Health Center Innovation:
Building Workforce Pipelines with Youth Engagement
Building a diverse and robust Community Health Center workforce for the future starts with implementing programs that target students who are in middle and high school today. Given the well-documented workforce shortage in health centers\(^1\)–\(^3\) – both before the COVID-19 pandemic, and exacerbated since, NACHC’s Center for Community Health Innovation (CCHI) sought to learn how health centers, Primary Care Associations (PCAs), and Health Center Controlled-Networks have met this challenge and successfully engaged young people in future health center careers.

NACHC and health center partners around the country have long appreciated the importance of a workforce that directly reflects the community served. Health center staff who speak the same languages as their patients, live side-by-side with their patients, or are patients themselves, bring many advantages to addressing patient needs—and building trust. These deeper community connections also increase workforce retention for a health center.

Health centers have long known that there are mutually beneficial gains to be had if young people in their communities were trained for health center jobs. This potential workforce resource can be cultivated to become future health center professionals. How are health centers approaching this in their own communities? What partners and resources do they need? What works and what doesn’t?

In November 2021, CCHI called for applicants to participate in the Workforce of the Future Innovation Challenge and share the solutions they have developed to inspire middle and high school students to seek a wide range of careers in community health centers. Many highly innovative solutions were shared with CCHI. In this report, CCHI shares insights from the Innovation Challenge Finalists so that others may learn from them as they build their own youth engagement programs.

The CCHI Mission: To serve as a catalyst for innovation at America’s Community Health Centers and to help advance future-focused approaches that increase access to affordable, equitable, quality health care for all.
NACHC’S WORKFORCE OF THE FUTURE INNOVATION CHALLENGE FINALISTS

Grand Prize Winner:
- Open Door Family Medical Center, Ossining NY with the Future Healthcare Leaders program

Finalists:
- Urban Health Plan, Bronx, NY with the Health & Sciences Charter School
- NEW Health Programs Association, Chewelah, WA with NEW Health University
- El Centro Family Health, Espanola, NM with the Semillas de Salud program
- Colorado Community Health Network, Denver CO with the Grow Our Own Partnership for Equity in Health Centers initiative

Based on a series of interviews with the Workforce of the Future Innovation Challenge’s Finalists, five key components of successful youth engagement programs emerged.

These components can serve as the building blocks for impactful youth engagement programs, and starting points for health centers, PCAs, HCCNs, and their partners as they develop new programs for their communities.
BUILDING BLOCKS FOR IMPACTFUL WORKFORCE OF THE FUTURE PROGRAMS

COMPONENT #1
LEADERSHIP & STAFFING

A fundamental starting point for any successful project is an engaged leadership. Innovation Challenge Finalists showed that leadership can start at any level of the health center and can define the trajectory of a project.

Health center leaders engaged in this work must include a staff-level champion who manages the day-to-day operations of a workforce innovation program as part of their job (not just as a volunteer or extra-curricular interest). Together, these leaders must dedicate time to nurture and inspire young people in their communities to explore health center careers. At the same time, health center administrators must commit organizational time and resources to develop, fund, and manage these programs.

Purpose:
To create the environment necessary where a new program can be implemented and thrive.

Questions to Answer:
☐ Is the organization’s leadership engaged and supportive?
☐ Does the project have administrative support?
☐ What work needs to be done?
☐ Number of staff members needed to operationalize this project. Is this a full-time or a part-time endeavor?
☐ What skills are needed to complete this project?
☐ Are right people on-board, or is there a need to hire new dedicated staff?
☐ Who needs to be involved versus who needs to be informed about this project?

Supporting Resource:
• [NACHC’s Value Transformation Framework Leadership Action Guide](#), This Action Guide defines a series of steps leaders can take to provide a foundation for organizational transformation.

• [Department of Health and Human Services’ Staffing Management Practices Guide](#), Brief guide with best practices and activities utilizing project management techniques to staff a new project.
COMPONENT #2
PARTNERSHIP ENGAGEMENT & COLLABORATION

Every program submitted to the Workforce of the Future Innovation Challenge developed powerful partnerships that helped them succeed. Partners for youth engagement programs include local high schools and middle schools, school districts, the local school board, universities, community colleges, other medical training programs, nonprofits, or the local, state, or federal government.

Purpose:
To engage with partners and ambassadors to help implement the project, secure resources, and to increase reach and impact.

Questions to Answer:
- Beyond the users/audience, who else should be considered when designing this project?
- Who in the community would also benefit from a project like this? Is there an opportunity for cross promotion?
- Are there existing organizations with an interest in the project’s target audience?
- What other organizations can help achieve the goals of the project, or help fund it?
- What can potential partners gain from the partnership?

