COMMUNITY HEALTH CENTER WORKFORCE

ISSUE BRIEF

AUGUST 2022

KEY FINDINGS

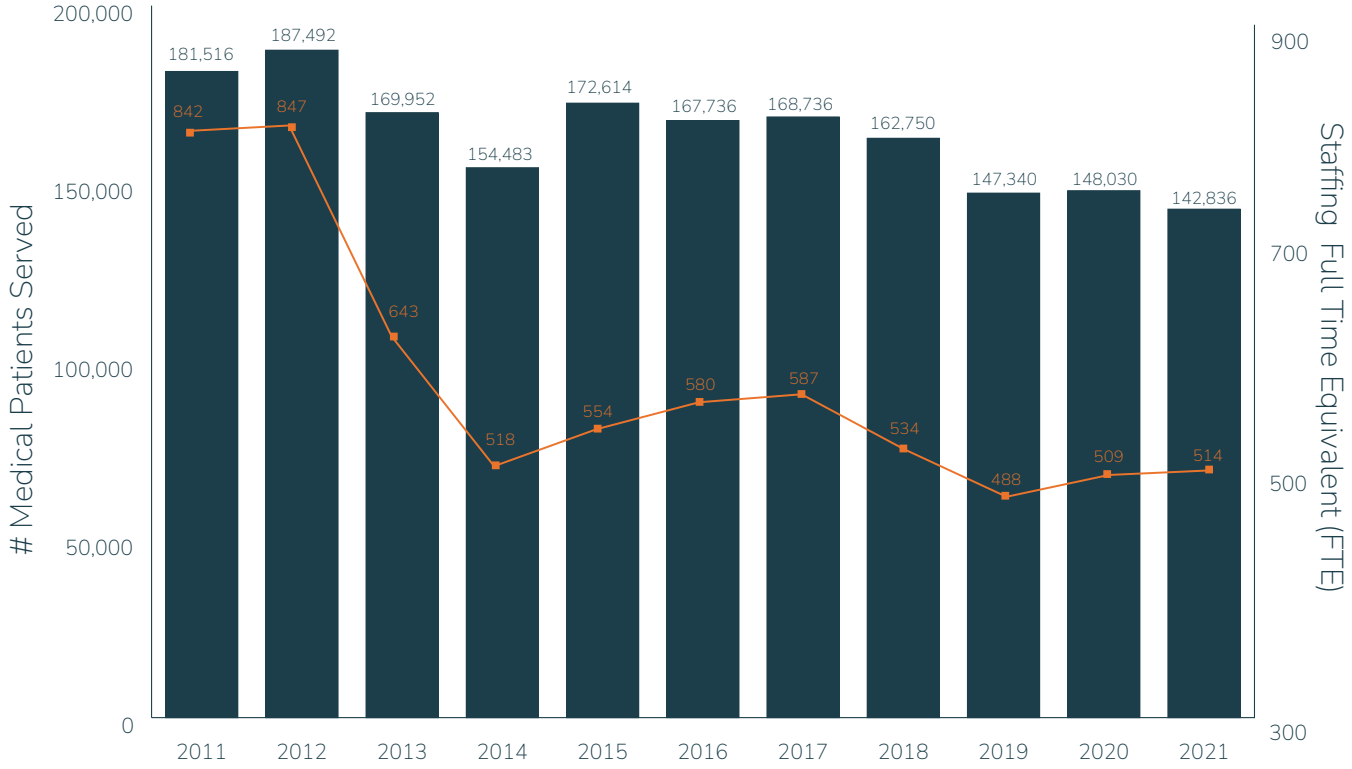
- Community Health Centers are experiencing increased workforce pressures due to a rise in demand for care by an aging population and workforce losses throughout the pandemic.
- Entry-level providers such as Medical Assistants are a key shortage area, along with the behavioral health providers and all dental team members.
- Community Health Centers are not alone as they face workforce shortages; an all-hands-on-deck approach is needed across training institutions, early education, policymakers, and health care partners to strengthen health professions training pipelines and grow the total health care workforce in Wisconsin.

