



Rural CHC Workforce

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

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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 limited because:

- ❖ **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)

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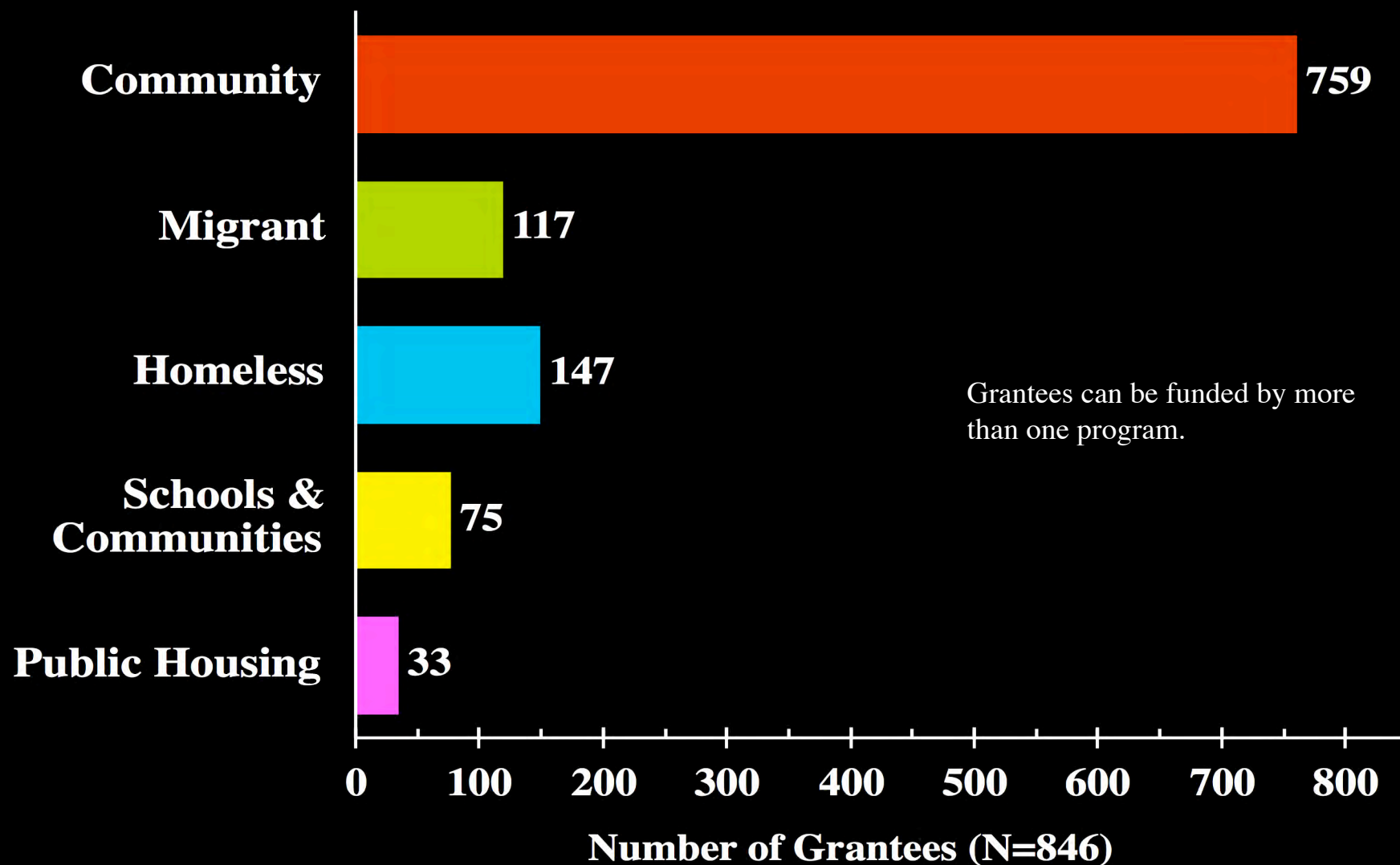
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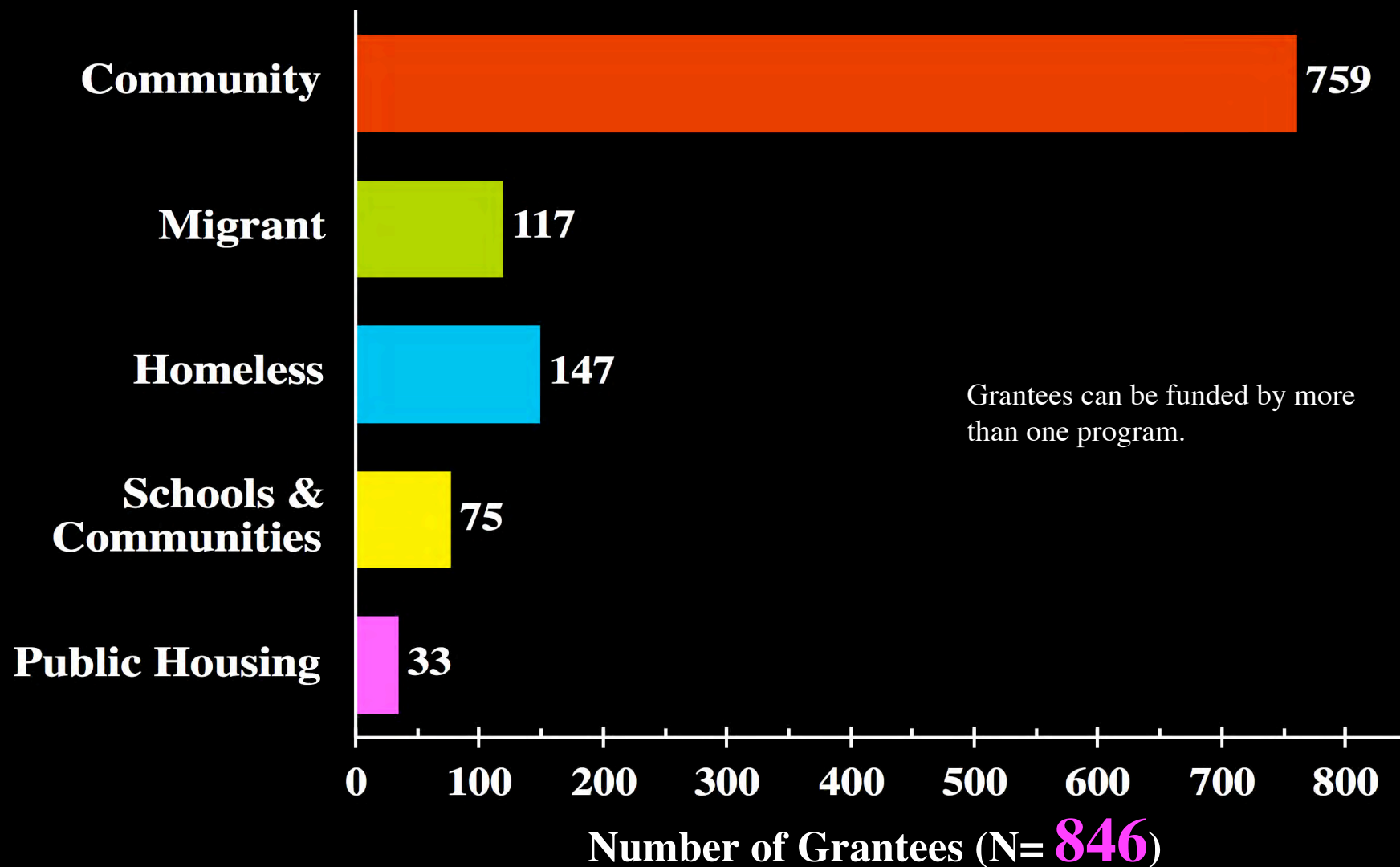
Center Selection

