Current State of the Health Center Workforce:

Pandemic Challenges and Policy Solutions to Strengthen the Workforce of the Future

The Community Health Center workforce is the backbone of the community health movement, providing high-quality, culturally competent primary care to nearly 30 million patients nationwide. Despite the immense strain placed on the country's health system by the COVID-19 pandemic, the health center workforce has continued to provide comprehensive primary care, including management of chronic disease conditions, behavioral health services, dental care, pharmacy services, and enabling services to address social drivers of health. In addition to these services, health center workers have been on the frontlines fighting the COVID-19 pandemic. In 2021, health centers administered 18 million COVID-19 tests and 21 million vaccines to patients, most of whom are from racial and/or ethnic minority backgrounds.

The COVID-19 pandemic has exacerbated existing health system weaknesses and has placed incredible strain on health care workers. As a result, health centers have experienced unprecedented rates of workforce loss in the last six months. To better understand the factors driving workforce attrition, the National Association of Community Health Centers (NACHC) recently surveyed members to gather information on workforce attrition rates and the policies that would best support employee retention and recruitment. This report outlines the results of that survey and explores approaches that would help diversify and strengthen the health center workforce of the future.

Key Findings:

- **High rates of workforce attrition**: **68%** of health centers report losing **5-25%** of their workforce in the last six months, and 15% of health centers report losing 25-50%.
- **Nurses represent the highest ranked category of workforce loss**. This is followed by Administrative Staff, Behavioral Health Staff, Dental Staff, and more.
- **Competition from other employers and pandemic stress are the most common reasons for staff departure:** A majority of health centers rank one of these as the top reasons for leaving reported by staff.
- **65%** of respondents believe employees that left for better financial opportunities at competing health care organizations received **up to a 25% increase in salary**.
- **92%** of health centers say they would have experienced additional turnover without funding and other benefits from the **American Rescue Plan**.
- **97%** of health centers say that **additional federal funding to allow the provision of salaries commensurate with those of competing employers** is a top policy priority.

Need for Action:

The future of the Community Health Center workforce is uncertain. To incentivize more staff to join the health center workforce and support health centers' current and projected patient population, we must invest in policies that will retain current staff and broaden the pipeline for the

future workforce. Below are programs that will augment the health center workforce to ensure medically underserved communities across the country have access to care.

- The **National Health Service Corps (NHSC)** connects primary health care clinicians to people with limited access to health care in high-need areas. Thousands of NHSC providers serve at more than 10,000 community health center sites. Congress most recently provided $121.6 million for the NHSC as part of the FY2022 Consolidated Appropriations Act. Mandatory funding for the program was last authorized in the FY2021 Consolidated Appropriations and goes through FY2023 at $310 million. The American Rescue Plan provided $800 million for the NHSC and additional funding for the program is being considered as part of the Build Back Better (BBB) Act. Continued investment in the NHSC is foundational to furthering the health center workforce pipeline.

- The **Teaching Health Center Graduate Medical Education (THCGME)** program supports primary care medical and dental residency programs, the majority of which are at Community Health Centers.[1] The **THCGME** program is funded through mandatory appropriations at $126.5 million through 2023. This was in addition to the $330 million from the American Rescue Plan. The program may receive nearly $3.4 billion should the BBB move forward. A recent study confirmed that graduates of the TCHGME program are more likely to practice in rural and medically underserved settings compared to physicians overall.

- The **Nurse Corps Scholarship Program** pays student tuition, fees, and other educational costs in exchange for a commitment to working in a health care shortage area after graduation.[2] The program supports more than 600 clinicians at Community Health Centers. The recent FY2022 Omnibus bill provided level funding, but the program could receive an infusion of Nurse Corps will receive an additional $500 million if BBB becomes law. This funding would build on the $200 million from the American Rescue Plan.

