

Health Workforce Council



2019 Annual Report



December 2019

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Workforce Training and Education Coordinating Board

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Health Workforce Council History & Role

A group of healthcare stakeholders were gathered by the state's Workforce Board in 2001 to address growing concerns about personnel shortages in Washington's healthcare industry. Shortly after, in 2002, then-Governor Gary Locke directed the Workforce Board to create the Healthcare Personnel Shortage Task Force (Task Force). The Task Force developed a statewide strategic plan to address severe personnel shortages in the healthcare industry, and in January 2003, the Task Force released an action plan to tackle the growing gap between the number of trained healthcare professionals and the needs of Washington residents. The report, *Healthcare Personnel Shortages: Crisis or Opportunity*, was presented to the Governor and Legislature.

Later, in 2003, the Legislature passed **Engrossed Substitute House Bill 1852**, directing the Workforce Board to continue gathering stakeholders to address healthcare workforce shortages. The intention of the plan was to provide a framework that helped ensure a sufficient supply of trained personnel providing quality, affordable healthcare to Washington's residents. The bill also required an annual report to the Governor and Legislature on this work, including updated recommendations to address healthcare personnel shortages.

In 2014, Task Force members voted to change their name to the Health Workforce Council to better reflect a new focus on the overall health of a person instead of just considering healthcare delivery.

In 2019, the Legislature provided the Workforce Board with funding for the Council, which included a Health Workforce Policy Analyst and increased administrative support, as well as ongoing funding to support the Health Workforce Sentinel Network (see p. 5). This will allow the Council to take a greater role in connecting the educational community to workforce needs, and explore more fully health workforce issues.

The Council's main roles include providing updates to policymakers on health workforce educational output and employer needs, tracking progress on implementation of new programs, and bringing together key stakeholders to develop and advocate for sustainable solutions. The Council identifies policy and funding priorities to bring to the Governor, Legislature, and other policymakers and stakeholders.

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; and employer representatives. The Council has flexibility to add members from additional sectors or organizations as needed.

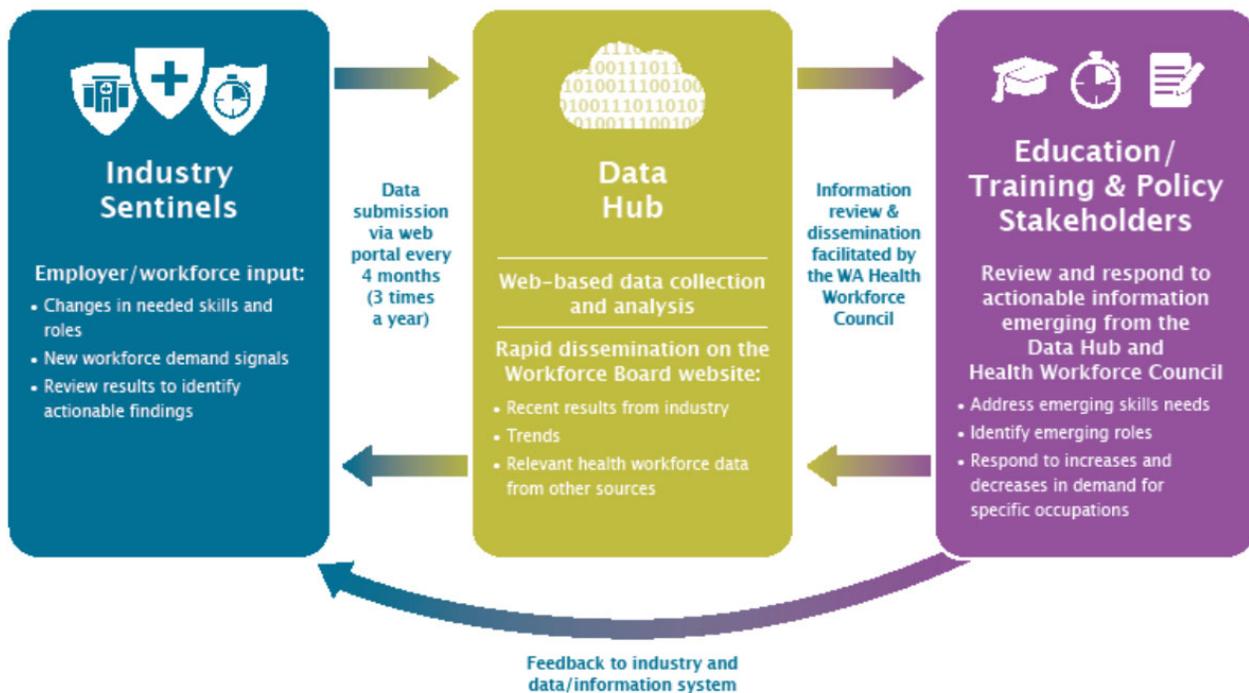
The Council is chaired by Dr. Suzanne Allen, Vice Dean of Academic, Rural and Regional Affairs at the University of Washington School of Medicine. The Vice-Chair is Dr. Kevin McCarthy, President of Renton Technical College. The Council is staffed by the Workforce Training and Education Coordinating Board (Workforce Board).