- ❖ 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

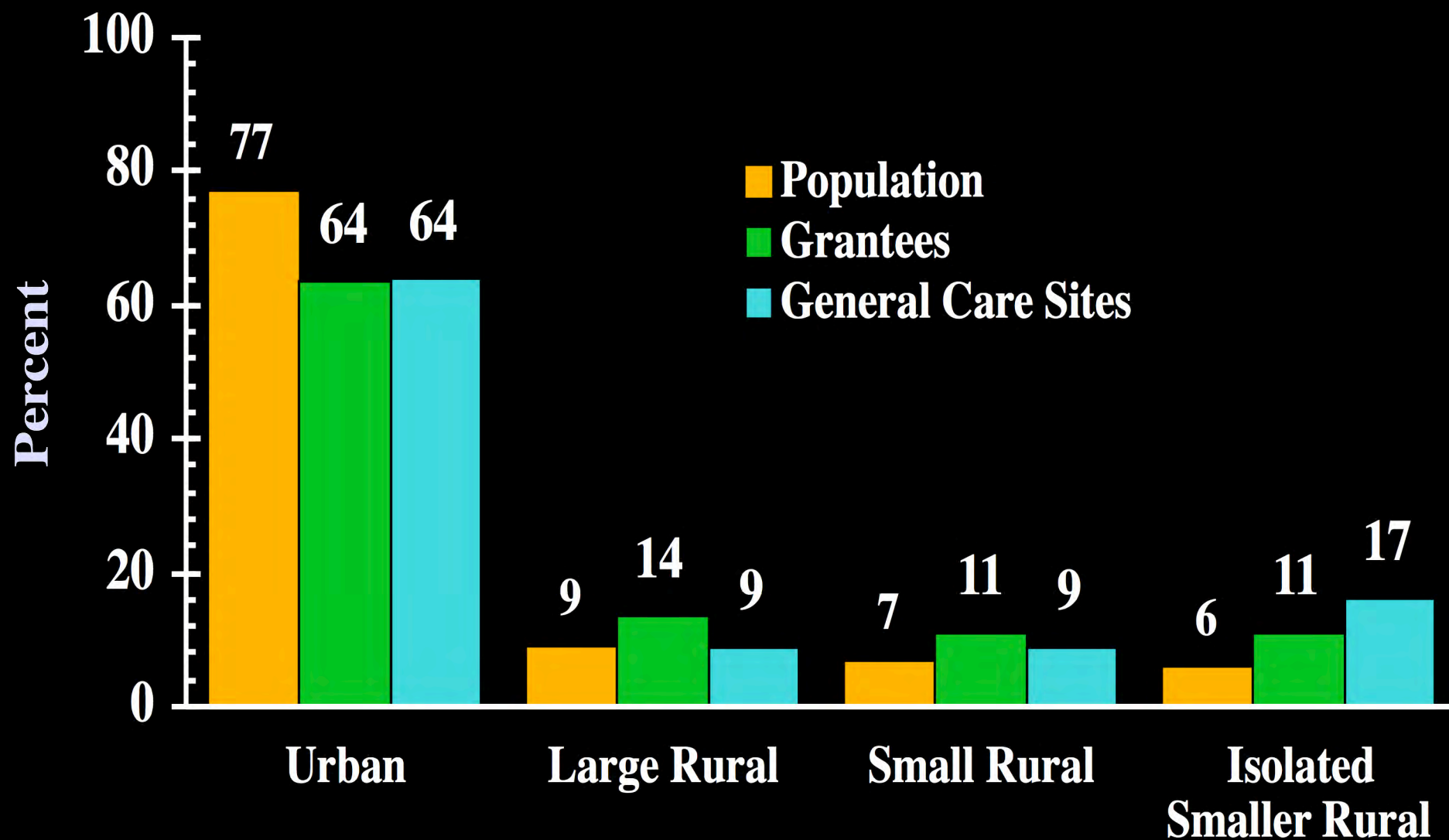


Types of Health Centers



Grantees & Sites by Rural-Urban Status

(Federally Funded Health Centers)

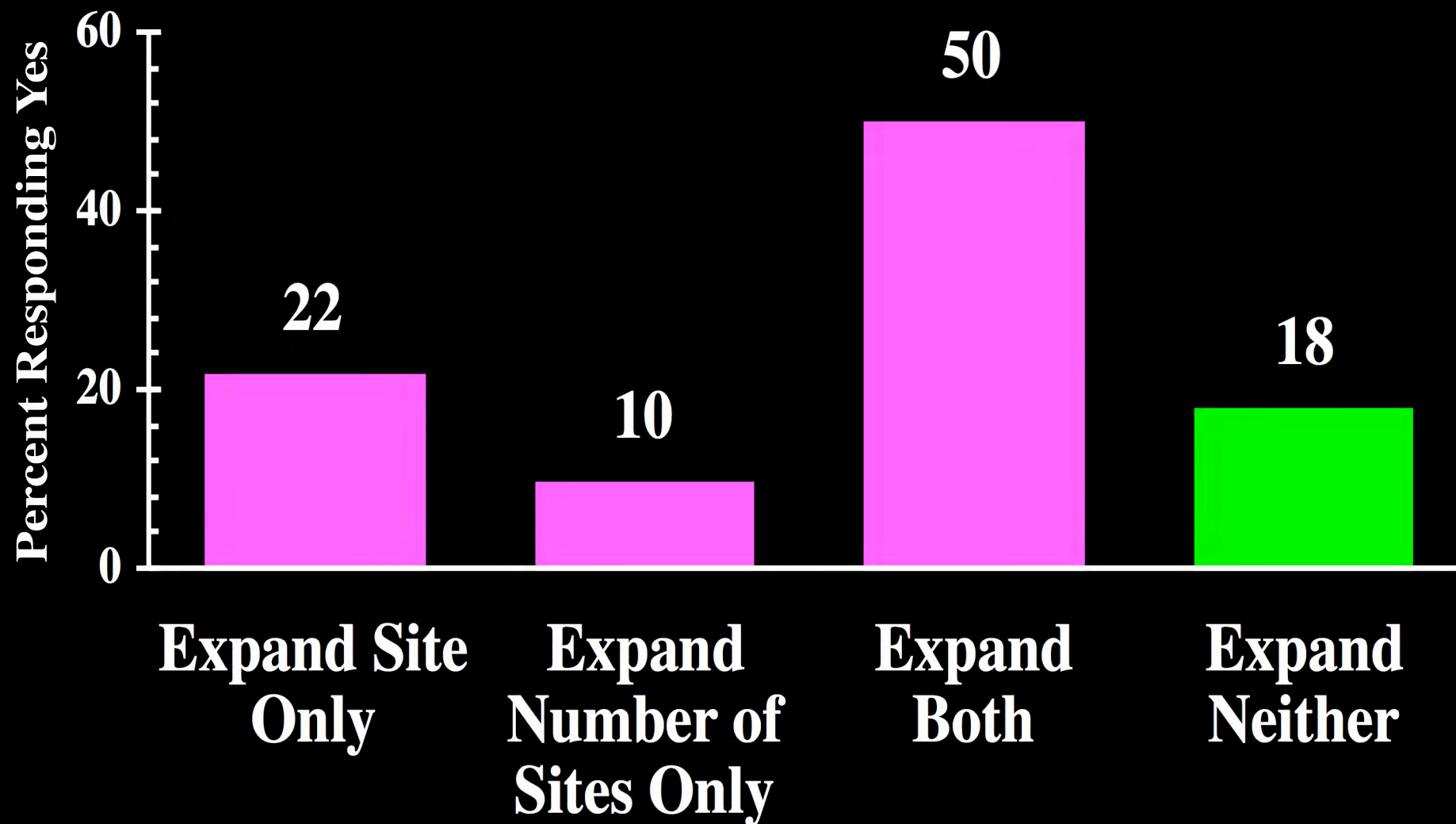


Grantees: 531, 104, 88, & 123.

