

# RESULTS OF THE 2006 - 2007 COMMUNITY HEALTH CENTER WORK FORCE SURVEY



## 2006 - 2007 Community Health Center (CHC) Work Force Report Executive Summary

### Major Findings of the Survey

- CHCs reported critical vacancies in almost 20 percent of the occupations surveyed in 2006 - 2007.
- Primary care practitioners comprised the largest category of vacancies for CHCs in 2006 - 2007.
- Family practice vacancies increased from 10.5 percent to 18.9 percent over the last two years.
- Internist vacancies increased from 15.2 percent to 20.6 percent over the last two years.
- CHCs reported an average vacancy rate of 10 percent for dentists.
- Staff nurse vacancy rates have increased approximately 40 percent since 2004.
- There is an increasing need for bilingual and culturally competent staff.
- Nationally and in Washington State there is a shortage of primary care providers, and the shortages are more severe for CHCs and other practices that provide care to underserved rural and urban populations. About 25% of CHCs reside in rural and remote areas making it more challenging to recruit to these sites.
- The rising debt level upon graduation discourages providers from choosing primary care over specialty practice and encourages them to choose practice sites offering higher compensation. CHCs are competitive but frequently must compete with average salary levels above their range.
- CHCs are local, nonprofit organizations driven by a mission of providing access to affordable, quality health care in their communities, regardless of ability to pay. Providers who choose to work within a CHC must have a commitment to practicing community public health.
- Language and cultural skills are essential for the workforce of our CHC statewide network. CHCs improve access to care by delivering culturally sensitive services of health education, outreach, and case management in over 25 languages.

### Contributing Factors

- CHCs have expanded capacity to respond to the increasing number of underserved people in Washington by developing new sites. Each new site must recruit and hire an entire cadre of providers.
- Since 2004, there has been a 12 percent increase in medical clinics and a 10 percent increase in dental clinics.

## Recommendation

- Build and expand existing recruitment programs to increase the number of providers trained in community based practices, especially in rural and remote areas.
- Increase funding for state and federal loan repayment and scholarship programs to include common guidelines and continued support for loan repayment funds as non-taxable.
- Develop a multi-prong strategy to address pipeline activities, training programs, clinical placements, and provider recruitment and retention initiatives.

## Introduction

In 2006, the Health Work Force Institute (HWFI) and the Washington Association of Community and Migrant Health Centers (WACMHC) agreed to join forces on health work force issues. A first step in this collaboration was to conduct a baseline work force survey of WACMHC members. A committee of Community Health Centers' (CHCs) human resource staff, HWFI, WACMHC, and the Health Information Program at the Washington State Hospital Association designed a survey tool based upon the HWFI hospital survey tool. This tool was administered between October 2006 and May 2007; 74 percent of individual clinics and 77 percent of WACMHC members responded to the survey. The tool covered 42 different occupations on issues relating to total employment, vacancy rates, wage information, and spending on contract labor and employee education.



## Background

### National

In 1965, the first Community Health Centers were established to improve health status by providing access to medical care for low-income and underserved populations. Today, CHCs, including migrant and homeless health centers, are located in every state and most territories. They are non-profit, private corporations which, in addition to providing comprehensive primary care services, also serve as vehicles for community development and economic growth.

Community Health Centers have four core requirements:

1. Reach medically underserved communities;
2. Govern with community involvement as non-profits;

3. Treat patients regardless of ability to pay; and
4. Provide a comprehensive scope of services.

Community Health Centers are an integral part of the communities they serve. Governed by a board of directors comprised of at least 51 percent of actual users, the health centers provide a foundation of community support and responsiveness which ensures user needs are met. All CHCs charge patients below 200 percent of the federal poverty level (FPL) according to a sliding fee scale based on income and no one is denied services because of an inability to pay. Health center organizations are supported in this effort by a variety of funding sources including federal, state, local, and private grants.

