Health Workforce Council

Rural Employer Initial Findings

Sept. 19, 2024

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Sentinel Network Findings

Themes from rural-serving respondents – Fall 2023 & Spring 2024

A perception that rural locations are less desirable for many healthcare workers and their families.

*"Our area lacks **housing, public transportation and daycare** services. There are also limited job opportunities for spouses and limited activities for children."*
- Small hospital

Some employers develop creative strategies to attract workers.

*"We try to offer **other types of benefits**… than other clinics, and our **culture and Mission** is something unique that resonates with certain people."*
- Rural health clinic

Themes from rural-serving respondents – Fall 2023 & Spring 2024

A lack of local training programs makes it harder to develop a pool of qualified workers.

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

The reported success of “grow your own” approaches has been mixed.

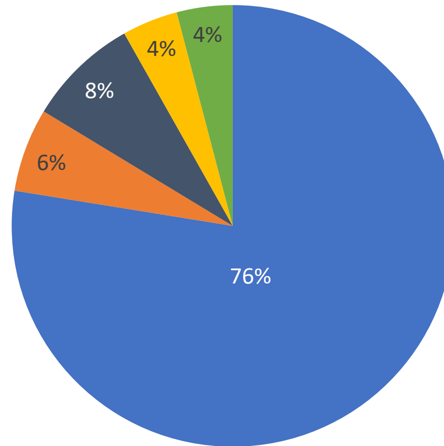
“We train our own [community health workers], but due to short staffing in nursing and medical assistants, we can only hire a few at a time. We need more training that is not dependent on our existing staff to get them ready to work.”
- Community clinic

The use of contract/travel workers varies by setting

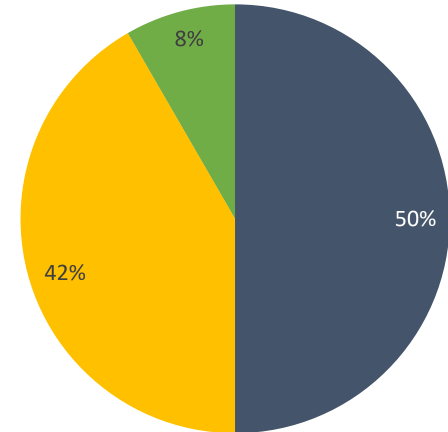
How would you describe your facility's use of contract/travel workers now compared with your use a year ago?

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

Behavioral Health Facilities (n=50)



Small Hospitals (n=12)



Workforce Training & Education Coordinating Board
WASHINGTON

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2024 Rural employer discussions

- **Goal:** Learn more about rural employer needs, expand on information from Sentinel Network
- Staff worked with Council members to connect with rural healthcare and behavioral health employers
- Themes reflect conversations with healthcare and behavioral health employers located in:
  - Adams, Columbia, Garfield, Grant, Island, Jefferson, Klickitat, Mason, Okanogan, Pacific, Stevens, Whitman, and Yakima counties
  - Conversations occurred at March 2024 Rural Health Conference, June 2024 Yakima Listening Session and 1:1 meetings throughout 2024
- Employers included a wide range of site types

2024 rural employer discussions

- Perspective gaps remain:
  - Tribal health clinics and Indian Health Service
  - Oral health services outside community health centers/rural health clinics
  - School-based healthcare/behavioral health services and public health workforce
  - Council: Be thinking about whose perspectives are missing

Rural workforce needs remain severe

- Traveling workers are still the main supplement for many roles
  - Some rural facilities mentioned using 50-70% traveling nurses in their OB and specialty areas
  - Traveling workers are also common in more entry level roles (nursing assistants and medical assistants)
  - Travel wages make it a challenge to compete, though some communities have had luck hiring traveling nurses permanently
  - A few employers reported not needing quite as many traveling workers as in recent years
  - Traveling workers were not mentioned by behavioral health facilities, employers said positions simply go unfilled

Traveling workers are a huge presence

"We are 50/50 nurses on-staff and travelers."

– Critical Access Hospital

"The market is very competitive, no matter how much you raise the base compensation you cannot compete with the traveling agency compensation."

– Large Rural Hospital

"Travelers are coming from southeastern part of the United States where it's really hard to be a nurse … We've recruited traveling staff to work for us. They appreciate island life."

– Critical Access Hospital

"In the clinic we have some traveling MAs [medical assistants] coming from the eastside and driving over."

– Rural Health Clinic

"SUD professionals are extremely difficult to recruit. The number of people going into the profession is down, but the need is going up.

There are over 10 openings between a few facilities [in this area] and zero applications for months."

– Behavioral Health Agency

Access to health professional education

- Rural access to traditional postsecondary education varies, but all we spoke to report challenges
  - Facilities with training programs in their communities (e.g., nursing) still describe unmet staffing needs and pathways that require people to repeat steps
  - Access to technologist professions is incredibly limited (ECHO techs, ultrasound techs, respiratory therapy, medical lab, etc.)
  - Highly rural employers reported limited/no access to local health workforce postsecondary programs and desire alternative approaches (e.g., apprenticeships, fully online programs)

Access to education must be addressed

"The entire system needs to be built around inclusivity, that has to start at the beginning and go all the way through.

