

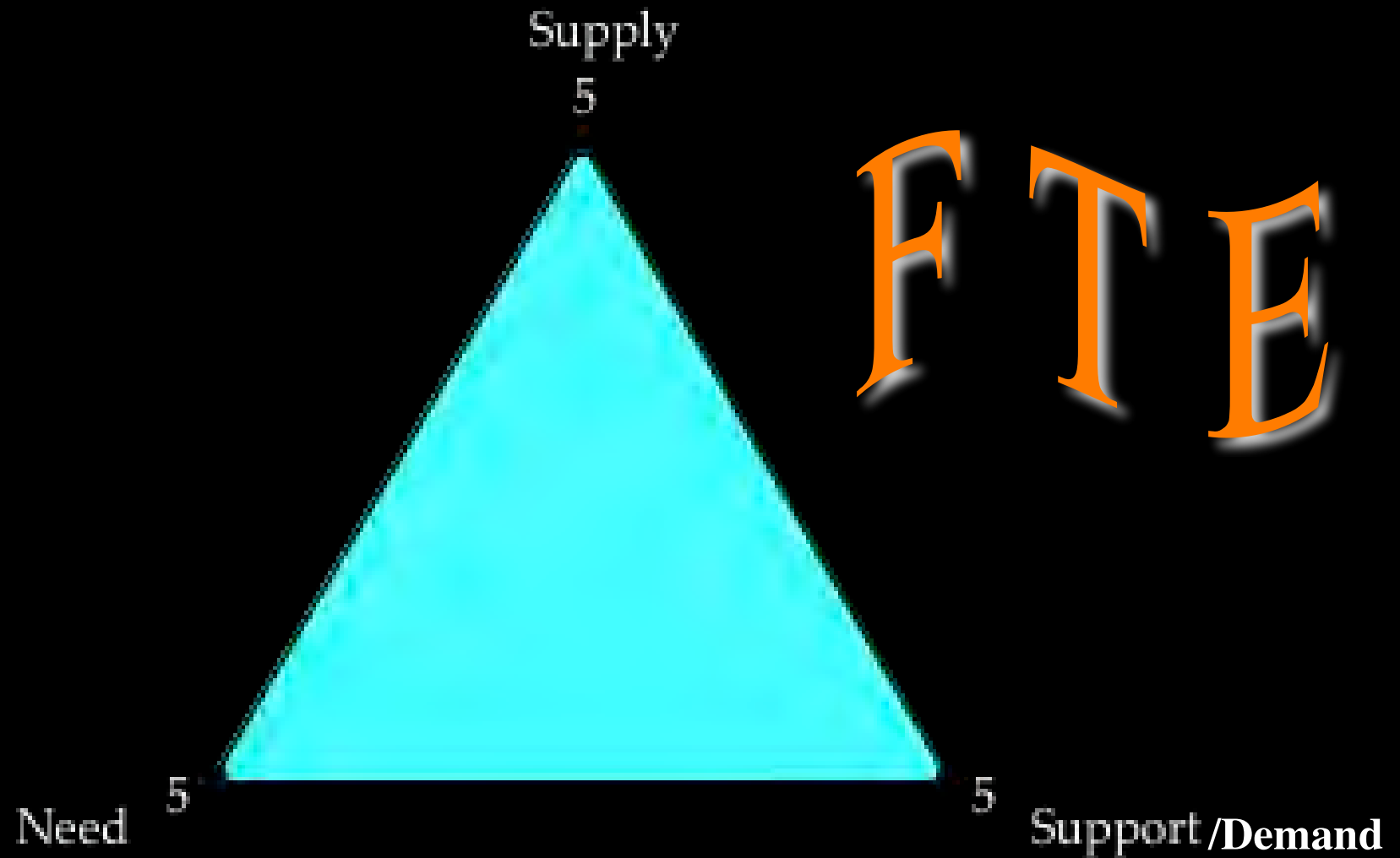
# **Nevada Office of Rural Health Recruitment & Retention Symposium**

**Gary Hart, PhD**

**WWAMI Rural Health Research Center  
WWAMI Center for Health Workforce Studies  
University of Washington  
Seattle, Washington**

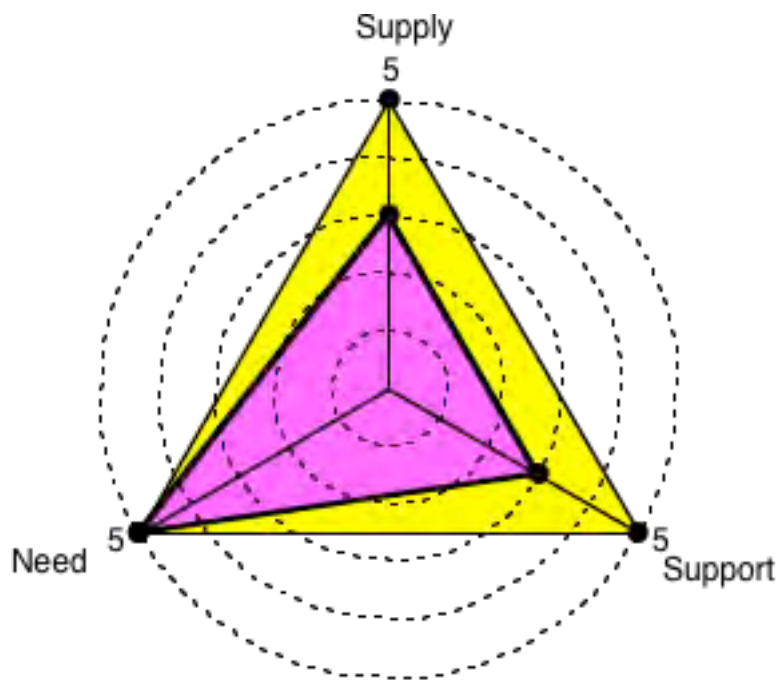
**Las Vegas, Nevada  
January 10, 2007**

# Patient Care Balance of Need, Supply, & Effective Demand

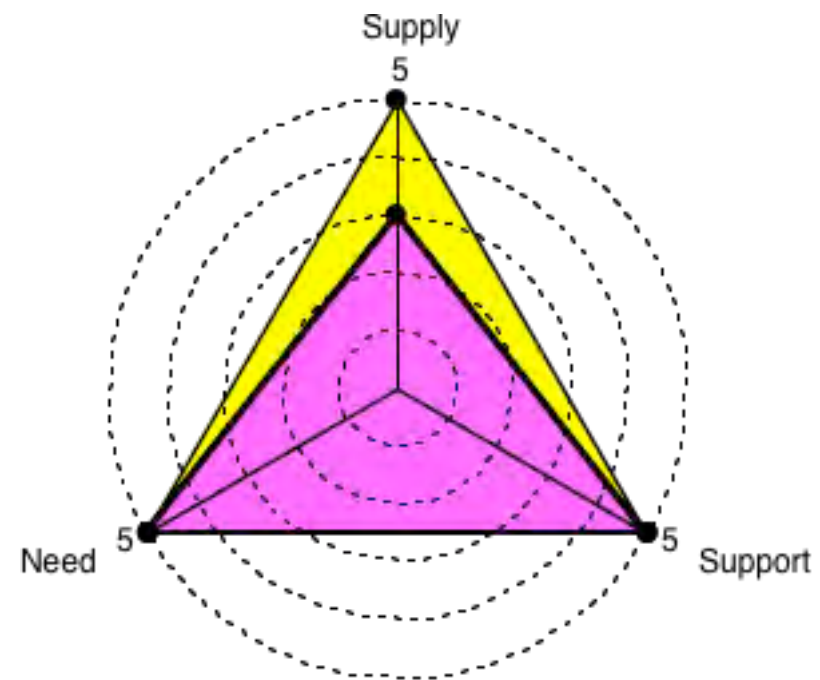


# Two Typical Shortage Situations

*Subject to Regional Supply*

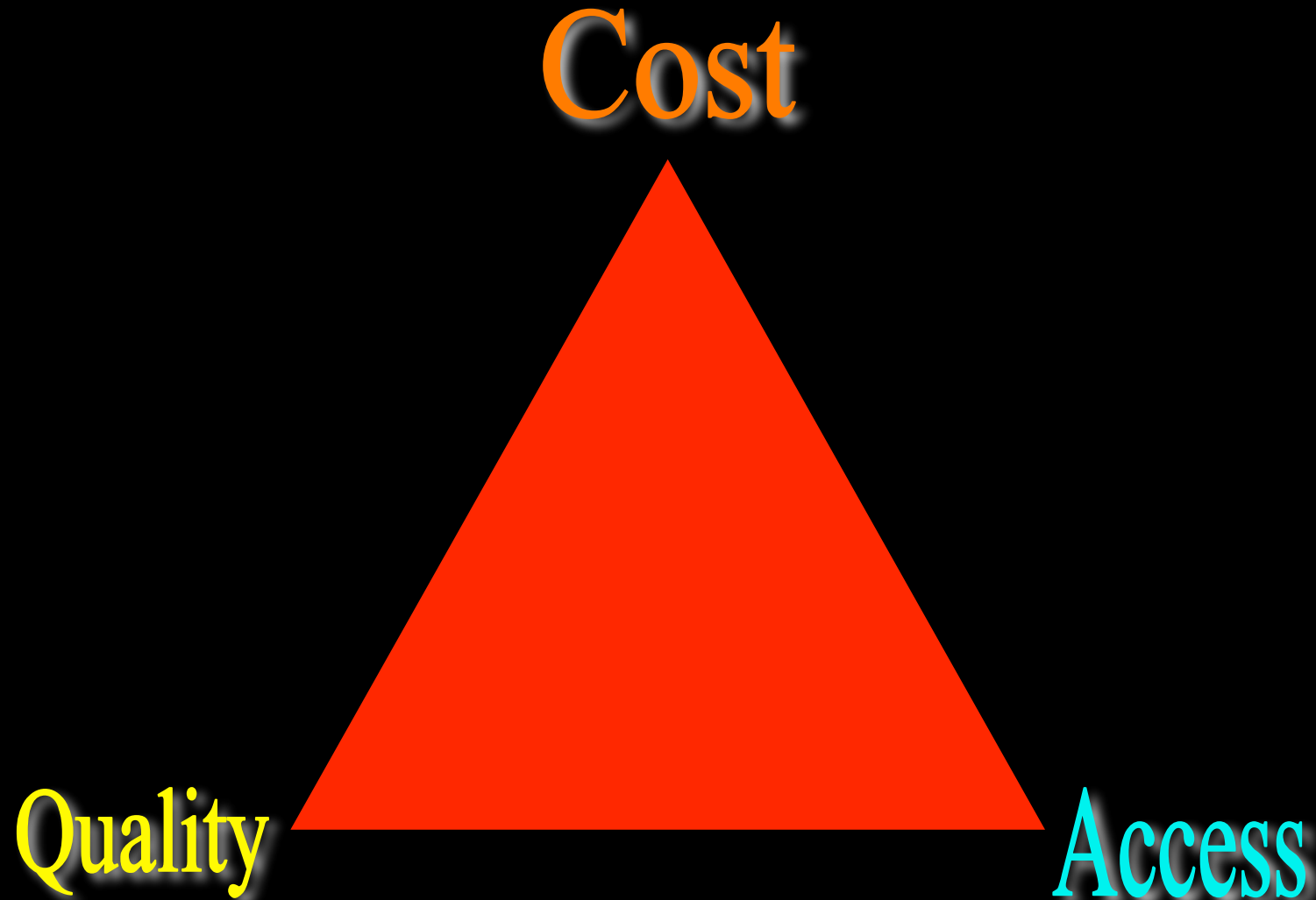


**Demand Issues**

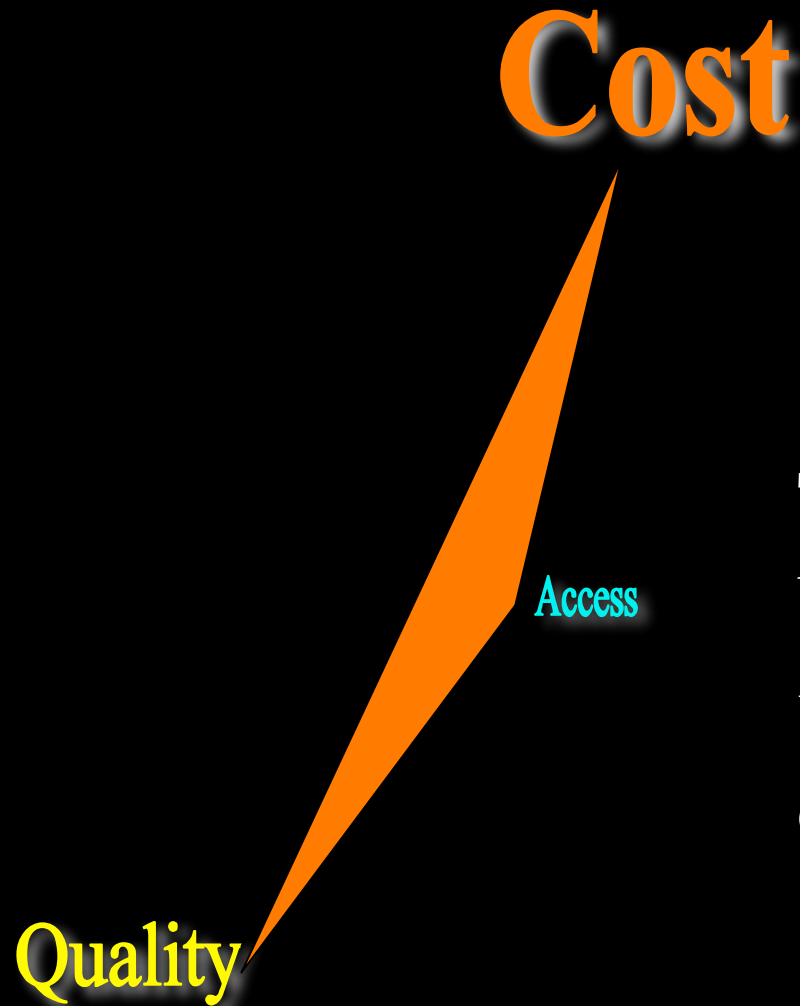


**Recruitment and Retention Issues**

# Three-Legged Stool



# Three-Legged Stool



There needs to be balance -- note that volume of triangle diminished!

# Rural CHC Workforce

**Gary Hart, Ph.D.**

**Rural Health Research Center  
University of Washington  
Seattle, Washington**

# **National Health Center Workforce Survey Study**

**University of Washington Rural Health Research Center**

**University of South Carolina Rural Health Research Center**

**National Association of Community Health Clinics (NACHC)**

## **Funding & Collaboration:**

**Health Resources and Services Administration (HRSA)**

**Office of Rural Health Policy (Core)**

**Bureau of Primary Health Care (NACHC and in-kind)**

**Bureau of Health Professions (in-kind)**

# **National Health Center Survey Study**

## **Core Research Team:**

**U of Washington: Gary Hart, Roger Rosenblatt,  
Holly Andrilla, Eric Larson**

**U of South Carolina: Jan Probst & Mike Samuels  
(currently at U of Kentucky)**

**NACHC: Tom Curtin (NACHC)**

**Other staff from rural health research centers at U of WA and U of SC, and NACHC are involved.**

**In addition, representatives from FORHP, BPHC, and BHPPr have been involved, especially Joan Van Nostrand, Dick Lee, and Christine Hager.**



# Initial Study Questions

- ❖ Determine current staffing needs of federally funded health centers (HCs) by provider type
- ❖ Determine the most important HC recruitment issues
- ❖ Contrast workforce issues for HCs by their characteristics and locations, with special emphasis on rural

# Why HCs Important?

- ❖ Backbone of nation's formal safety net system
- ❖ Federal government substantially expanding HCs
- ❖ Shortages of providers for the HCs can limit their ability to provide needed safety net health care services
- ❖ We lack a clear understanding of the extent to which HCs are experiencing health provider shortages

# Limitations

These results are:

- ❖ **Data still being analyzed for FP paper (first paper in JAMA in March)**
- ❖ **Limited data on sites**
- ❖ **Some statistics not yet applied**
- ❖ **Based on reports of CEOs**
- ❖ **Adaptive behavior -- cannot fill positions after a long time -- give up or change practice style and substitute**

# Data Sources

- ❖ 2004 survey of all HCs
- ❖ 2003 HC Uniform Data System (UDS)
- ❖ ZIP demographic data
- ❖ County demographic data
- ❖ RUCAs & PCSAs
- ❖ Travel distances (larger cities & Hosp)
- ❖ Economic Research Service Amenity Index and other taxonomies (e.g., persistent poverty counties)

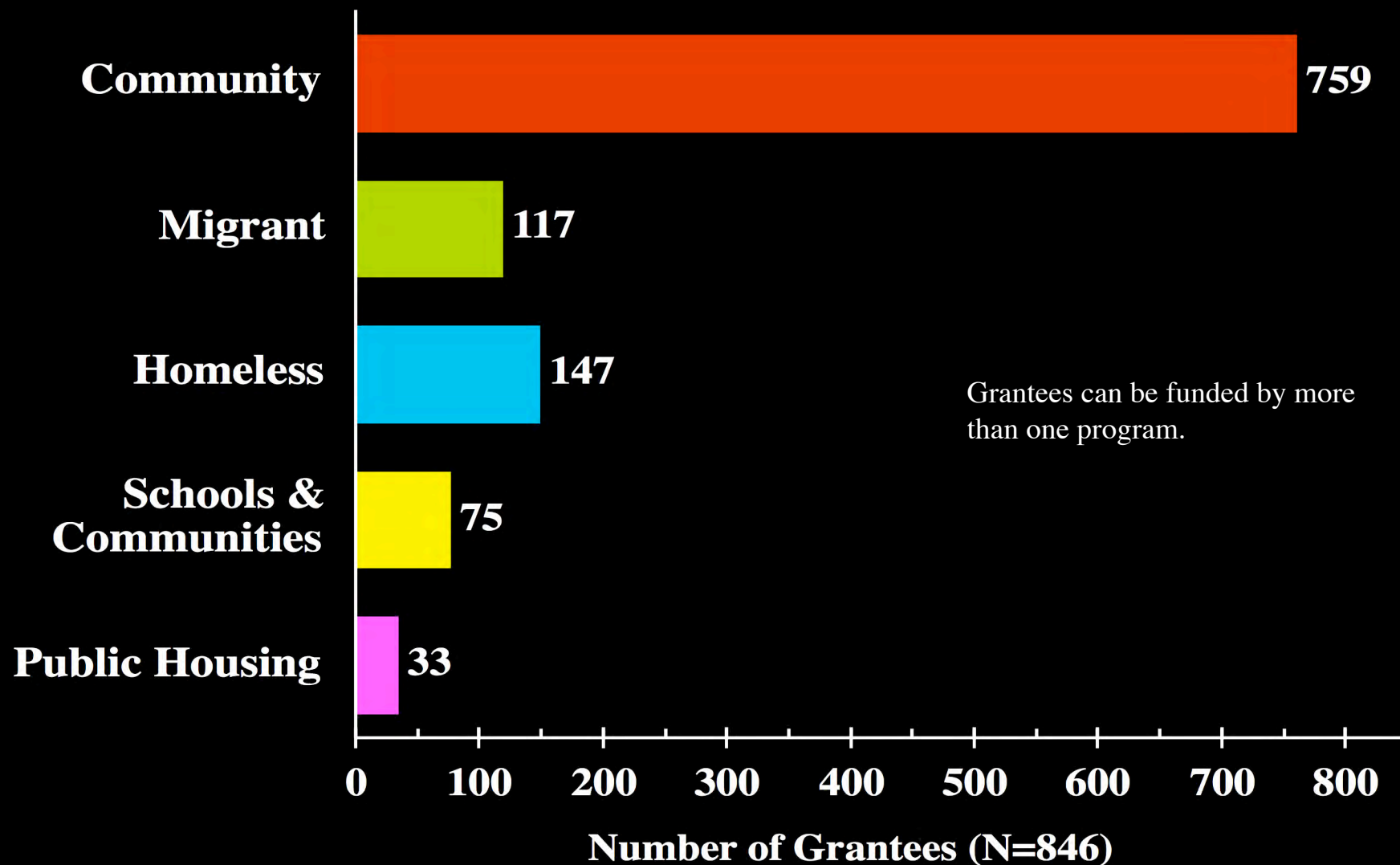
# Survey Methods

- ❖ Pretest with centers, experts etc. and revisions
- ❖ 3-page mail questionnaire, & reminder postcards
- ❖ 2 mailings and phone follow-up
- ❖ **79% overall response rate (rural 98%)**
- ❖ Data coding with quality control
- ❖ Data entry with verification
- ❖ Weights and SUDAAN: Nationally Representative
- ❖ Geographic site algorithm
- ❖ Analyses (e.g., crosstabs, statistics, regressions)