- NACHC supports policies included in the National Academy of Science and Medicine (NASEM) report to **redesign graduate medical education**. Training more clinicians in community-based settings and supporting training for all members of the interprofessional primary care team would be instrumental for health centers.

- NACHC supports policies to **expand the list of billable providers on integrated care teams.** The currently limited list of providers is a barrier for health centers, especially in behavioral and maternal health care. Potential options include adding the following roles to the list of FQHC Core Providers: licensed marriage and family therapists, peer support workers, community health workers, licensed addiction counselors, licensed professional counselors, mental health counselors, doulas, and midwives.

- Robust FY22 and FY23 funding for **Title VII Health Professions and Title VIII Nursing Workforce Development Programs** will provide education, professional development, and financial aid to train the next generation of health professionals for careers in primary care,

[1] HRSA. Teaching Health Center Graduate Medical Education Program. https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education
[2] HRSA. Nurse Corps Scholarship Program. https://bhw.hrsa.gov/funding/apply-scholarship#nurse-corps-sp

dentistry, community-based medicine, public health, informatics, nursing, and geriatrics. These programs ensure the future workforce reflects the diversity, skills, and needs of the communities it serves.

- Extending the **Federal Tort Claims Act for Volunteer Health Professionals** is another way to leverage volunteers at health centers. Volunteer Health Professionals (VHPs) are licensed, and credentialed medical professionals who work at health centers across the country. Today, more than 500 VHPs from a variety of clinical backgrounds donate their time for the benefit of health center patients. The reach of this program has grown substantially during the COVID-19 pandemic. Unfortunately, the program's authority expires on October 1, 2022. Permanently extending FTCA coverage for Community Health Center VHPs will enable these providers to support an already strained and fatigued CHC workforce and provide much-needed medical services in rural and underserved communities. The extension is currently included in the bipartisan PREVENT Pandemics Act (S. 3799) and the HELP for Volunteers Act (S. 3569).

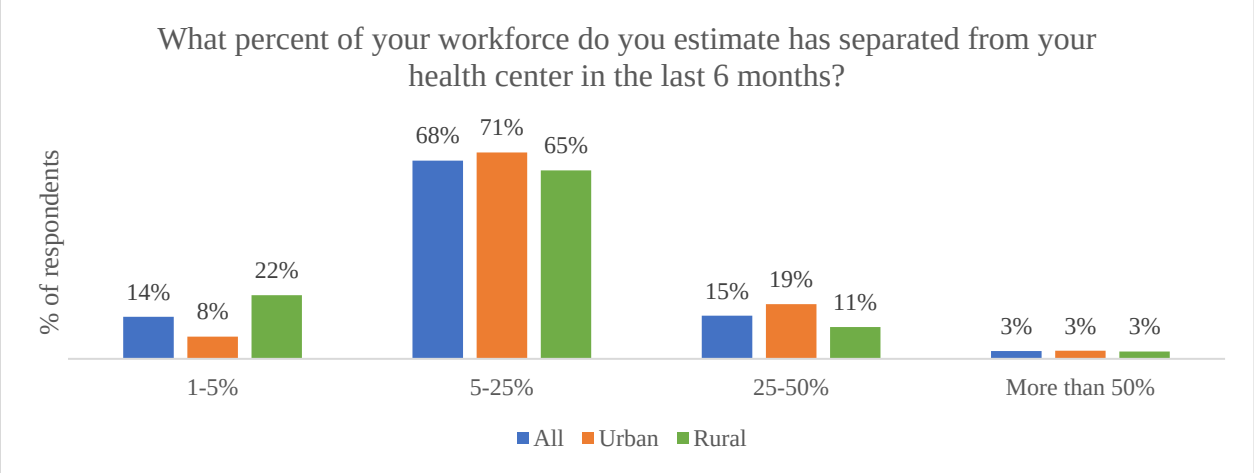
- States have a sizable ability to impact workforce policy priorities, and **NACHC supports strengthening federal efforts that incentivize state-based workforce expansion efforts**. Examples include easing state scope of practice laws and regulations to enable more allied health care providers – such as nurse practitioners and dental therapists – to provide more services to patients. Additional steps include establishing state Medicaid reimbursement for non-clinical staff like Community Health Workers and greater flexibility in laws and regulations related to interstate practice for various provider types.