2019 Health Workforce Council Members

Council Member	Organization
Suzanne Allen, Chair	Vice Dean for Academic, Regional & Rural Affairs, University of Washington School of Medicine
Kevin McCarthy, Vice-Chair	President, Renton Technical College
Liz Coleman	Health Workforce Policy Analyst
Carol Moser	Accountable Communities of Health, Rural Representative
Alicia Fehrenbacher	Accountable Communities of Health, Urban Representative
Dan Ferguson	Allied Health Center of Excellence (Yakima Valley College)
Deb Murphy	LeadingAge Washington
Marianna Goheen	Office of Superintendent of Public Instruction
Amy Persell	SEIU 775 Benefits Group
Diane Sosne	Service Employees International Union (SEIU) 1199NW
Carolyn McKinnon	State Board for Community and Technical Colleges
Katherine Lechner	Washington Association for Community Health
Sofia Aragon	Washington Center for Nursing
Joe Roszak	Washington Council for Behavioral Health
Lauri St. Ours	Washington Health Care Association
Emily Lovell	Washington State Dental Association
John Wiesman	Washington State Department of Health
Sue Birch	Washington State Health Care Authority
Ian Corbridge	Washington State Hospital Association
Russell Maier	Washington State Medical Association
TBD	Washington State Nurses Association
Daryl Monear	Washington Student Achievement Council
Eleni Papadakis	Workforce Training and Education Coordinating Board

Council Project Update: Washington’s Health Workforce Sentinel Network

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



Focus on Recruitment Challenges:

Healthcare employers, identified as Sentinels, from many different healthcare settings respond to regular surveys about difficulty recruiting and retaining specific occupations at their facility, needed skills and training, and any new roles and occupations they have begun to employ. Healthcare settings include hospitals, free and federally-qualified community clinics, behavioral health clinics, long-term care facilities, primary and specialty-care clinics, and dental offices.

Four different facility types, highlighted on the following pages, show their response to the

“Sentinel Network data is used by teachers and administrators to see real-time healthcare employment shortages, build the health workforce pipeline, and help students plan for careers.”

-Marianna Goheen, Health Science Program Supervisor, Office of Superintendent of Public Instruction

question: Has your facility experienced exceptionally long vacancies for any open positions? Also shown are examples of reasons for these vacancies as provided by Sentinels. Occupations are sorted from most frequently cited at the top, followed by less frequently cited occupations.

Complete workforce demand findings since October 2016 are available on the Sentinel Network dashboard wa.sentinelnetwork.org.

Community Health Centers*

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Registered nurse	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Medical Assistant	Physician/ Surgeon
Physician/ Surgeon			Physician/ Surgeon			
Mental health counselor	Nurse practitioner	Social worker	Dental assistant	Registered Nurse	Physician/ Surgeon	Dental assistant
			Registered Nurse		Dental assistant	Medical assistant
Medical assistant	Dental assistant	Mental health counselor	Mental health counselor	Medical assistant	Mental health counselor	Mental health counselor
	Registered nurse		Nurse practitioner			Physician assistant
Nurse practitioner	Physician/ Surgeon	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Dental assistant	Chemical dependency professional	Dentist
				Mental health counselor	Nurse practitioner	
Dental assistant	Mental health counselor	Multiple occupations cited at same frequency				
Social worker						

← Most cited

*Federally Qualified Health Centers and Community Clinics Providing Care Free or Sliding Fee Scale

A sampling of reasons for vacancies, as reported by community health center facility Sentinels:

Limited available supply

- Not enough dental assistant programs ... We need more programs and more people going into this profession!!
- Even with a sign-on bonus [for medical assistants]...not enough qualified applicants around. Our wages are competitive; however, we still have a really hard time finding applicants.

Reimbursement rates

- Not enough [dental hygienist] applicants!!! Since we're community health, we cannot pay what private practice can, but benefits are great! Takes 3-4 months to fill a position.

Rural recruitment difficult

- Difficulty recruiting [physicians, NPs], especially to our more remote locations.

Policy/Regulation

- 3+ month delays by managed care organizations to privilege/credential hired [physicians, NPs]. Inability to hire locums when we have vacancies due to MCO privileging.

"The ability to pair recruitment and retention challenges our employers are facing with verified data from the Sentinel Network adds credibility to our discussions around solutions with legislators."

-Lauri St. Ours, Executive Vice President
for Governmental Relations, Washington
Health Care Association

Behavioral Health Clinics*

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor
Chemical dependency professional	Mental health counselor	Chemical dependency professional	Mental health counselor	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional
Social worker	Social worker	Social worker	Social worker	Nurse practitioner	Social worker	Peer counselor
			Nurse practitioner			
Nurse practitioner	Nurse practitioner	Nurse practitioner	Peer counselor	Social worker	Marriage & Family Therapist	Marriage & Family Therapist
	Psychiatrist			Psychiatrist		
Registered nurse	Marriage & Family Therapist	Registered nurse	Registered nurse	Marriage & Family Therapist	Peer counselor	Psychiatrist
Psychiatrist			Psychiatrist			
						Psychologist

↑ Most cited

*Behavioral-Mental Health Clinics/Outpatient Mental Health and Substance Use Disorder Clinics

A sampling of reasons for vacancies, as reported by behavioral health clinic Sentinels:

Safety net site challenges

- Losing counselors to medical industry that have more competitive salaries and less intense cases.

Reimbursement rates inadequate

- Chronic underfunding of the behavioral health safety net, historically low wages, and high case load demands: these conditions result in high burnout and turnover rates within provider organizations.

Supply limited in competitive market

- Increased demand and more competition for applicants.