## State

Community Health Centers provide 1 in 10 Washington residents necessary health care services, serving diverse populations and adapting to changing needs. In 2006, Washington's CHCs were the health care homes for 563,567 individuals. Nearly 42 percent of these patients were on Medicaid, 31 percent were uninsured, and 67 percent were at or below 100 percent of the FPL. Furthermore, the number of uninsured patients at Washington's CHCs has increased 30<sup>1</sup> percent since 2000. In 2006 CHCs provided a health care home for nearly one-third of the state's uninsured (30 percent), including nearly half of the state's uninsured children (44 percent).

Currently, there are 25 FQHCs serving patients in Washington State. Washington State's health centers employed 4,750 total FTE in 2006.<sup>2,3</sup> Primary care practitioners (defined for this report as family practice physician, internist, general practitioner, family practice nurse practitioner and physician's assistant) composed 12 percent of this work force, totaling 577 FTE. Health centers also employ 213 dentists. Table 1 lists the largest occupations of the Washington Association of Community Health Center members' workforce.

**Table 1: Largest Occupations**

Title	Number of Full-time Equivalent	Percent of Total Health Center Work Force
Dental assistants	587	12.3%
Medical assistants	573	12.1%
Registered nurses	283	6.0%
Family practice physicians	260	5.5%
Medical records clerks	255	5.4%
Dentists	213	4.5%
Coders	206	4.3%

<sup>1</sup> Annual data (UDS) is collected from the community health center members of the Washington Association of Community and Migrant Health Centers (WACMHC) for their Washington patients. Data is reported according to federal data reporting criteria. Due to differences among federal reporting requirements total patient, demographic, and insurance data: 2005-2006 data is from all 22 WACMHC members (except income data which is from 21 members due to data constraints). 2000-2004. Comparison data is from the 19 members federally required to report.

<sup>2</sup> All community health centers, not just WACMHC members. Of this total, 93 percent were working at surveyed community health centers, or 4,432.

<sup>3</sup> U.S. Department of Health and Human Services, Health Services and Resources Administration, Bureau of Primary Health Care; Section 330 Grantees Uniform Data System Calendar Year 2006 Data: Washington Rollup Report.