Supporting Resource:
- **18F Methods’ Interview Checklist**, Checklist and resources to help conduct stakeholders’ interviews and build consensus to achieve project goals.

- **Project Management Institute’s Stakeholder Management**, Partners and collaborators are stakeholders. This resource explains the different types of stakeholders and provides a communication plan as an example.

- **Miro’s Stakeholder Map**, Explanation and tool for stakeholder map.
COMPONENT #3
HUMAN-CENTERED DESIGN

Human-centered design is a thoughtful process for problem solving, program development, and/or data collection. It begins with an understanding of what your target audience needs and wants, so solutions can address the audience’s needs in ways that engage them.

Interviews with health centers showed that successful workforce development programs intentionally used human-centered design, with both the health center and the young people as the primary “customers” or “audience.”

Purpose:
To create a workforce development program that incorporates bi-directional learning, so your target audience can be fully engaged and enriched as you achieve your project goals.

Questions to Answer:
☐ Who is the core versus the casual audience that will engage with this project?
☐ How does the audience feel about the problem this project is trying to solve?
☐ What is important to the audience?
☐ What behaviors and sentiments does the audience experience; how will the project change or leverage those?
☐ From observing the audience, how can the program be adjusted to make it more impactful?

Supporting Resource:
- IDEO’s What is Human Centered Design Video. This short (~2min) video walks through the basics of Human Centered Design.
COMPONENT #4
MARKETING & FUNDRAISING

Marketing and fundraising are very closely linked. A good marketing campaign with a strong ask can raise small donations and leverage big funding opportunities. All Challenge Finalists were able to develop and leverage successful marketing and fundraising campaigns that have helped their programs grow.

Purpose:
To create a marketing campaign that drives funding opportunities.

Questions to Answer:
☐ Who are the target audiences: for funding, for community engagement, for program recruitment?
☐ What is the target message to each audience?
☐ What are the different calls-to-action that the campaign will have?
☐ What marketing/communications channels will be used for this campaign?
☐ Is there a need for targeted pitch sessions or an “elevator pitch’’?

Supporting Resource:
• Candid. A wide array of support for fundraising including online courses, self-paced modules, templates, articles.

• National Council of Nonprofits. This article assembles a whole host of resources related to fundraising and marketing.

• BoardSource. Great resources for engaging Board Members in fundraising and marketing, such as “Fundraising Communications Toolkit for Board Members.”
COMPONENT #5
MONITORING (and SHARING) SUCCESS

Monitoring success for youth workforce development programs is varied depending on the needs of the organization and funder requirements. To sustain a successful workforce program, an organization must collect metrics that monitor the program’s progress and then must share that progress with prospective participants as well as with funders and partners – both current and prospective. However, not all metrics are created the same. Having a few relevant, easily obtainable metrics that tell the story of the project can be more effective than attempting to monitor everything.

Purpose:
To gain insight from both quantitative and qualitative data to assess and market a project’s success. Use findings to make quality improvements as needed.

Questions to Answer:
☐ What metrics are important for the stakeholders of this project (audience, partners, community leaders, your administration...)?
☐ What metrics are needed to tell the story of the project?
☐ What are some of the short-term versus long-term metrics?

Supporting Resource:
• Sopact Impact Measurement Guide. In depth guide about what impact measurement is, the challenges of measuring impact, and a 5-step guide for measuring social impact.
Please review the Spotlights on our Challenge Finalists and use the components and suggested supporting resources to help develop your organization’s own youth engagement program.

Please share your ideas and results with us at innovation@nachc.org and join our Innovation Listserv.


Future Health Care Leaders (FHCL) Program is a collaboration between the Open Door Family Medical Center’s School Based Health Centers (SBHC) (now called the Nita M. Lowey Center for Health in Schools), and the Ossining Union Free School District (NY). The goal of FHCL has been to introduce high school juniors and seniors to the broad world of health care careers.

Having a school clinic, enabled Open Door to develop a strong relationship with the local school district. This led to the creation of their summer program to help students gain practical skills and knowledge about health, in general, and encourage them to pursue successful health care careers. The FHCL program grew from there.

Since 2016, FHCL has become a full-year elective class open to all seniors at Ossining High School. It’s a competitive program with a half-year of in-class training once per week and a half-year of hands-on training once per week at the clinic, including CPR training with the local ambulance department.

Medical staff from Open Door Medical Center are strongly encouraged to serve as weekly guest presenters for students. In turn, Ossining High School has committed two teachers to run the FHCL class of 21 seniors each year. Open Door has also partnered with Henry Schein, Inc., a medical supplies and equipment vendor, and NACHC partner, that donates materials such as first aid kits and blood pressure monitors to be used by each student.