Nursing Homes and Skilled Nursing Facilities

Top occupations cited as having exceptionally long vacancies by date of reporting							
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	
Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	
						Nursing assistant	
Nursing assistant	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Nursing assistant	Licensed practical nurse	
Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Speech-language therapist	
Social worker	Occupational therapy assistant	Occupational therapy assistant	Multiple occupations cited at same frequency	Dentist	Occupational therapy assistant	Audiologist	
	Physical therapist				Physical therapist	Occupational therapist	
	Social worker	Physical therapist			Occupational therapy aide		
Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		Physician/ Surgeon	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Occupational therapy assistant
							Physical therapy aide
							Physician/ Surgeon

← Most cited

A sampling of reasons for vacancies, as reported by nursing home and skilled nursing facility Sentinels:

Competition with other settings for nurses

- Not enough (RN, LPN, NAC) applicants who want to work in skilled nursing facilities. They can make more in the hospital.

Reimbursement rates inadequate

- I am unable to pay a competitive (RN) wage because of the percent of Medicaid clients I have and the Medicaid reimbursement rate.

Rural recruitment difficult

- We closed a unit of 15 patients because we could not hire and retain enough RNs to staff it.

Policy/Regulation

- Have to meet regulatory requirements (24/7 nurse staffing requirements).

Small Hospitals

Top occupations cited as having exceptionally long vacancies by date of reporting						
Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019
Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Physician/ Surgeon
			Physical therapist			
Med/Clin lab technologist	Occupational therapist	Med/Clin lab technologist	Nursing assistant	Physician/ Surgeon	Physician/ Surgeon	Registered nurse
	Physical therapist		Physical therapy assistant			Nursing assistant
	Physician/ Surgeon	Physical therapist	Social worker			
Medical assistant	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Med/Clin lab technologist	Physical therapist	Multiple occupations cited at same frequency
Nursing assistant				Nursing assistant		
Multiple occupations cited at same frequency				Marriage & Family Therapist	Multiple occupations cited at same frequency	

← Most cited

A sampling of reasons for vacancies, as reported by small hospital Sentinels:

Limited available supply

- There are no practicing psychiatrists in our county. We are set up for telepsychiatry and have provided that service weekly since 2013 by contract. We are currently awaiting that service to begin again January 2020.
- [We need psychologists because] we are planning to develop an outpatient behavioral health service line in the hospital to serve Medicare and commercial insurance as the community has too few contracted providers with Medicare and commercial plans.

Reimbursement rates

- Access for Medicaid is limited to one single [dentist] who will see a quota of Medicaid children.

Rural access

- Hospital is now creating outpatient PT/OT/SLT services after a local provider went out of business.

Focus on Orientation and Onboarding Changes:

During the spring 2019 data collection round, facilities reported making changes to new employee orientation and onboarding. Six facility types shared information about orientation/onboarding changes for registered nurses and other mentioned occupations.

Changes in Sentinels’ orientation/onboarding for new registered nurse and medical assistant employees (Spring 2019)

Orientation/Onboarding Changes (examples)		
Facility type*	Registered Nurses	Other occupations
Federally qualified health centers (FQHC) or community clinics	State constantly adds requirements which extends the time from when a candidate is brought in to when they can do work.	Medical assistants: [More on] diversity and inclusion as well as ...cultural competency and health disparities.
Behavioral-mental health clinics/outpatient mental health and substance abuse clinics	New rules and regulations and contract requirement.	Chemical dependency professionals, peer counselors, and mental health counselors: Implemented a new 3-day orientation and CPI training. We have seen a significant increase in our retention rates as a result.
Nursing homes/Skilled nursing facilities	Orientation periods have increased, especially on the floor with scheduled orientation days working alongside a seasoned case manager to ensure full understanding of all aspects of the position and allowing the new employee to practice all aspects of their job before taking on a solo assignment.	Nursing assistants: Longer floor orientation for new hires that are new grads. Due to regulations we have also expanded the hours for new employee orientation and verification of competencies. All of which delay filling of open positions.
Assisted living facilities	Revised orientation/onboarding to include more classroom training time vs a majority of online courses with the intent to improve quality of training.	Nursing assistants: We are now having the safety and orientation class done before they start any paperwork. We pay for the class. If they complete it and come to work we will pay them 4 hours.
Acute care hospitals (25 beds or fewer)	Longer orientation period due to the enormous amount of stuff our RNs must know.	Nursing assistants: Changes to scheduling or content.
Dental clinics	N/A	Dental assistants:: Refer to dental assistant's scope of practice detailed in the WAC to clarify how qualified future applicants are, and help set professional development goals.

*More descriptions of orientation/onboarding changes for more facility types and occupations can be viewed on the Sentinel Network web [dashboard](#).

Use of Sentinel Network Findings

Information about the Sentinel Network and its findings has been used to guide many health workforce planning activities in Washington, including assessing the state's behavioral health workforce, and identifying specific workforce needs in long-term care settings. Regional level findings, available on the Sentinel Network dashboard, are used by the state's nine Accountable Communities of Health (ACHs) for healthcare transformation planning. In 2019 alone, Sentinel Network program descriptions and workforce demand findings were presented at five national and regional healthcare research and policy conferences.

Overall, the Sentinel Network has shown value in Washington for providing:

- Rapid turnaround signals of workforce demand changes.
- Identification of skills needed and local conditions that may make hiring difficult.
- Information about the "how and why" behind demand signals.
- Engagement of the full network of stakeholders needed to identify and solve workforce problems.

"The Sentinel Network delivers current and valuable workforce data that informs our various scholarship models, ensuring that our state has the talent it needs to respond to the transforming health care environment."

-Washington State Opportunity
Scholarship Administrators

Sentinel Network findings can help target solutions to health workforce issues, such as increasing education capacity, where appropriate; indicating where changes in skills and roles are occurring in the health workforce; addressing workforce policy issues that influence workforce recruitment and retention; and identifying where resources for incumbent worker training are needed.

