

# The Struggle to Build a Strong Workforce at Health Centers

## HEALTH CENTER EXPANSION

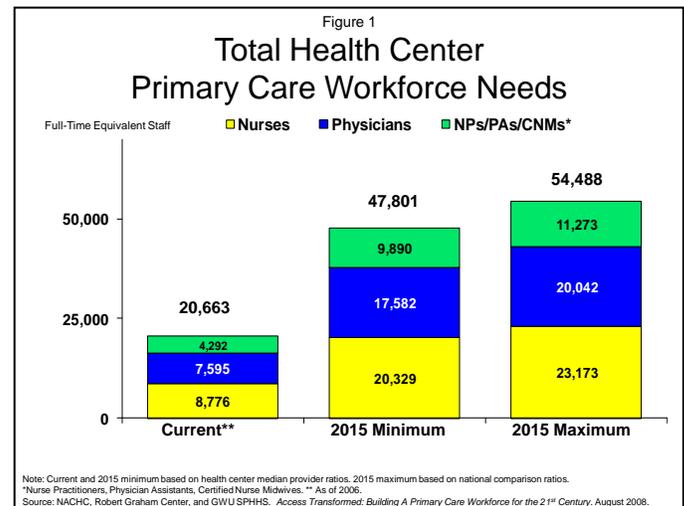
Community, Migrant, and Homeless Health Centers serve 20 million\* medically underserved people across the nation. Health centers remove some of the toughest, most complex barriers to primary health care. In recognition of the millions of US residents who lack access to primary care, health centers are aiming to reach 30 million patients by the year 2015 under their **ACCESS for All America plan**, and ultimately all those currently without access to primary care.

Despite achieving record growth since 2000, health centers experience significant clinical vacancies and challenges in recruiting clinical staff. The national shortage of primary care providers sets additional hurdles. The impact of these compounding issues is most felt in those communities least likely to attract or sustain primary care. **Addressing health care workforce shortages is critical to broadening access to primary care.**<sup>1</sup>

## WORKFORCE SHORTAGES

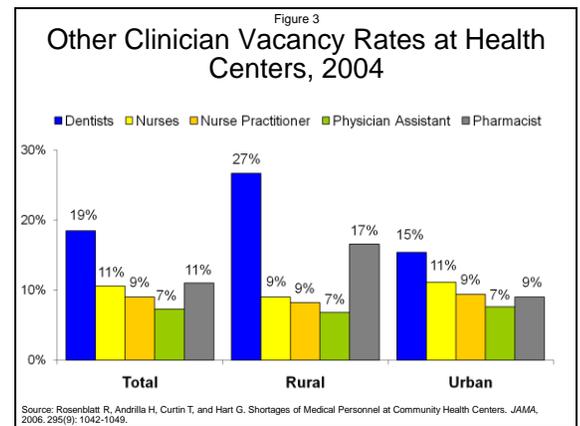
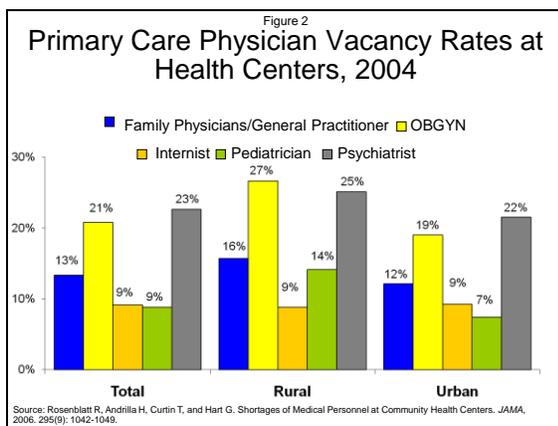
Ensuring everyone a medical or “health care home” requires an adequate clinical staff. Americans are aging and suffering from more chronic illnesses, and the population living in federally-designated primary care shortage areas is growing. The federal government anticipates that the demand for primary care physicians will increase as much as 38% from 2000 to 2020.<sup>2</sup>

Health centers across the country are significantly understaffed compared to other providers. According to a recent report, **health centers currently need 1,843 primary care providers**, inclusive of physicians, nurse practitioners, physician assistants, and certified nurse midwives. On top of this need, **health centers are 1,384 nurses short**. Health centers will require an additional 15,585 to 19,428 primary care providers and between 11,553 to 14,397 nurses to reach 30 million patients by 2015.<sup>1</sup> Figure 1 illustrates the total number of such clinicians needed now and in the near future.