Source: 2004 Center Survey, n=731

Planned Center Expansions

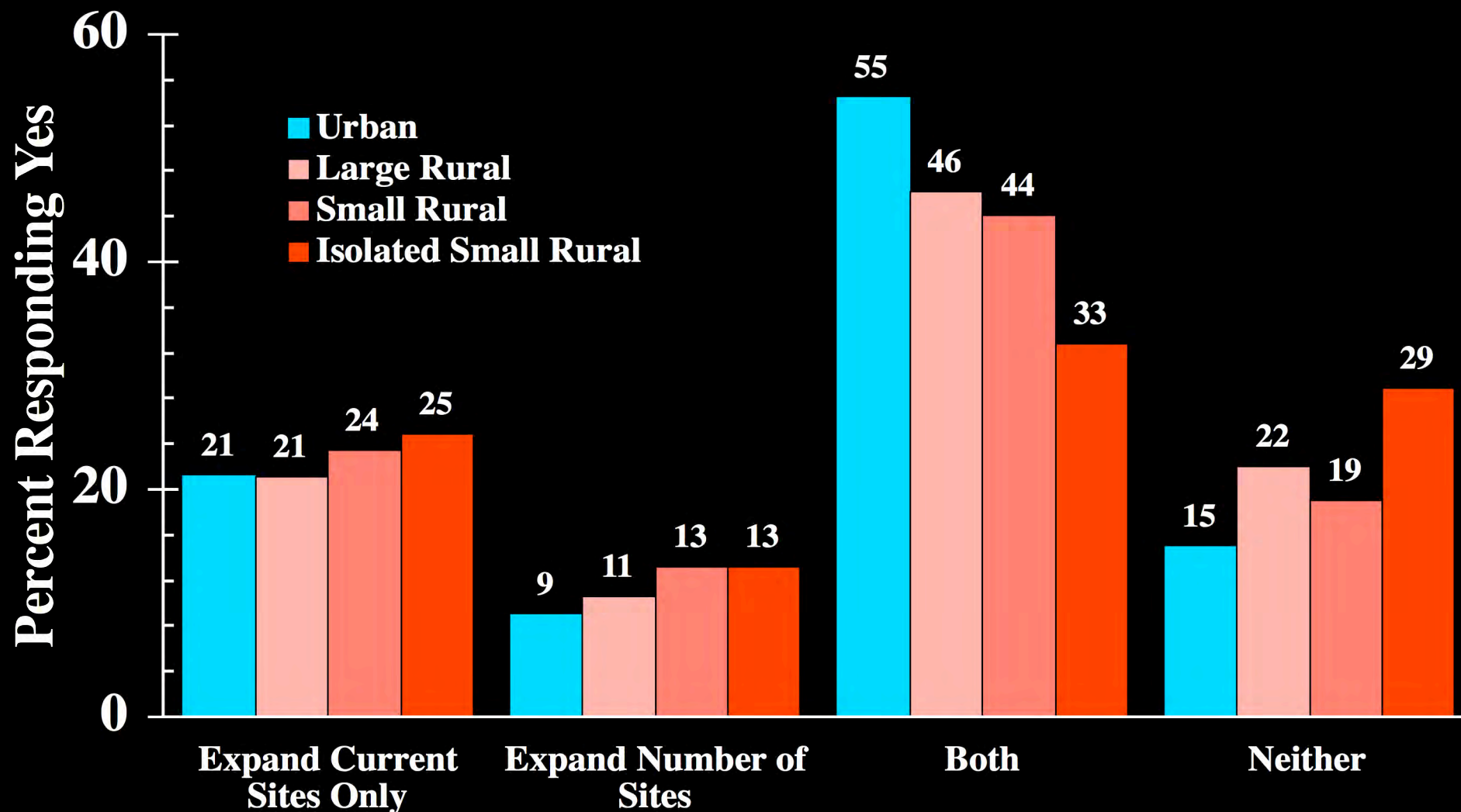
(Federally Funded Health Centers)



Source: 2004 Center Survey, n=731

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(Federally Funded Health Centers)