Sentinel Network in Other States

Multiple states have expressed interest in following Washington's lead by implementing their own Sentinel Network based on Washington's model. In spring 2019, the Connecticut Center for Nursing Workforce launched the Connecticut Health Workforce Sentinel Network. Connecticut has completed two rounds of data collection through a licensing agreement and operating contract with the state.

Council Project Update: Behavioral Health Workforce Report & Recommendations

The 2019 Washington State Legislature directed the formation of a workgroup, funded by the Health Professions Account,¹ to continue work on select workforce barriers identified by a stakeholder group, using the Workforce Training and Education Coordinating Board's (Workforce Board) 2017 Washington State Behavioral Health Workforce Assessment as a guidance document. The 2017 assessment described the state's behavioral health workforce landscape, and provided recommendations for research and policy proposals to better understand and address workforce barriers faced by the industry. This new project builds upon that work, and charges the Workforce Board to lead a workgroup to develop recommendations on the following five topic areas:

- a) Reimbursement and incentives for supervision of interns and trainees.
- b) Supervision requirements.
- c) Competency-based training.
- d) Licensing reciprocity or the feasibility of an interstate licensing compact, or both.
- e) Background checks, including barriers to work related to an applicant's criminal history or substance use disorder.

The workgroup is led by the Workforce Board in collaboration with the University of Washington Center for Health Workforce Studies (Project Team).

Phase I began September 2019, and ended with an initial report to the Governor and Legislature on December 1, 2019. The report can be accessed at www.wtb.wa.gov. A stakeholder workgroup that included health facility leaders, behavioral health providers, educators, organized labor, not-for-profit organizations, and state and local government agencies helped to shape the recommendations. Nearly 100 individuals participated in the report development through interviews, large group meetings, and written input.

To address shortages in behavioral health professions in Washington, the report provides a preliminary analysis of, and recommendations focusing on two of the barrier areas listed in the proviso:

- d) Licensing reciprocity or the feasibility of an interstate compact, or both, and
- e) Background checks, including barriers to work related to an applicant's criminal history or substance use disorder.

As an initial report on the two topics above, the Phase I report is not meant to be an exhaustive analysis. The Project Team will continue exploring these topics and more in Phase II of the project.

¹ Administered by the Washington State Department of Health.

The report to policymakers has the following recommendations:

Topic 1: Increase opportunities for behavioral health professionals relocating to Washington to more easily transfer out-of-state professional credentials through expanded licensing reciprocity.

- 1) Expand Washington's lists of states with substantial equivalency in licensing requirements to include all credentialed behavioral health professions, in addition to existing lists for psychologists and substance use disorder professionals (SUDPs).
- 2) Identify states with successful behavioral health profession interstate compacts, and the behavioral health occupations to which they apply.
- 3) Increase access of behavioral health professionals who are spouses/registered domestic partners of military personnel to obtain licensure through reciprocity upon moving to Washington.

Topic 2: Review and adapt existing background check policies and practices to increase behavioral health workforce entry and retention, while upholding patient protection and safety measures.

- 4) Clarify and improve consistency in background check use in clinical hiring and education training/admission decisions.
- 5) Evaluate existing scope of background checks for professional licensing, credentialing, and employment, to identify aspects that disproportionately impact certain types of behavioral health providers and demographic populations.

Phase II of the project will begin in January 2020. The early recommendations made in the Phase I report will be finalized in Phase II, and the three remaining barriers named in the proviso above will be explored in detail in a final report to the Legislature by December 1, 2020.

Council Spotlight: Home Care Workforce in Washington

According to projections from the U.S. Census Bureau, by 2030, the number of older people will outnumber children for the first time in history. In 2019, the Washington's Long-Term Care Trust Act was implemented, and the Council has expressed concern that there may not be enough qualified, trained workers to care for the increase in older adults needing care. To learn more, representatives from the long-term care workforce were invited to present during the August Council meeting.

- Bea Rector, Director of Home and Community Services at the Washington State Department of Social and Health Services, spoke to the role home care aides play in keeping people in their homes. Despite home care being one of the fastest growing industries, there are a number of notable barriers to growing and retaining the workforce, such as: a lack of information about the profession, a complicated process to enter the profession, and difficult working conditions.
- ResCare – the largest private provider of home care services in Washington – reported that their clients are increasingly sicker with more mental health issues, and despite good pay and benefits, turnover is high. The bottom line, according to Kelley Lee, an Executive Director from ResCare, is that retaining workers is the biggest challenge, as well as ensuring training is completed and individuals have the skills to pass the skills test.
- The SEIU 775 Benefits Group, a family of employee benefit plans negotiated and sponsored by SEIU 775 – the labor union for long-term care workers in Washington – provided a snapshot of their workforce and benefits. Care workers are primarily female, with an average age of 48. The Benefits Group works to ensure that Washington's home care workers have access to the skills and support needed to stay and grow in the field. In addition to training and testing in 13 languages, they have negotiated competitive wages and a retirement plan, and offer a robust health insurance plan with low premiums (\$25/month), low copays (\$10/\$0 for behavioral health) and no deductibles.

Panel recommendations:

- **Recognize Home Care Aides as Part of the Care Team:** Understanding the impact and importance of this workforce can give credit and visibility to the profession, legitimizing their role in the healthcare industry and becoming a more attractive career option.
- **Encourage Partnerships:** Partnerships for recruitment and training at strategic and tactical levels can help recruit and retain current employees more efficiently.