The program is specifically designed to help students think about medical and health care professions before investing the resources to pursue a specific degree. This program helps them make truly educated decisions about their future.

So far, 125 students have completed the FHCL program, gaining experience and connections that bolster their passion for the health care field. As one former participant said, “I was given the opportunity to learn about many career options and see real possibilities, which has led me to pursue a major in Allied Health.” Ultimately, Open Door Family Medical Center hopes they can hire some of these amazing students as they graduate into fully trained health care professionals.

Thanks to the strong relationships created between Open Door and the local school district, 85% of the students who have participated in the FHCL program say they are now interested in pursuing a career in health care.
As with everywhere in the country, the Colorado Community Health Network (CCHN) has been struggling to find talented staff, from the entry level administrative staff to medical professionals. They know the potential for career development and growth within the local communities they serve is huge, and training organized through the health centers themselves is ideal.

In seeking solutions for staff shortages, leaders at CCHN learned about a few synergistic opportunities and pitched an idea to local funder, ZomaLab, that invests in a broad range of market-based solutions including workforce development. Their proposal focused on introducing local high school students and under-resourced young adults to medical assistant training programs at several health centers, and for presentations about health center careers to be provided at local high schools.

With this funding, CCHN developed a strong partnership with the National Institute for Medical Assistant Advancement (NIMAA). Both organizations benefit by an expanded version of NIMAA’s existing eight-month certification program that offers students a more personalized and hands-on training experience at health centers, plus complete clinic tours and other ways for students to learn about health center careers.

To attract participants, NIMAA helps promote the program. For a broader reach, CCHN contacted the marketing arm of the local Area Health Education Center (AHEC) to share information about NIMAA certification and the health center training program. AHEC gladly draws students from all over Colorado to find job training opportunities at CCHN. The CCHN staff developing this program have also found warm hand-offs through other relationships that help expand marketing for their programs, such as through Generation Schools and others.

With their fundraising and marketing, CCHN has created a “packaged presentation” that teaches high school students and community members about health center careers and training programs. This presentation can be “branded” by their member health centers for their own use. By operationalizing NIMAA for their health center network members, CCHN has given students a richer experience, students are inspired through presentations to gain further health care training, and tuition for NIMAA certification can be supported for students through local grants.

In the past several months CCHN and its partners have educated 197 students, with hopes to reach 600 high school students by the end of the funding year. With longitudinal monitoring, they will evaluate whether the continuum works to develop the workforce for their member health centers.
Health Center Spotlight

Health Center Innovation: Building Workforce Pipelines with Youth Engagement

Semillas de Salud Program by El Centro Family Health

Website: https://ecfh.org/
Contact Information: https://ecfh.org/contact/

El Centro Family Health Center’s Semillas de Salud Program in rural New Mexico began when Matthew Probst, a PA at the clinic at the time, would see kids waiting for the bus 20 miles out of town with nothing to do. The area was struggling to thrive, but Matthew was an optimist and thought of an innovative way to engage kids and give them hope. He started an afterschool Health Career Club for interested kids.

With almost no funds to start, Matthew decided to staff the program through peer-education. He knew local community college students in EMT and other health care training programs, like the PA program he went through, who would enjoy teaching high school and middle school students about health topics the students cared about, like “what to do if you get bitten by a rattle snake?”

With students teaching students, he knew the program would naturally become human-centered and motivational. He found it easy to partner with the community college to engage students in this initiative.

“I love youth mentoring, but I don’t have time. On the other hand, I can teach someone to teach, so the multiplier effect becomes dramatic. It’s more impactful for behavior change when students teach students; more than even trained staff can provide. In a way, our program is like a pyramid scheme!”

Matthew Probst, PA-C & Chief Quality Officer

Matthew designed the Semillas de Salud program so older students in the club become mentors to help younger students get curious about health and health care careers. The high school students teach other high schoolers plus middle schoolers, and the middle schoolers teach other middle schoolers and elementary school students. They discuss topics that matter to them, such as the role of the country doctor, pathways and opportunities at rural health clinics, positive relationships, self-care, and fighting the stigma of addiction. Students are empowered to serve as young leaders, and they gain hands-on experience through clinical rotations at the health center.

At this point, El Centro has offered clinical rotations to almost 600 students who also pay-it-forward to the area youth with community projects and mentorship in health center professions.

Trained peer health educators who began in Health Career Clubs have become part of El Centro’s workforce. To date, the impact is 44 licensed health professional hires that keep this FQHC well-staffed, and their rural communities well cared for.

Data also suggests that community-driven recruitment – like that at El Centro, leads to better retention for health professionals, improved health equity, and better care for patients.