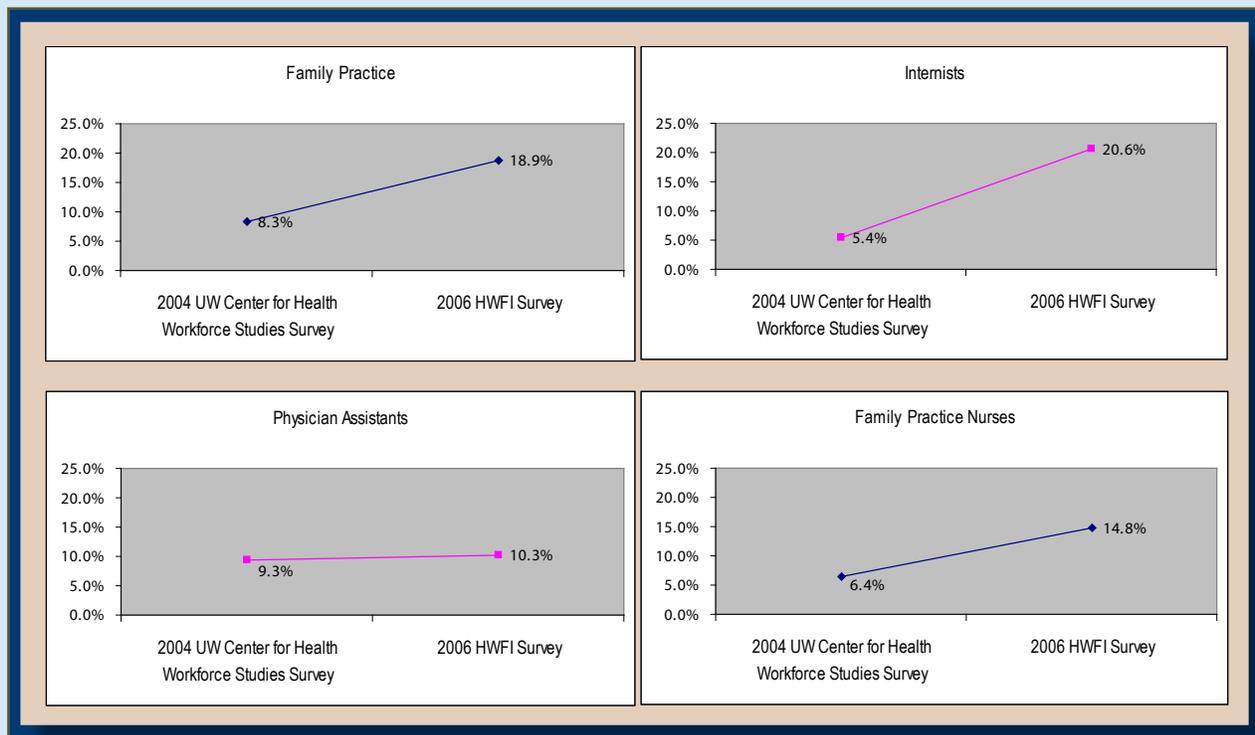
## Primary Care Practitioners

Primary care practitioners comprised the largest category of vacancies in 2006 - almost one out of every three openings surveyed was for a primary care practitioner. The largest number of openings was for 69 family practice physicians, more than any other occupation surveyed comprising one out of every six openings. On average, it took almost 1.2 people to fill 1.0 FTE in these occupations, which effectively created openings for 125 people. In this group of occupations, it can take as much as seven months to fill a position and 30 percent of respondents reported increased use of contract employees to fill openings.

In 2004, the Center for Health Workforce Studies at the University of Washington conducted a

national work force survey of Federally Qualified Health Centers.<sup>4</sup> In *Results of the 2004 Health Center Expansion and Recruitment Survey for Health Centers: Analyses for Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI States)*<sup>5</sup> authors Andrilla and Hart found lower vacancy rates for Washington State health center primary care practitioners than is being reported in this study. Figure 1 compares the results of the two surveys. There are significant methodological differences between the 2004 Center for Health Workforce Studies survey and the 2006 HWFI/WACMHC survey. However, CHC and hospital executives have recently reported significant increases in demand for these staff in the past three years.

**Figure 1: Vacancies in Washington Community Health Center's Primary Care Practitioners**



<sup>4</sup> FQHC is a federal designation from the Bureau of Primary Health Care (BPHC) and the Center for Medicare and Medicaid Services (CMS) that is assigned to private non-profit or public health care organizations that serve predominantly uninsured or medically underserved populations.

<sup>5</sup> Published in November, 2006.

Table 2: Vacancy rates and persons required to fill vacancies

Health Centers			Hospitals	
	Vacancy Rate	Persons Required to Fill Vacancies	Vacancy Rate	Persons Required to Fill Vacancies
Family practice	18.9%	69	9.3%	28
Internists	21.4%	15	14.8%	28
Physician assistants	10.3%	20	10.5%	34
Family practice nurses	14.8%	21	13.2%	77

In comparison with hospitals,<sup>6</sup> CHCs face a tougher recruiting environment for primary care practitioners. Vacancy rates were generally higher in health centers than in hospitals.

Several factors may account for this difference. Fewer people may be attracted to the mission of serving the poor and medically indigent,

especially if they are recent graduates with significant college debt. Federal and state loan repayment programs have not kept up with demand and many graduates are turned down each year. Many health centers are located in rural areas and it can be difficult to recruit workers to come and live in these underserved communities. Finally, there are some differences in compensation.