Language Disclaimer: *In this document Health Center Program Grantees, organizations that receive federal grants under section 330 of the Public Health Services Act and that are Federally Qualified Health Centers, are referred to as "Community Health Centers" or "Health Centers."*

INDUSTRY-WIDE HEALTH CARE WORKFORCE SHORTAGES

Multiple reports document the growing challenges to build and sustain a health care workforce that meets the needs of rural and urban patients with limited access to traditional health care systems. For example, a recent analysis from the Wisconsin Policy Forum[1] found that jobs in the health care and social assistance sector declined in Wisconsin nearly 4% from December 2019 to December 2021, despite a growing aging population and demand for care. They conclude, "One factor contributing to worker shortages is the aging of both the health care workforce and the population overall; as baby boomers retire, their jobs open up while there is simultaneously an increasing need for health care workers to care for a growing population of seniors."

Community Health Center Medical Patient and Medical Team Staffing



Source: Uniform Data Systems (UDS). 2011-2021.

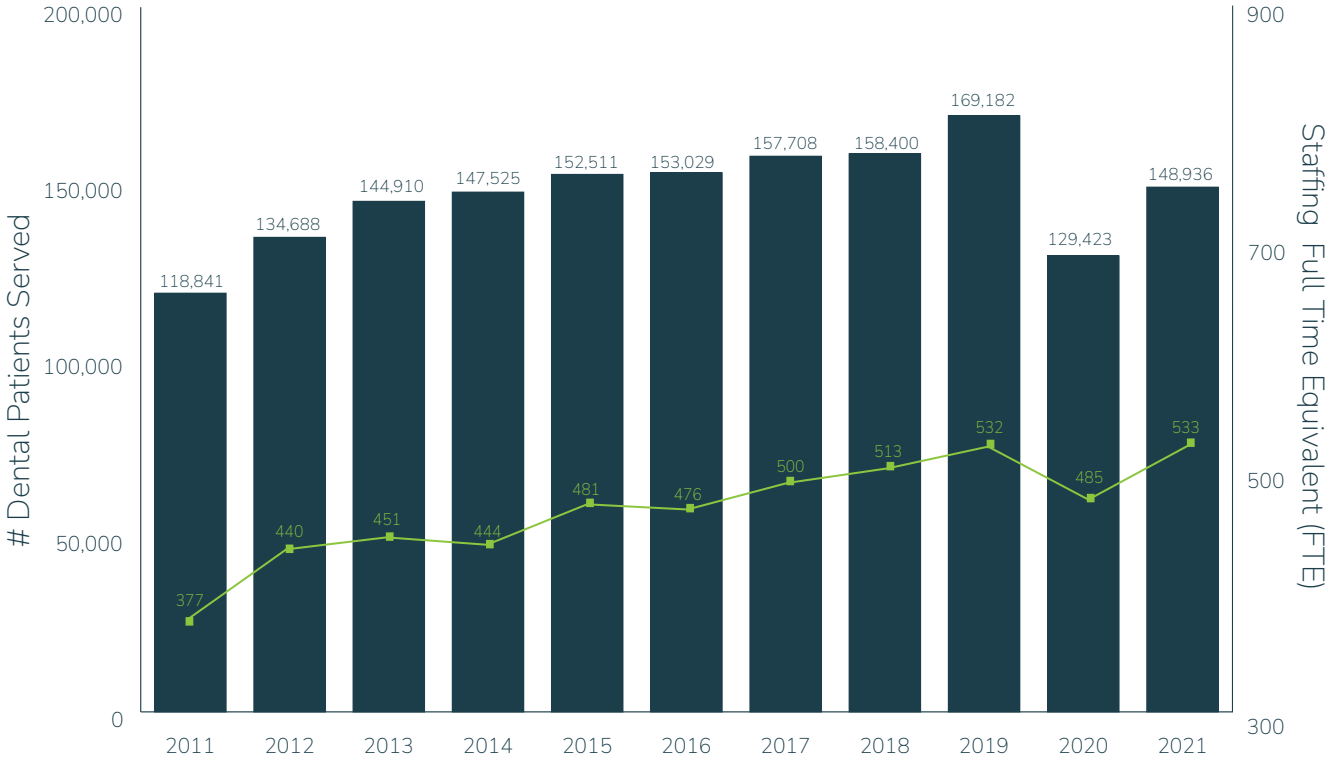
Publications from the Wisconsin Council on Medical Education and Workforce[2], Wisconsin Hospital Association[3], long-term care providers[4], and the Department of Workforce Development[5] warn of a health care workforce tipping point, with demand for care outpacing available providers. A national study of Community Health Centers found that more than two-thirds of Community Health Centers reported losing up to 25% of their workforce from October 2021 to February 2022, and that nearly one in six reported losing over one-quarter of their workforce in the same six-month period.[6]