# Center Selection

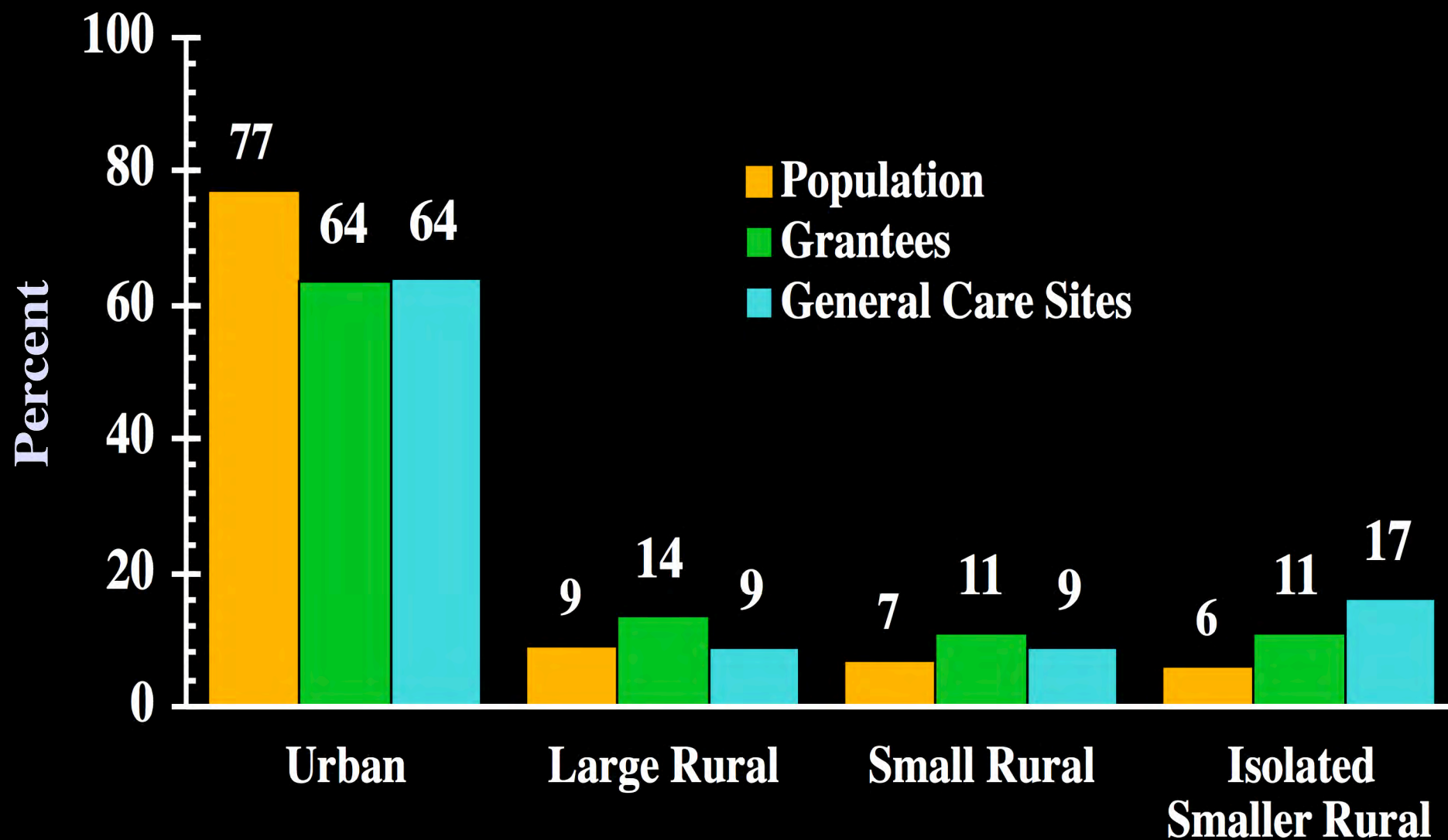
- ❖ Funded by 330 Program (e.g., CHC) and
- ❖ At least 1 general clinical site and
- ❖ In 2003 UDS and
- ❖ At least 1 medical encounter and
- ❖ More than 0 medical FTEs

# Types of Health Centers



# Grantees & Sites by Rural-Urban Status

(Federally Funded Health Centers)



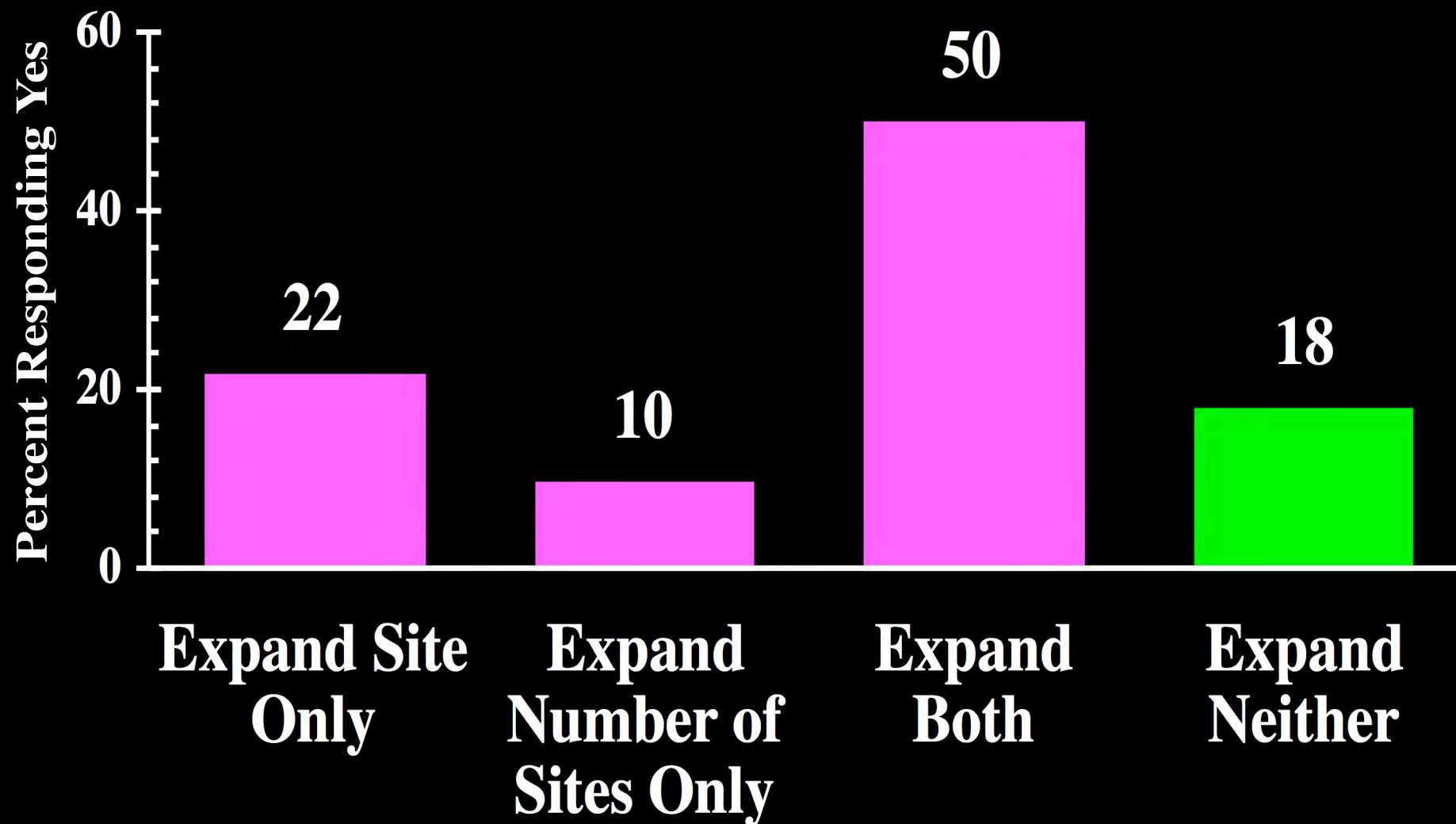
Grantees: 531, 104, 88, & 123.

Source: 2004 Center Survey, n=731



# Planned Center Expansions

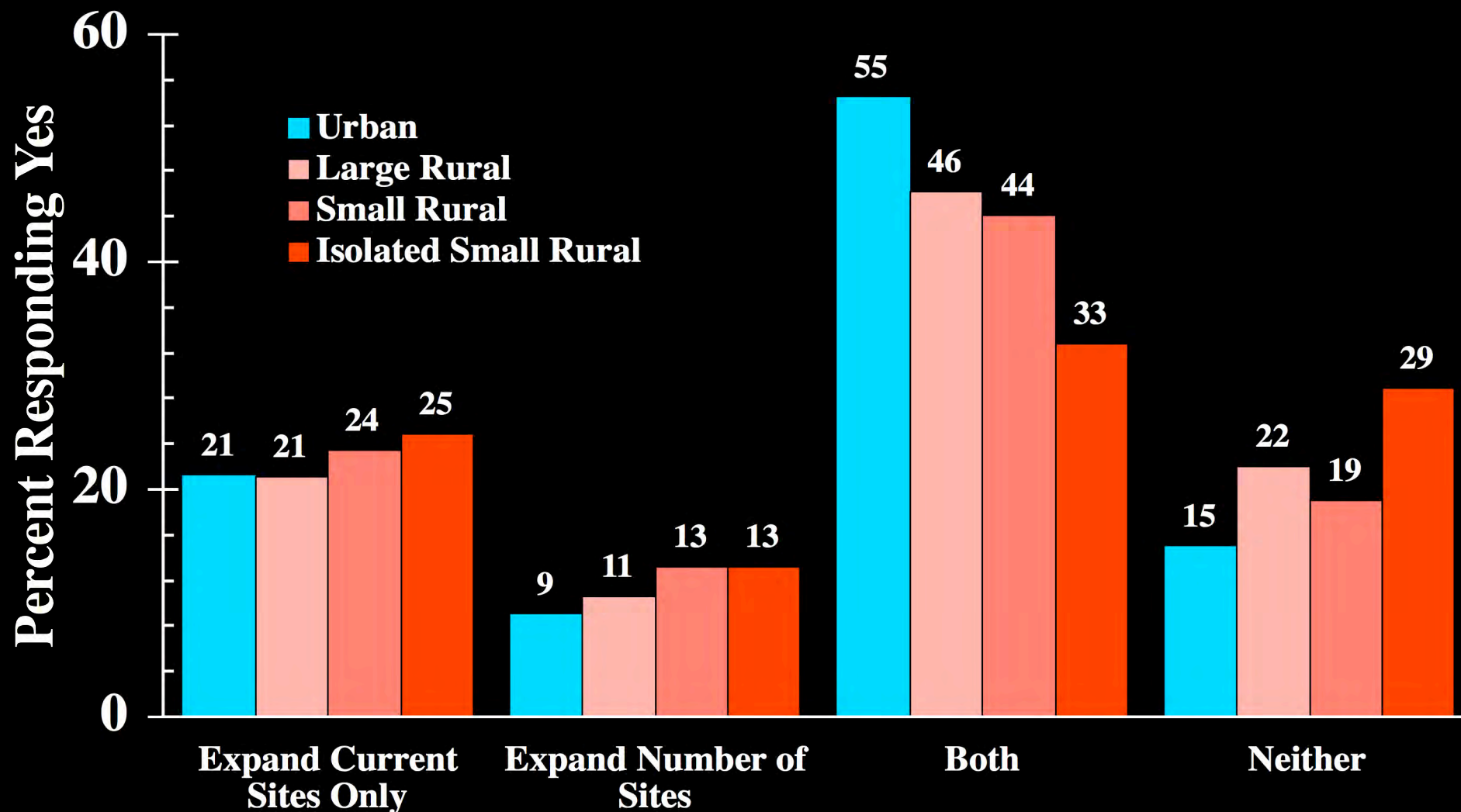
(Federally Funded Health Centers)



Source: 2004 Center Survey, n=731

# Planned Center Expansions

(Federally Funded Health Centers)

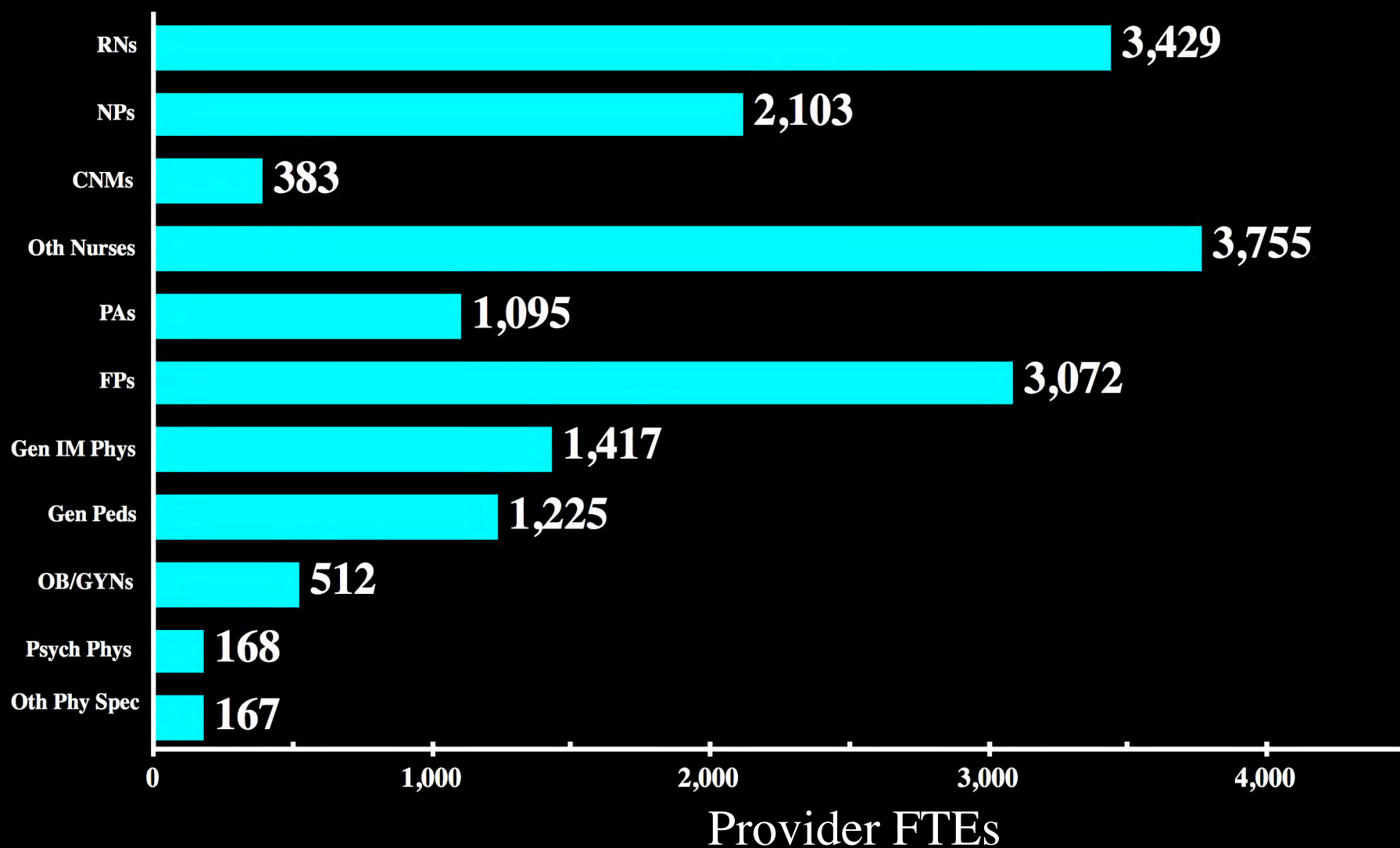


Source: 2004 Center Survey, n=731

# Health Center Providers

# Number Center FTE Providers

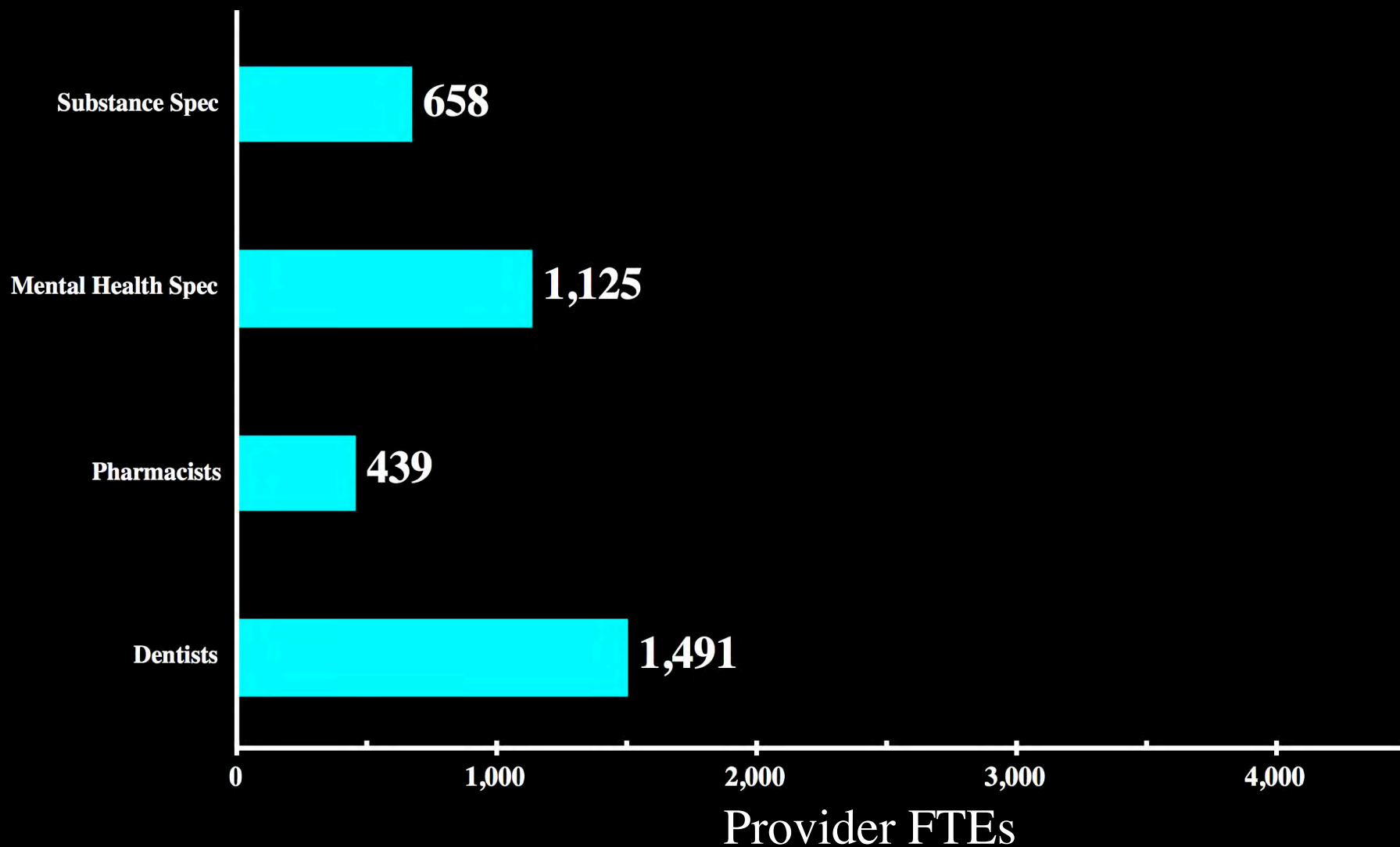
(Federally Funded Health Centers)



Sources: 2003 UDS and 2004 Center Survey.