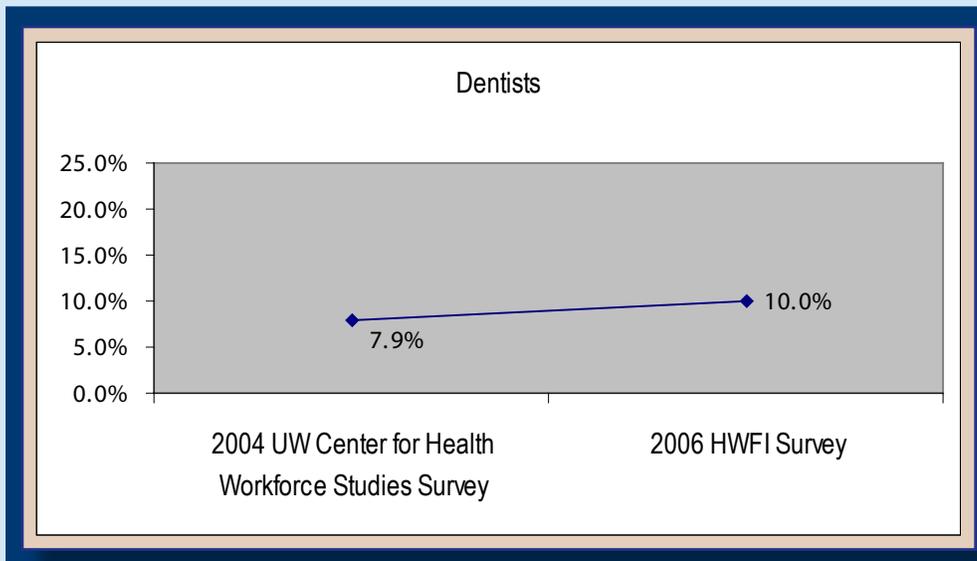
<sup>6</sup> Hutson, et al. Results of the 2007 Health Work Force Survey, June 2007

## Dental Staff

Community Health Centers reported high vacancy rates for dentists, averaging 10 percent for Washington State with openings for 28 dentists. It took four months to fill a position for a dentist. Almost half of the respondents

reported using contract dentists in 2006 and one-third of respondents reported using more contract employees to fill dentist openings than in the previous year.

Figure 2: Dentist Vacancies in Washington Health Centers



## Dental Assistants

A four percent vacancy rate was reported for dental assistants with openings for 24 people. CHCs filled open dental assistant positions in three months on average.

## Dental Hygienist

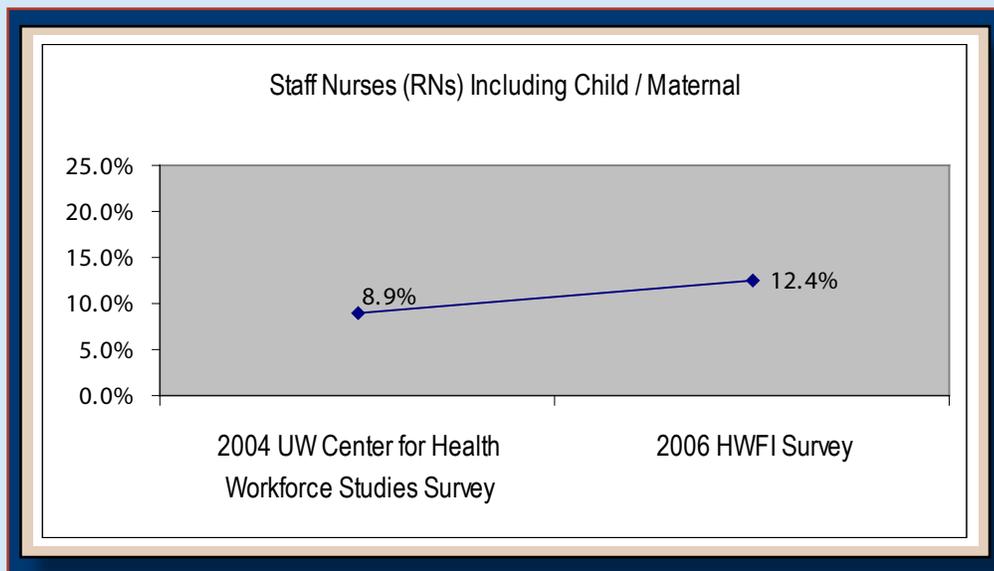
Lower vacancy rates of three percent were reported for dental hygienists with three openings taking only two months to fill a hygienist position. Less than one-quarter of respondents reported using contract hygienists, and less than one-third reported using more hygienists in comparison with last year.