In July 2022, the Wisconsin Primary Health Care Association (WPHCA) conducted a workforce survey of Wisconsin's 17 Community Health Centers[7] confirming the findings from other health entities. An all-hands-on-deck approach is needed to mitigate future losses, build capacity for training, and retain health care's most valuable resource: the people who help communities thrive by providing care in every corner of Wisconsin.

MEETING THE NEED FOR CARE

Over the last decade, Community Health Centers have answered the call from policymakers, health partners, and state leaders to increase access to primary care, behavioral health care, substance use disorder (SUD) and recovery treatment, and oral health care in both rural and urban Wisconsin communities. **As of April 2022, Community Health Centers provided care through 218 service delivery sites including standalone clinic locations, school-based sites, and mobile clinics.**[8]

Community Health Center Dental Patients and Dental Team Staffing



Source: Uniform Data Systems (UDS). 2011-2021.

Providers at Gerald L. Ignace Indian Health Center in Milwaukee celebrate a successful COVID-19 drive-thru testing day.

COMMUNITY HEALTH CENTER WORKFORCE DATA

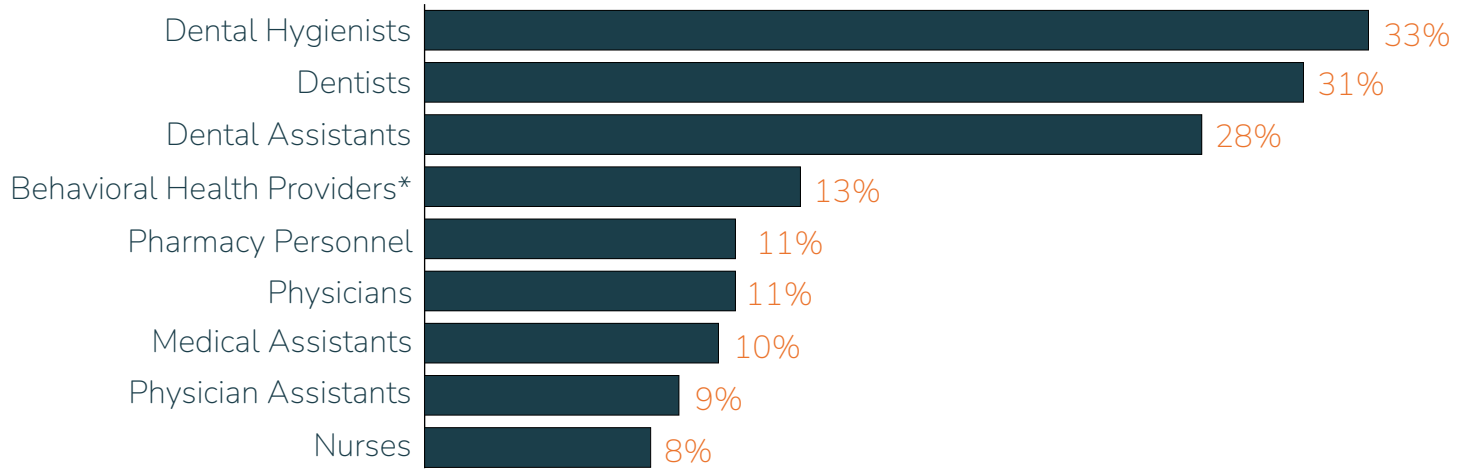
According to multiple surveys conducted in 2022, Community Health Centers are most concerned about staffing shortages for entry-level medical providers, oral health staff, and behavioral health providers. While concerns remain regarding physicians and nursing staff, Medical Assistants and Dental Assistants are in high demand and short supply, a new challenge for clinics. This may be attributed to growing competition for wages in the private sector, as health care providers compete for talent alongside service industries and retail settings, which are increasingly offering higher wages and require little to no training.[9] Masters-prepared and advanced clinicians, on the other hand, have far less industry mobility as they have dedicated years to training and education in the health care field.