# Number Center FTE Providers

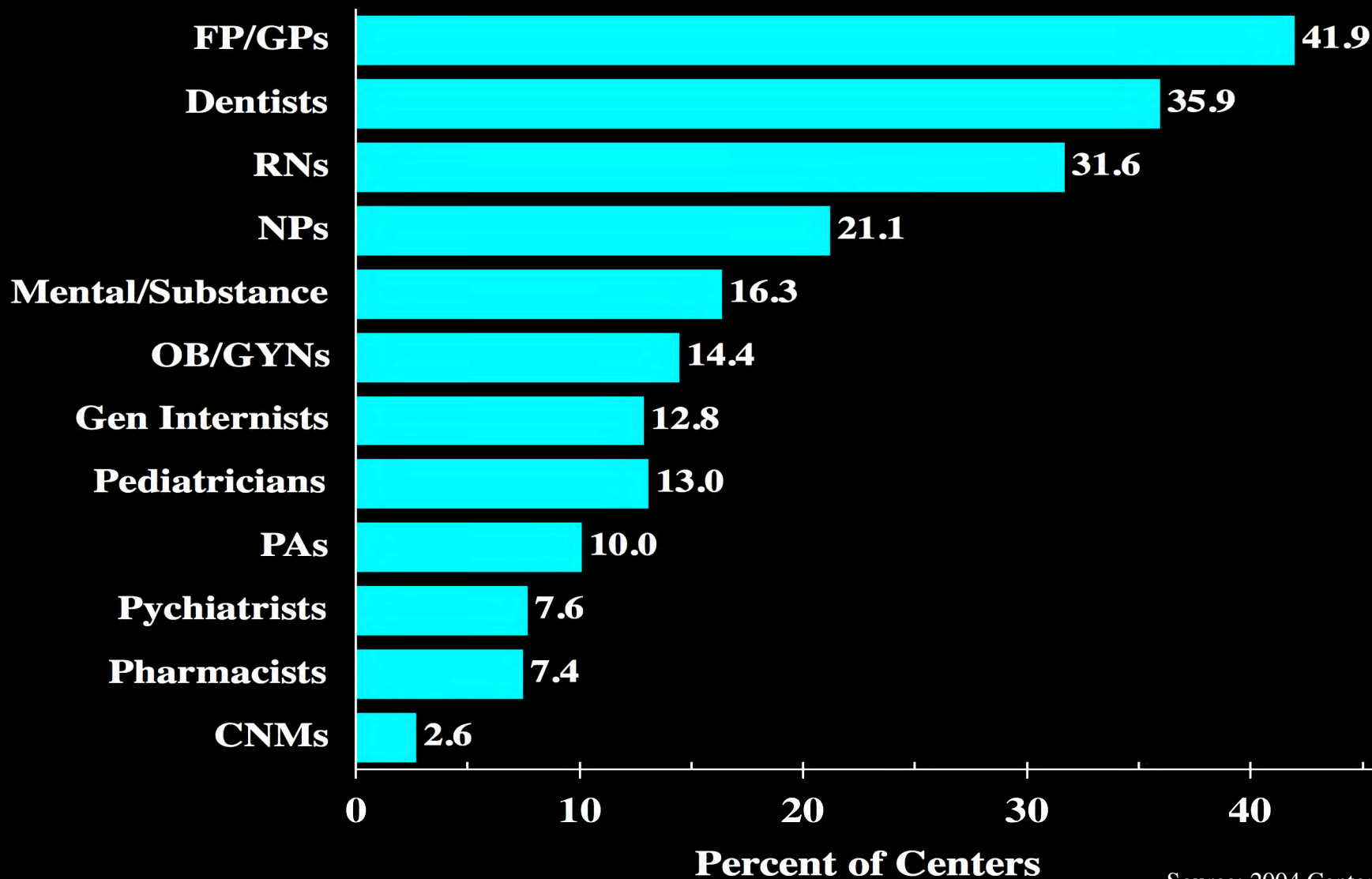
(Federally Funded Health Centers)



Sources: 2003 UDS and 2004 Center Survey.

# % Centers Actively Recruiting for Vacancies

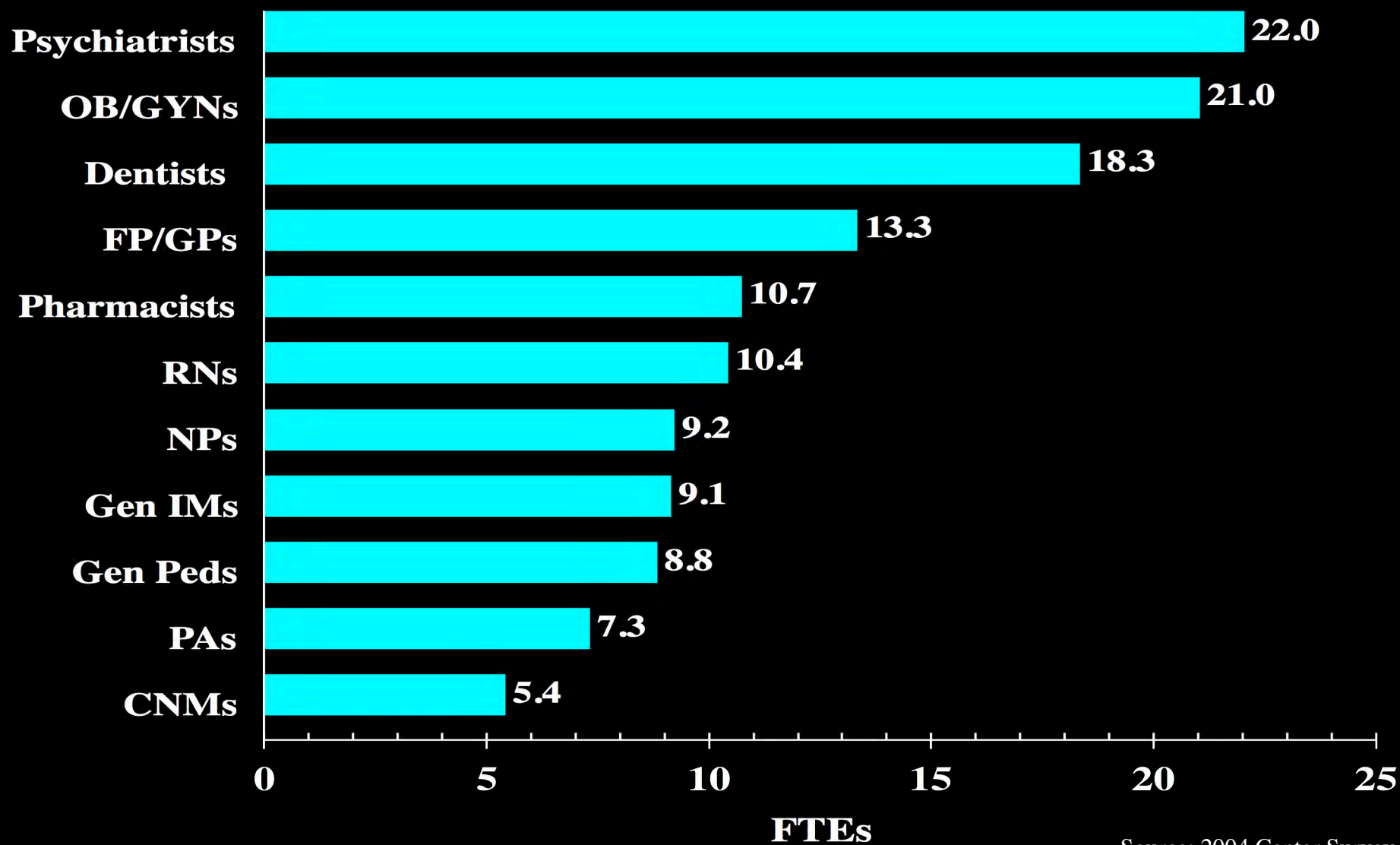
(Federally Funded Health Centers)



Source: 2004 Center Survey

# Vacancies Rates For Those Being Actively Recruited

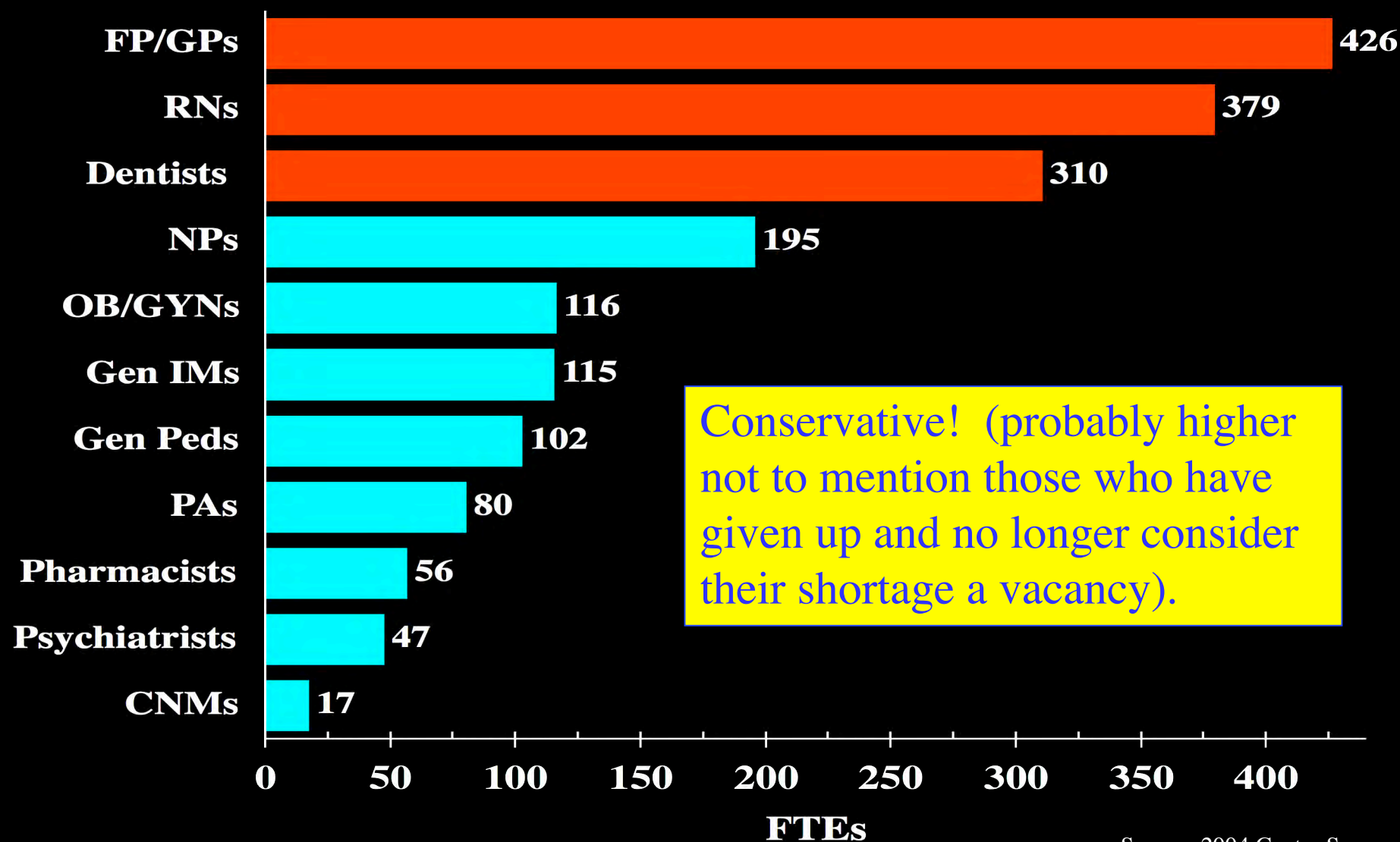
(Federally Funded Health Centers)



Source: 2004 Center Survey

# # of FTE Vacancies Being Actively Recruited

(Federally Funded Health Centers)



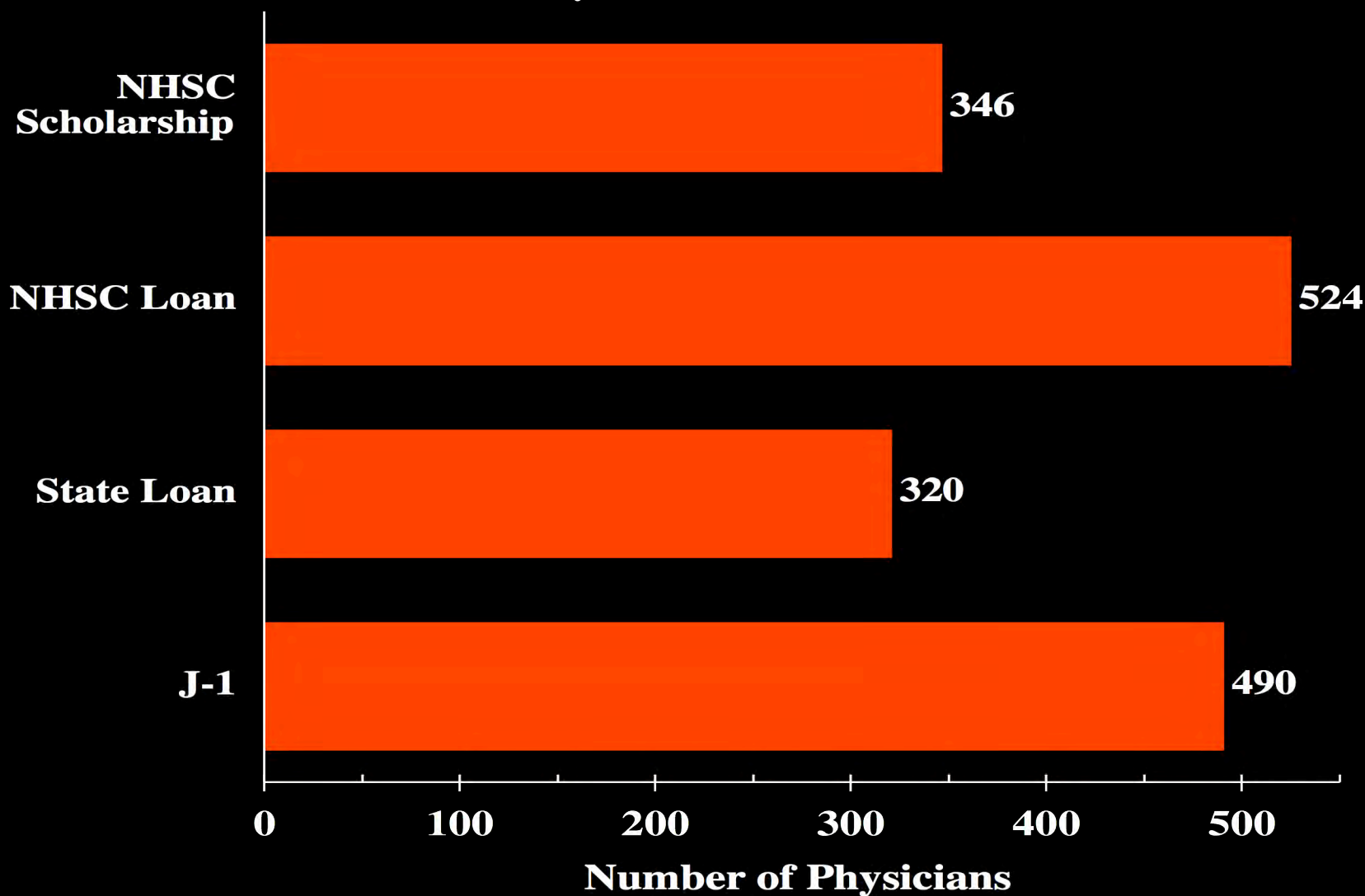
Source: 2004 Center Survey



# Contribution of Selected Programs

# Obligation Serving Physician Staff by Program

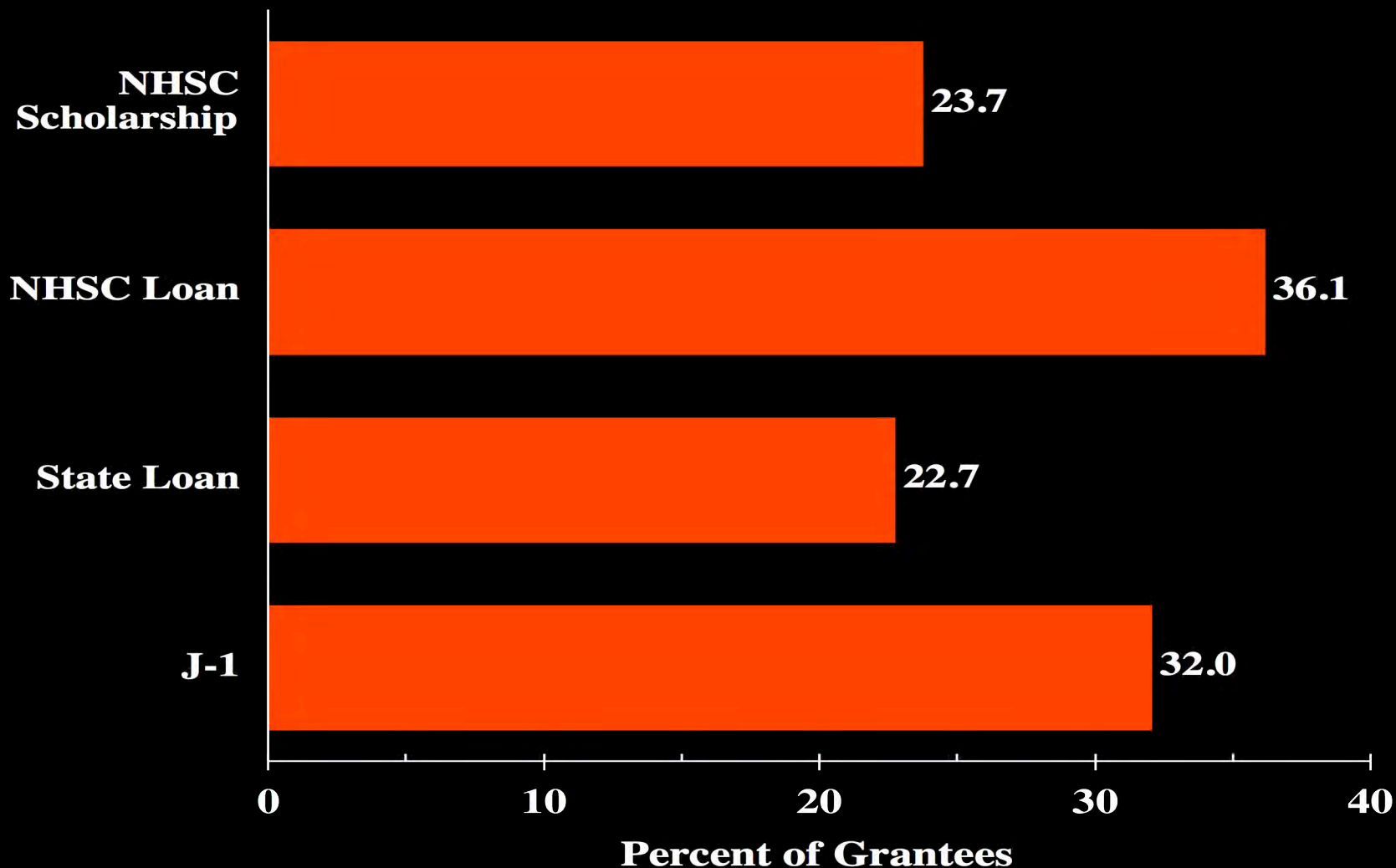
(Federally Funded Health Centers)



