



The Struggle to Build a Strong Workforce at Health Centers

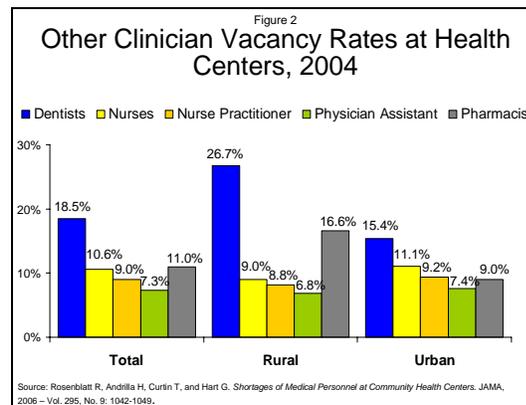
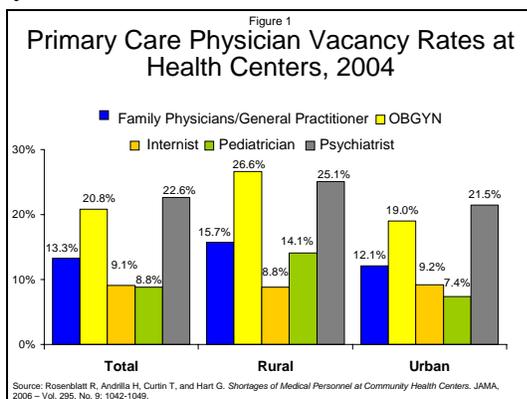
HEALTH CENTER EXPANSION

Community, Migrant, and Homeless Health Centers serve over 16 million* medically underserved people in every state and territory. Health centers remove some of the toughest, most complex barriers to primary health care. Their patients are predominately low income, uninsured or publicly insured individuals, and many communicate in languages other than English. Still, these community-governed organizations provide high quality, cost-effective primary and preventive health care, with the number of health center patients growing **over 57%** from 2000 to 2006. Yet clinician vacancies at health centers coupled with national shortages in primary care providers threaten health centers' ability to meet rising need. The impact of these compounding issues will be most felt in underserved communities where it is often difficult to recruit providers to live and work. **Addressing health care workforce shortages is critical for continued delivery of high quality medical dental, mental health, and other vital care to our most vulnerable populations, and for ensuring successful health center expansion efforts.**

WORKFORCE SHORTAGES

While health centers are working to decrease the number of Americans without a medical home, the shortage of primary care physicians is a constant threat. Approximately 35% of physicians nationwide are within 10 years of retirement, while too few new medical graduates are going into the primary care workforce. In addition, the American population is becoming older, with a concurrent increase in chronic illnesses. The federal government anticipates that **the demand for primary care providers will increase 38% from 2000 to 2020.**

Health centers across the country are already experiencing significant clinical vacancies and challenges in recruiting clinical staff, according to a recent study published in *JAMA*. As demonstrated in Figure 1, **both rural and urban health centers are struggling with large staff shortages**, with rural health centers experiencing more vacancies. The largest shortage among primary care physicians is family physicians/ general practitioners, with 426 current vacancies, accounting for 13.3% of funded positions nationally. This problem is intensified by the declining interest in family medicine among graduating U.S. medical students. As a percentage of vacancies however, obstetrician/gynecologists and psychiatrists present some of the greatest recruitment challenges, with more than 20% of funded positions unfilled nationally and with greater recruitment difficulty found in rural health centers.

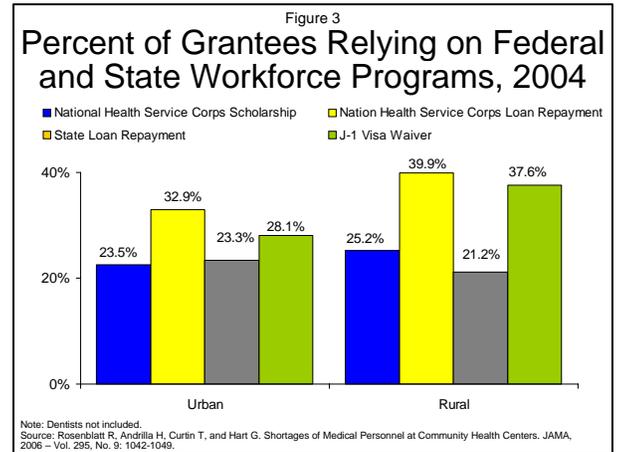


* Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2006-2007. Sources: Hart et al, Rural Health Research Center Fact Sheet (2006); Rosenblatt et al, *JAMA*, Vol. 295, No. 9 (2006); American College of Physicians (2006). *The Impending Collapse of Primary Care Medicine and Its Implications for the State of the Nation's Health Care; A Study of the Supply and Demand for Critical Care Physicians*. HRSA Senate Report 108-81. For more information, email research@nachc.com. This publication was supported by Grant/Cooperative Agreement Number U30CS00209 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.

Dentists, nurses, nurse practitioners, physician assistants, and pharmacists also remain in short supply, as displayed in Figure 2. For rural areas especially, the highest rates of vacancies among these providers are seen for dentists. Almost half of the rural grantees have had vacant dentist positions for seven or more months (not shown). Moreover, the vacancy rate for pharmacists at rural health centers is nearly twice that of urban health centers. Overall, those hardest hit by physician shortages are the small rural health centers (not shown).

FEDERAL AND STATE WORKFORCE PROGRAMS

Both rural and urban health centers rely on a number of federal and state programs to boost the flow of clinicians to underserved areas. These programs include the National Health Services Corps (NHSC) Scholarship and loan repayment which place health professions in designated health profession shortage areas, state loan repayment, and the J-1 visa waiver program which allows foreign physicians to practice in U.S. underserved areas. Continuation and expansion of these programs is essential to the livelihood of health centers. As displayed in Figure 3, over 27% of physicians in both urban and rural areas rely heavily on federal and state workforce programs. According to the Journal of the American Medical Association, 44.5% of the current rural physician staff is enrolled in one of these programs, almost twice as great a proportion as within urban health centers (not shown).



Furthermore, programs such as the Area Health Education Center (AHEC) and Health Education Training Center (HETC) are integral to the continued success of health center expansion, because of their focus on building a health professions workforce committed to serve in underserved communities. These programs are a conduit, providing a channel that may spark the interest of young students in a health career to full time employment in a health center or other safety net provider.

ADDRESSING WORKFORCE SHORTAGES

Despite the importance of these workforce programs for placing qualified clinicians in high-need areas, they are straining to fill current needs while workforce shortages persist. As health centers grow, strategies for addressing clinical workforce shortages must include expansion and revitalization of these federal and state health care workforce programs in order to fill workforce gaps in underserved areas.

As one effort to “grow our own providers,” the National Association of Community Health Centers and health centers are partnering with A.T. Still University to train physicians and dentists to serve in underserved communities. This first of its kind effort will produce over 250 eligible dentists who could potentially work at a health center over the next 5 years and will produce hundreds more physicians eligible for health center employment after completing their residency in 2014. This will help bolster the recruitment and retention of qualified staff at health centers.

Together, national, state, and local programs are critical for meeting the clinical workforce needs of health centers and expanding access to health care to more underserved communities.