WITH ONE RETIREMENT OR DEPARTURE TO ANOTHER LOCATION, A WHOLE COMMUNITY CAN LOSE ACCESS TO CARE. RECRUITING AND RETAINING EVERY SINGLE PROVIDER TRULY MATTERS IN A SMALL COMMUNITY.

Particularly in rural areas, the impact of each provider is especially significant. Gaining or losing a single clinician in a small community may mean the difference between routine access to care and driving an hour to a larger metro area for an appointment. A single primary care provider may have a patient panel of approximately 2,000 patients; a physician to population ratio of over 3,500 is considered a severe shortage of primary care providers.[10] With one retirement or departure to another location, a whole community can lose access to care. Recruiting and retaining every single provider truly matters in a small community.

Community Health Center Provider Vacancy Rates

(July 2022, N=10 Health Centers)



**Behavioral Health Providers include mental health and substance use treatment providers*

Source: WI CHC Workforce Survey, July 2022. Wisconsin Primary Health Care Association

MEDICAL ASSISTANTS: RECRUITMENT & RETENTION

Community Health Centers are urgently seeking to expand recruitment and retention of Medical Assistants (MAs) in Wisconsin. MAs are versatile entry-level health professionals who extend the work of all other providers in an outpatient clinical setting like a Community Health Center. MAs may be trained by an academic institution that provides the knowledge and skills necessary for clinical team-based care or may be trained on-the-job. Certification and licensing are not required for MAs in Wisconsin, and MAs can translate their experience to a variety of practice settings. **Wisconsin Community Health Centers employ over 300 MAs statewide and have an average vacancy rate of 10.4% for MA positions**.[7]

To address ongoing challenges with the MA training pipeline, WPHCA is launching a MA Apprenticeship program in fall 2022. The program will provide virtual classroom instruction for students across the state with a hands-on learning component at local Community Health Centers. The program will begin by training 20 MAs and may be expanded in the future. A centralized model assists Community Health Centers though leveraging shared training resources while allowing students to "earn while they learn" employed as full-time staff at clinics. Clinics are also building career ladders, pathways for continued advancement within the health care field; for example, from MAs to nurses to clinic administrators.

BEHAVIORAL HEALTH & INTEGRATED CARE

Wisconsin Community Health Centers are at the forefront of providing integrated behavioral health and medical services. They recognize the importance of both medical and behavioral factors impacting a person's overall health. Clinicians from both areas work together within the primary care setting to address a patient's concerns such as through team-based visits including both a medical and behavioral health provider, or co-located services within the same clinic. This results in better coordination and communication, while working toward one set of overall health goals.

BEHAVIORAL HEALTH STAFFING

Wisconsin Community Health Centers provide an array of behavioral health, SUD, and recovery services as part of primary care services. Providers range from Psychiatrists to Masters-prepared Clinical Social Workers to Family Therapists and Peer Recovery Specialists. While competition for wages across the health care sector is an ongoing challenge, Community Health Centers identified an insufficient applicant pool as the top limiting factor for hiring Behavioral Health providers. Community Health Centers are open to hiring providers with various backgrounds in Behavioral Health, especially Licensed Clinical Social Workers and Professional Counselors, which are in short supply. This shortage also relects an increase in practice options for these providers, such as telehealth service providers, that offer 100% remote positions.

Behavioral Health provider shortages reflect an increasing recognition of the benefits of trauma care, counseling, addiction, recovery, whole-person preventative care, along with a reduction in stigma. This positive approach, especially in light of concerns regarding youth wellness and mental health, grows the demand for care.