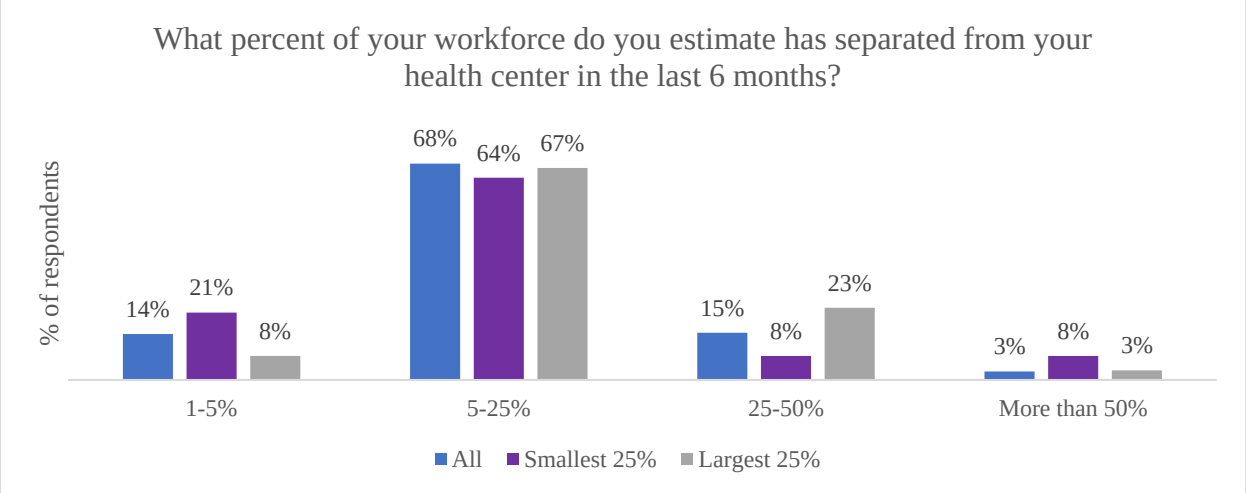
- A 2019 NASEM report noted that studies estimate between 35% and 54% of nurses and physicians have substantial symptoms of burnout, and the range for medical students and residents is between 45% and 60%.[3] These trends have worsened during the current pandemic, and there are several policy solutions to alleviate clinician burnout. **Funding for research and demonstration programs focused on provider well-being** is critical for the Community Health Center workforce.

[3] Dyrbye, L. N., T. D. Shanafelt, C. A. Sinsky, P. F. Cipriano, J. Bhatt, A. Ommaya, C. P. West, and D. Meyers. 2017. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.

Survey Results

Health centers are experiencing high rates of employee turnover. 68% of health centers surveyed report losing 5-25% of their workforce in the last six months. An additional 15% of health centers report losing 25-50% of their workforce. Urban health centers reported slightly higher rates of workforce loss than rural health centers, as did larger health centers compared to the smallest health centers[4].





Nurses represent the highest ranked category of workforce loss. This category was followed by Administrative Staff (financial services, scheduling, front office staff), Behavioral Health Staff (Psychiatrists, Social Workers, and others), Dental Staff (Dentists, Dental Assistants, and Dental Hygienists), and Enabling Services (Care coordination, outreach and enrollment, and Community Health Workers)[5]. Additional categories of staff turnover reported by health centers include Medical Assistants, Leadership/Management, Pharmacy Staff, Maintenance/Janitorial Staff, and Billing Specialists.