Source: 2004 Center Survey

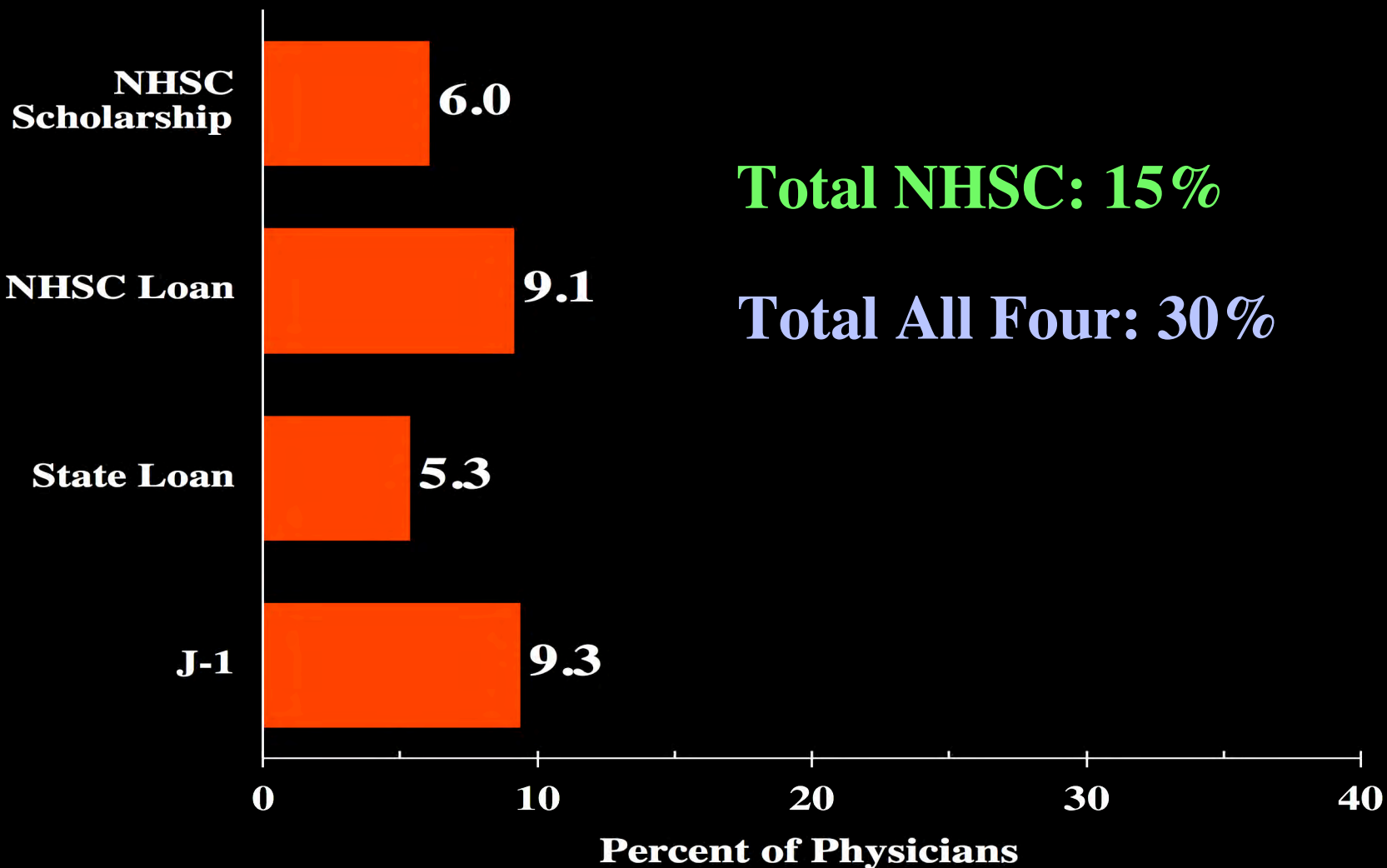
# Obligation Serving Physician Staff by Program

(Federally Funded Health Centers)



# Obligation Serving Physician Staff by Program

(Federally Funded Health Centers)



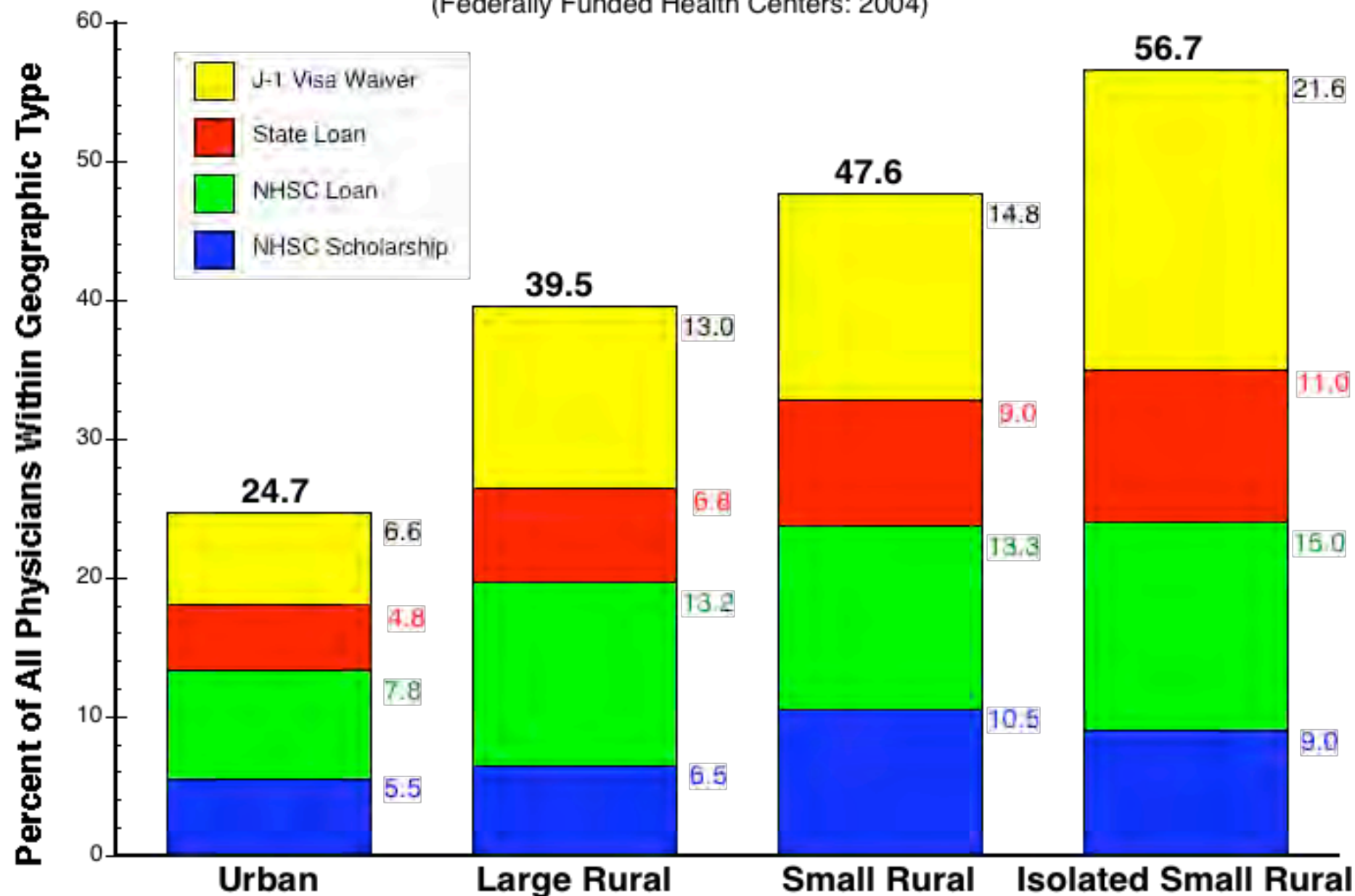
Source: 2004 Center Survey

# In other words:

Of all the physicians practicing in health centers, the following percentages are currently working off service obligations:

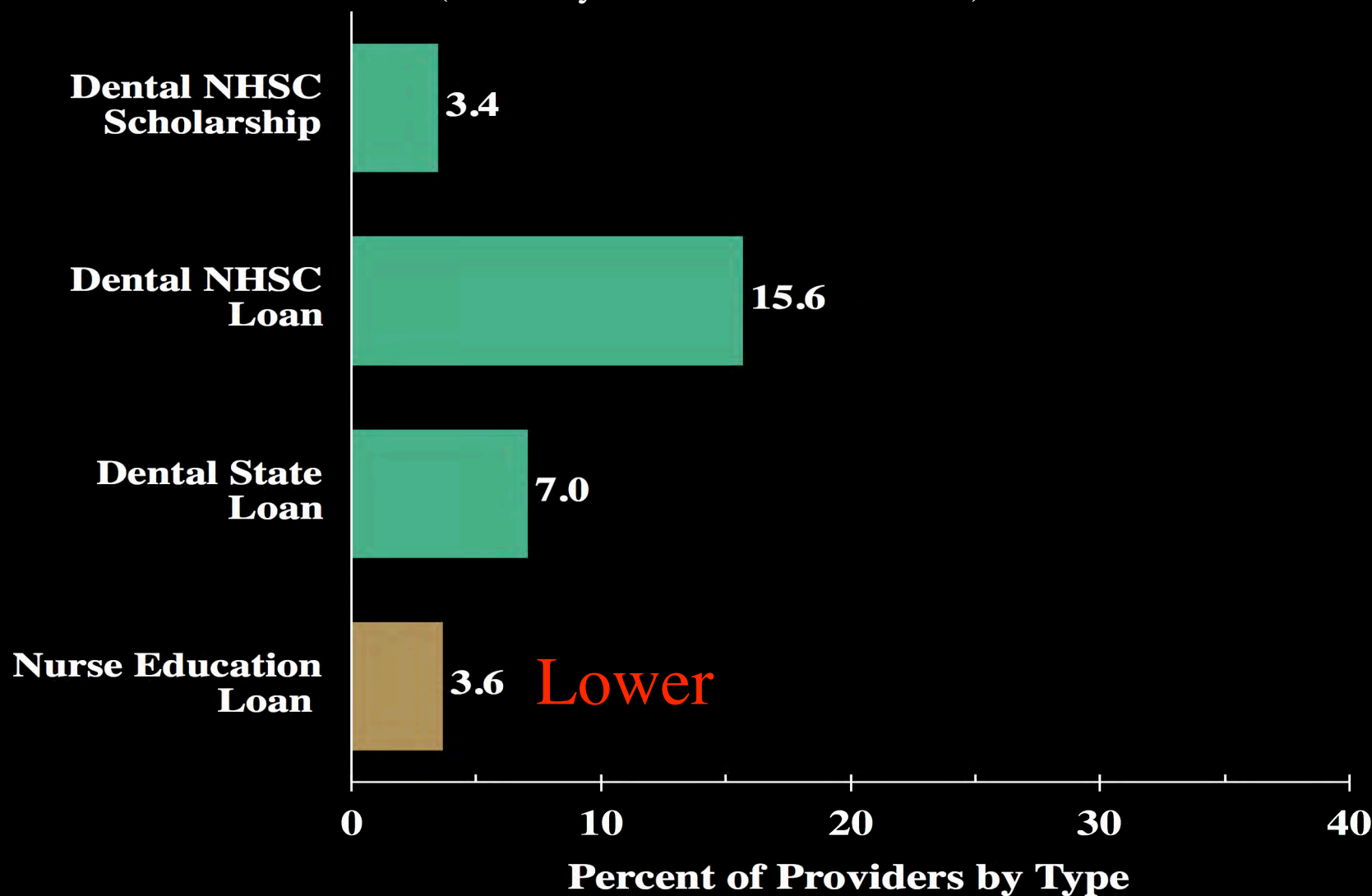
Urban	25%
Large Rural	40%
Small Rural	48%
Isolated Small Rural	57%

# **Current Obligation Serving Physicians as Percent of All Physicians by Obligation and Location Types** (Federally Funded Health Centers: 2004)



# Obligation Serving Dentist & RN Staff by Program

(Federally Funded Health Centers)

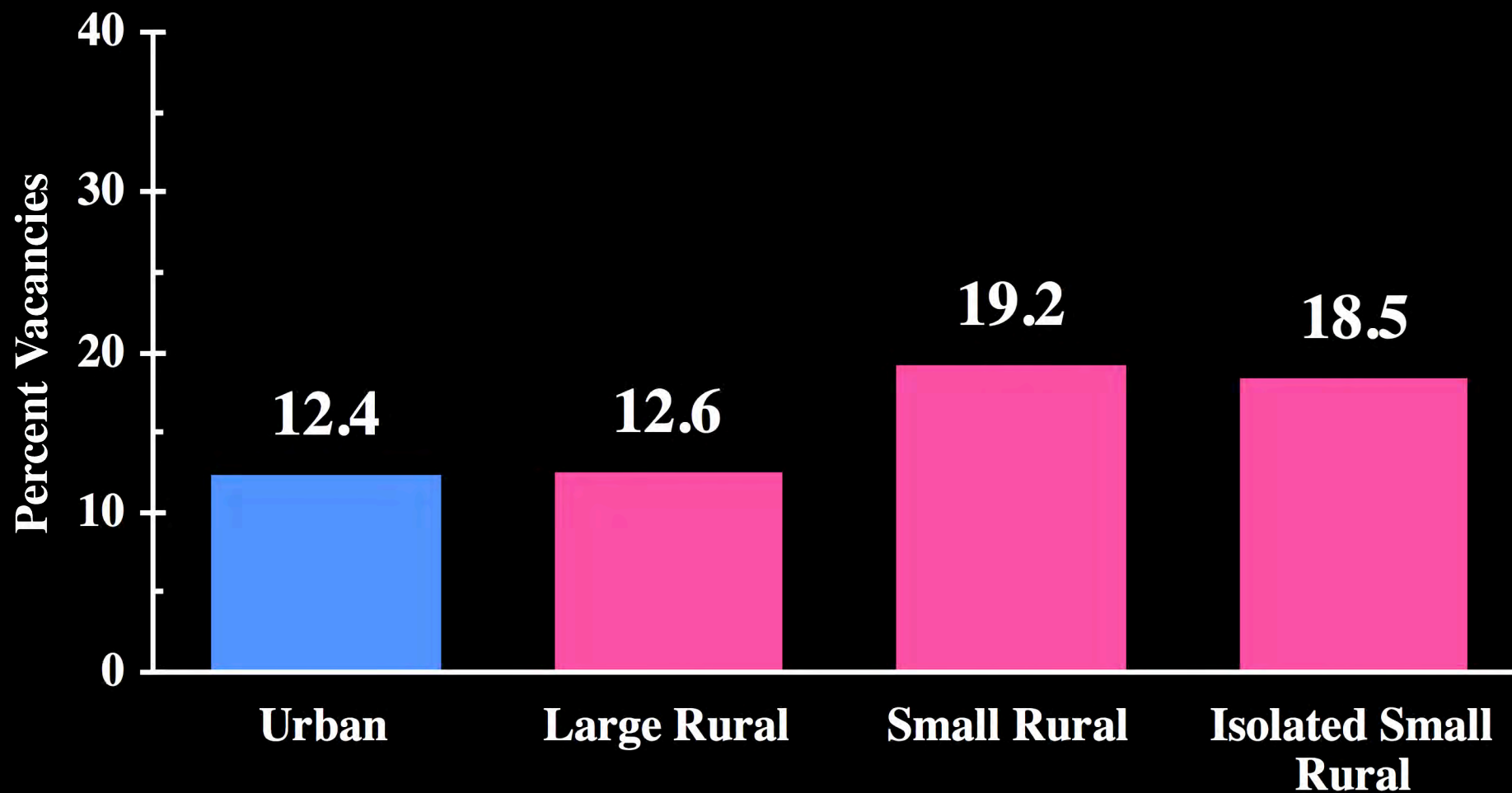


# Vacancies



# FP Vacancy Rates by Location Type

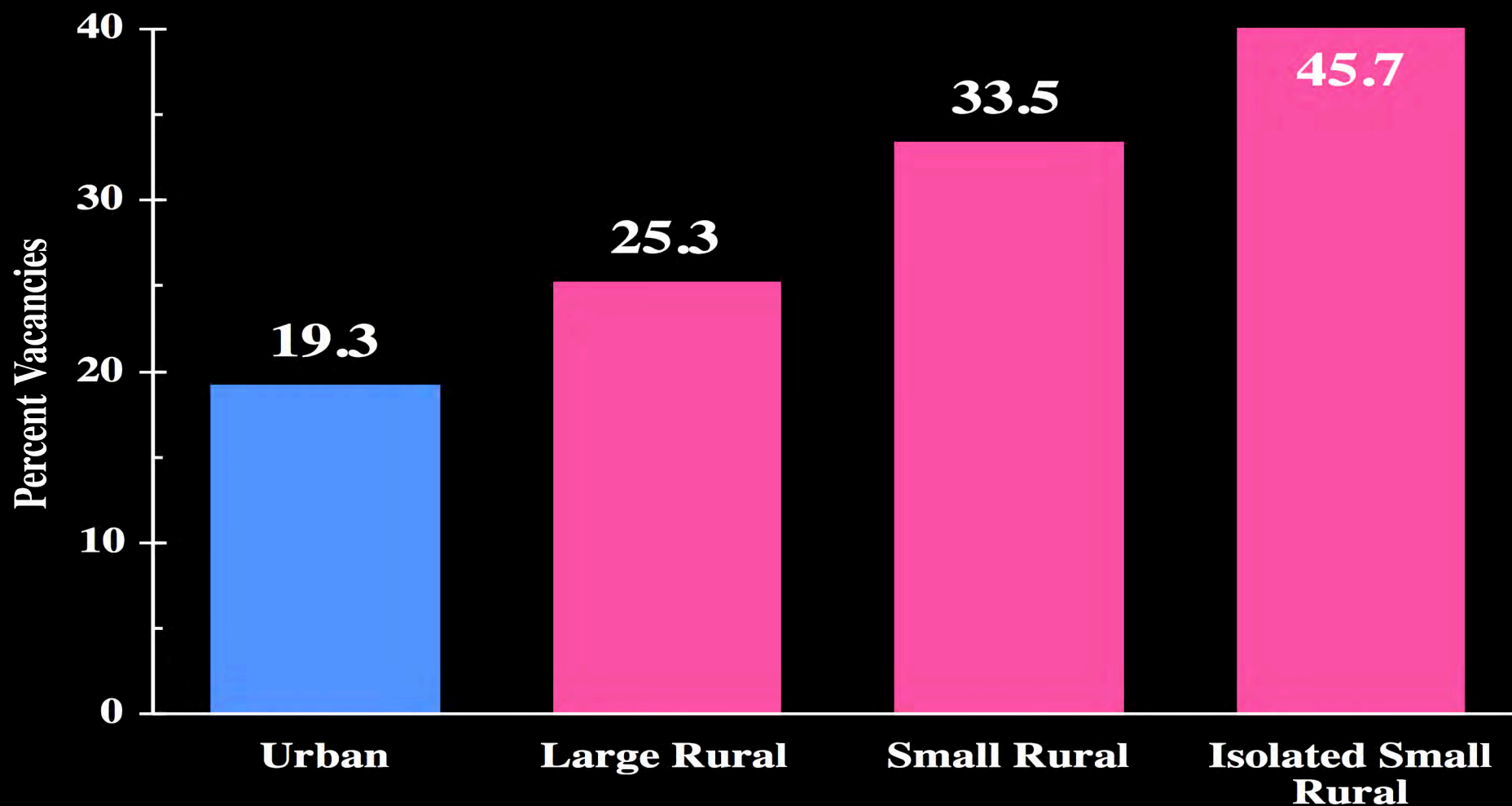
(Federally Funded Health Centers)