ORAL HEALTH TEAM

Addressing dental staffing shortages is also a priority for Community Health Centers, as they continue to serve as a primary source of care for Medicaid and uninsured patients in the state. According to federal Health Professions Shortage Area data, as of September 2021, approximately one-third of the dental need for individuals living in dental shortage areas is met in Wisconsin. The total percent of unmet need nationwide is estimated at 30.1%, and Wisconsin fares slightly worse than the national average at 36.3%. **Wisconsin would need an additional 206 dentists to achieve a 5,000 to 1 population to dentist ratio in all designated dental shortage areas.**[11]

The dental team includes Dentists, Dental Hygienists, and Dental Assistants (DAs). **Wisconsin Community Health Centers employ over 160 DAs statewide, have an average vacancy rate of 27.5% for DAs, and report open positions for more than 100 dental team members across the three current provider types.**[7] In 2022, the Wisconsin legislature also passed legislation signed by the Governor that will add a new provider type, Expanded Function Dental Auxiliaries (EFDAs), considered an advanced type of Dental Assistant.[12] Wisconsin failed to pass Dental Therapy legislation in 2022, which would have allowed an additional new provider type in Wisconsin, further expanding the oral health team. Dental Therapists are already authorized to practice in over a dozen other states.

WISCONSIN COMMUNITY HEALTH CENTERS REPORT OPEN POSITIONS FOR MORE THAN 100 DENTAL TEAM MEMBERS

Percent of Unmet Dental Need in Wisconsin and Neighboring States

Source: Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of September 30, 2021 available at https://data.hrsa.gov/topics/health-workforceshortage-areas.

HEALTH PROFESSIONS TRAINING PIPELINES

Most health professions require hands-on learning in addition to classroom education. Incorporating clinical training at Community Health Centers exposes students to the Community Health Center model and service-oriented positions and builds interest in practicing at these sites. Building capacity for Community Health Centers to serve as partners with educational institutions not only increases the likelihood of practice in clinics facing staffing shortages, but also adds capacity to increase production of students, as class sizes or program locations may be limited by lack of clinical rotation opportunities. However, **training students includes tradeoffs for many clinics, such as balancing the potential long-term benefits for the organization with the short-term losses associated with managing educational programs, coordinating with training institutions, supervising students, and reducing supervisor productivity.**

Community Health Centers identified provider staff time for administrative functions and coordination as the top barriers to expanding training opportunities. Only 1 of 5 respondents indicated that they have sufficient capacity for training DAs (which can be done on-site).[7] Training capacity for Behavioral Health students and Medical Assistants is also limited.

Dr. Wilson attends to a patient at Lakeshore Community Health Care in Sheboygan, Wisconsin.

Many Community Health Centers are building or expanding relationships with technical colleges, universities, and private institutions to build capacity for student learning and strengthen pipelines.

Community Health Centers also work closely with regional Area Health Education Centers (AHECs) to increase early exposure to health professions for college age students and people looking for career advancement. Wisconsin AHEC is a federally-funded health professions and outreach program that is part of a nationwide network aimed at improving accessibility to primary health care, with an emphasis on exposure to professions for students. AHEC leverages seven regional centers across Wisconsin and provides opportunities for students to explore health professions through programming such as volunteering and workshops. Several Community Health Centers enjoy close partnerships with AHEC, providing opportunities for students to learn about practice at a rural or urban primary care site, and different professions in the health care field. One limitation for AHEC is that funding requirements limit their availability to focus on younger learners, such as middle and high school students. Identifying additional opportunities to increase early exposure to a breadth of health care professions would bring more students into health care careers.

ADDRESSING WORKFORCE CHALLENGES

FEDERAL AND STATE PROGRAMS

Community Health Centers are constantly developing creative initiatives to combat workforce shortages head-on. They also participate in both state and federal programs designed to build and sustain robust clinical teams in underserved communities.

Important federal programs include the National Health Service Corps (NHSC) and Nursing Corps which place providers in high-need areas in exchange for loan repayment or scholarships for training and education. The NHSC Loan Repayment Program offers primary medical, dental, and mental and behavioral health care clinicians the opportunity to have their student loans repaid, while earning a competitive salary, in exchange for providing health care in urban, rural, or tribal communities with limited access to care. Program participants generally commit to two years of full-time service and receive up to $50,000 in loan forgiveness.[13] The program is a significant recruiting tool for providers at Community Health Centers.

The Conrad 30 J-1 Visa waiver program is also a key program which allows foreign-trained medical graduates to extend their practice in the U.S. According to data from the Wisconsin Primary Care Office, which administers the program, more than 25 Community Health Center physicians participated in the program since 2018.[14] Without the Conrad 30 program, physicians would need to return to their country of origin for at least two years prior to practicing in the U.S. after completion of a residency or fellowship program.