- **Incentivize the Caregiver Workforce:** Using incentives in plans or goals through funding, programming, and career path supports, may help the growing workforce to be adequately represented across all demographic levels.
- **Address Myths about Caregiver Roles:** Vocalizing achievements in advancing wages and training for caregiver roles can reverse misconceptions about this profession that many find rewarding.

Healthcare Personnel Data

Since forming in 2002, the Council has brought attention to current and projected shortages in healthcare occupations, and proposed strategies to fill these gaps. Although progress has been made to close certain workforce gaps, continued shortages in key occupations remain pervasive in the healthcare industry, including recruitment and retention of providers to practice in rural and underserved communities.

For this report, Workforce Board staff collected and analyzed the supply of individuals completing healthcare education programs, and reviewed data on employment information for key occupations to provide greater insight on the state's projected health workforce needs.

Healthcare Education/Training Program Completions

An increasing number of Washington residents are 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 cases, provided financial incentives, such as continued investment in the Health Professional Loan Repayment and Scholarship program.

Education and training completion information includes all public and private degree-granting schools in Washington as well as 300+ private career schools offering short-term training and certificates. Also included are individuals completing Home Health Aide training through SEIU 775 Benefits Group. The following table shows completions for over 60 healthcare education and training programs for the time period spanning July 1, 2018 to June 30, 2019 (labeled 2018 for ease of reading). The table includes the five year average annual completion for each training program for perspective.

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

Healthcare Education/Training Program Completions

Health Education Program Type	Average Completions 2014 - 2018	2018 Completions
Acupuncture and Oriental Medicine	68	59
Allied Health Diagnostic, Intervention, and Treatment Professions, Other	49	26
Anesthesiologist Assistant	18	15
Applied Behavior Analysis	3	4
Applied Psychology	1	0
Athletic Training/Trainer	33	35
Audiology/Audiologist and Speech-Language Pathology/Pathologist	66	52
Clinical Laboratory Science/Medical Technology/Technologist	32	42
Clinical Nurse Leader	20	20
Clinical Psychology	36	38
Clinical, Counseling and Applied Psychology, Other	26	10
Clinical/Medical Laboratory Assistant	57	37
Clinical/Medical Laboratory Technician	25	28
Communication Sciences and Disorders, General	106	106
Community Health Services/Liaison/Counseling	69	55
Comparative Psychology	6	5
Counseling Psychology	191	203
Counselor Education/School Counseling and Guidance Services	113	125
Dental Assisting/Assistant	1,207	1028
Dental Hygiene/Hygienist	228	232
Dentistry	64	63
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	82	76
Dietetics/Dietitian	22	33
Educational Psychology	14	8
Electrocardiograph Technology/Technician	29	3
Emergency Care Attendant (EMT Ambulance)	801	867
Emergency Medical Technology/Technician (EMT Paramedic)	281	191
Environmental Health	37	34
Experimental Psychology	6	11
Family Practice Nurse/Nursing	42	46
Geriatric Nurse/Nursing	15	20
Health and Medical Administrative Services, Other	20	14
Health and Wellness, General	12	13
Health Information/Medical Records Administration/Administrator	52	49
Health Information/Medical Records Technology/Technician	204	214
Health Professions and Related Clinical Sciences, Other	29	17
Health Services Administration	32	41
Health Services/Allied Health/Health Sciences, General	150	257
Health Unit Coordinator/Ward Clerk	54	38

Health Education Program Type	Average Completions 2014 - 2018	2018 Completions
Health/Health Care Administration/Management	130	139
Health/Medical Preparatory Programs, Other	73	37
Hearing Instrument Specialist	23	24
Histologic Technician	15	12
Home Care Aide/Home Attendant*	5,950	7,261
Human Development and Family Studies, General	4	3
Hypnotherapy/Hypnotherapist	242	216
Industrial and Organizational Psychology	32	37
International Public Health/International Health	29	40
Licensed Practical/Vocational Nurse Training	662	418
Long Term Care Administration/Management	19	0
Marriage and Family Therapy/Counseling	68	87
Massage Therapy/Therapeutic Massage	1,126	851
Medical Administrative/Executive Assistant and Medical Secretary	391	191
Medical Insurance Coding Specialist/Coder	327	278
Medical Insurance Specialist/Medical Biller	108	93
Medical Office Assistant/Specialist	222	274
Medical Office Management/Administration	79	51
Medical Radiologic Technology/Science - Radiation Therapist	135	122
Medical Reception/Receptionist	130	73
Medical Transcription/Transcriptionist	68	71
Medical/Clinical Assistant	2,432	1,935
Medical/Health Management and Clinical Assistant/Specialist	58	26
Medicine	219	222
Mental and Social Health Services and Allied Professions, Other	304	186
Mental Health Counseling/Counselor	44	51
Naturopathic Medicine/Naturopathy	113	124
Nursing Administration	25	26
Nursing Assistant/Aide and Patient Care Assistant/Aide	6,390	6,118
Nursing Practice	21	41
Occupational Therapist Assistant	98	88
Occupational Therapy/Therapist	93	97
Ophthalmic Technician/Technologist	21	23
Orthotist/Prosthetist	23	28
Osteopathic Medicine/Osteopathy	95	136
Pharmaceuticals and Drug Design	15	22
Pharmacy	192	217
Pharmacy Technician/Assistant	428	227
Phlebotomy Technician/Phlebotomist	729	660
Physical Therapy Technician/Assistant	157	164
Physical Therapy/Therapist	117	121
Physician Assistant	124	133