Source: 2004 Center Survey

# OB/GYN Vacancy Rates by Location Type

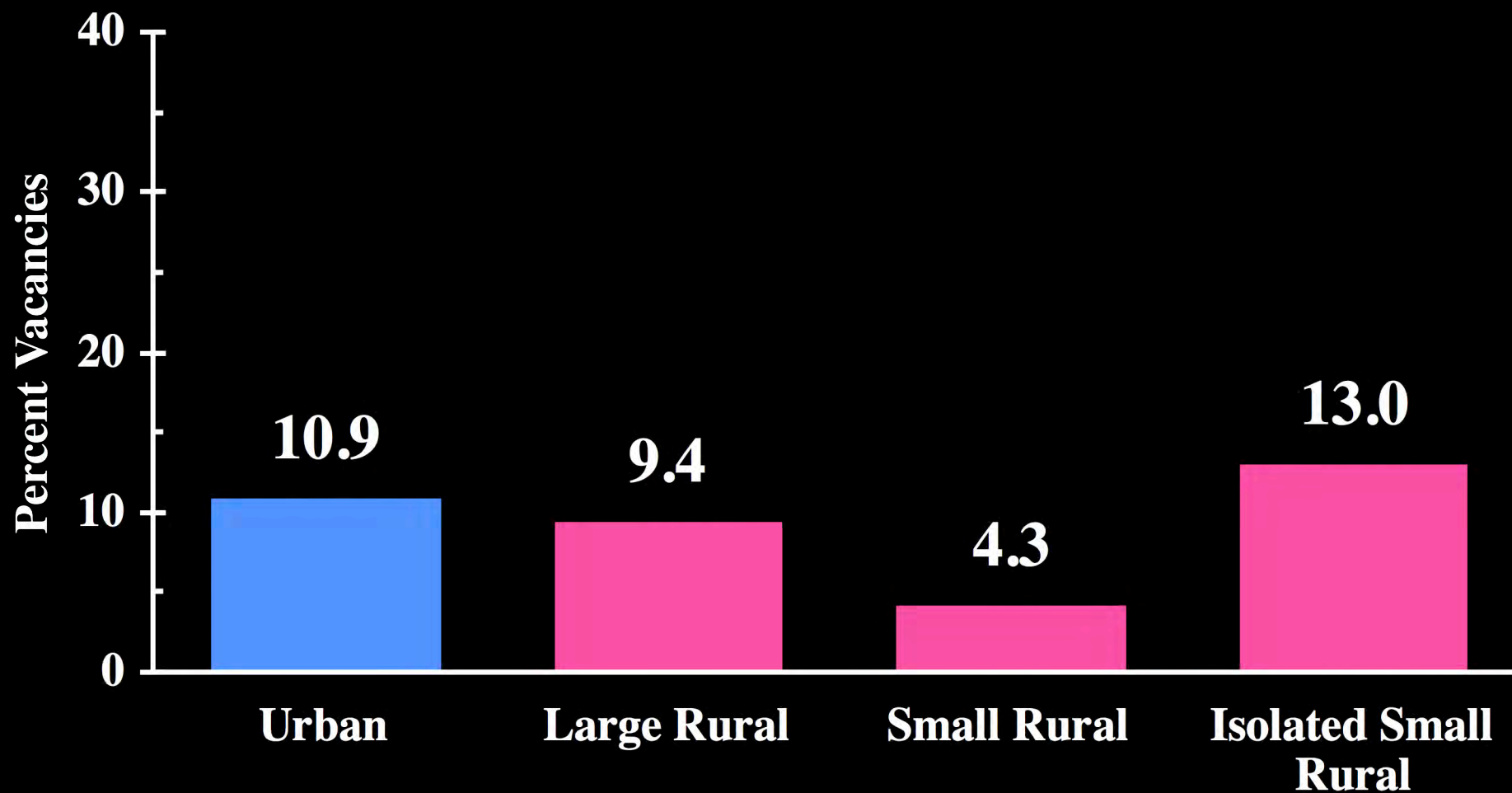
(Federally Funded Health Centers)



Source: 2004 Center Survey

# RN Vacancy Rates by Location Type

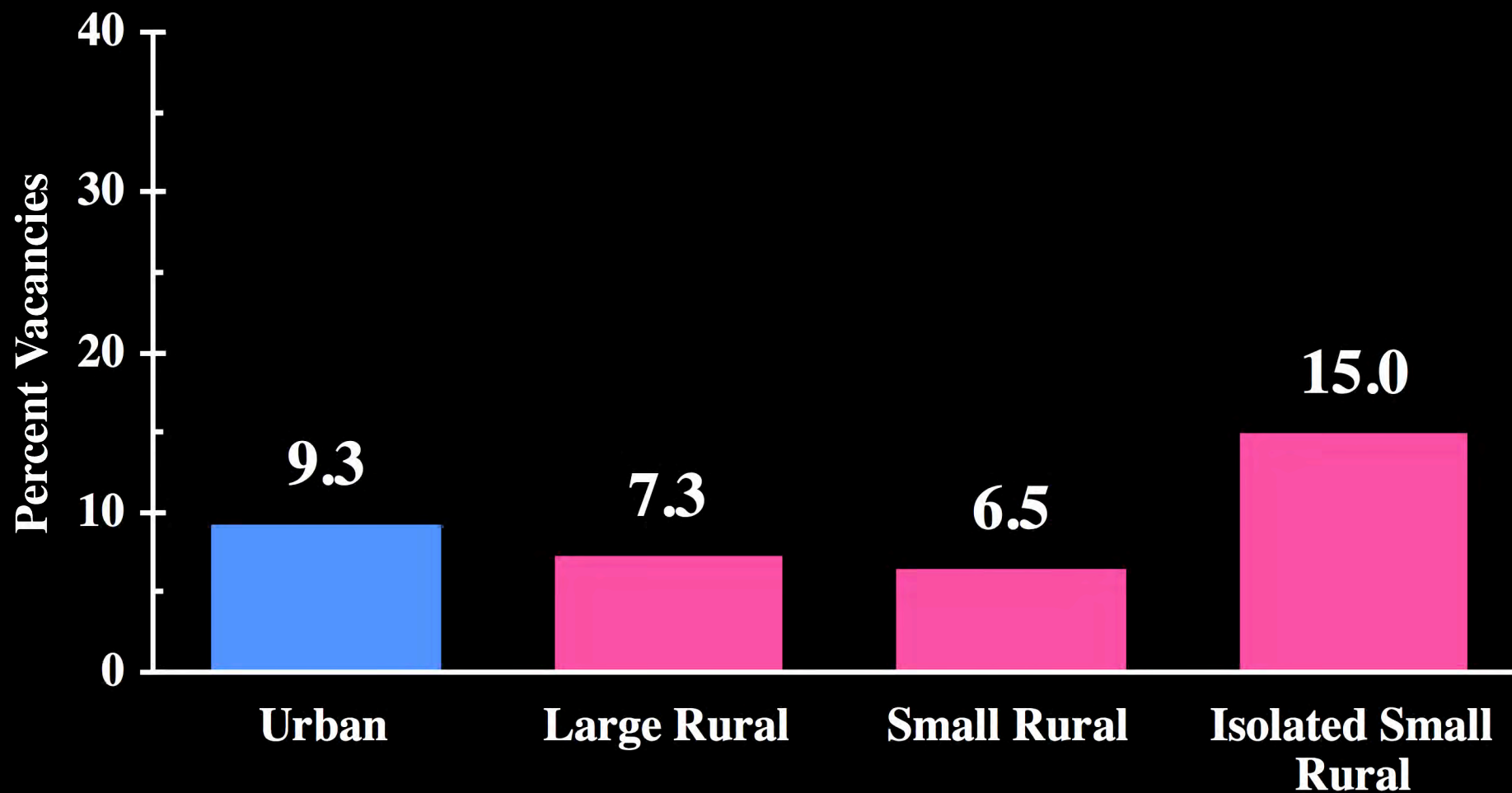
(Federally Funded Health Centers)



Source: 2004 Center Survey

# NP Vacancy Rates by Location Type

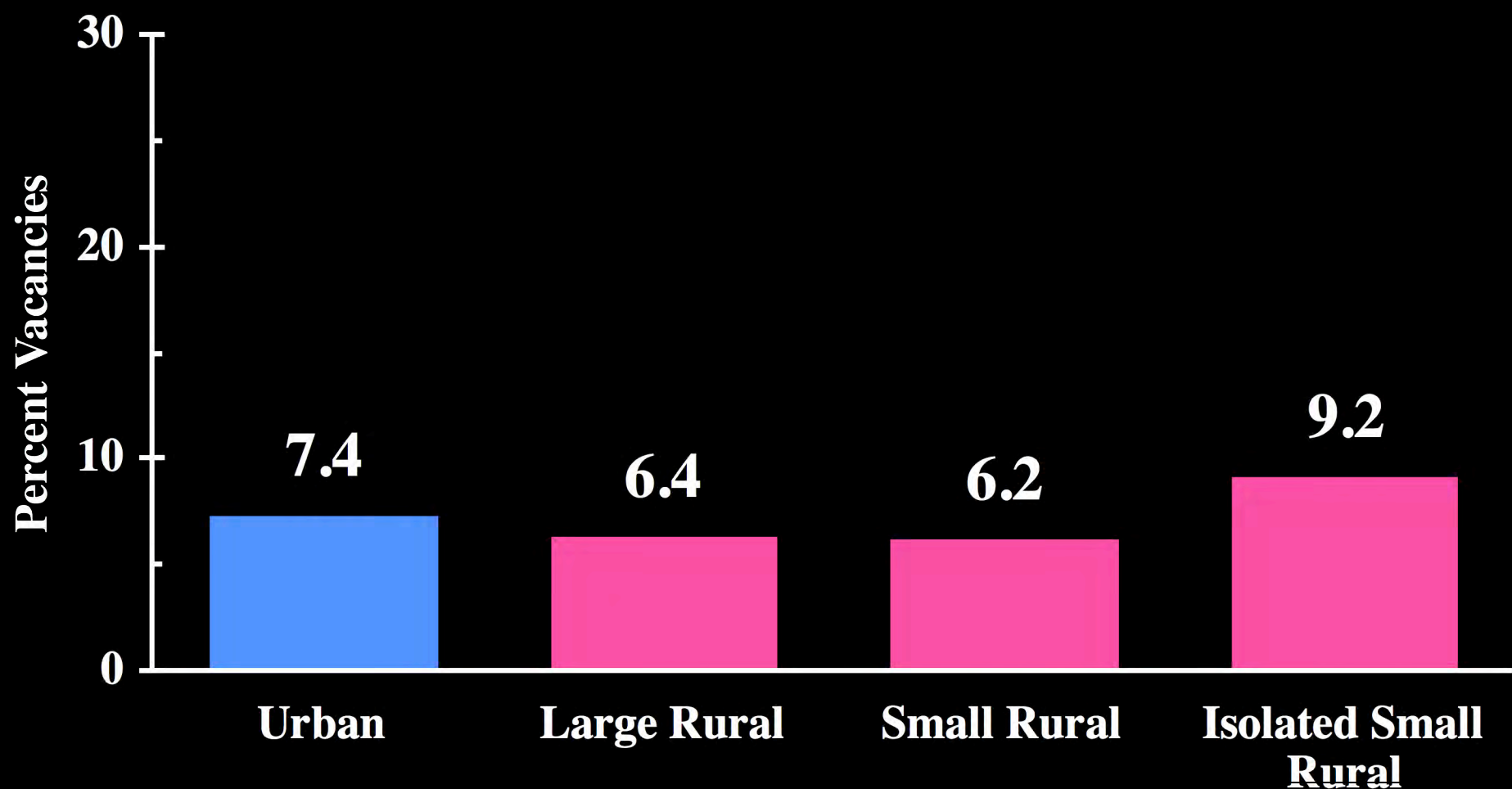
(Federally Funded Health Centers)



Source: 2004 Center Survey

# PA Vacancy Rates by Location Type

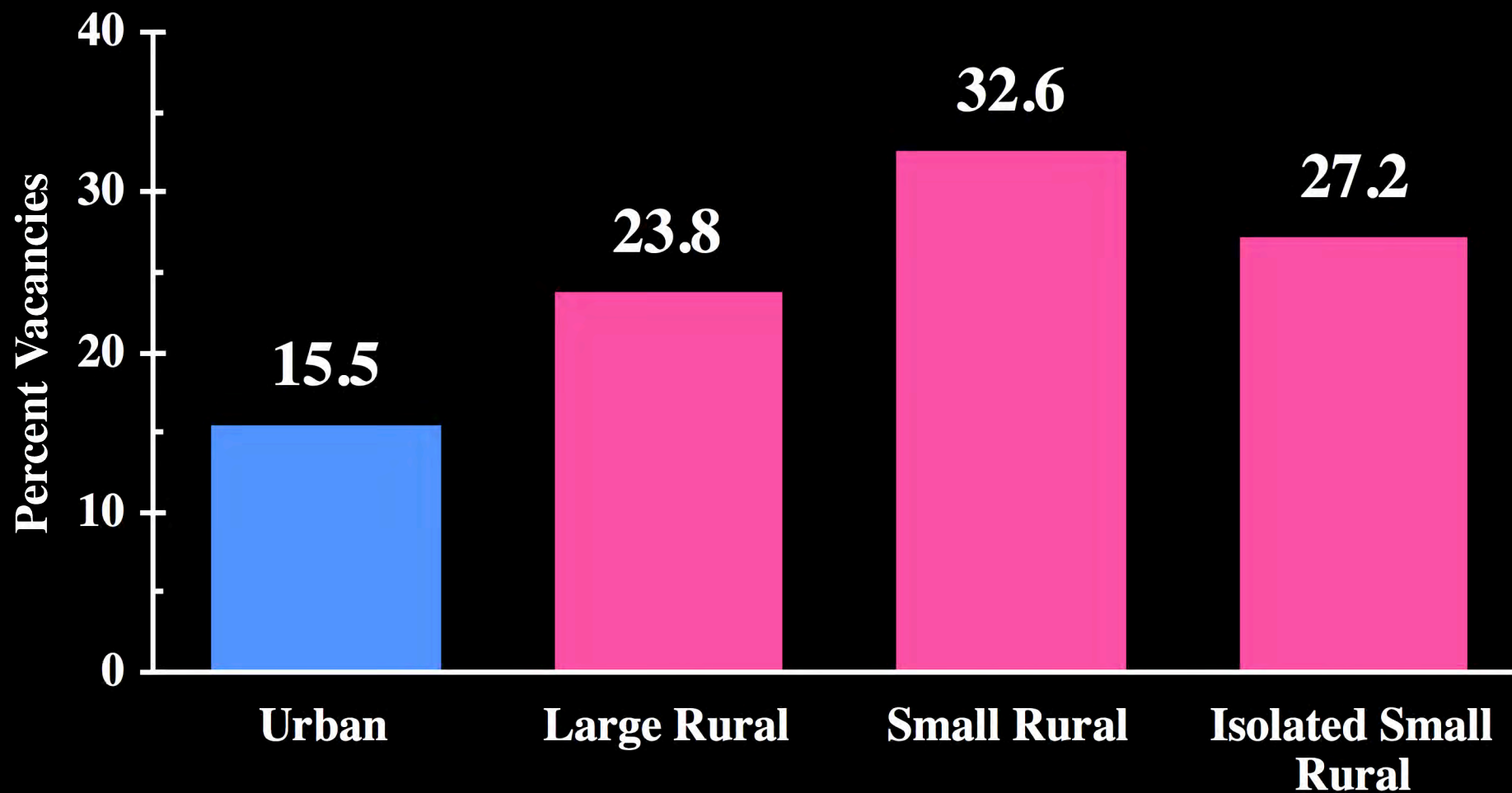
(Federally Funded Health Centers)



Source: 2004 Center Survey

# Dentist Vacancy Rates by Location Type

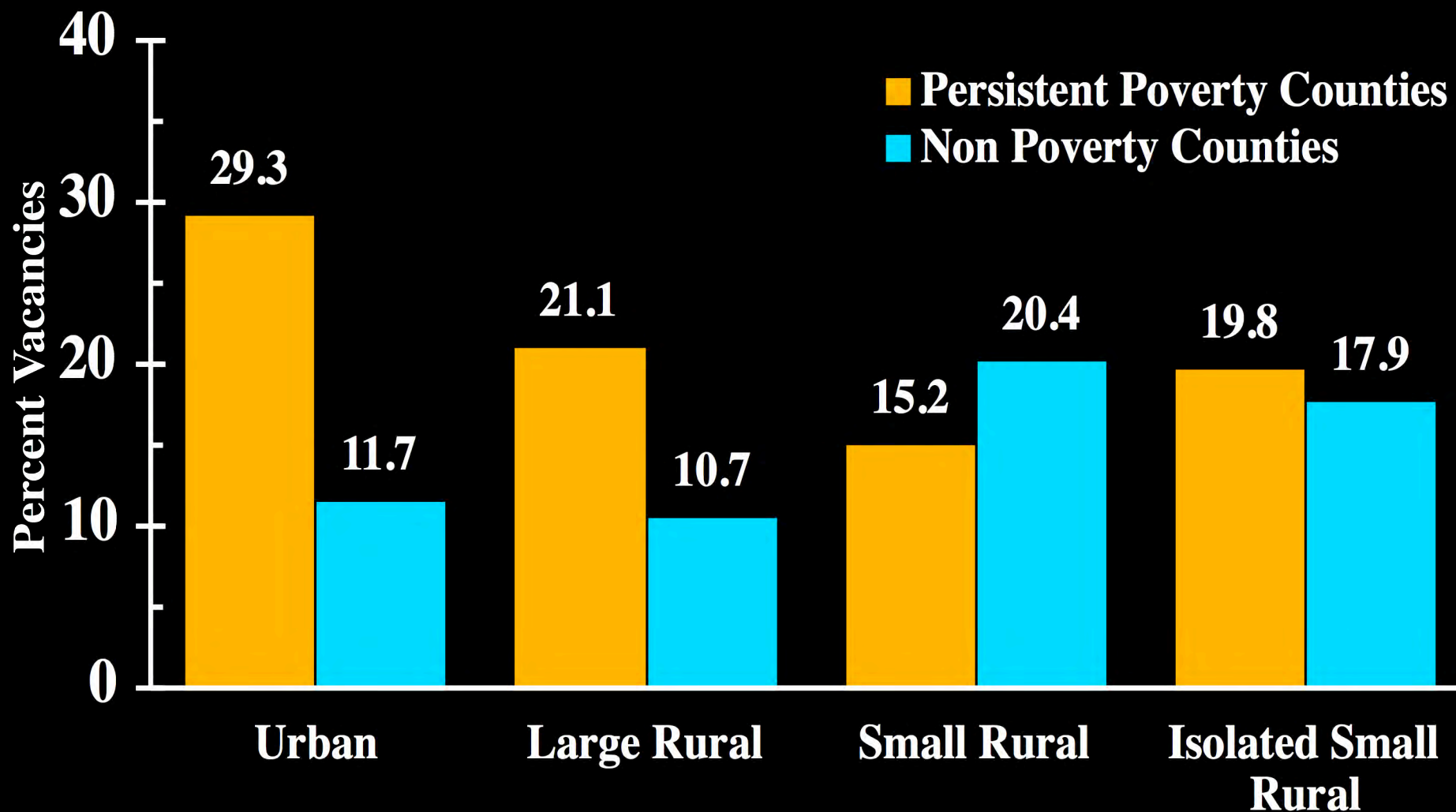
(Federally Funded Health Centers)