How do we have pathways that don't duplicate themselves … we need to allow folks to work now, stop out and can go back to school without having to repeat (coursework/training)."

– Critical Access Hospital

"[We're] bringing college to the person rather than expecting people to come to the college."

– Critical Access Hospital

"We have to have a pipeline for every position in healthcare. The MA apprenticeship where we can do on-the-job training is huge. We don't have a college in our county. There's no training programs in our county, [you] travel 45 minutes to several hours to get to a nursing/rad tech/CNA program.

RONE ended in 2011, allowed for on-the-job training for nurses, it was a game changer. Those are the types of programs that we need."

– Critical Access Hospital

Workforce development is happening

- Rural health care facilities are already working to “grow-their-own” future workforce
  - Many employers are trying a range of strategies (no-cost NA courses, MA apprenticeships, partnering with K-12 in their community)
  - Capacity to do this work can vary greatly from place to place and profession to profession
  - There is no “one right way” to do this work, different communities will find their own flexible ways to do this
  - Variety of issues can pose barriers (e.g., liability insurers not wanting hospitals to have employees under age 18)

Grow-your-own is key but challenging

"If I only have one Echo Tech, I cannot create a grow-your-own program."

– Large Rural Hospital

"Training programs and grow-your-own takes staff time and qualified supervisors, but that takes time and pulls people away from providing care."

– Behavioral Health Agency

"Our lab department created their own program to train phlebotomy, they got 10 student graduates. Students get the qualification/license but would leave."

– Large Rural Hospital

"Not everybody is wired for healthcare, people do classes for free but then realize it's not a passion for them. A certain percentage will washout because healthcare is not in their heart."

– Critical Access Hospital

Organizations must have healthy cultures

- Leadership and organizational culture matter. A lot.
  - Rural employers recognize that they need to create the conditions that make their organizations great places to work
  - Some are creating their own leadership pipelines
  - Organizations are developing resources and training for leaders to help them grow
  - Changing things/bringing in new ideas can be hard when staff have been there many years and don't know other models.

> *"When I have a stable leader then staffing is much more secure."*
>
> – Critical Access Hospital

Basic needs are a tremendous challenge

- Rural healthcare employers describe how limited/no access to community resources heavily impact their workforce
  - Childcare is a tremendous need, some rural employers have figured out ways to offer this, particularly larger organizations
  - Childcare is heavily regulated, typically a money-loser; offering the service directly can be a reasonable retention strategy in a larger organization but may not be financially feasible in small facilities
  - Resources are out there, but messages are not getting through
  - Families need young people to contribute to family wages, limiting time for education
  - In highly rural areas, the challenges can feel insurmountable

Basic needs are a tremendous challenge

"Once we get people there our retention is amazing. But we lack childcare, we lack transportation, we lack broadband internet, trailing spouses can't find jobs.

Childcare is the number 1 thing we hear from folks. What can we do to provide for the loved ones of the people who are providing our services?"

– Critical Access Hospital

This was a key crossover point with our student/worker findings

Policy choices contribute to burden

- State/federal regulations and payment systems are contributing to rural employers' challenges; employers report:
  - Continuing licensure delays and confusion with new behavioral health credentials
  - Licensure questions that ask about behavioral health conditions and the background check process are hindering the ability to bring some people into the workforce
  - Many rural facilities have payer mixes heavily dominated by Medicaid and Medicare, which tend to reimburse less than commercial insurance, compounding inequities

Policy choices directly affect employers

"How do we make entry level jobs enticing? We need better payment to have better wages.

Salaries are a challenge. Smaller institutions can't compete with larger organizations in our state and larger employers in our county."

– Pediatric Care Center

"The state requires staffing ratios, which ends up capping the number of people you can allow into treatment. How do we look at this?

I know the state has loosened up some of the requirements, but it doesn't yet fix the [lack of] interest of people going into the SUD field."

– Behavioral Health Agency

"The new [nursing] Compact has also been a game changer. We can get nurses licensed much more quickly than we were able to before."

– Critical Access Hospital

We’re trying to affect an ecosystem

Coordinated action is needed by government, employers, labor, insurance, and the education system

1. Improve the current system
2. Train for our future needs
3. Adopt new approaches

Small group discussion

First of two rounds of small group discussion

1. Are there employer perspectives/issues we're missing? What would you add from your experiences?
2. From these issues and findings, do you hear an overarching goal or objective the Council could work towards? What should we seek to achieve?
    - An example of an objective could be: "Develop and advocate for policy recommendations that enable rural students to access and succeed in health professional training programs without having to leave their communities"
3. Are there topics you heard that fit with other work going on in Washington? If so, what are the groups/organizations/efforts?

Questions?

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