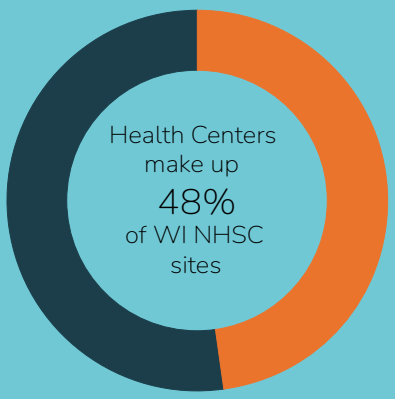
Several state initiatives provide opportunities for Community Health Centers to recruit and retain providers from high-demand professions. The Wisconsin Office of Rural Health manages multiple programs to place providers in Health Professional Shortage Areas in exchange for up to $50,000 in loan assistance.[15] **DAs, MAs, and most behavioral health professionals are not eligible for any of the state programs currently offered.**

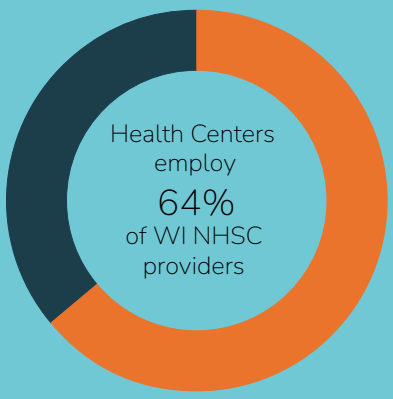
Wisconsin Community Health Centers and National Health Service Corps Workforce

The National Health Service Corps provides funding, through scholarship and loan repayment programs, to primary care clinicians (medical, dental, mental/SUD health) serving communities in need.

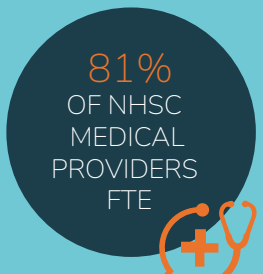
200
WISCONSIN NHSC SITES

299
WISCONSIN NHSC PROVIDERS





WI Community Health Centers employ the majority of WI NHSC dental and medical providers.
Out of all NHSC providers in Wisconsin, Community Health Centers employ:



INNOVATIVE WORKFORCE PRACTICES

One benefit of today's workforce challenges is the proliferation of creative staffing approaches. Community Health Centers are developing partnerships and programming with new populations, such as veterans, individuals with lived experience in addiction and recovery, and formerly incarcerated populations.

COMMUNITY HEALTH WORKERS

An area of innovation for community-based providers across the U.S. is investing in Community Health Workers (CHWs), and that trend is also evident in Wisconsin. Community Health Workers are "frontline public health workers who are a trusted member of, and/or has an unusually close understanding of the community served."[16] This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Community Health Worker models are evolving across the country, and may include services such as benefit navigation, building trust with patients through education and outreach, or connecting patients to available services. Multiple Community Health Centers deployed CHWs during the COVID-19 pandemic to build trust with populations to advance vaccination efforts.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF THE INNOVATIVE WORKFORCE EFFORTS HAPPENING AT COMMUNITY HEALTH CENTERS IN WISCONSIN, AND CLINICS ARE CURRENTLY EXPLORING SUSTAINABLE FUNDING MODELS TO CONTINUE TO BUILD AND STRENGTHEN CHW PROGRAMS.

In Wisconsin, CHWs are not eligible to bill most payers for services rendered to patients, and are often funded through grant programs. A growing body of evidence[17] suggests that CHWs are effective in managing chronic disease, engaging patients fully in their own care, and delivering return on invesment. At least 20 states currently identify CHWs as billable providers in Medicaid programs, though Wisconsin does not.[18] CHWs are a key component of the innovative workforce efforts happening at Community Health Centers in Wisconsin, and clinics are currently exploring sustainable funding models to continue to build and strengthen CHW programs.

EMPLOYING SPECIAL POPULATIONS: INDIVIDUALS WITH LIVED EXPERIENCE

Building trust with patients is an important Community Health Center goal, especially considering the diverse experiences of historically excluded populations. Over the past few years, Community Health Centers have implemented specialty service programs that integrate individuals with lived experiences to serve in roles such as peer support specialists or CHWs. These staff members may include individuals with a history of incarceration or addiction, who are trained to provide patient care and resource navigation. These individuals are essential members of the workforce, leveraging their unique experiences to build rapport with patients, navigate shared challenges, and build a more diverse workforce.