Source: 2004 Center Survey

# FP Vacancy Rates by Location Type

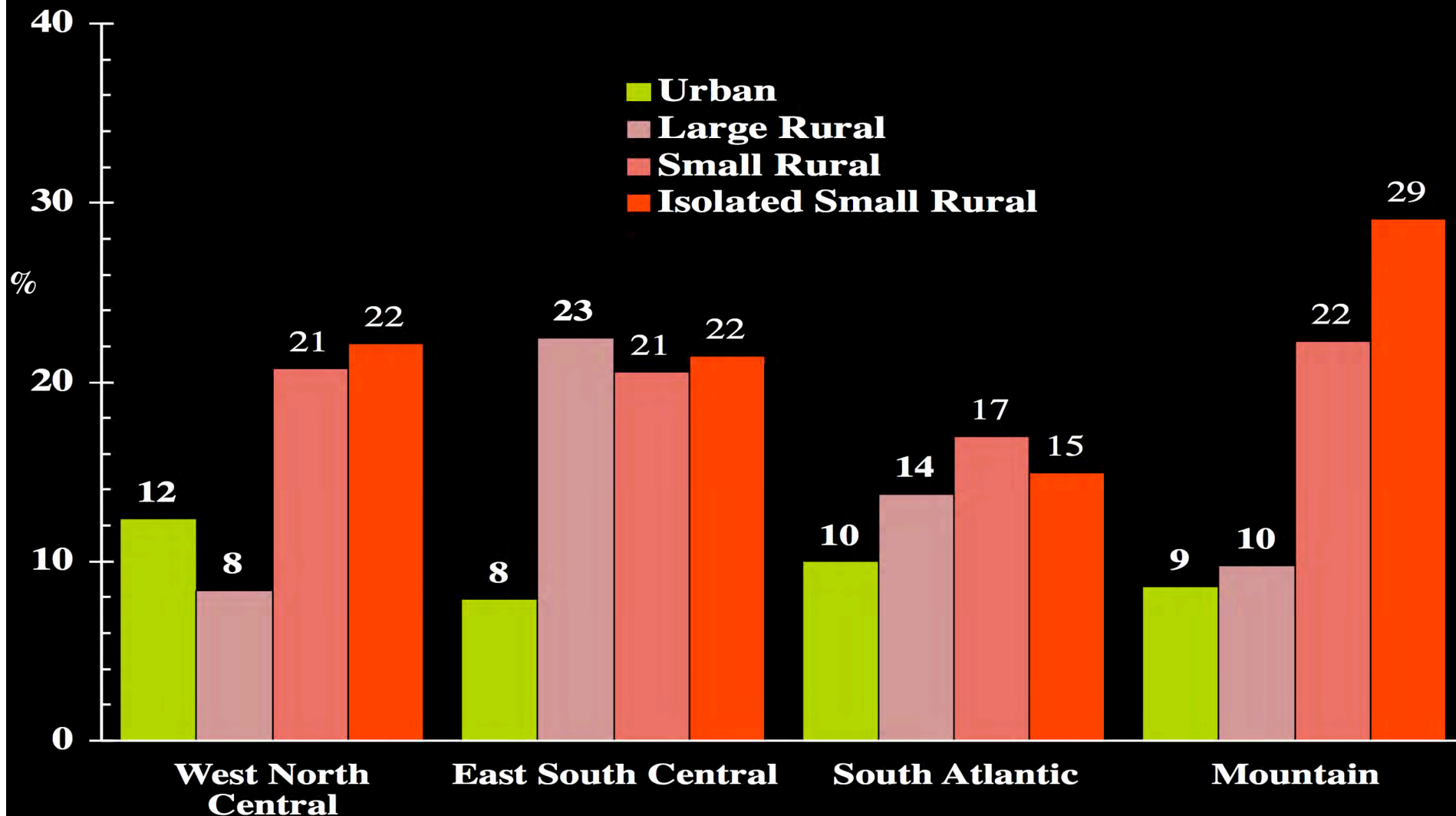
(Federally Funded Health Centers)



Source: 2004 Center Survey

# FP Vacancy Rates by Census Division

(Federally Funded Health Centers)

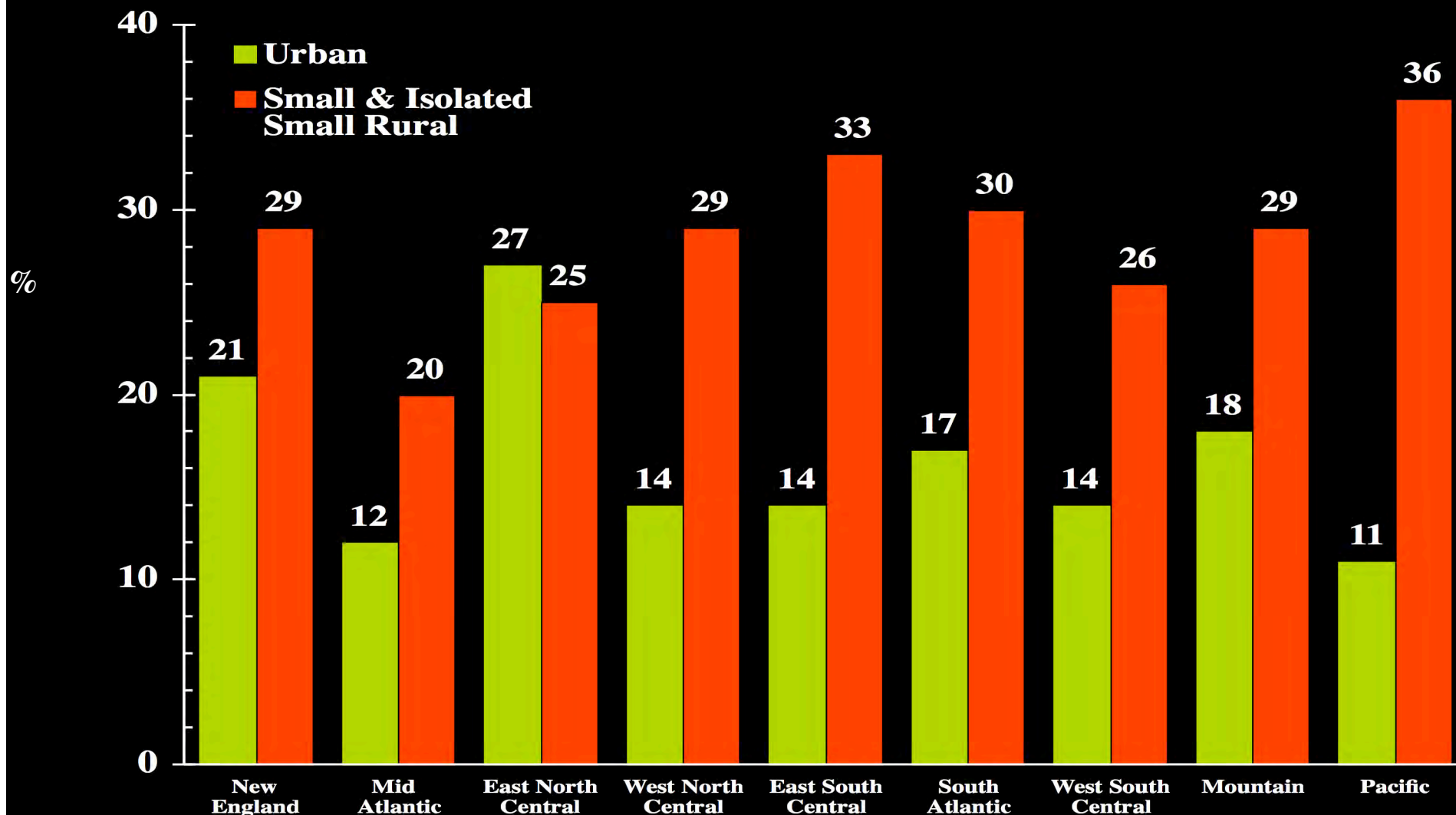


Source: 2004 Center Survey



# Dentist Vacancy Rates by Census Division

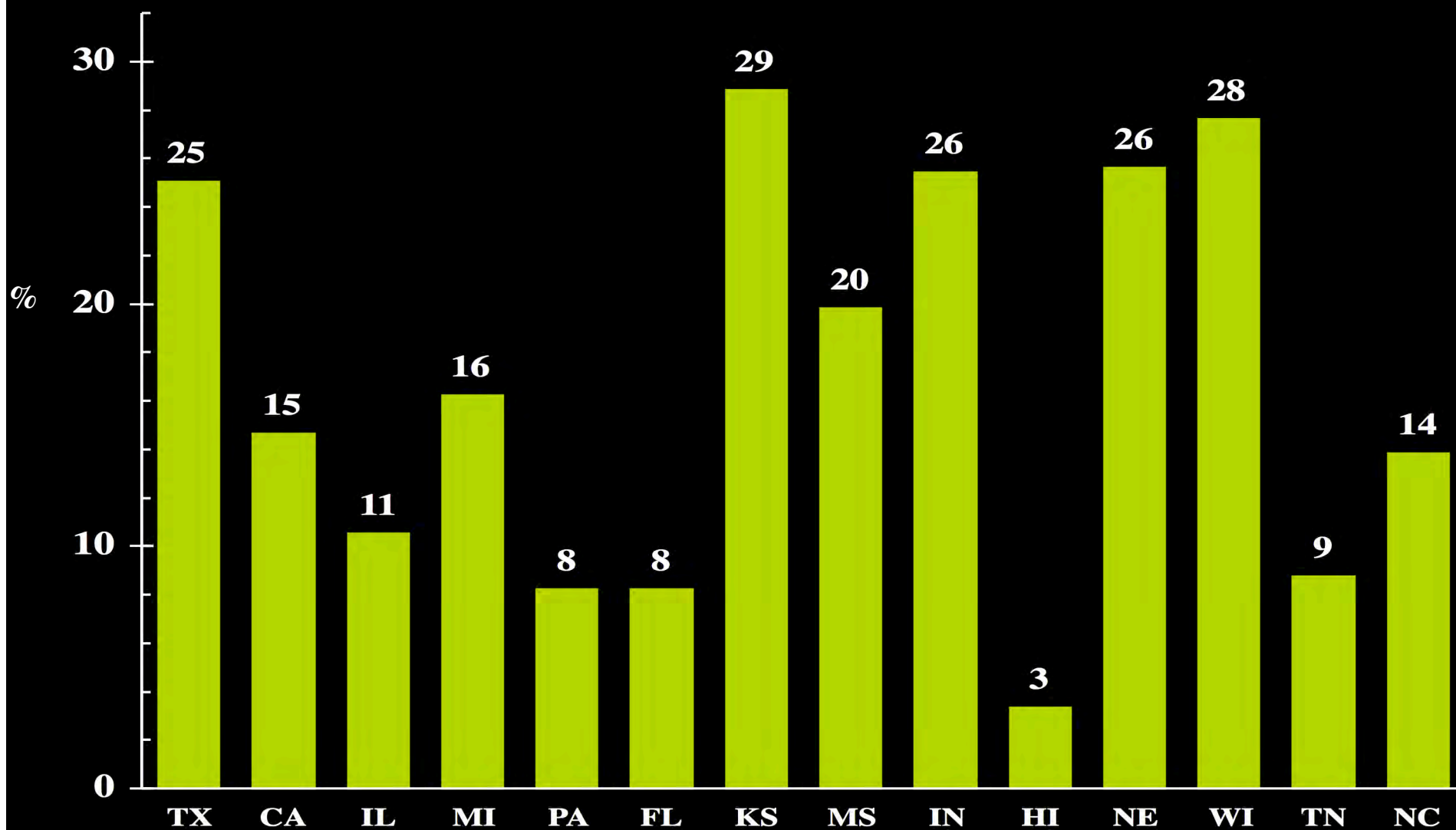
(Federally Funded Health Centers)



Source: 2004 Center Survey

# FP Vacancy Rates by State

(Federally Funded Health Centers)



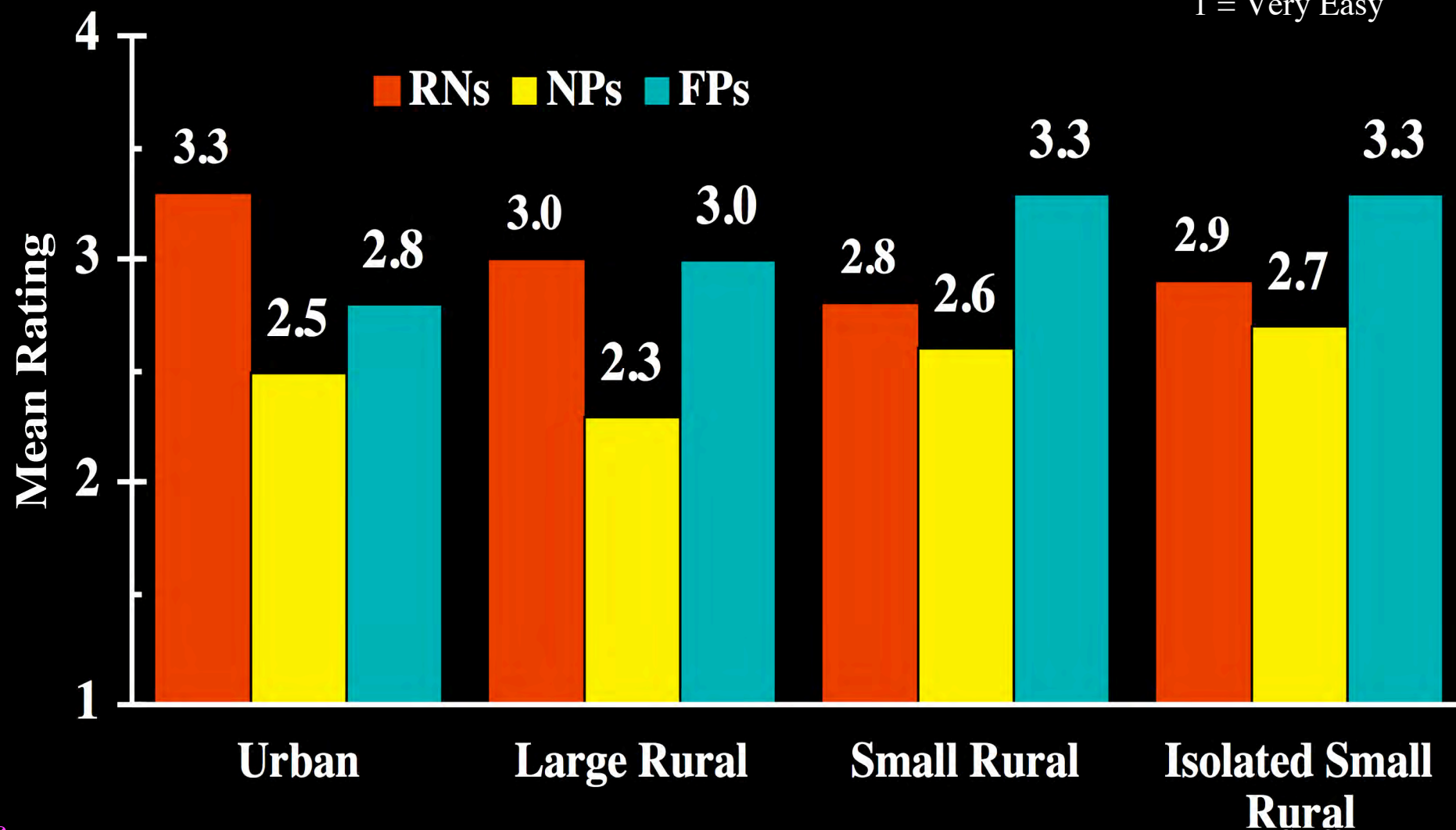
Source: 2004 Center Survey

# Recruiting Difficulty

# Difficulty Recruiting RNs, NPs, & FPs

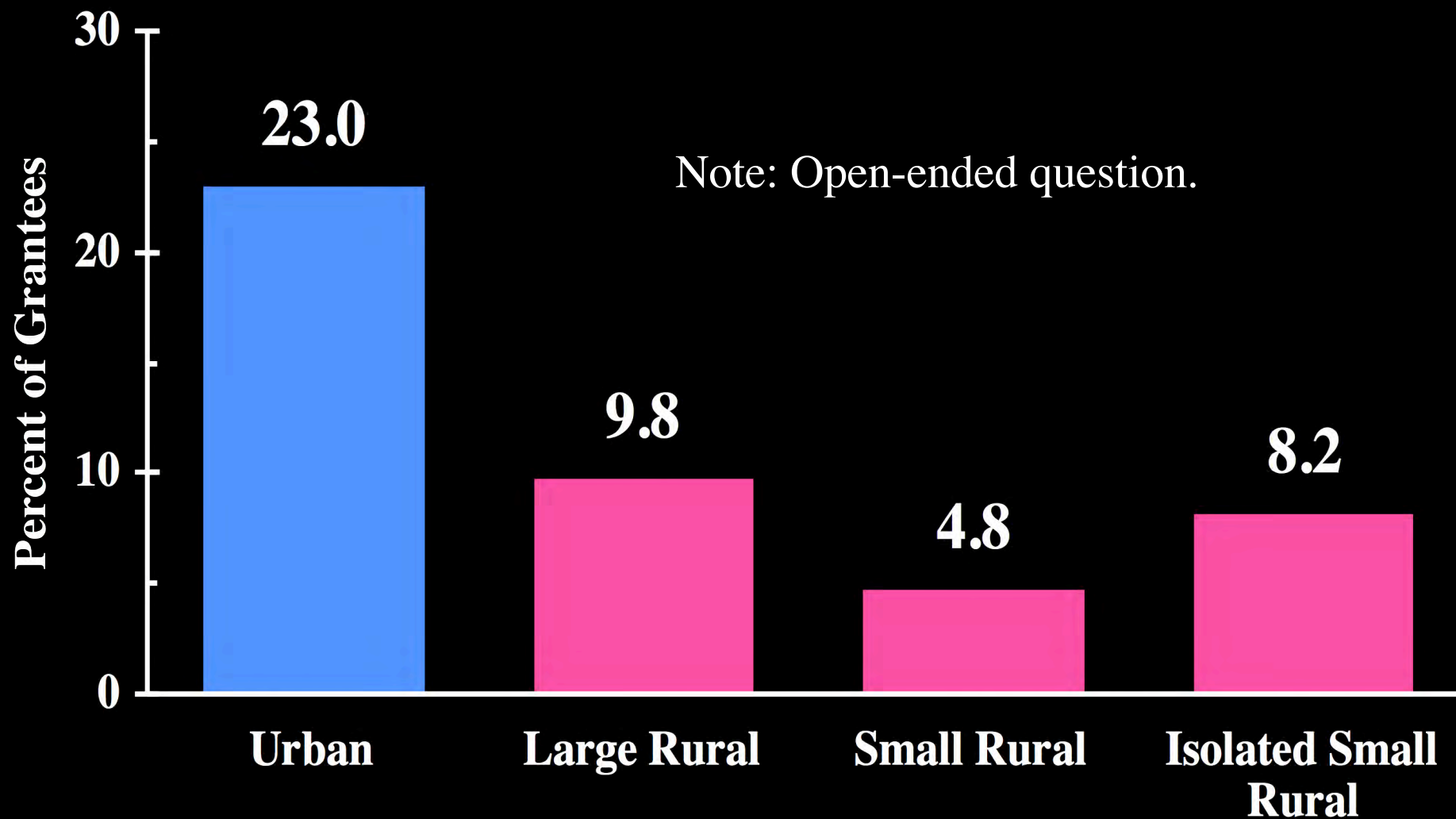
(Federally Funded Health Centers)