Health Education Program Type	Average Completions 2014 - 2018	2018 Completions
Pre-Physical Therapy Studies	53	47
Psychiatric/Mental Health Services Technician	33	30
Psychology, General	118	61
Public Health Education and Promotion	21	24
Public Health, General	279	375
Public Health, Other	12	5
Radiologic Technology/Science - Radiographer	116	127
Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other	8	0
Registered Nursing/Registered Nurse	3,461	3,400
Renal/Dialysis Technologist/Technician	18	20
Research and Experimental Psychology, Other	3	15
Respiratory Care Therapy/Therapist	25	24
Respiratory Therapy Technician/Assistant	60	51
School Psychology	36	58
Social Work	398	395
Social Work, Other	44	53
Somatic Bodywork	26	71
Speech-Language Pathology/Pathologist	110	112
Sterile Processing Technology/Technician	36	52
Substance Abuse/Addiction Counseling	306	372
Surgical Technology/Technologist	137	125
Therapeutic Recreation/Recreational Therapy	18	21
Veterinary Medicine	117	137
Veterinary/Animal Health Technology/Technician and Veterinary Assistant	368	379
Vocational Rehabilitation Counseling/Counselor	23	15
Yoga Teacher Training/Yoga Therapy	245	221
Youth Services/Administration	29	33

Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2018; Workforce Board Data Reporting System 2018 for private career school completions.

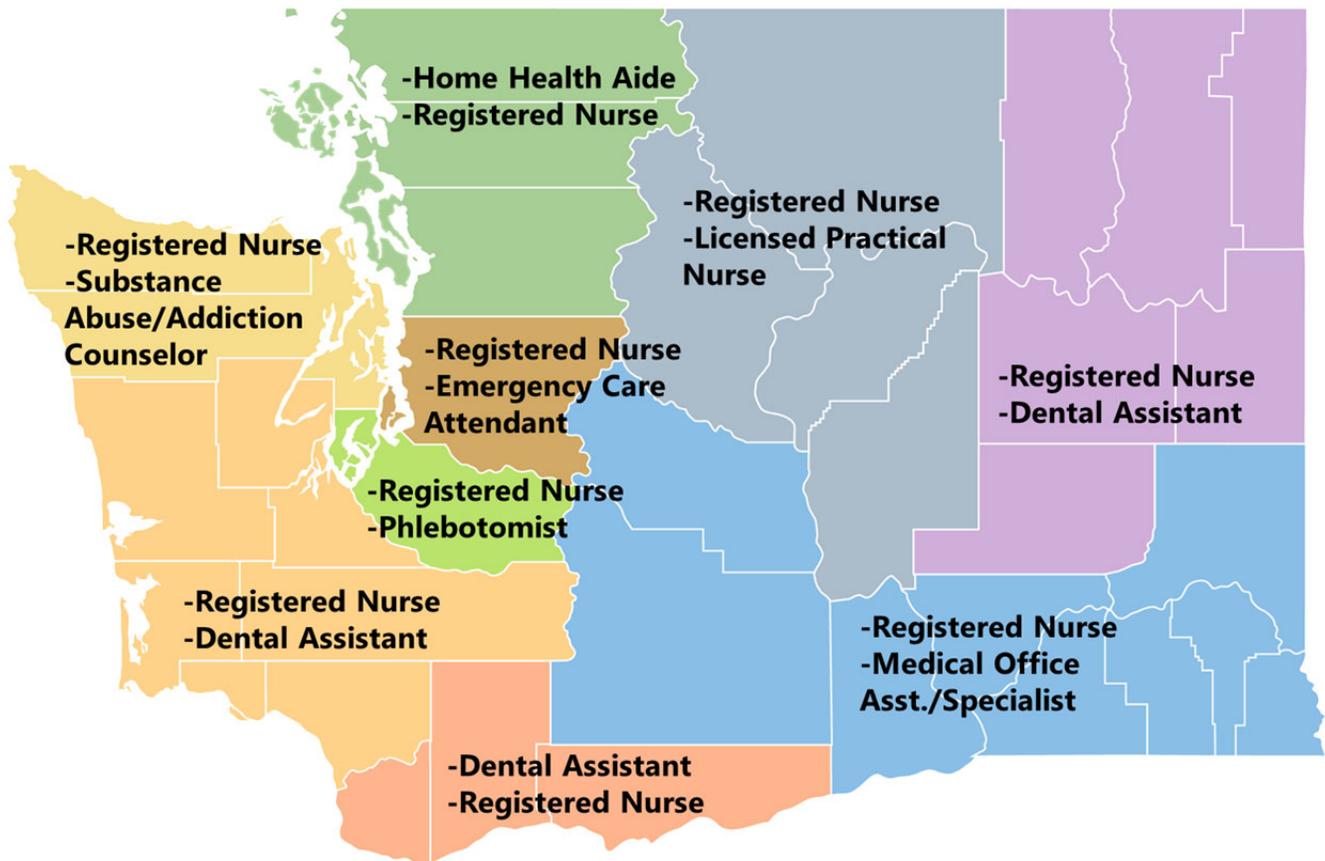
* SEIU 775 Benefits Group contributed to data on home health aides.

Health Program Completions by Accountable Communities of Health

To provide regional data, healthcare program completers have been sorted into Accountable Communities of Health (ACH) regions based on where their education and training institution is located. It is important to note that data reflects where a student attended school, not their home address, and completers may ultimately work outside the geographic area where they trained.