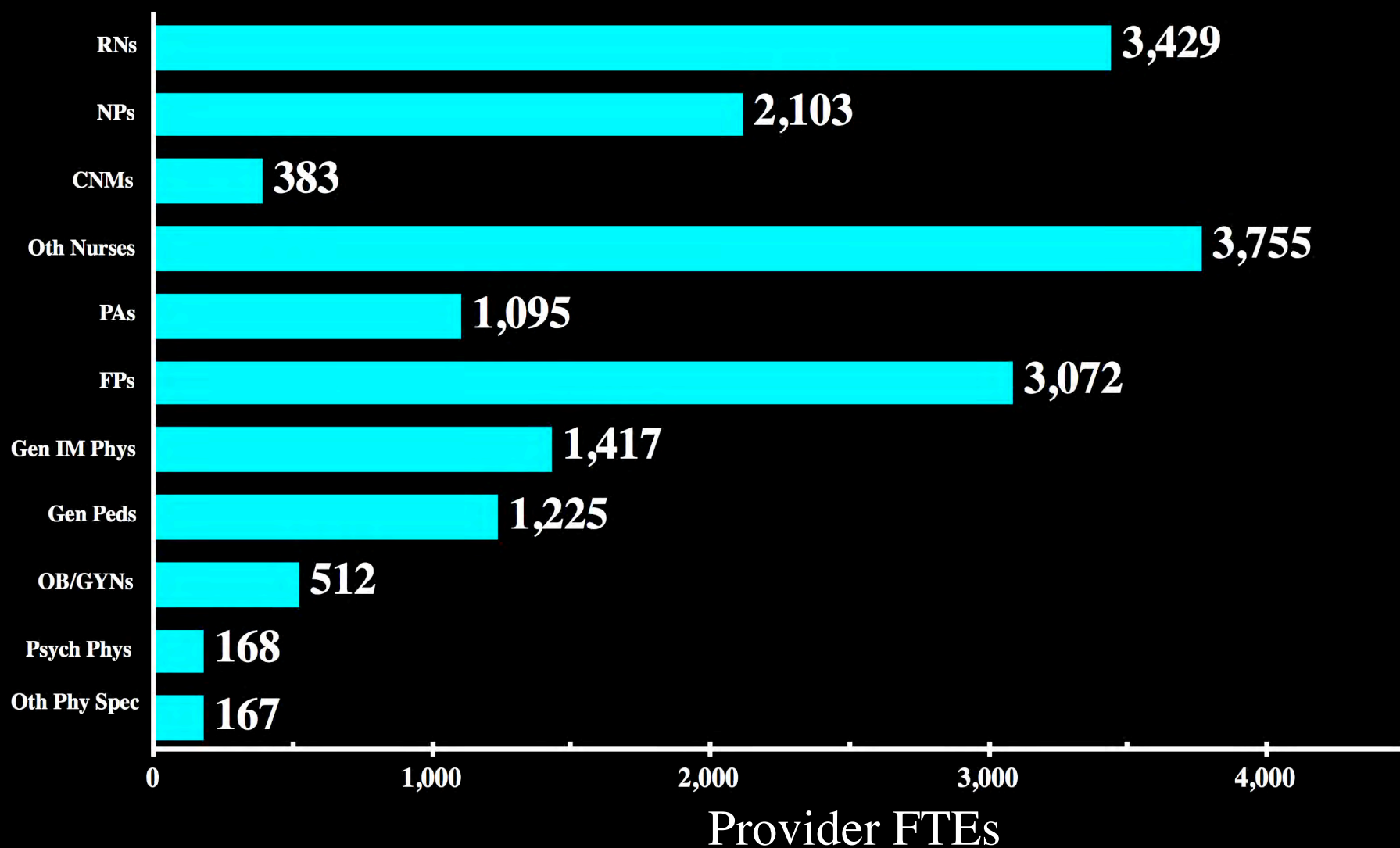


Source: 2004 Center Survey, n=731

Health Center Providers

Number Center FTE Providers

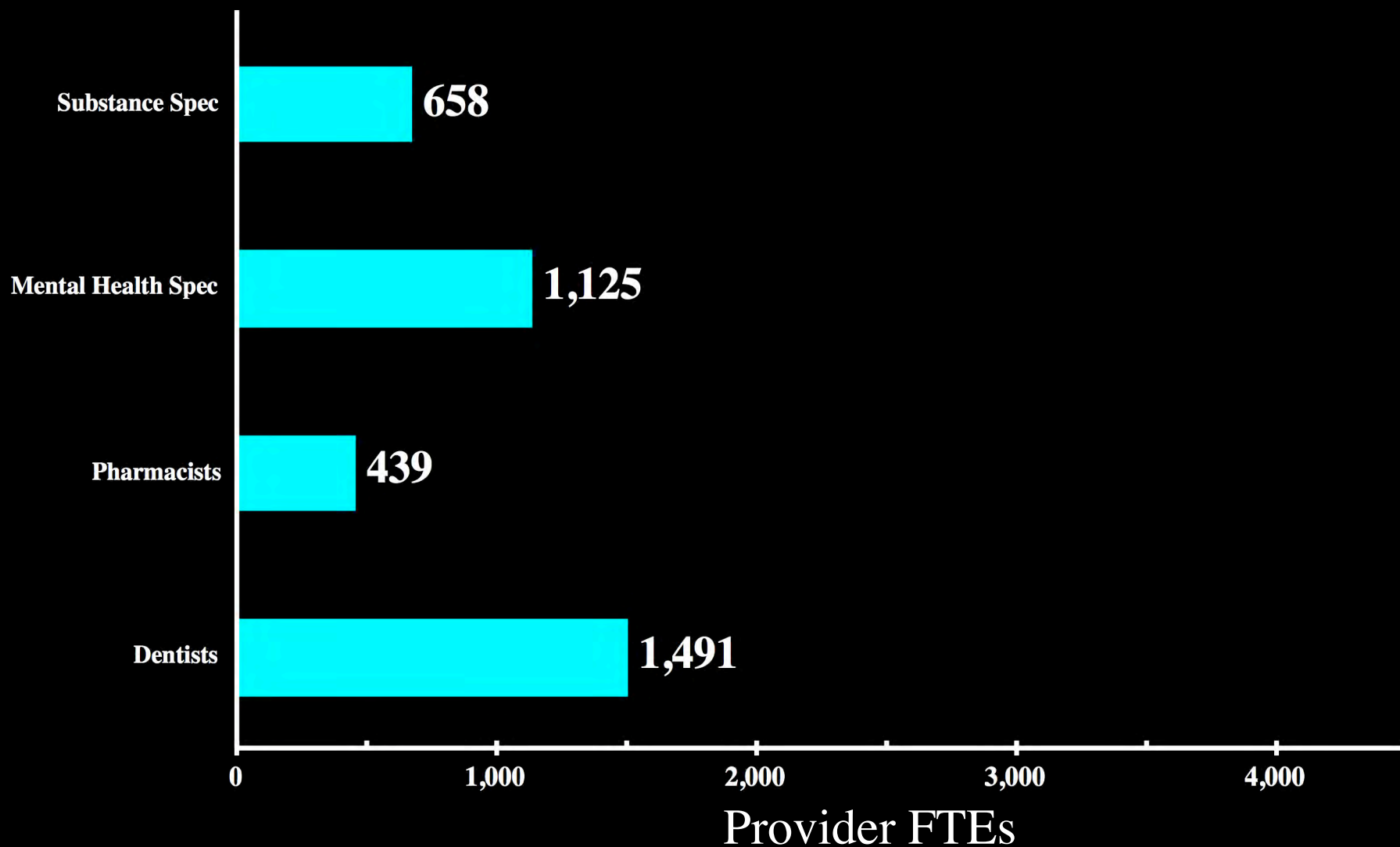
(Federally Funded Health Centers)



Sources: 2003 UDS and 2004 Center Survey.

Number Center FTE Providers

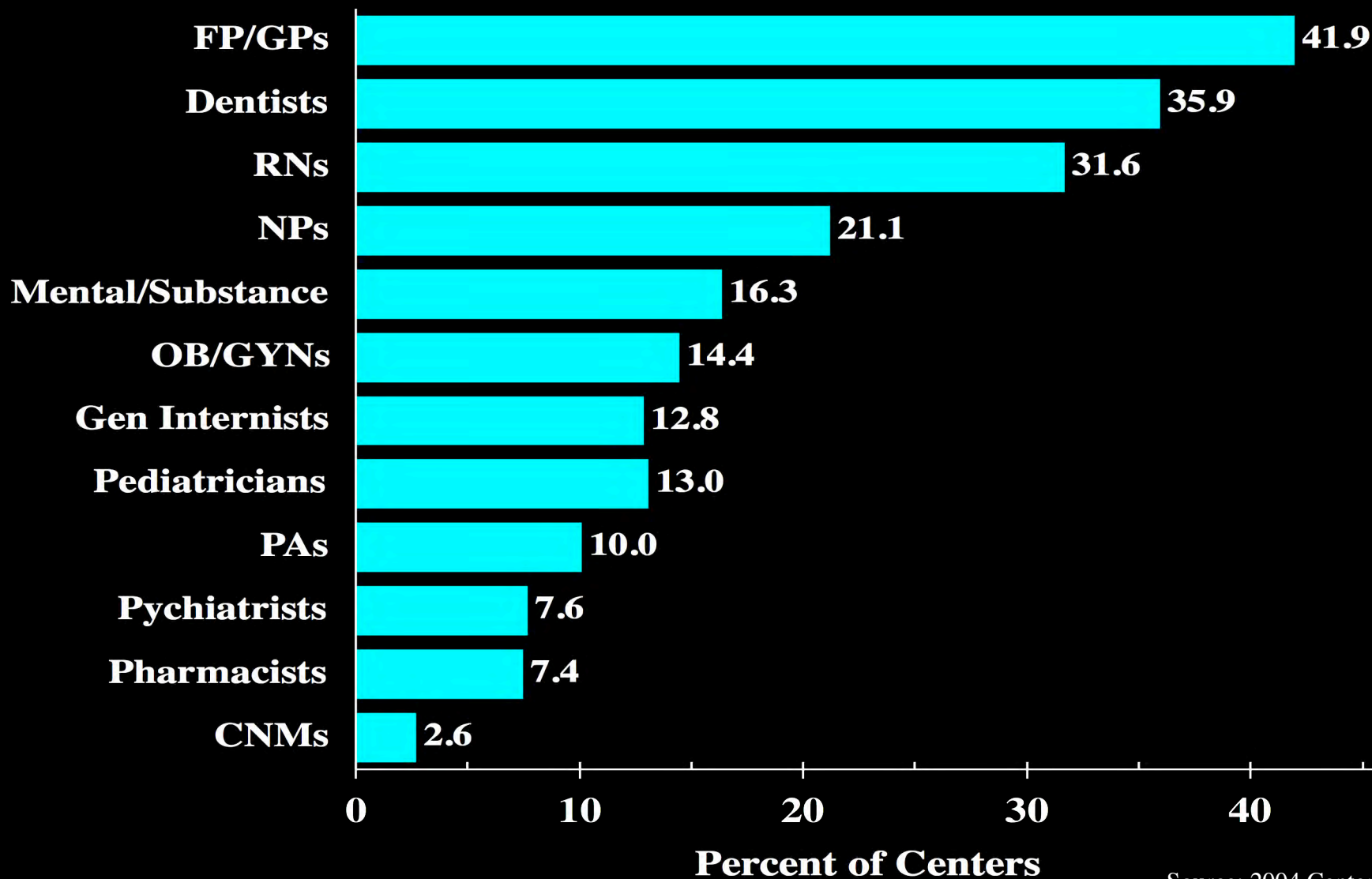
(Federally Funded Health Centers)



Sources: 2003 UDS and 2004 Center Survey.

% Centers Actively Recruiting for Vacancies

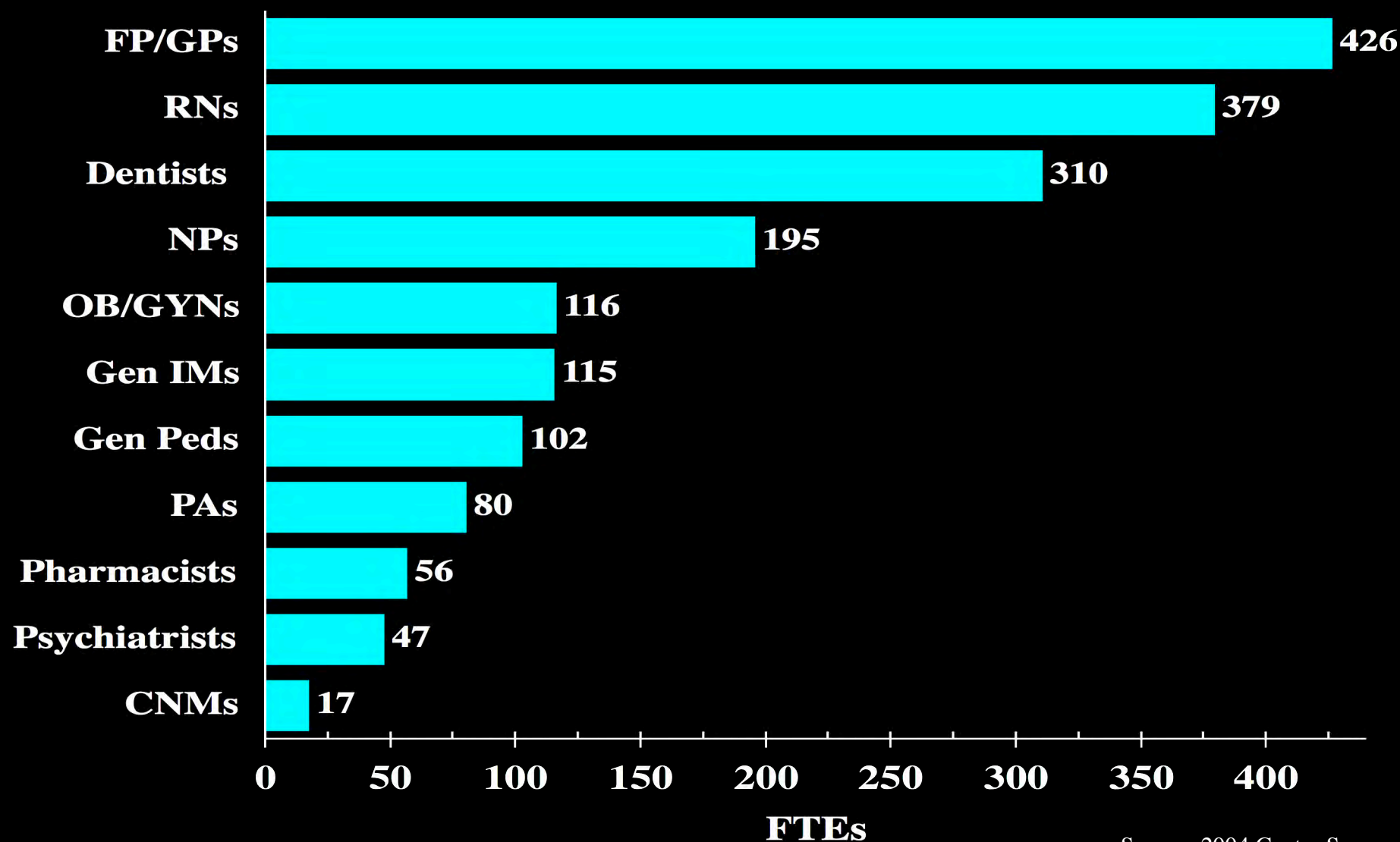
(Federally Funded Health Centers)