## Registered Nurses

Community Health Centers reported a 12 percent registered nurse vacancy rate and openings for 49 people. It took an average of over five months to hire a nurse, and almost 50 percent of centers reported using more contract nursing staff than the previous year. Staff nurse vacancy rates

have increased approximately 40 percent over the 2004 CHWS study. In 2007, hospitals reported a 7.2 percent vacancy rate for registered nurses with openings for 1,909 people. Wages are one factor as are the other contributing factors noted for primary care practitioner vacancies.

Figure 3: Staff nurse vacancies in Washington Health Centers



## Language Issues

Community Health Center administrators reported significant shortages of bilingual candidates across almost all occupations and concentrated in those with significant patient contact. Beyond language ability, health center administrators anecdotally report a need for culturally competent staff

as well. While the issue of cultural competence was not studied in this survey, it is likely to be a compounding influence in health center recruitment. The following table lists the occupations with the most difficulty recruiting due to a lack of bilingual candidates.

**Table 3: Occupations with the Most Difficulty Recruiting Due to a Lack of Bilingual Candidates**

PERCENT OF CLINICS	
	Percentage
Outreach Workers	65%
Health Educators	64%
Medical Assistants	41%
Pharmacy Technicians	40%
Dieticians	31%
Staff Nurses (RNs) Including Child / Maternal	30%
Obstetricians / Gynecologists	29%
General Practitioners	29%
Social Workers	27%
Licensed Practical Nurses	25%
Dental hygienists	24%
WIC Certifiers	23%
Dentists	23%
Family Practice	22%
Medical Lab Technicians / Clinical Lab Technicians	21%
Dental Assistants	21%
Internists	19%
Pediatricians	18%
Nurse Supervisors	17%
Licensed Pharmacists	16%
Physician Assistants	13%
Nurse Managers	13%
Medical Records Clerk	10%
Family Practice Nurses	8%
Clinical Managers	8%
Clinical Directors	6%

## Summary

Washington State's CHCs are facing significant and severe staffing challenges that will worsen over time and severely impact the entire health care safety net. With a projected shortage of 24,000 registered nurses in Washington State by 2020 and 96,000 physicians nationally, these issues are likely to be exacerbated. According to a report released by the Academy of Family Physicians,<sup>8</sup> the number of family physicians must increase by 39 percent by 2020<sup>7</sup> in order to meet America's growing health care needs. The report, titled "*Family Physician Workforce Reform: Recommendations of the American Academy of Family Physicians*,"<sup>9</sup> shows that as the population increases and ages, more family doctors will be needed in every state in the nation, with some states needing to increase numbers of family doctors by 70 percent or more. The need for bilingual and culturally competent staff will likely further constrain the pool of candidates for open positions over time.

Because health centers provide a critical safety net role in our state's health care system, vacancy rate increases could impact other providers such as hospitals. For example, if recruiting difficulties limit the ability of centers to provide urgent care services to their clients, more patients could seek treatment in

acute care hospital emergency rooms. Despite higher vacancy rates, the strategies to help health centers address these personnel shortages are similar to those used for hospitals and other health care organizations. The growth in the labor market over the next 15 years will be concentrated in immigrant populations and people of color. Existing health professional training programs need to be expanded including residency training slots.

Additionally, providers must be trained to work in rural and remote areas. New training programs need to be created to attract a diverse workforce with opportunities for cross-training across professions. There must be increased funding for state and federal loan repayment programs. In 2007 over 50 percent of the CHCs in Washington used loan repayment programs as a workforce recruitment and retention strategy.

Finally, health centers, hospitals and other health care providers must join together with colleges and universities to address these challenges. The combined resources and talent of both education and health care sectors is required to overcome challenges of this magnitude.

<sup>7</sup> Skillman et al, *Washington State Registered Nurse Supply and Demand Projections: 2006-2025*. June 2007

<sup>8</sup> Council of Graduate Medical Education, *Physician Workforce Policy Guidelines for the United States, 2000-2020*. January 2005

<sup>9</sup> American Academy of Family Physicians, <http://www.aafp.org>; accessed January 28, 2008



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