## CHALLENGES RECRUITING CLINICAL STAFF

On top of having fewer health care professionals compared to other providers, health centers have trouble filling vacant positions. Filling these vacant positions would expand a center’s capacity to serve new patients, but health centers may still fall short of staffing needs compared to other providers. Survey results published in the *JAMA* find that the position with the largest number of vacancies is family physicians/general practitioners.<sup>3</sup> 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 (Figure 2). Dentists, nurses, nurse practitioners, physician assistants, and pharmacists also remain in short supply, as displayed in Figure 3.

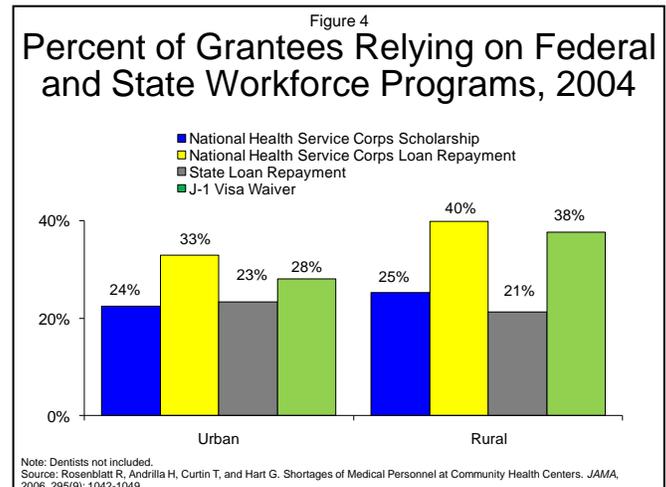


Almost half of the rural grantees have had vacant dentist positions for seven or more months (not shown). Moreover, the vacancy rate for pharmacists at rural health centers is nearly twice that of urban health centers. Overall, those hardest hit by physician shortages are the small rural health centers.<sup>3</sup>

### 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, state loan repayment programs, and the J-1 visa waiver program – all of which place health professionals in underserved areas. Continuation and expansion of these programs is essential to the livelihood of health centers. Figure 4 illustrates that many health centers rely on these program to help meet their clinical staffing needs.<sup>3</sup>

Furthermore, programs such as the Area Health Education Centers (AHEC), Health Education Training Centers (HETC), and Titles VII and VIII of the Public Health Service Act are integral to the continued success of health center expansion because they build a health professions workforce committed to serve in underserved communities. These programs provide a channel that may spark the interest of young students in health careers at health centers or other safety net providers.



### THE WAY AHEAD

To address health professional workforce shortages – especially in medically underserved areas – policymakers must consider a series of targeted interventions that boost the overall supply of primary care professionals, while also ensuring increased placement in medically underserved areas. A multi-faceted national and state course of action must strengthen the pipeline of would be primary care professionals even before they begin formal medical education, expand training opportunities and placement incentives for locating in underserved areas, and ensure adequate reimbursement for primary care services.<sup>1</sup>

Other providers, such as dentists and behavioral health specialist, are also in short supply. It is the full range of primary and preventive services, together with services that facilitate access to care and the socio-economic causes of poor health, that improve community health.

\* Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2008-2009.

Sources: <sup>1</sup>NACHC, RGC, and GWU. *Access Transformed: Building A Primary Care Workforce for the 21<sup>st</sup> Century*. 2008; <sup>2</sup>HHS. HRSA. *Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers*. (2003); <sup>3</sup>Rosenblatt et al, JAMA, Vol. 295, No. 9 (2006); For more information, email [research@nachc.com](mailto:research@nachc.com).

This publication was supported by Grant/Cooperative Agreement Number U30CS16089 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.