Nursing assistant and medical assistant training programs produce the greatest number of completions in each of the state's ACH regions. The **following map omits those programs** to better highlight regional education specialties and display the most common healthcare program completions for each of the state's ACH regions in 2018.

2018 Completions by Accountable Communities of Health Region (Omits Nursing Assistant and Medical Assistant Completions)



Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2018; Workforce Board Data Reporting System 2018 for private career school completions.

Healthcare Employment Data

On behalf of the Council, the Workforce Board analyzes employment data and projected openings for selected healthcare occupations. The data includes an analysis of approximately 80 healthcare occupations, including the reported average educational program requirement (as reported by the federal Bureau of Labor Statistics), current employment numbers for that occupation, the projected annual net increase in open positions for that occupation, and finally, given career changes and retirements, a projection of actual annual openings expected for this occupation.

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

Health workforce data is complex and comes from many sources. Often, key data are spread across multiple agencies and organizations. Individual data elements may be held by a number of sources, such as state agencies and professional associations, or contained within licensing surveys. What might seem like a simple question about a specific occupation in a geographic area could involve any number of agencies and organizations, and arriving at a firm answer to this question could be even more challenging.

State-level data on health occupations is generally available and accessible. Even so, this data often does not tell the whole story. Health workforce data without an analysis of additional contributing factors does not always provide the level of detail necessary to make sound decisions on where to invest in training programs and other areas of the health workforce pipeline. Washington's Health Workforce Sentinel Network (see p. 5 for more details) provides the bridge to resolve many of these challenges—particularly for regional data on emerging changes in healthcare personnel needs.

Health Workforce Employment Data

Healthcare Occupation Name	Education Required	2018 Employment	Annual Net Increase	Projected Annual Openings
Ambulance Drivers and Attendants, Except Emergency Medical Technicians	High school diploma or equivalent	139	4	31
Anesthesiologists	Doctoral or professional degree	720	14	49
Athletic Trainers	Bachelor's degree	598	18	71
Audiologists	Doctoral or professional degree	449	11	45
Cardiovascular Technologists and Technicians	Associate's degree	911	20	93
Child, Family, and School Social Workers	Bachelor's degree	8249	89	1050
Chiropractors	Doctoral or professional degree	2096	82	229
Clergy	Bachelor's degree	3998	14	479
Clinical Laboratory Technologists and Technicians	n/a	7260	125	737
Clinical, Counseling, and School Psychologists	Doctoral or professional degree	4092	75	437
Community and Social Service Specialists, All Other	Master's degree	1992	33	328
Community Health Workers	High school diploma or equivalent	2359	36	380
Counselors, All Other	Master's degree	9267	235	1572
Dental Assistants	Postsecondary nondegree award	11283	223	1828
Dental Hygienists	Associate's degree	6349	131	685
Dental Laboratory Technicians	High school diploma or equivalent	703	14	115
Dentists, All Other Specialists	Doctoral or professional degree	117	1	5
Dentists, General	Doctoral or professional degree	3715	78	266
Diagnostic Medical Sonographers	Associate's degree	1526	45	182
Dietetic Technicians	Associate's degree	367	7	45
Dietitians and Nutritionists	Bachelor's degree	1661	33	178
Directors, Religious Activities and Education	Bachelor's degree	2360	3	302
Educational, Guidance, School, and Vocational Counselors	Master's degree	6082	110	906
Emergency Medical Technicians and Paramedics	Postsecondary nondegree award	3409	68	362
Epidemiologists	Master's degree	391	5	44
Exercise Physiologists	Bachelor's degree	85	3	11
Family and General Practitioners	Doctoral or professional degree	1167	22	78
Genetic Counselors	Master's degree	85	3	11
Health Diagnosing and Treating Practitioners, All Other	Master's degree	1868	47	203
Health Educators	Bachelor's degree	1544	18	235
Health Technologists and Technicians, All Other	High school diploma or equivalent	3547	80	406
Healthcare Practitioners and Technical Workers, All Other	Postsecondary nondegree award	1172	19	103

Healthcare Occupation Name	Education Required	2018 Employment	Annual Net Increase	Projected Annual Openings
Healthcare Social Workers	Master's degree	4082	73	598
Healthcare Support Workers, All Other	High school diploma or equivalent	2745	45	460
Hearing Aid Specialists	High school diploma or equivalent	164	1	13
Home Health Aides	No formal educational credential	9832	186	1593
Industrial-Organizational Psychologists	Master's degree			
Internists, General	Doctoral or professional degree	287	6	20
Licensed Practical and Licensed Vocational Nurses	Postsecondary nondegree award	7473	86	731
Magnetic Resonance Imaging Technologists	Associate's degree	844	16	81
Marriage and Family Therapists	Master's degree	284	3	37
Massage Therapists	Postsecondary nondegree award	9462	568	2462
Medical Appliance Technicians	High school diploma or equivalent	278	5	44
Medical Assistants	Postsecondary nondegree award	15061	449	2799
Medical Equipment Preparers	High school diploma or equivalent	1570	32	282
Medical Records and Health Information Technicians	Postsecondary nondegree award	5120	101	544
Medical Scientists, Except Epidemiologists	Doctoral or professional degree	6125	94	748
Medical Secretaries	High school diploma or equivalent	8553	192	1427
Medical Transcriptionists	Postsecondary nondegree award	1268	-8	123
Mental Health and Substance Abuse Social Workers	Bachelor's degree	2491	49	377
Nuclear Medicine Technologists	Associate's degree	314	7	32
Nurse Anesthetists	Master's degree	768	16	73
Nurse Midwives	Master's degree	98	2	10
Nurse Practitioners	Master's degree	3533	121	450
Nursing Assistants	Postsecondary nondegree award	34625	513	5227
Obstetricians and Gynecologists	Doctoral or professional degree	346	7	25
Occupational Health and Safety Specialists	Bachelor's degree	3578	75	352
Occupational Health and Safety Technicians	High school diploma or equivalent	390	8	39
Occupational Therapists	Master's degree	3422	103	403
Occupational Therapy Aides	High school diploma or equivalent	209	4	36
Occupational Therapy Assistants	Associate's degree	609	15	117
Ophthalmic Laboratory Technicians	High school diploma or equivalent	1633	28	257
Ophthalmic Medical Technicians	Postsecondary nondegree award	1844	49	265
Opticians, Dispensing	High school diploma or equivalent	1730	33	204
Optometrists	Doctoral or professional degree	894	29	91
Oral and Maxillofacial Surgeons	Doctoral or professional degree	280	5	19
Orderlies	High school diploma or equivalent	440	11	78
Orthodontists	Doctoral or professional degree	142	3	10
Orthotists and Prosthetists	Master's degree	222	4	24