4 = Very Difficult  
1 = Very Easy



# Recruiting RNs Most Difficult

(Federally Funded Health Centers)

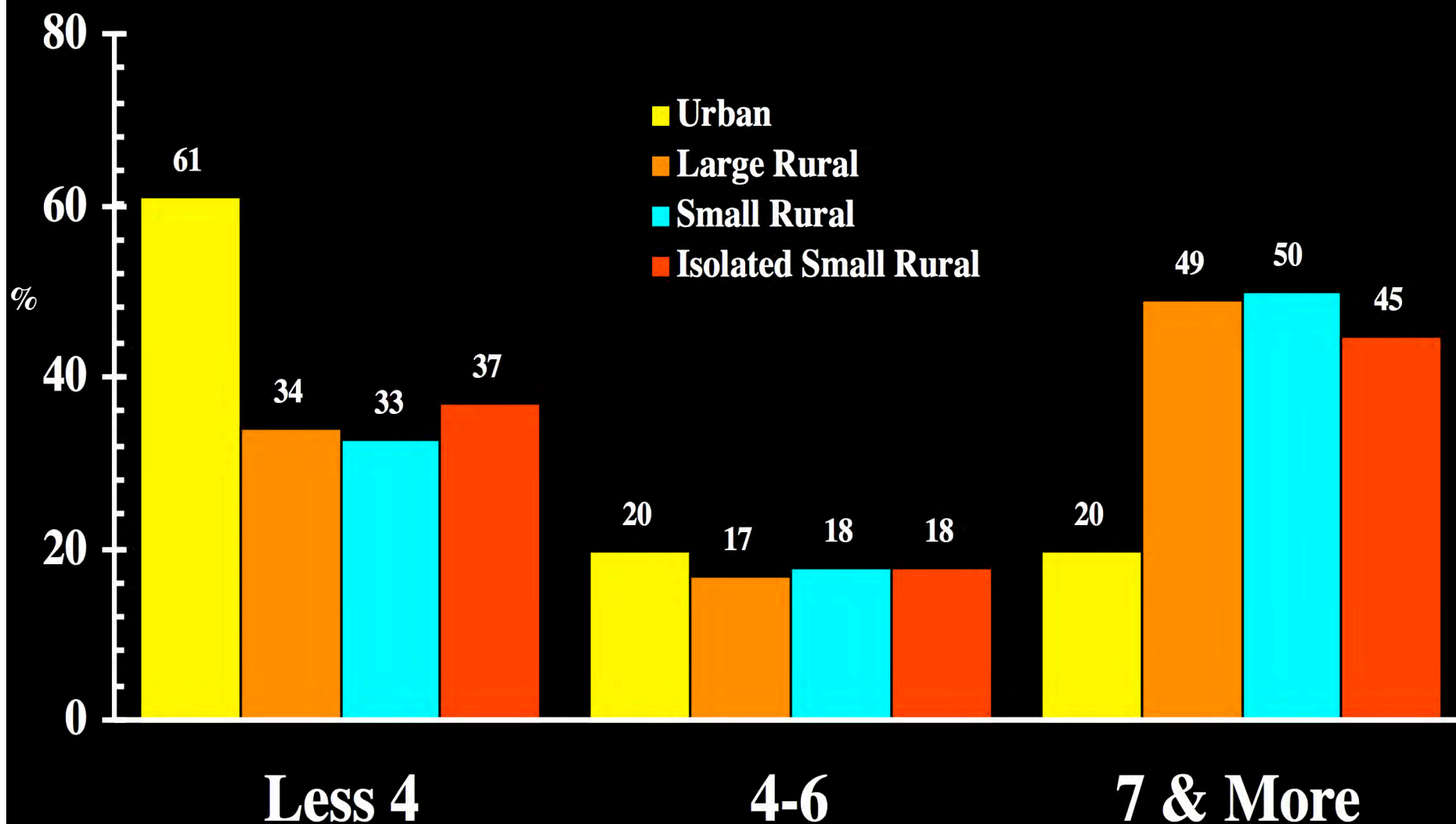


Source: 2004 Center Survey

# Vacancy Duration

# Months Recruiting for Dentist Vacancy\*

(Federally Funded Health Centers)

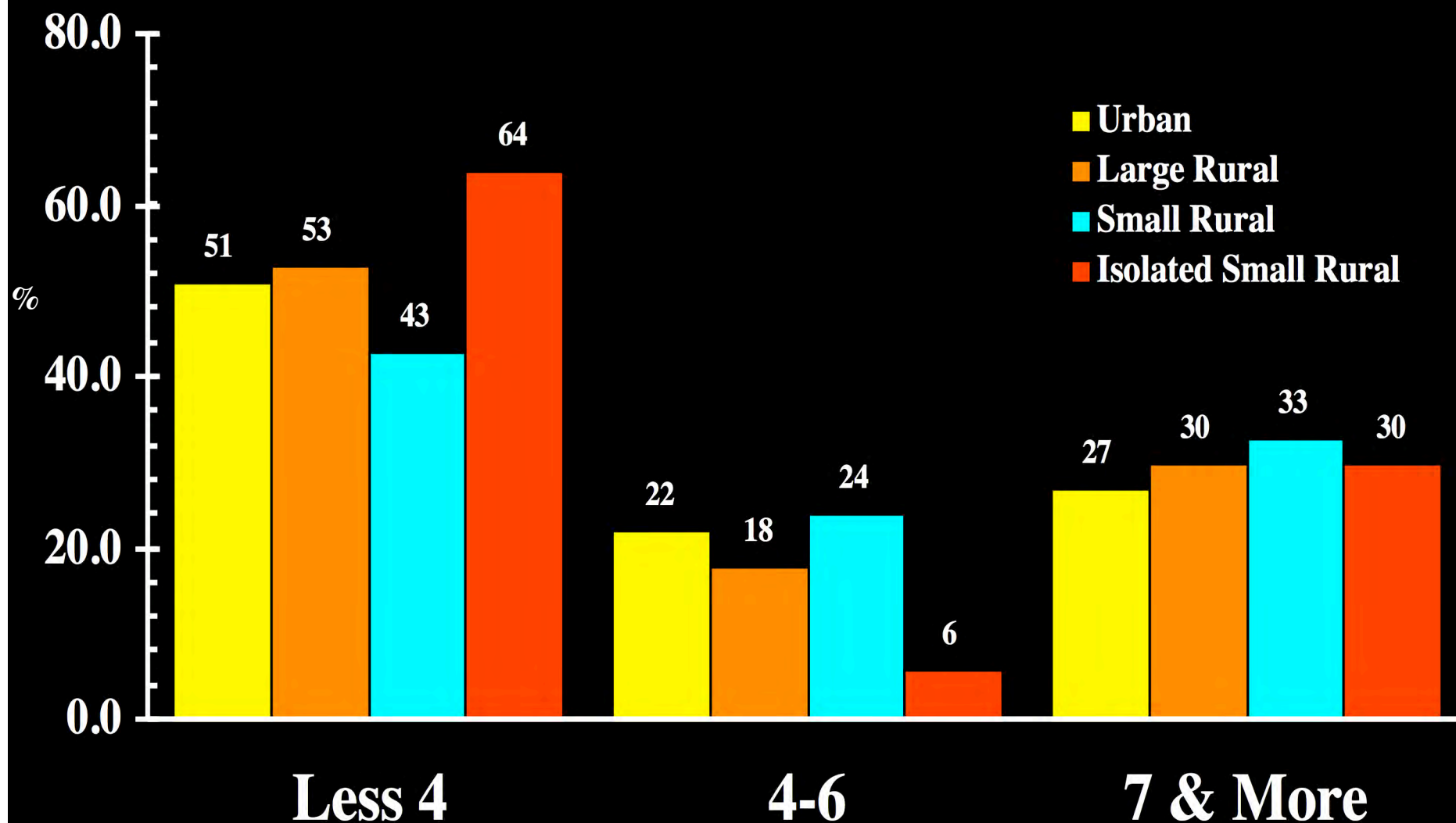


\*Dentist longest current vacancy

Source: 2004 Center Survey

# Months Recruiting for FP/GP Vacancy\*

(Federally Funded Health Centers)

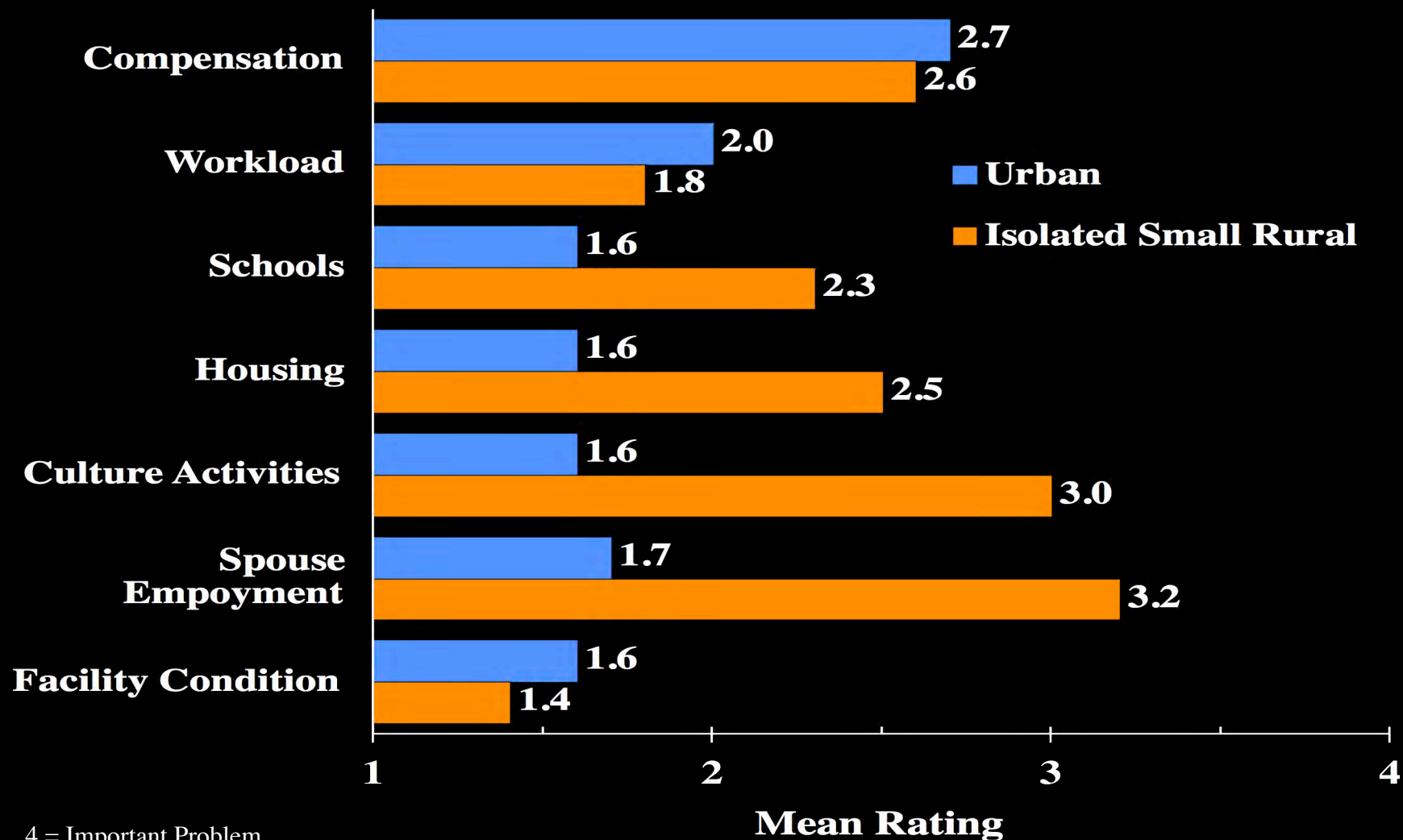




# Reasons for Vacancies

# Reasons For Difficulty Recruiting FPs

(Federally Funded Health Centers)



4 = Important Problem

1 = Not Important Problem

Source: 2004 Center Survey

# Provisionary FP Regression Results

Hypotheses about factors!

For example:

- fewer docs: higher vacancy
- poorer: higher vacancy
- high minority patients: higher vacancy

# Provisionary Regression Results

So far, two types of regression dependent variables:

- Vacancy yes or no (if 20% +)
- Vacancy rate (those with vacancy)

# Significant Factors

- **Persistent poverty (+)**
- **Higher volume grantee (-)**
- **Urban (-)**
- **Higher older patients (+)**
- **Government economy county (+)**
- **Higher unemployment (+)**
- **Higher non white (+)**
- **Higher private pay (-)**
- **PCSA high PC/pop (-)**

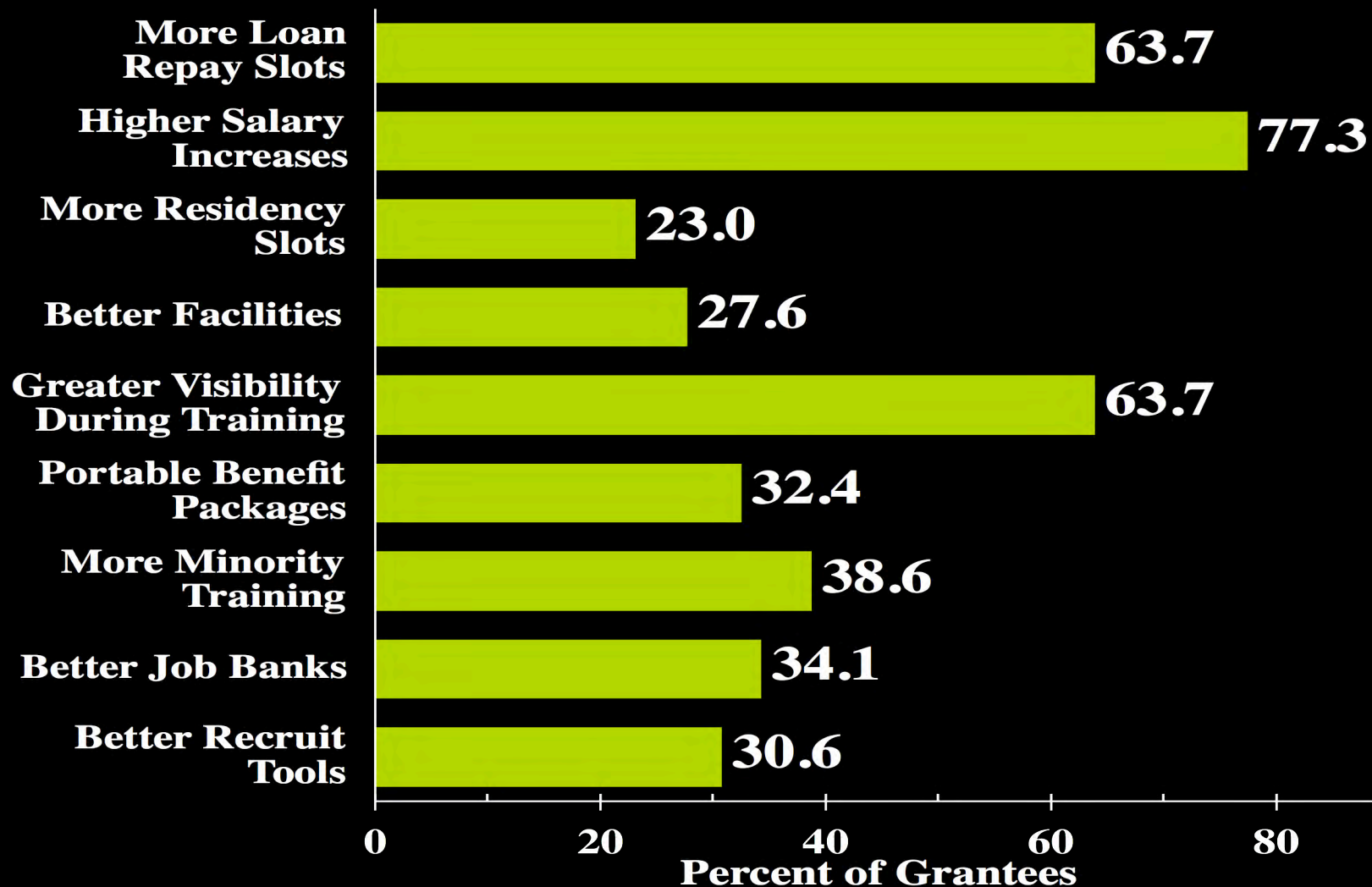
# **Not Significant Factors**

- **Amenity index**
- **Grantee type (CHC, MCH etc.)**
- **Distance to city**

# Improving Recruiting

# How Can We Improve Our Ability to Recruit?

(Federally Funded Health Centers)



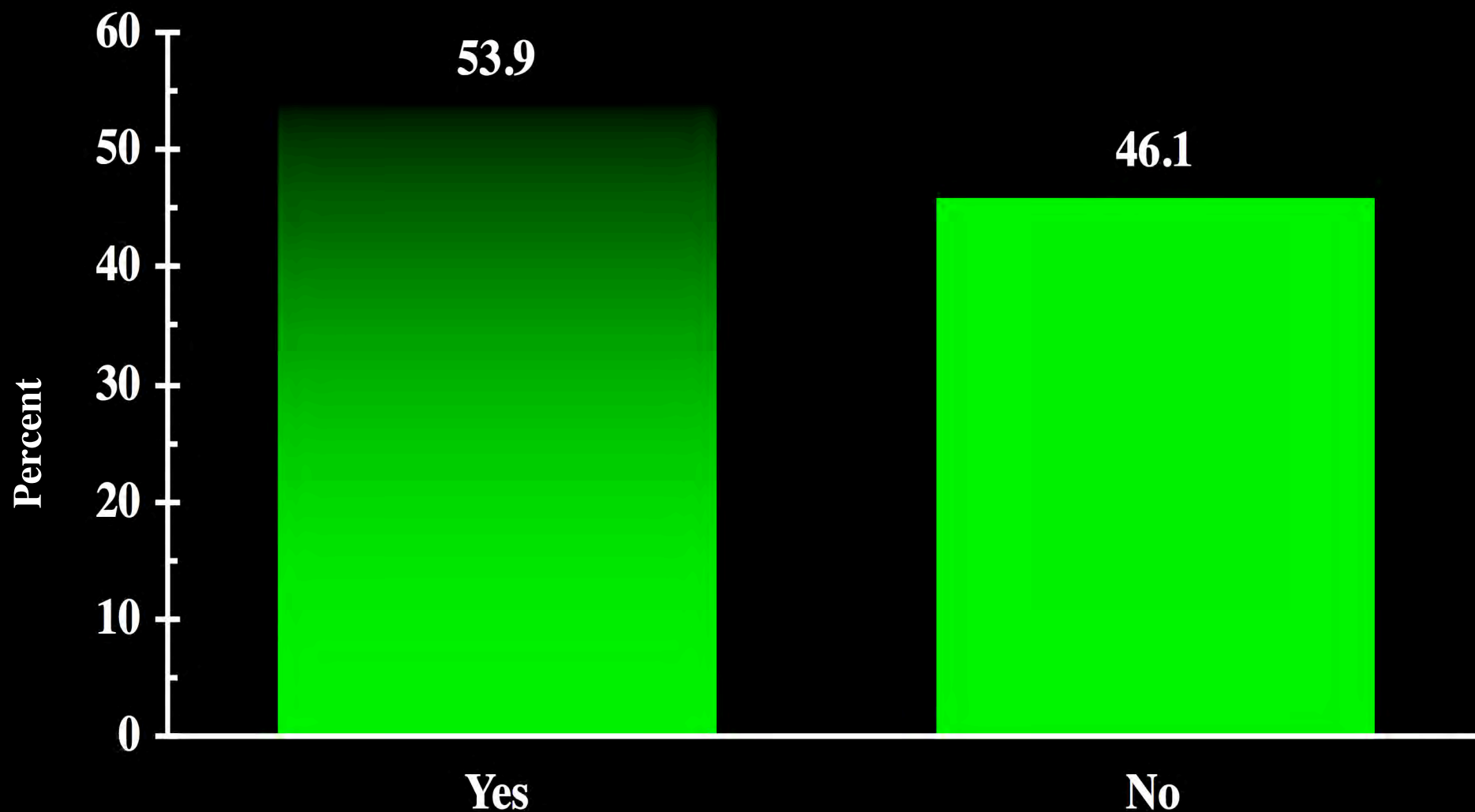
Note: This was a "mark all that apply" question.