Source: 2004 Center Survey

of FTE Vacancies Being Actively Recruited

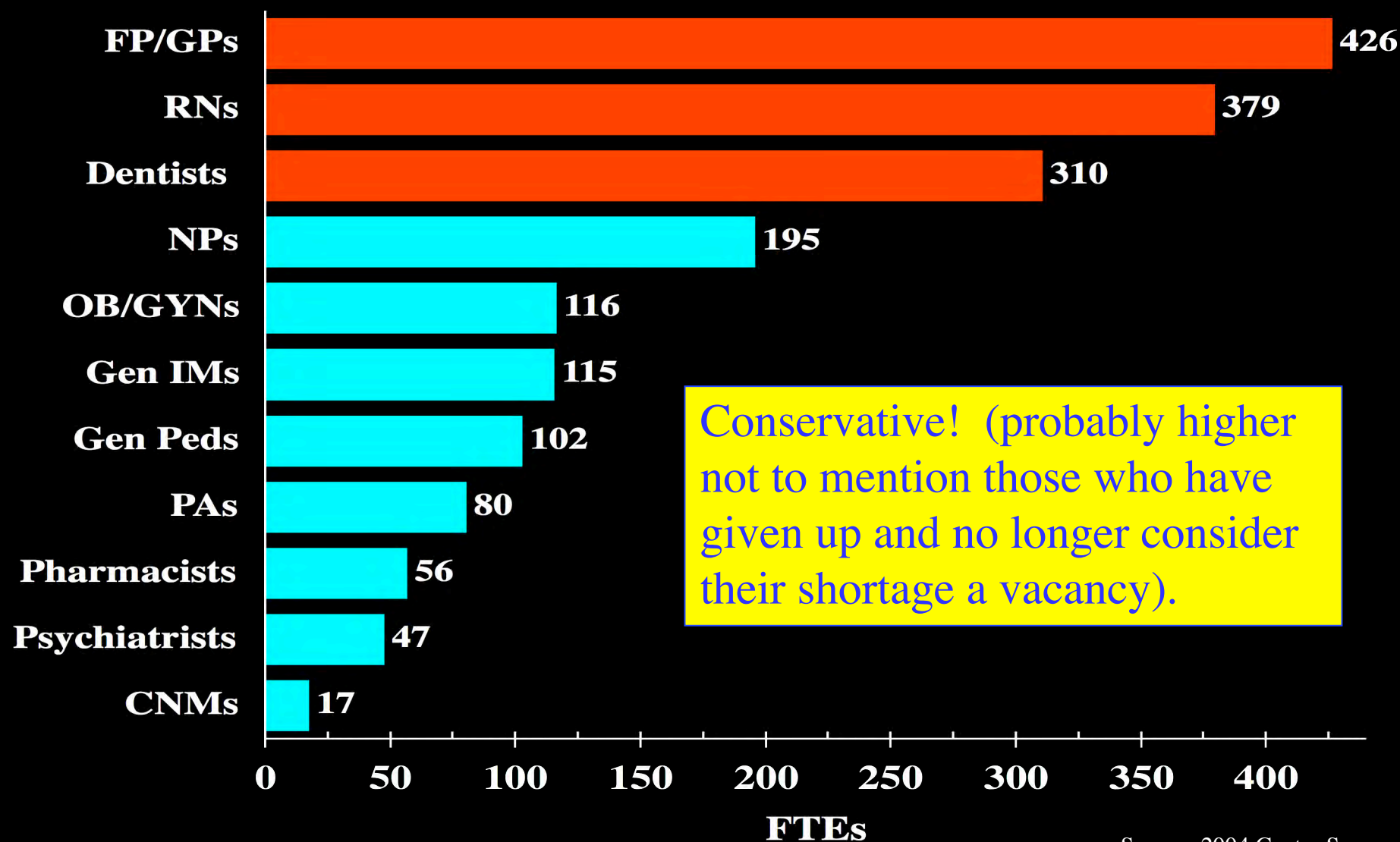
(Federally Funded Health Centers)



Source: 2004 Center Survey

of FTE Vacancies Being Actively Recruited

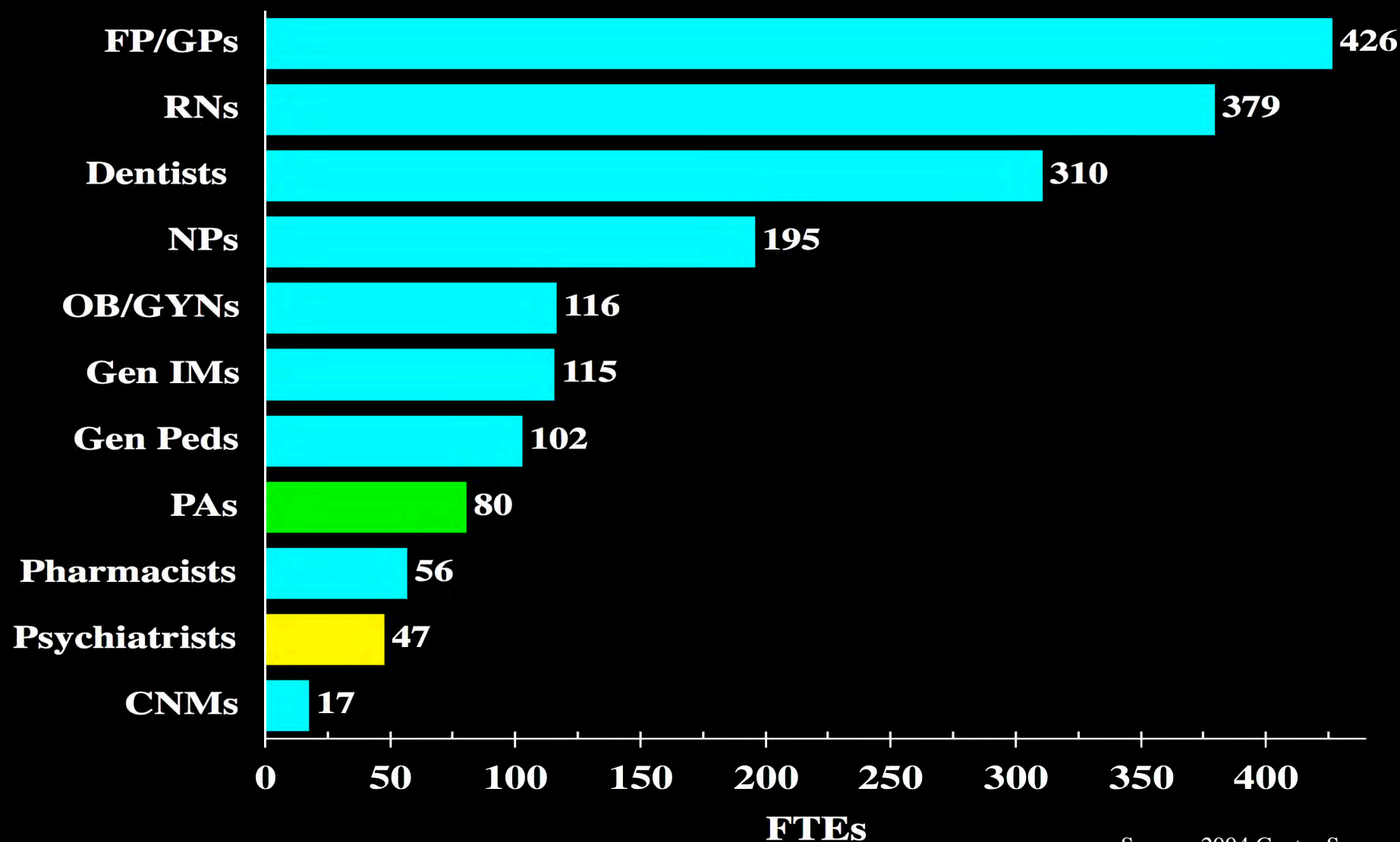
(Federally Funded Health Centers)



