532	33	171
Healthcare Practitioners and Technical Workers, All Other	Postsecondary, varies	9243	180	1091
Healthcare Social Workers	Master's degree	4605	97	670
Healthcare Support Workers, All Other	High school diploma or equivalent	3495	69	616
Hearing Aid Specialists	High school diploma or equivalent	169	3	19
Home Health and Personal Care Aides	High school diploma or equivalent	66134	2263	14200
Licensed Practical Nurses	Postsecondary nondegree award	7769	78	781
MRI Technologists	Associate degree	872	18	106
Marriage and Family Therapists	Master's degree	389	12	66
Massage Therapists	Postsecondary nondegree award	9527	522	2498
Medical Appliance Technicians	High school diploma or equivalent	421	5	68
Medical Assistants	Postsecondary nondegree award	16613	413	3077
Medical Equipment Preparers	High school diploma or equivalent	1853	41	338
Medical Scientists, Except Epidemiologists	Doctoral or professional degree	6690	189	961
Medical Secretaries	High school diploma or equivalent	9035	179	1448
Medical Transcriptionists	Postsecondary nondegree award	1453	0	187
Mental Health and Substance Abuse Social Workers	Master's degree	2751	53	389
Nuclear Medicine Technologists	Associate degree	293	7	38
Nurse Anesthetists	Master's degree	765	14	71
Nurse Midwives	Master's degree	126	2	12
Nurse Practitioners	Master's degree	4198	232	761
Nursing Assistants	Postsecondary nondegree award	34901	766	6314

Occupation	Typical Education Requirements	2022 Employment (Q2)	Projected Annual Growth Openings 2026-2031	Projected Annual Job Openings 2026-2031
Obstetricians and Gynecologists	Doctoral or professional degree	403	7	27
Occupational Therapists	Master's degree	2982	86	365
Occupational Therapy Aides	High school diploma or equivalent	112	3	22
Occupational Therapy Assistants	Associate degree	696	28	164
Ophthalmic Laboratory Technicians	High school diploma or equivalent	1018	10	158
Ophthalmic Medical Technicians	Postsecondary nondegree award	1288	31	168
Opticians, Dispensing	High school diploma or equivalent	2087	65	323
Optometrists	Doctoral or professional degree	1573	58	176
Oral and Maxillofacial Surgeons	Doctoral or professional degree	309	0	6
Orderlies	High school diploma or equivalent	479	13	94
Orthodontists	Doctoral or professional degree	108	0	3
Orthotists and Prosthetists	Master's degree	179	4	22
Pediatricians, General	Doctoral or professional degree	814	12	49
Pharmacists	Doctoral or professional degree	7476	88	479
Pharmacy Aides	High school diploma or equivalent	1772	5	243
Pharmacy Technicians	High school diploma or equivalent	8667	77	801
Phlebotomists	Postsecondary nondegree award	2668	52	452
Physical Therapist Aides	High school diploma or equivalent	726	27	163
Physical Therapist Assistants	Associate degree	1706	57	364
Physical Therapists	Doctoral or professional degree	7593	250	879
Physician Assistants	Master's degree	3034	94	390
Physicians, All Other	Doctoral or professional degree	8967	153	580
Podiatric Physicians	Doctoral or professional degree	269	5	31
Prosthodontists	Doctoral or professional degree	12	0	1
Psychiatric Aides	High school diploma or equivalent	440	4	64
Psychiatric Technicians	Postsecondary nondegree award	1142	15	117
Psychiatrists	Doctoral or professional degree	495	10	35
Psychologists, All Other	Master's degree	16703	288	1784
Radiation Therapists	Associate degree	313	8	35
Radiologic Technologists	Associate degree	3909	77	462
Recreational Therapists	Bachelor's degree	1488	55	246
Registered Nurses	Bachelor's degree	60988	1328	6255
Rehabilitation Counselors	Master's degree	4786	41	545
Respiratory Therapists	Associate degree	2159	57	231

Occupation	Typical Education Requirements	2022 Employment (Q2)	Projected Annual Growth Openings 2026-2031	Projected Annual Job Openings 2026-2031
Social Workers, All Other	Bachelor's degree	1145	6	120
Social and Human Service Assistants	High school diploma or equivalent	10593	292	2017
Speech-Language Pathologists	Master's degree	3596	57	349
Surgeons, All Other	Doctoral or professional degree	1158	13	60
Surgical Technologists	Postsecondary nondegree award	2305	57	302
Therapists, All Other	Bachelor's degree	317	6	36

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 2026-2031.

Data Details, Limitations, and Potential Discrepancies

Accurately responding to predicted future changes in demand for healthcare workers is challenging. Many factors must be considered, 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 the 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 2022, which remained a particularly challenging time due to the PHE impacts on the healthcare workforce.