Source: 2004 Center Survey



# Formal Retention Plan

(Federally Funded Health Centers)



Note: "No" response percentage may go up when data are fully cleaned.

Source: 2004 Center Survey

# Conclusion #1

- 1) HCs are the foundation of the nation's formal safety-net
- 2) President Bush's goal is to double HC capacity
- 3) To meet the President's goal, we will need at least 3900 FPs, 4100 RNs, 2100 dentists FTEs etc. to be employed by the HCs over the next few years
- 4) Vacancies vary dramatically by the characteristics of the health centers and are especially severe in poor small rural locals

## Conclusion #2

- 5) Efforts to solve these staffing challenges for HCs will take considerable focus, effort, creativity, and funding federal and state sources
- 6) The efforts will be worth it because success is measured in terms of health care for the most needy and vulnerable of the nation's population

## *Web Sites*

### Rural Health Research Center

<http://depts.washington.edu/uwrhrc/>

### Others:

Center for Health Workforce Studies

Rural-Urban Commuting Areas (RUCAs)

RIC (Regional Information Center)



A large, round haystack made of dry, golden-brown straw, sitting in a field of similar grass. The haystack is the central focus of the image, with its texture clearly visible. The background is a blurred field of dry grass.

**Thanks**

**[garyhart@u.washington.edu](mailto:garyhart@u.washington.edu)**



# Questions

- ❖ **Current shortages of FPs**
- ❖ **Future reductions of FPs**
- ❖ **Federal \$ down for FP support**
- ❖ **Lack of student interest in FP**
- ❖ **Who will serve rural? What mean?**
- ❖ **Med school expansion -- PC?**
- ❖ **IMGs, DOs, PAs, NPs etc.**

# Family Medicine March Match Rates: 1994-2006

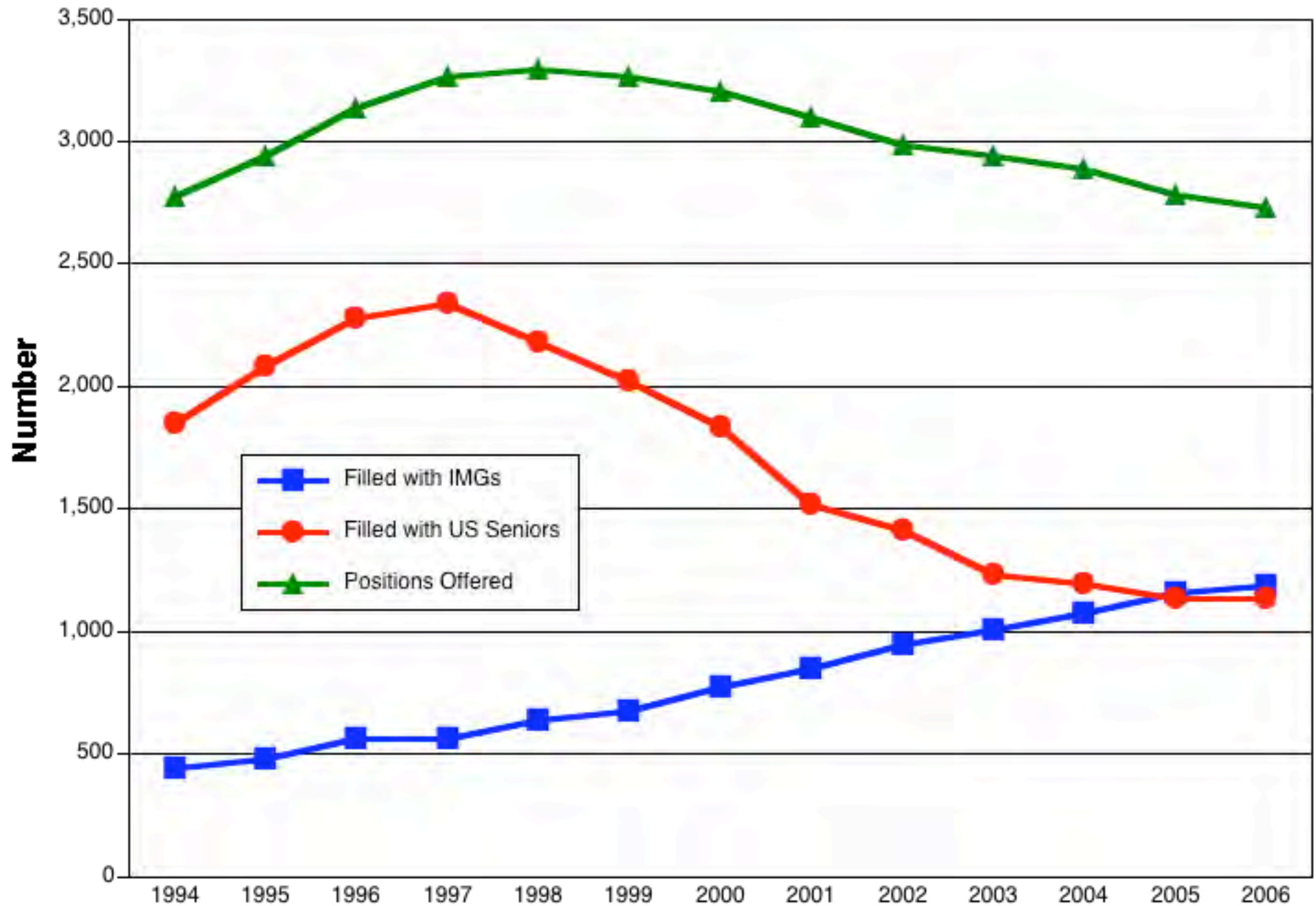


Figure A-4

# **FP Residency FTE Training by State** (2000 FP Residency Survey & Non Response Data)

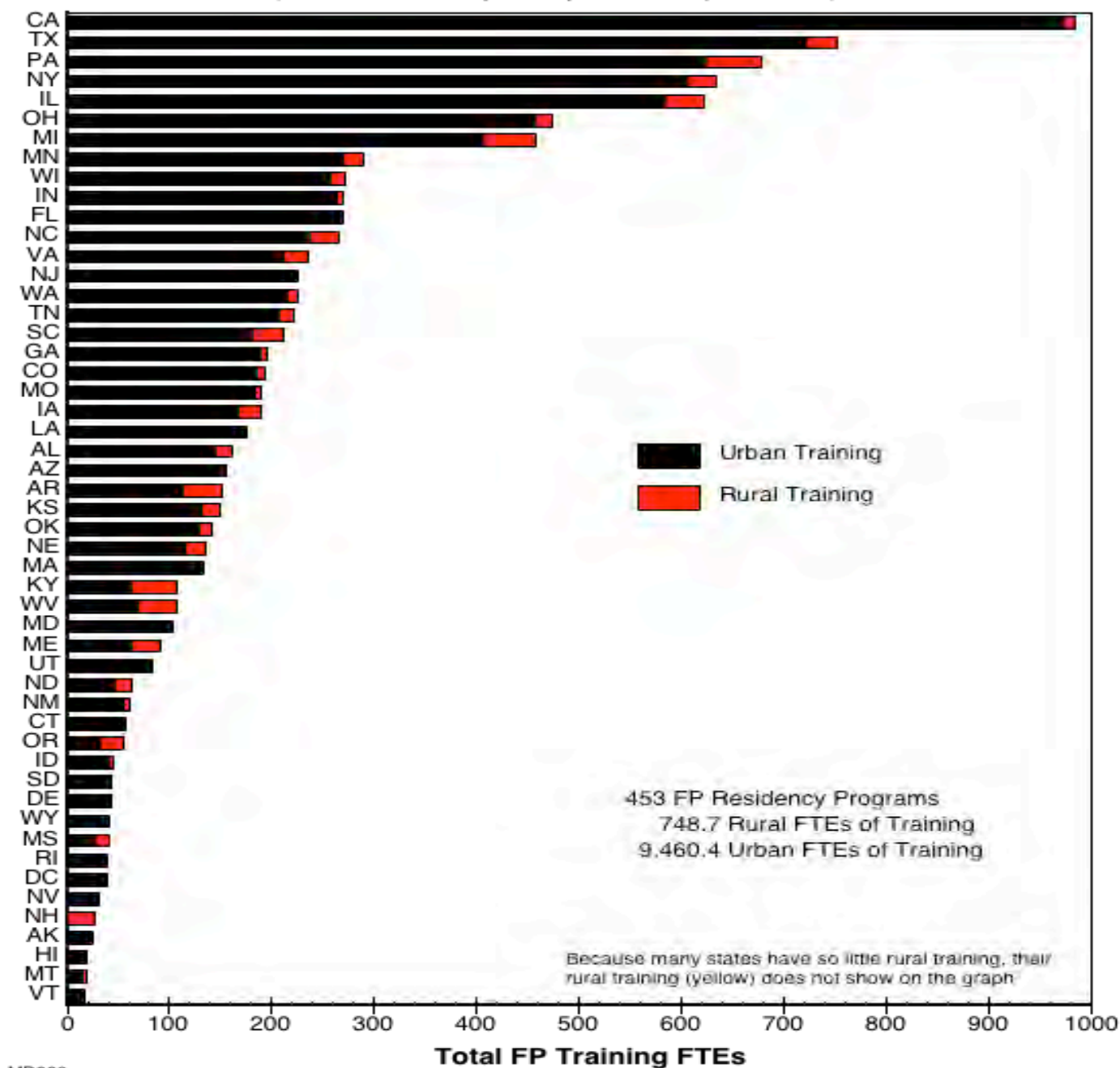
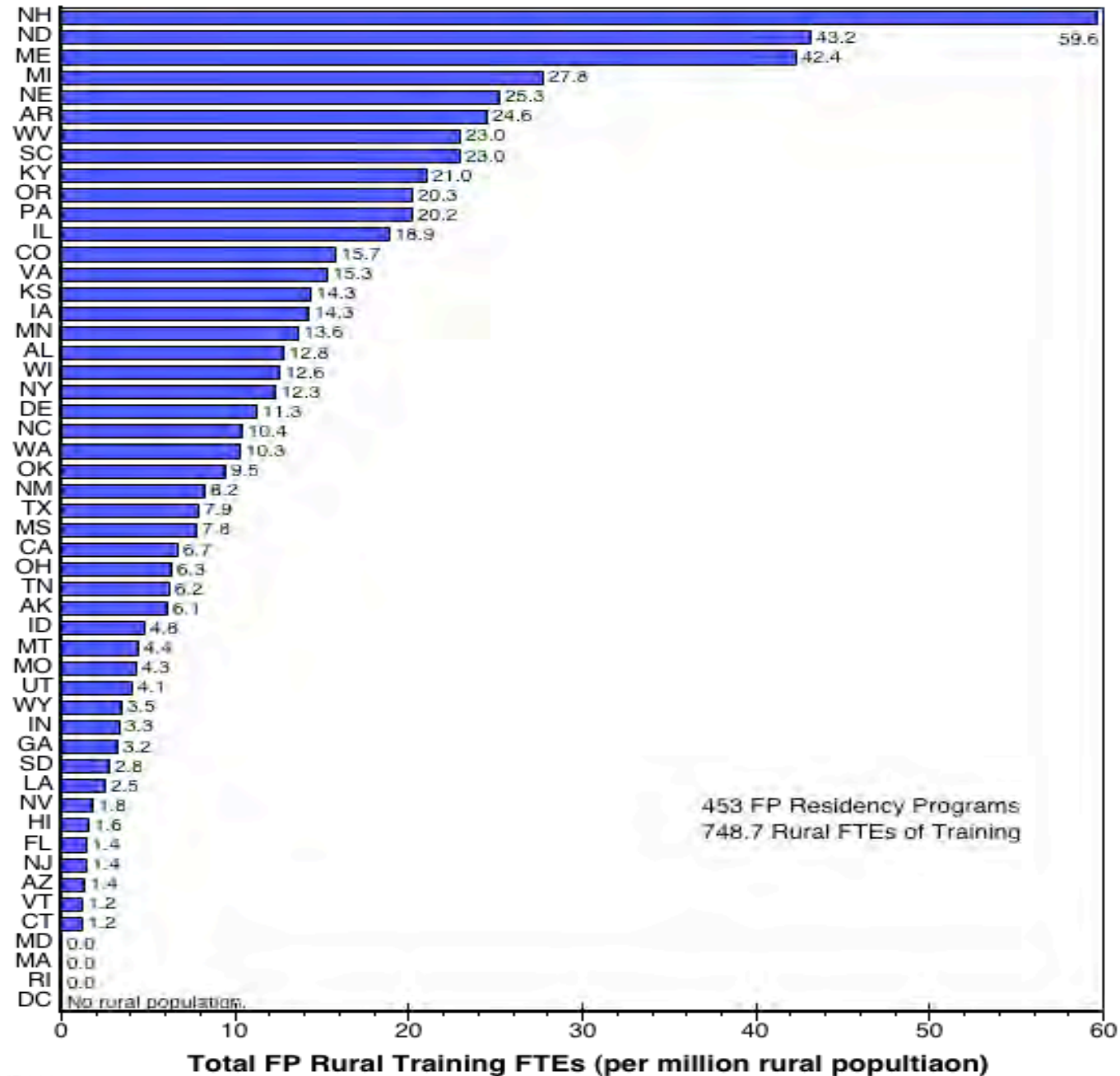




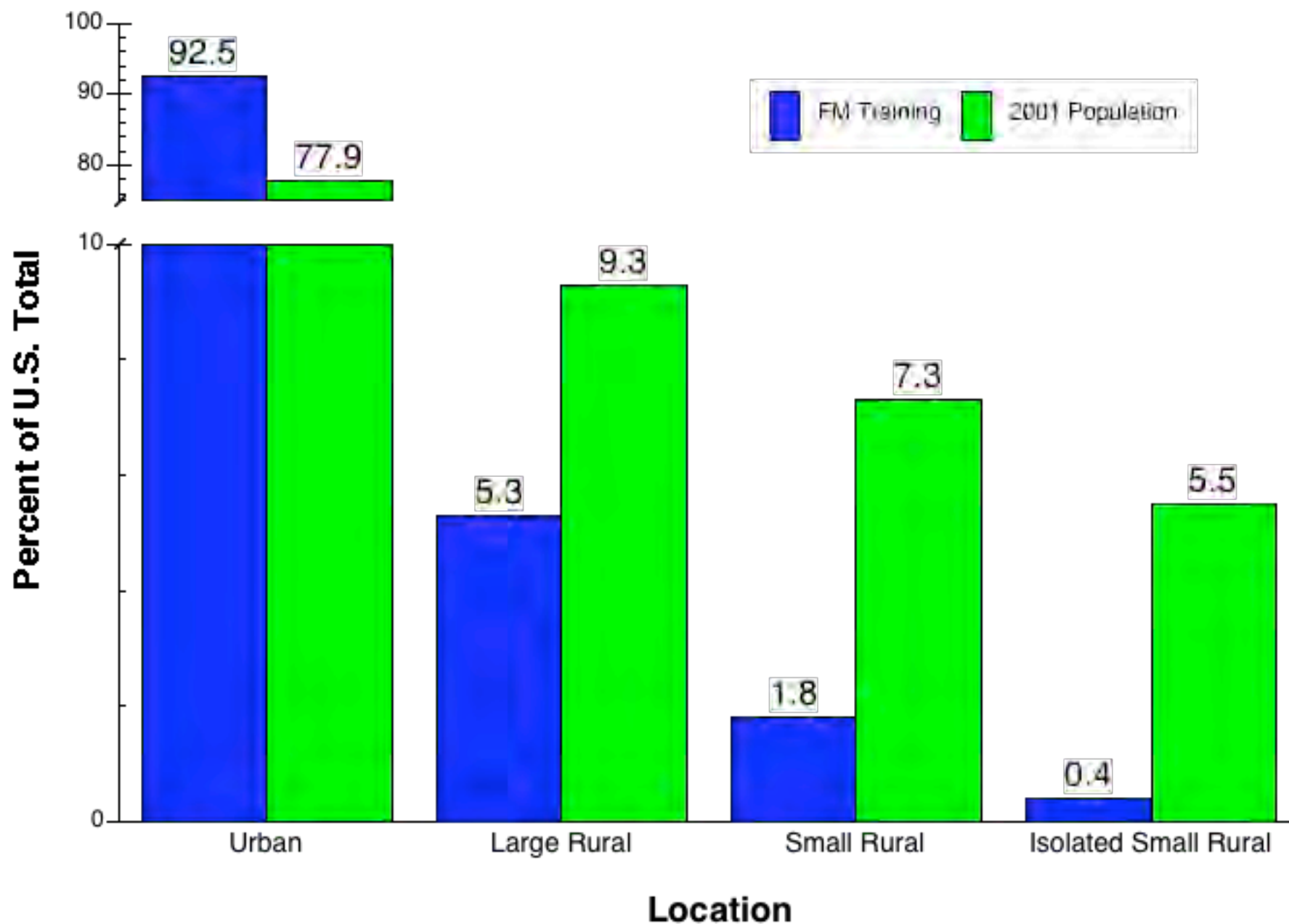
Figure A-2

# FP Residency FTE Rural Training Per Rural Population by State

(2000 FP Residency Survey & Non Response Data: 1998 Population)



**Figure 1-3: Location of FTE FM Residency Training Compared to Population**  
(2000 FM Residency Director Survey, n= 435)



**Figure 1-6: Rural & Urban FM Residency Training by Location of Parent Program**  
(2000 FM Residency Director Survey, n= 435)

