NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS®

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*Promise Community Health Center, Iowa*

# Community Health Centers: Addressing the Primary Care Workforce Shortage

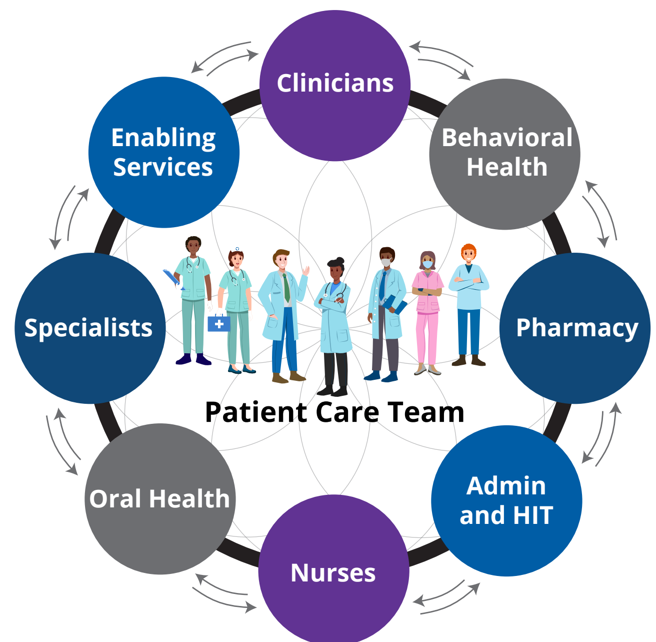
**100 million Americans lack reliable access to primary care due to a shortage of providers.**[1] Underinvestment in primary care is driving a significant workforce shortage, with fewer residents entering primary care practice and more Americans without a usual source of care.[2] Two thirds of all primary care Health Professional Shortage Areas are in rural communities which are home to over 25 million people.[3] **As the chronic disease and mental health crises worsen, it is more important than ever to invest in the primary care workforce.**

The Health Resources and Services Administration (HRSA) estimates that by 2037, demand will require an additional 68,000 primary care physicians, 9,000 dentists, over 100,000 mental health professionals, 100,000 medical assistants and 32,000 dental assistants.[4]

**Community Health Centers (CHCs) provide effective, affordable, innovative primary and preventive care in communities who need it the most.** However, CHCs are struggling to recruit and retain enough staff due to provider shortages, competitive salary gaps, and persistent burnout among health care workers, resulting in CHC patients going without needed care.

## CHCs use an innovative care model to reduce costs and keep people healthy.

CHCs have developed a unique, **comprehensive primary care model** that leverages a team-based approach to care. The **CHC workforce of 310,000+** includes physicians, advanced practice professionals, nurses, behavioral and oral health professionals, vision specialists, case managers, and community health workers (CHWs). This comprehensive care team promotes health beyond the medical exam room which prevents illness and reduces health care costs.[5]




**CHCs are training the next generation of primary and preventive care teams.** With increased investment, CHCs could train enough primary care providers to fully bridge the gap in access to care. CHCs have developed innovative solutions to staffing challenges – **with over 80% of CHCs establishing workforce training programs** in-house or with community partners. However, many of these training programs still need sustainable funding to support long-term success.

## Congressional action is needed to invest in training the future primary care workforce.

**Teaching Health Center Graduate Medical Education Program (THCGME):** The THCGME program enables physicians and dentists to train in community-based settings with a focus on rural and underserved communities. The program currently supports over 1,200 physicians in 87 residency programs; this could double with a sufficient increase in long-term funding to support 66 newly accredited residency programs. Physicians trained in Teaching Health Centers are three times more likely to work in safety net clinics than those who did not.[6] Funding for the program expires in March 2025.

**Investment needed: $300 million annually** to support community-based training at CHCs.

**National Health Service Corps (NHSC):** In 2024, the NHSC program supported **19,296** primary care medical, dental, and behavioral health providers in rural and underserved communities through scholarships and loan repayment programs. **Over 80% of NHSC alumni continue to serve in an underserved community. Funding for the program expires in March 2025.**

**Investment needed: $950 million** to support an increase of providers practicing in rural and underserved areas.

**Allied Health Professionals:** According to the Medical Group Management Association, each clinical provider needs two allied health professionals, such as medical assistants, dental hygienists, pharmacy technicians, peer specialists, and billing and coding professionals, to effectively care for patients. Last Congress, bicameral, bipartisan legislation was introduced (HR 7307 / S. 4957) to authorize HRSA to issue grants to establish or expand partnerships between Community Health Centers, high schools, vocational-technical schools, community colleges, and Area Health Education Centers. Grants can also be used to develop preceptorship training-to-practice models for medical, behavioral, and oral healthcare professionals in integrated community-driven settings, such as health centers.

**Action needed: Support efforts to authorize funding to expand opportunities for allied health professionals.**

**While only 15% of all residents enter primary care practice,[2] 65% of THCGME graduates are currently practicing in a primary care setting.[6]**

*San Ysidro Health, California*

> "Rural communities in PA have a shortage of health care providers - community health centers have made the difference in rural PA communities."
>
> JUDD MELLINGER-BLOUCH, PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS

*Urban Health Plan, New York*

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