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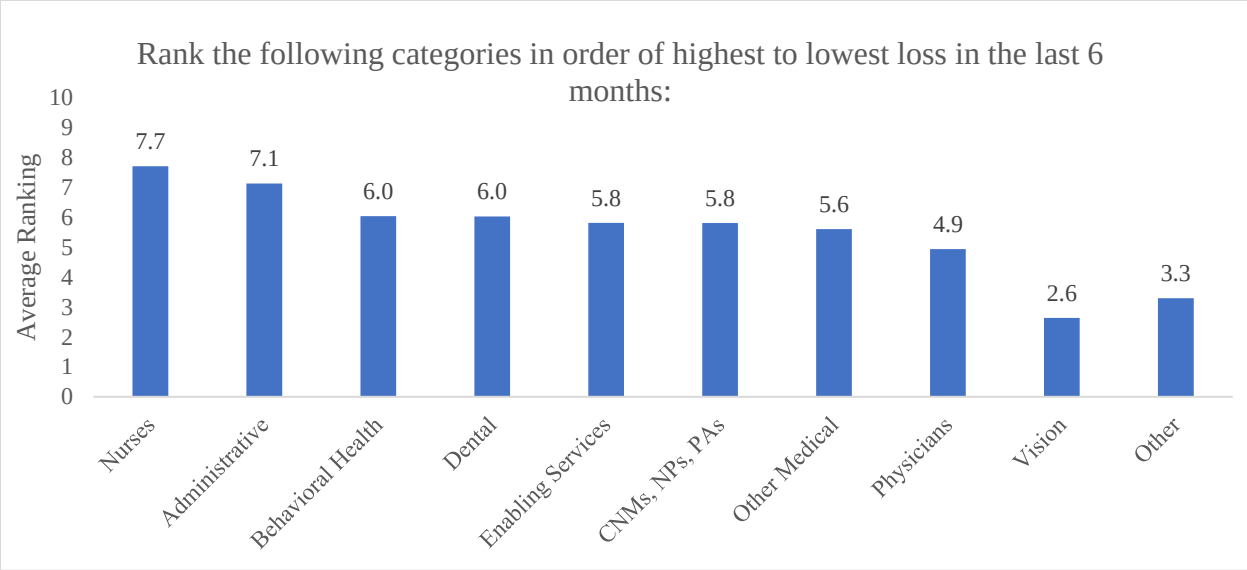
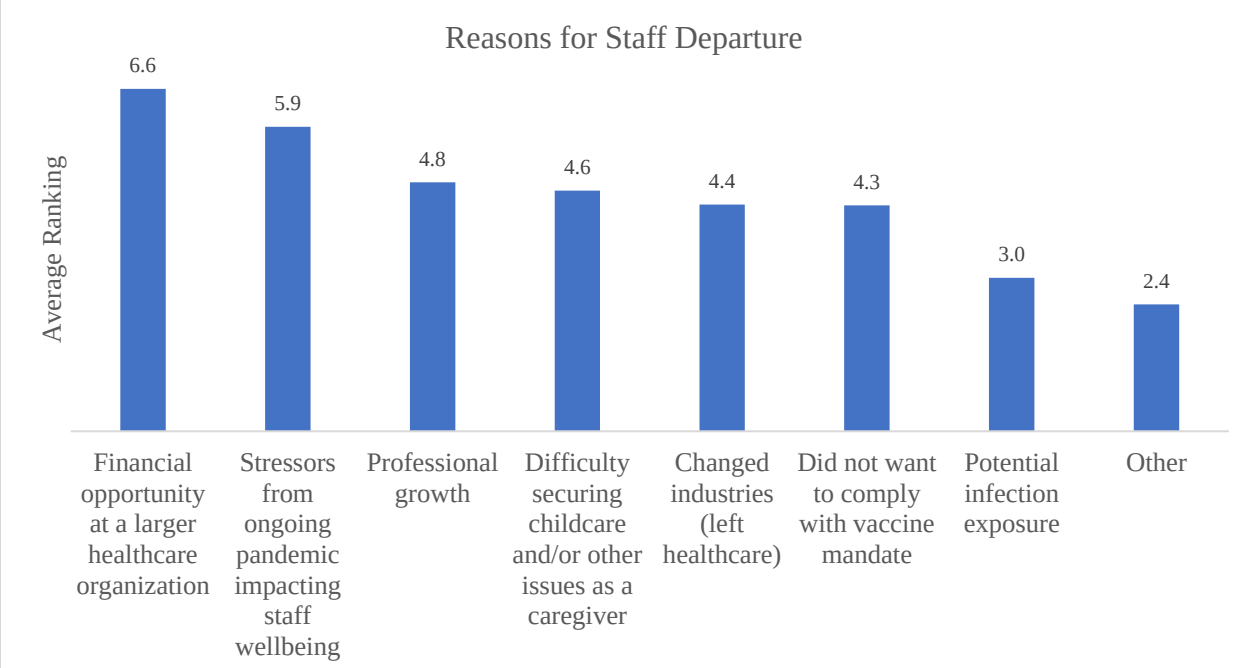
[4] Health center size was defined by the number of patients served in 2020. Largest and smallest health centers represent health centers with a patient population size in the top 25% and bottom 25%, respectively.