Source: 2004 Center Survey

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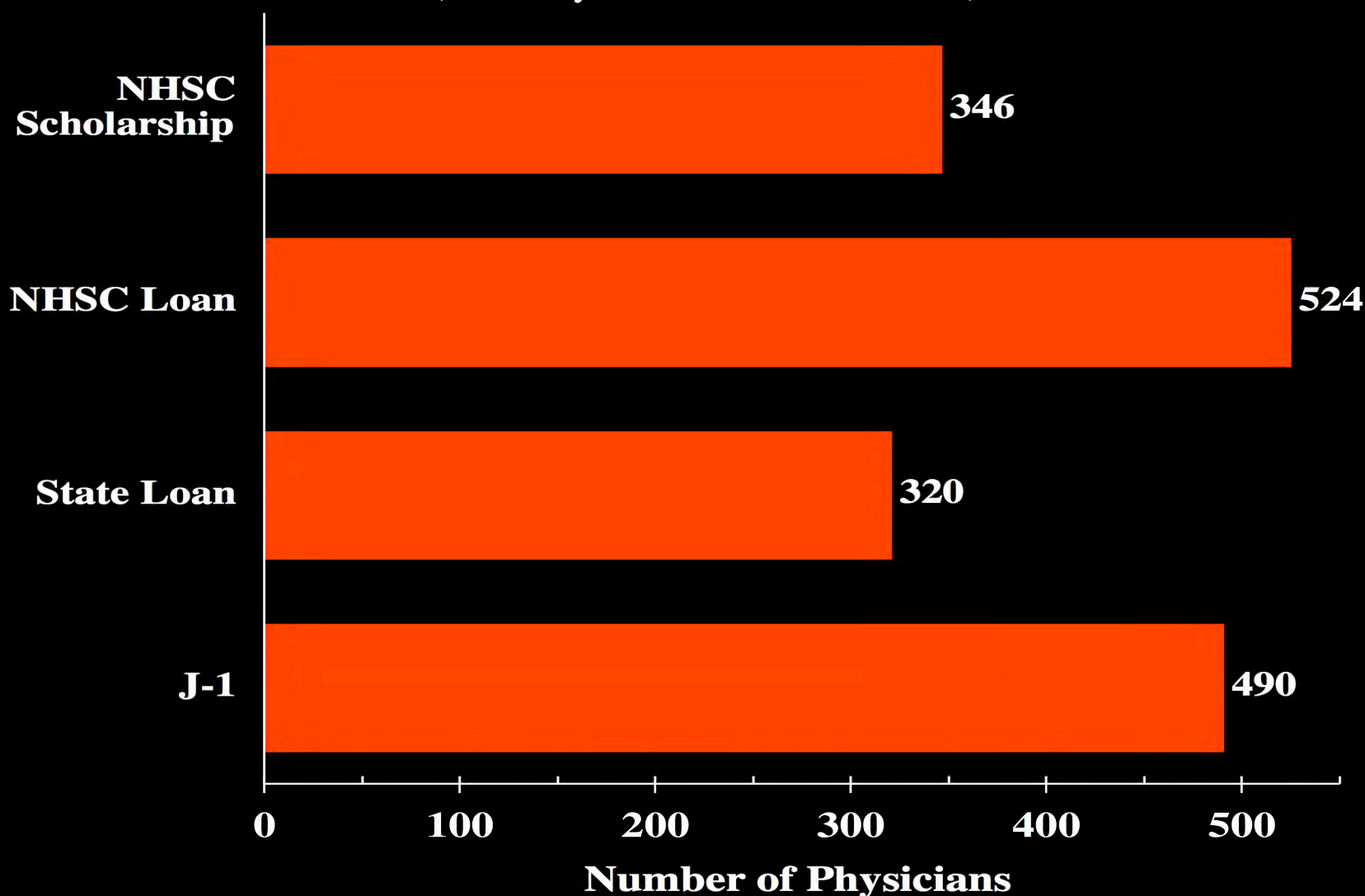


Source: 2004 Center Survey

Contribution of Selected Programs

Obligation Serving Physician Staff by Program

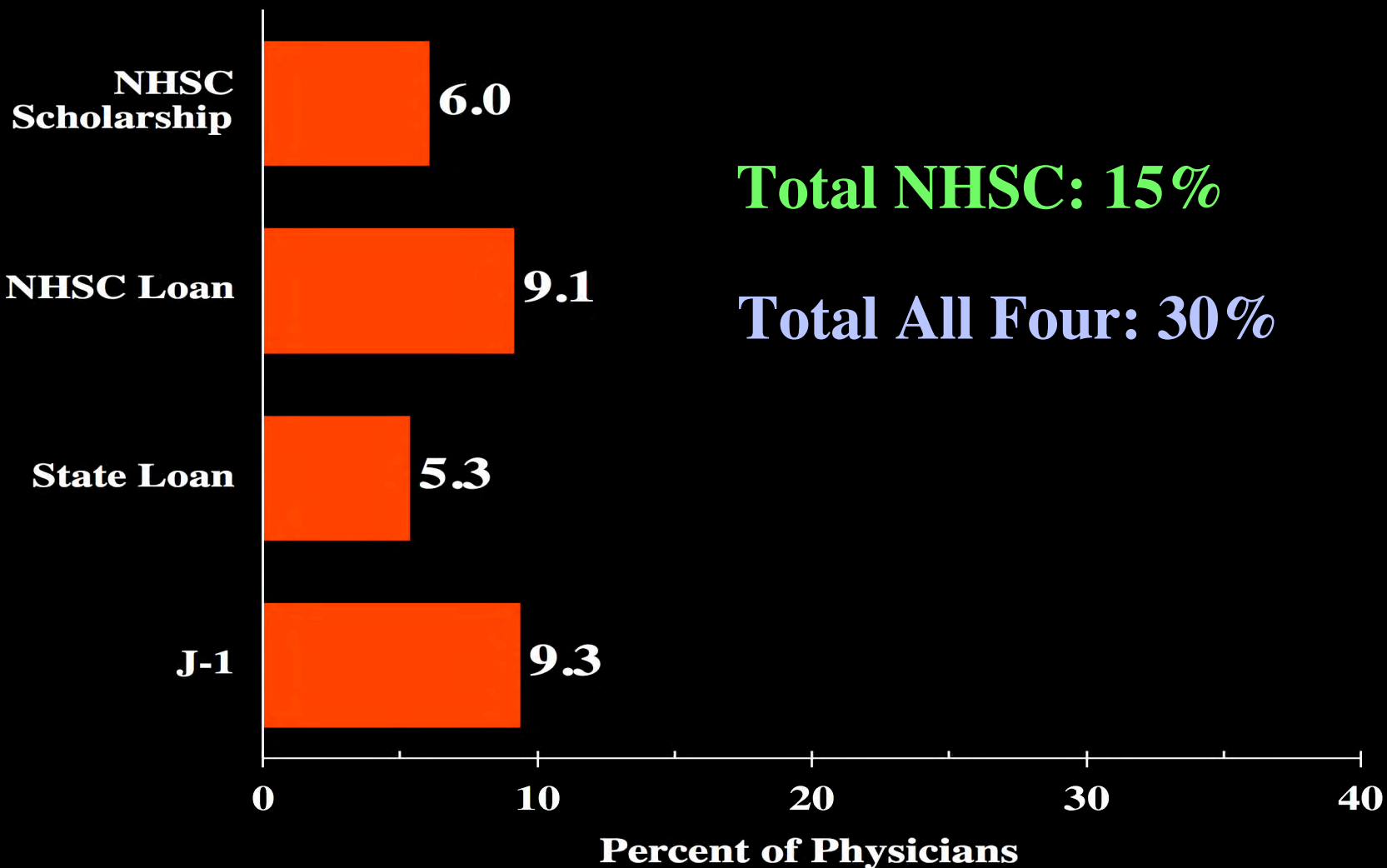
(Federally Funded Health Centers)