Providing opportunity and hope to rural and underserved middle and high school students has its own health care impact. As students learn about health and prevention, the impact links back to better health outcomes for their School-Based Health Center services, run by El Centro.

This program has gained so much interest, that El Centro is now working with the New Mexico Department of Education, the public education division, the New Mexico Primary Care Association, and the New Mexico Hospital Association to expand the program across all seven counties in New Mexico.

To learn more, please watch the highly acclaimed documentary “The Providers”, a film and discussion tool to inspire the next generation of rural health care providers and review the High School Guide and Lesson Plans.
Since 2012, NEW Health's CEO, Desiree Sweeney, understood the need to develop a program that could train future workers for the health center. Yet, the rural areas of Washington State where NEW Health clinics operate had no pipeline for future staff. To mitigate the issue, she started by developing medical assistant apprenticeships at their health centers which formalized into a 12-month hands-on apprenticeship program; but the need to develop a broadly trained health care workforce was still apparent.

In 2021, Desiree hired Lindsey Ruivivar to launch NEW Health University. To embark on this large initiative, Lindsey first focused on developing strategic relationships with the local high schools, universities, and school board. With their partnership, NEW Health designed a multi-faceted program that not only provides high school students with hands-on experience with health careers, certifications, and job training, but also offers career ladder opportunities for existing health center staff.

NEW Health University has since engaged 75 high school seniors in interactive workshops exploring the wide range of careers available at the health center. Students play-act the health center job they are assigned, ranging from janitorial, to maintenance, HR, Dental Director, CFO, CEO, etc. They learn about the career pathways and certification needed for each job, then the “Payroll staff” pay each participant (with a 100 Grand chocolate bar). “The workshop is very eye-opening for seniors. They love it.” Lindsey says, “They see career paths can begin at the health center.”

With the expense of college, this type of job training has become a lifeline for some of the low income, rural students. So far, NEW Health University has helped high school seniors earn IT and EMT certificates, scholarships for medical school, internships and medical assistant pre-apprenticeships, and very important health center jobs. Additionally, NEW Health University is coordinating six apprentice programs with high school graduates through 35 student rotations and is actively working to establish pre-apprenticeship programs. These programs are expected to grow exponentially.

After learning about the program’s success, the local School Board now plans to dedicate a new school building just for NEW Health University's administration, medical, dental, and behavioral health training programs.

Lindsey also works with two trainers within the health center to conduct skills assessments for each staff member at each clinic, based on job descriptions. With assessments, current staff are offered tailored training every Wednesday (with staff time blocked to complete training modules).

NEW Health fully embodies the philosophy of strength, pride and happiness through growth and learning. Lindsey says, “we now have a marketing force of 140 staff members because everyone who works at NEW Health is inspired by their jobs and their potential here.”
Dr. Richard Izquierdo from Urban Health Plan, a Federally Qualified Health Center (FQHC) in Bronx, NY, recognized the medical staff didn’t reflect the predominantly black and brown patients who came to the health center. This sparked his idea to start a charter school specifically for health and science. He envisioned that this school would draw students from the local community, and they could learn about health care professions and gain the necessary skills to serve the medical needs of their neighbors.

Dr. Izquierdo knew he could not do this work alone. He encouraged the leadership at Urban Health Plan to create a separate non-profit as the foundation to fund the school. He partnered with the Dean of the local City University of New York (CUNY) Medical School, Montefiore Medical Center, Hunts Point Alliance for Children, the Sophie Davis Biomedical School and others, to share knowledge and resources. He developed relationships with the Department of Education for New York City, as well as local elected officials. These strategic relationships, fostered by the vision, tenacity, and leadership of Dr. Izquierdo, enabled Urban Health Plan to craft a successful charter school application, approved by the City of New York.

With city and state funds, as well as grants from private funders, the Charter School with grades 6-12 opened in 2010, and was located near the health center.

Local middle and high school students learn, dynamically, in the classroom and in the clinic. Certified teachers were hired for the school, and staff from every position in a health center (administrative, finance, medical, pharmacy, etc.) serve as guest lecturers and mentors. Scholars are guided to develop their own specific health goals for their future lives, and this human-centered education culminates with a 12th grade hands-on practicum, ensuring that their academic knowledge can blossom into tangible health care skills.

To measure success, the Health & Science Charter School measures High School graduation, college or technical school acceptance, and tracks education completion and work readiness. In addition, they track the standard indicators required to maintain their charter school status in New York City. Graduation rates have hovered near 90%. Biology, pre-med and nursing are the most popular majors. This past year, nine seniors became certified EMTs and 22 earned certification as first responders. The valedictorian is currently working as an EMT for the health center’s ambulance program.