Healthcare Occupation Name	Education Required	2018 Employment	Annual Net Increase	Projected Annual Openings
Pediatricians, General	Doctoral or professional degree	864	17	59
Personal Care Aides	No formal educational credential	51475	1253	10760
Pharmacists	Doctoral or professional degree	5955	72	417
Pharmacy Aides	High school diploma or equivalent	1104	-7	128
Pharmacy Technicians	High school diploma or equivalent	7053	65	710
Phlebotomists	Postsecondary nondegree award	2485	68	430
Physical Therapist Aides	High school diploma or equivalent	981	34	210
Physical Therapist Assistants	Associate's degree	1424	47	298
Physical Therapists	Doctoral or professional degree	6168	187	672
Physician Assistants	Master's degree	2568	102	374
Physicians and Surgeons, All Other	Doctoral or professional degree	9282	179	628
Podiatrists	Doctoral or professional degree	162	4	17
Probation Officers and Correctional Treatment Specialists	Bachelor's degree	2178	11	209
Prosthodontists	Doctoral or professional degree	20	0	1
Psychiatric Aides	High school diploma or equivalent	70	2	13
Psychiatric Technicians	Postsecondary nondegree award	1153	43	196
Psychiatrists	Doctoral or professional degree	642	14	47
Psychologists, All Other	Master's degree	526	4	43
Radiation Therapists	Associate's degree	461	10	45
Radiologic Technologists	Associate's degree	3997	84	398
Recreational Therapists	Bachelor's degree	211	3	19
Registered Nurses	Bachelor's or associate's degree	58862	1320	6036
Rehabilitation Counselors	Master's degree	4207	37	530
Religious Workers, All Other	Bachelor's degree	853	2	122
Respiratory Therapists	Associate's degree	2074	77	273
Respiratory Therapy Technicians	Associate's degree	59	-1	2
Social and Human Service Assistants	High school diploma or equivalent	8411	124	1311
Social Scientists and Related Workers, All Other	Bachelor's degree	904	10	107
Social Workers, All Other	Bachelor's degree	658	3	73
Sociologists	Master's degree	111	1	13
Speech-Language Pathologists	Master's degree	4171	98	431
Surgeons	Doctoral or professional degree	705	14	48
Surgical Technologists	Postsecondary nondegree award	2001	47	271
Therapists, All Other	Bachelor's degree	160	3	16

Sources: The Integrated Postsecondary Education Data System (IPEDS) 2018; Workforce Board Student Data Reporting System 2018 for private career school completions; Bureau of Labor Statistics. Data for annual net increase and projected annual openings is for the time period spanning 2022-2027.

*U.S. Department of Labor data provides aggregate data on demand for registered nurses. Nursing demand numbers are not broken down by degree attainment. The registered nurses category for this table includes nurses of all education levels as well as nurse practitioners.

Data Details, Limitations and Potential Discrepancies

Accurately responding to future changes in demand for healthcare workers is challenging. Many factors need to be taken into consideration, including monitoring changes in the healthcare system for labor market effects not predicted in the official projection. In general, this methodology tends to be conservative in predicting changes to recent trends. Demand estimates are from occupational projections for Washington developed by the state's Employment Security Department 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.

Council Priorities for 2020 and Beyond

After reviewing past recommendations, the Council determined priority topics for 2020, with an eye toward developing requests for the 2021 Legislative Session.

The Council identified the following topic areas for our upcoming work, which will be explored in greater detail throughout 2020:

- **Professional loan repayment program.** Assess whether current loan repayment program is addressing current needs and explore a plan to link loan repayment for longer term placement in underserved and rural areas.
- **Expand access to integrated care.** Consider incentives for the formation of integrated care teams and the value of creating a Washington Center for Interprofessional Practice and Education.
- **Enhanced workforce data.** Require all members of the healthcare workforce to complete surveys as a condition of licensure.
- **Career pathways.** Expand opportunities to build and implement career advancement for those in paraprofessional and professional roles.
- **Supervision and training compensation at community-based programs.** Support work being done on the Behavioral Health Workforce Report and Recommendations, and monitor outcomes from the Greater Columbia Accountable Communities of Health training incentive pilot program.

The Health Workforce Council represents a broad group of partners working to bring visibility to Washington's complex healthcare workforce challenges. These challenges are system-wide, encompass the entire state, and are complicated. Working together, the Council develops policy recommendations for the health of Washington's residents.