CASE MANAGERS AND ELIGIBILITY ASSISTANCE WORKERS

While medical and dental teams are essential to patient care, Community Health Centers employ additional staff to treat the "whole person," recognizing that many patients may face barriers navigating their care or have health-harming social needs such as lack of safe, affordable housing.

In 2021, Community Health Centers employed over 100 Case Managers and nearly 70 Eligibility Assistance Workers.[7] These staff are dedicated to connecting patients with public benefits such as Marketplace insurance plans or community resources to address needs including food insecurity or employment. Wraparound care teams are an essential ingredient in the Community Health Center model, recognizing that when an individual does not have basic needs met, their health potential is limited.

IN 2021, COMMUNITY HEALTH CENTERS EMPLOYED OVER 100 CASE MANAGERS AND NEARLY 70 ELIGIBILITY ASSISTANCE WORKERS.

TELEHEALTH

Telehealth continues to be a key tool for Community Health Centers, increasing access to care for patients in Wisconsin and effectively leveraging scarce staffing resources. Community Health Centers use telehealth not only for counseling visits, but also for medical triage appointments and dental care. Telehealth can be used to address transportation barriers, facilitate visits over a lunch hour when patients lack the flexibility to leave work, reduce no-show rates, and extend providers over a broader geographic area. Many Community Health Centers are innovating with telehealth for school-based care or for provider consults; further information is available in WPHCA's recent telebehavioral[19] and teledentistry[20] issue briefs, and from a 2021 telehealth briefing.[21]

LOOKING FORWARD

Community Health Centers continue to build capacity to meet community needs for medical, dental, and behavioral health care. As the entire health care industry faces staffing challenges, Community Health Centers are building new partnerships for health professions training and developing strategic plans for staffing. Community Health Centers are also re-imagining their workforce priorities to emphasize recruitment of mission-oriented team members who are dedicated to providing care for low-income and complex patients for the long run.

PUBLIC POLICY AND BIENNIAL BUDGET CONSIDERATIONS

By design and federal regulations, Community Health Centers are located in areas where patients have limited access to traditional health care. When Community Health Centers face staffing constraints, communities suffer. There may not be alternatives for care, especially for uninsured individuals and Medicaid enrollees. As a result of workforce challenges, clinics may turn to implementing wait lists, scheduling appointments farther out, or be unable to accept new patients.

TOP 10 OPPORTUNITIES FOR POLICYMAKERS

1. Pass legislation to authorize Dental Therapy in Wisconsin (see 2021 AB 169 / SB 181).[12]
2. Incentivize practice opportunities for entry-level health care providers including MAs and DAs to serve in rural and urban areas, such as programming modeled after the successful WisCaregiver Careers initiative[22] which trains Certified Nursing Assistants for long-term care jobs. Funding could broaden eligible provider types and settings to include MAs and DAs at Community Health Centers. Funding should also consider address barriers to education such as child care and transportation issues.
3. Provide grants for non-profit health care facilities to develop in-house training programs for MAs and DAs.
4. Provide loan assistance and/or scholarship opportunities for Behavioral Health and substance use providers not currently eligible for state or federal programs.
5. Develop pilot programs to build capacity for clinical training pipelines, including incentives for providers as faculty and preceptors across health care professions.
6. Strengthen early education and exposure to health care careers through the efforts of Area Health Education Centers.
7. Authorize Community Health Workers to bill Medicaid for services.
8. Implement further reforms to improve timely processing of licenses and interstate license portability, including additional staffing at the Department of Safety and Professional Services, provisional licenses, and future interstate licensure compacts.
9. Maintain coverage and reimbursement of services provided via telehealth regardless of insurance type, including audio-only services.
10. Increase investments in rural and urban communities to grow the physician pipeline, including rotations and residency programs located in high-need areas, such as funding a Milwaukee-based Teaching Health Center Graduate Medical Education program (see WARM[23], TRIUMPH[24], and WCRGME[25] for models).

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