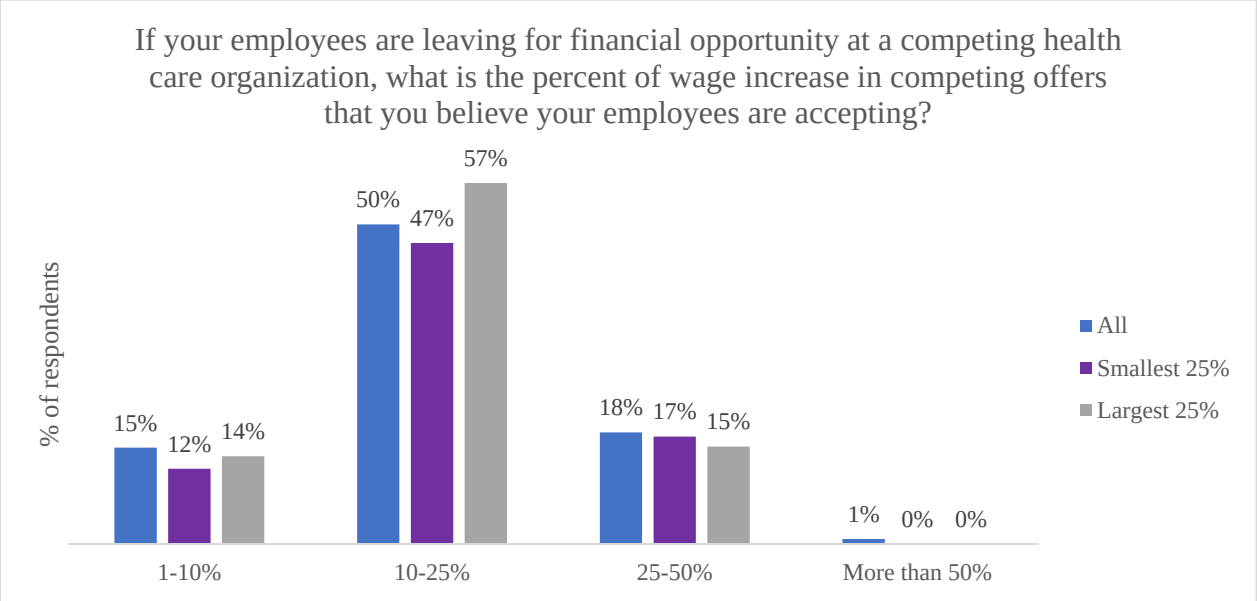
[5] Average ranking displayed on the charts represents a weighted average: [(ranking weight*number selected)/total responses].