Source: 2004 Center Survey

Obligation Serving Physician Staff by Program

(Federally Funded Health Centers)



Source: 2004 Center Survey

In other words:

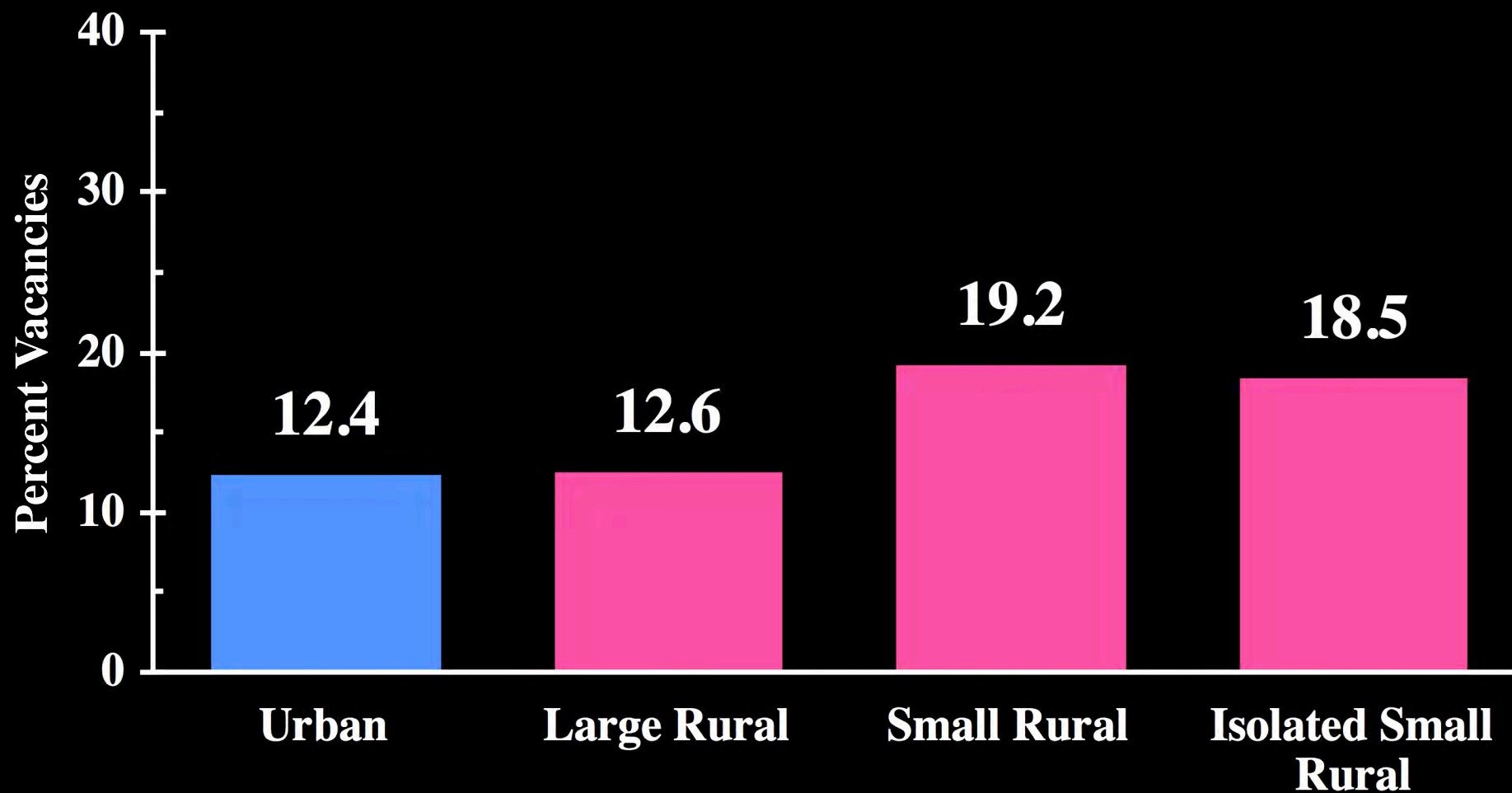
Of all the physicians practicing in health centers, the following percentages are currently working off service obligations:

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

Vacancies

FP Vacancy Rates by Location Type

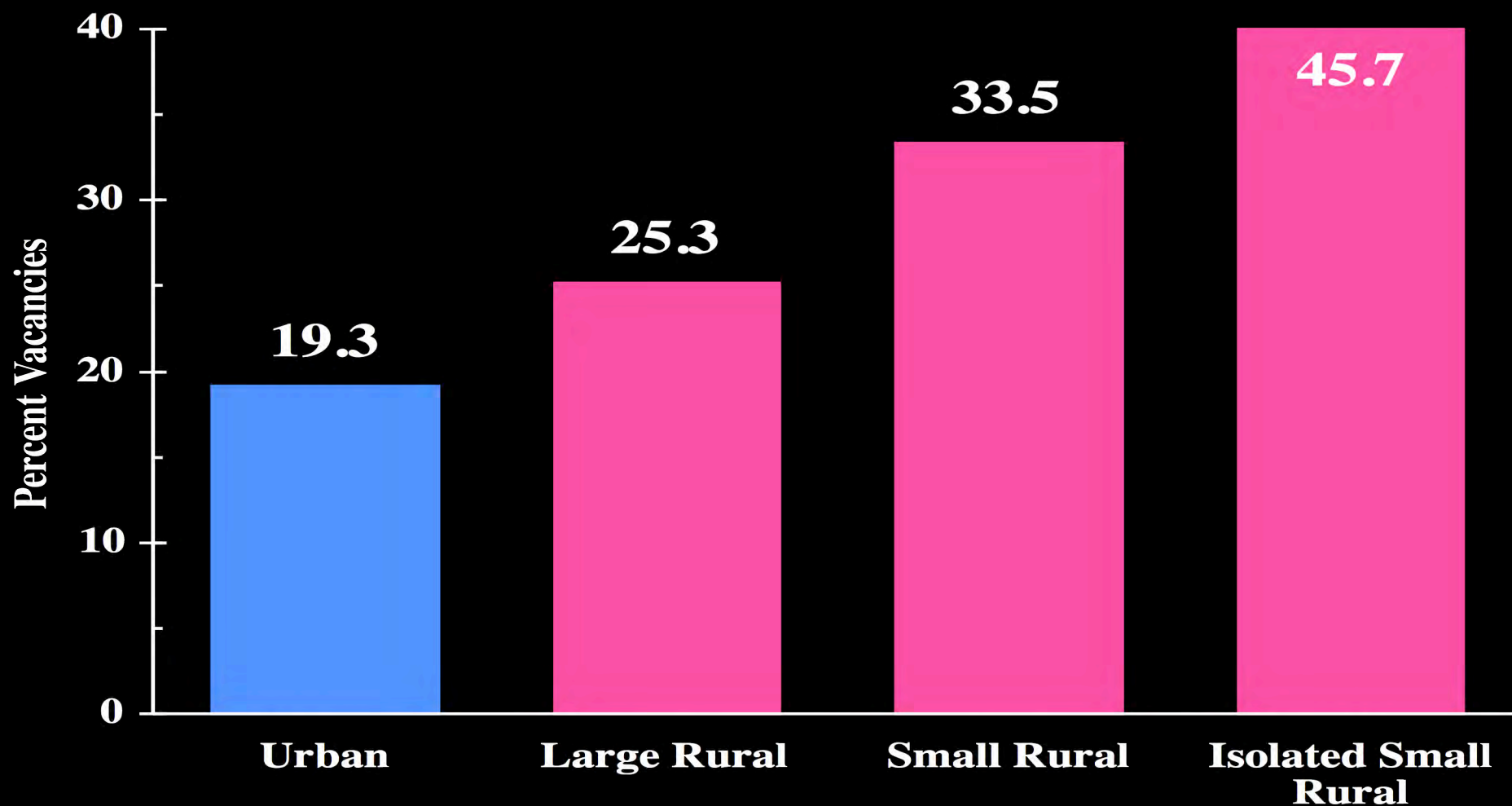
(Federally Funded Health Centers)