Financial opportunity at a larger health care organization was the most common reason for staff departure. Stressors from the ongoing pandemic were also a top reason for leaving reported by staff. Resistance to compliance with the vaccine mandate was ranked nearly one point higher by rural health centers than urban health centers but was not a top reason for staff departure overall. In addition to these categories, health centers reported that retirement and relocation were primary reasons for staff departure. Specifically, staff reported leaving rural health centers to work in a more urban setting. Health centers also reported staff departing to return to school or for a position that would allow them to work remotely.



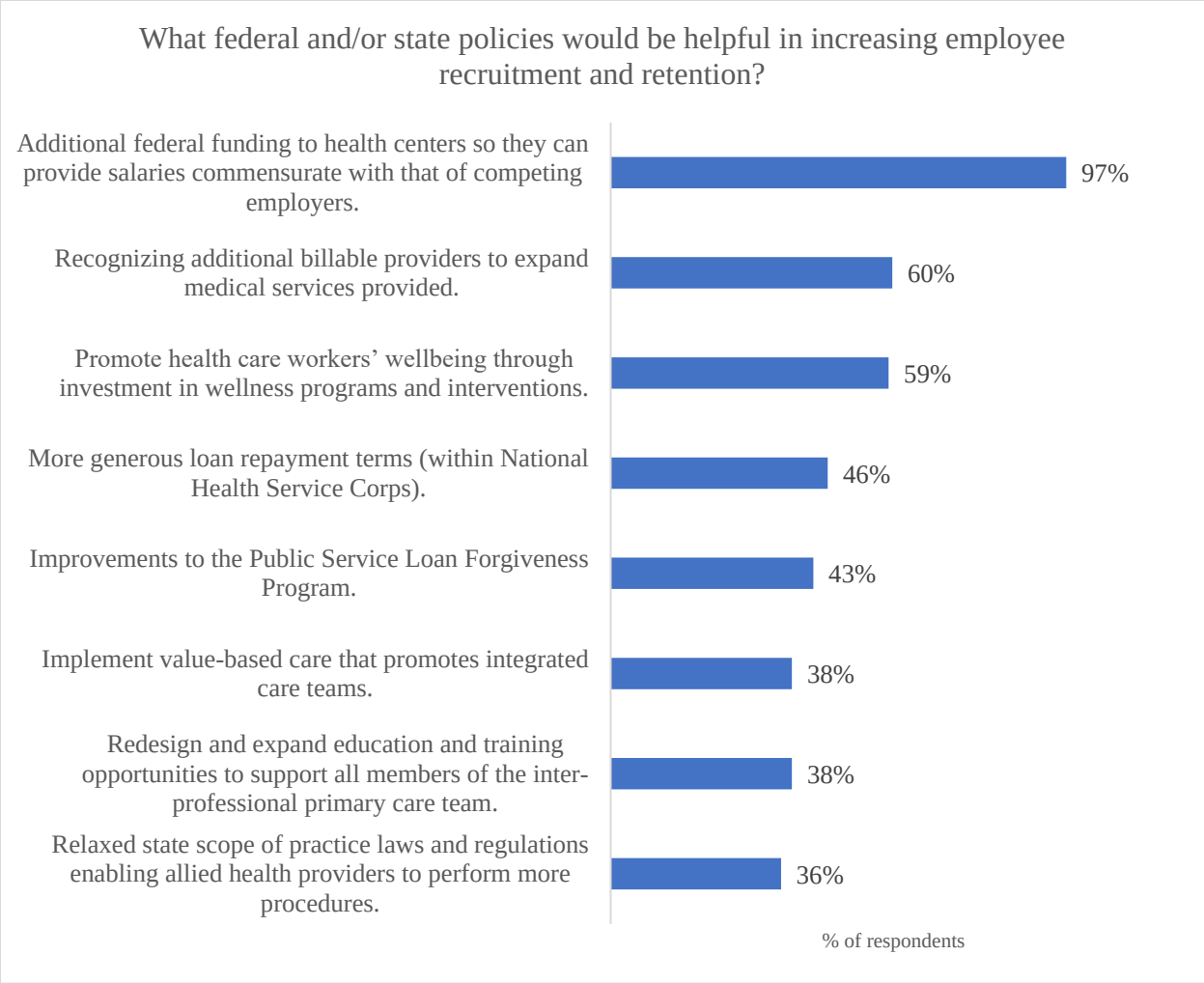
Employees are leaving health centers for significant wage increases offered by competing health care organizations. 50% of health centers estimate that their employees who left for a financial opportunity at a competing health care organization were accepting 10-25% wage increases in competing offers. For urban and larger health centers, this number was even greater, suggesting steeper competition with other large health care organizations.



92% of health centers surveyed say they would have experienced additional turnover without funding and other benefits from the American Rescue Plan. Rates of estimated additional turnover are highest among rural health centers. This highlights the importance of pandemic aid for relieving strain on the health center workforce.

97% of health centers surveyed believe that additional federal funding would help employee retention and recruitment. The ability to provide salaries commensurate with those offered by competing employers would help retain employees who are leaving for financial opportunity at a larger health care organization – the most reported reason for staff departure. 60% of respondents said that recognizing additional billable providers to expand medical services would help to alleviate workforce shortages. This indicates that in addition to increased federal funding for salaries, the ability to hire a more diverse workforce that can be reimbursed through Medicaid would alleviate workforce challenges. Additionally, 59% of respondents said that investment in wellness programs and interventions for employees was another top policy priority. These investments may help to combat separation due to pandemic stress impacting staff well-being – another top-cited reason for staff departure.

In addition to the policies outlined in the chart below and those discussed in previous sections, health centers expressly requested that federal base grants be adjusted to reflect the current market and shift the burden away from staff visit rates. Health centers also said that offering loan repayment programs to non-medical clinicians and support staff would help to retain and recruit employees. Finally, rural health centers requested designated support tailored to their unique infrastructure and recruitment challenges.



Conclusion

The COVID-19 pandemic has created severe challenges for our country's health care infrastructure, and the Community Health Center workforce is no exception. In the last six months, health centers have experienced high rates of employee attrition driven by competition and pandemic stress. The strain of the pandemic is exacerbating challenges that already existed to retaining and recruiting a high-quality workforce at health centers, which serve our nation's most under-resourced and hard-to-reach communities. Investing in health center staff, diversifying billable providers, and investing in staff well-being once hired are all necessary to grow and strengthen the health center workforce moving forward.

Methods

The National Association of Community Health Centers (NACHC) surveyed member organizations from February 1-18, 2022. Results include responses from 263 of 1375 Federally Qualified Health Centers (19%). The respondents accurately reflect the demographic and population characteristics of the overall health center population. The patient population size ranged from 1017-57,204 total patients, with an average of 20,706 total patients served, compared to the national average of 20,793. 45% of responses were from rural health centers, which make

up 42% of health centers overall. Patients' racial and ethnic makeup and income level at participating health centers accurately represent the general health center patient population.

About the National Association of Community Health Centers

The National Association of Community Health Centers (NACHC) is the national membership organization for Federally Qualified Health Centers (also known as FQHCs or health centers). Health centers are federally-funded or federally-supported nonprofit, community-directed provider clinics that serve as the health home for over 30 million people, including 1 in 5 Medicaid beneficiaries and 1 in 3 people living in poverty nationwide. It is the collective mission and mandate of nearly 1,400 health centers around the country to provide access to high-quality, cost-effective primary and preventative medical care as well as dental, behavioral health, and pharmacy services and other "enabling" or support services that facilitate access to care to individuals and families located in medically underserved areas, regardless of insurance status or ability to pay.