Source: 2004 Center Survey

OB/GYN Vacancy Rates by Location Type

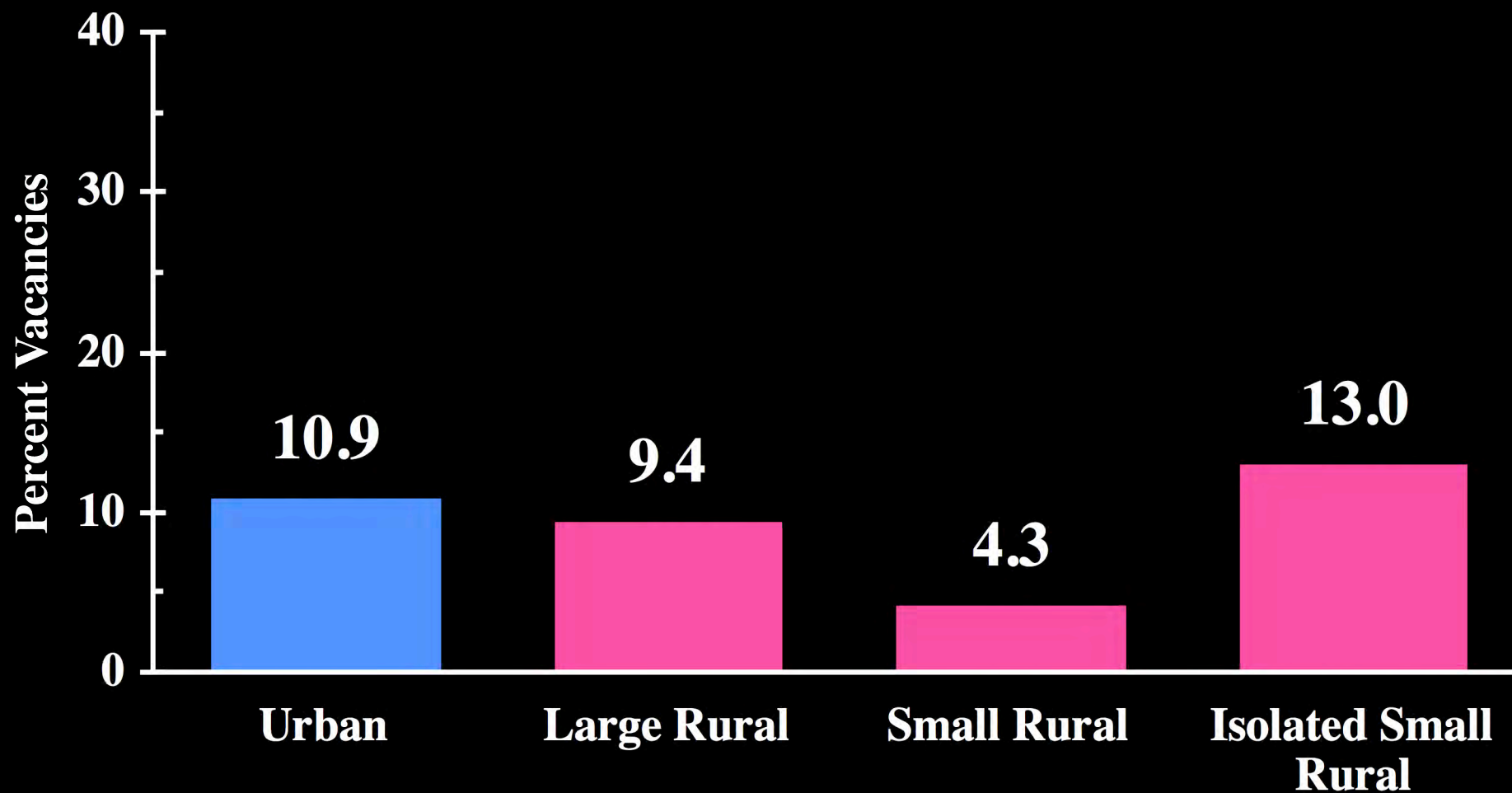
(Federally Funded Health Centers)



Source: 2004 Center Survey

RN Vacancy Rates by Location Type

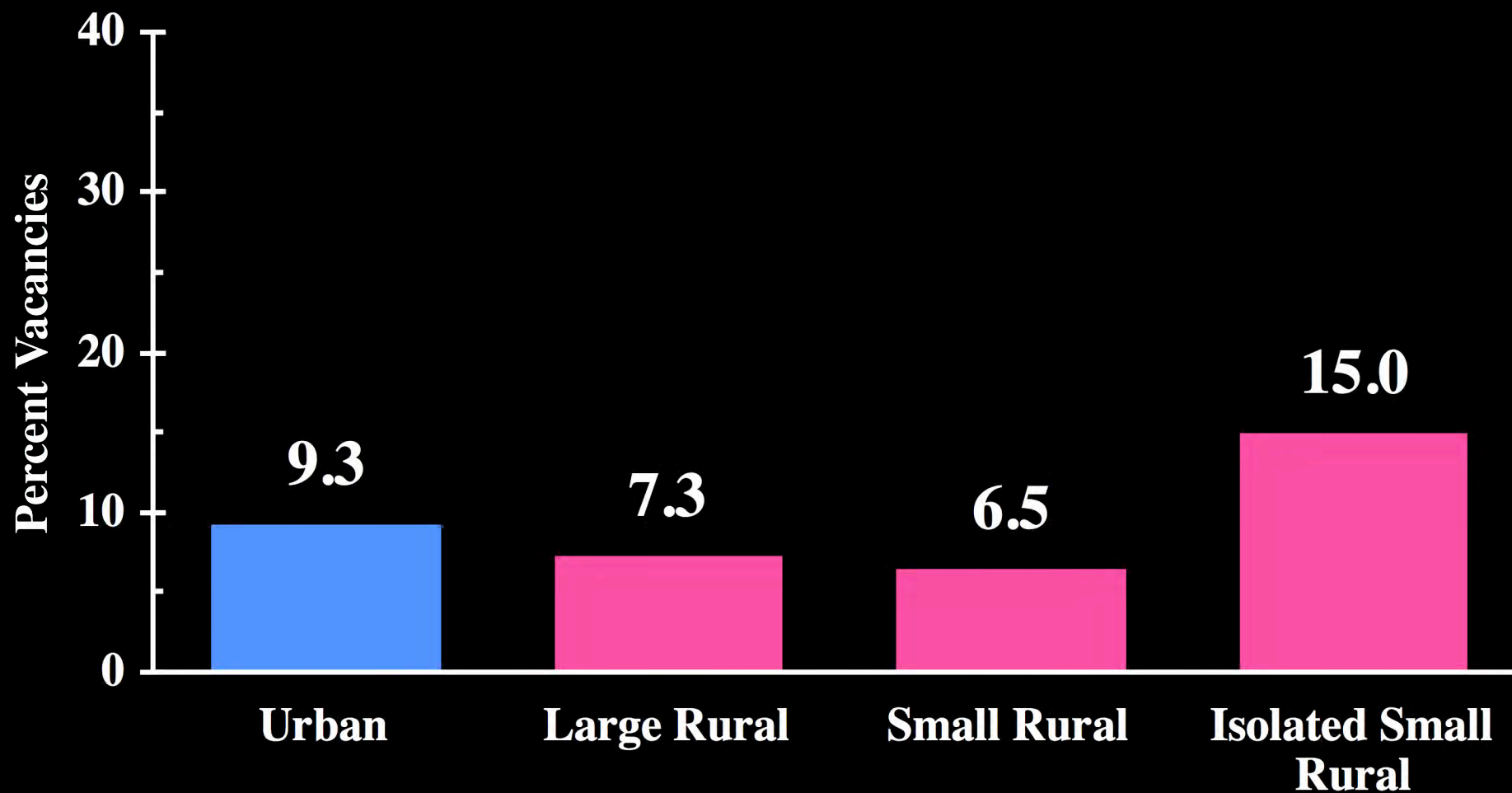
(Federally Funded Health Centers)



Source: 2004 Center Survey

NP Vacancy Rates by Location Type

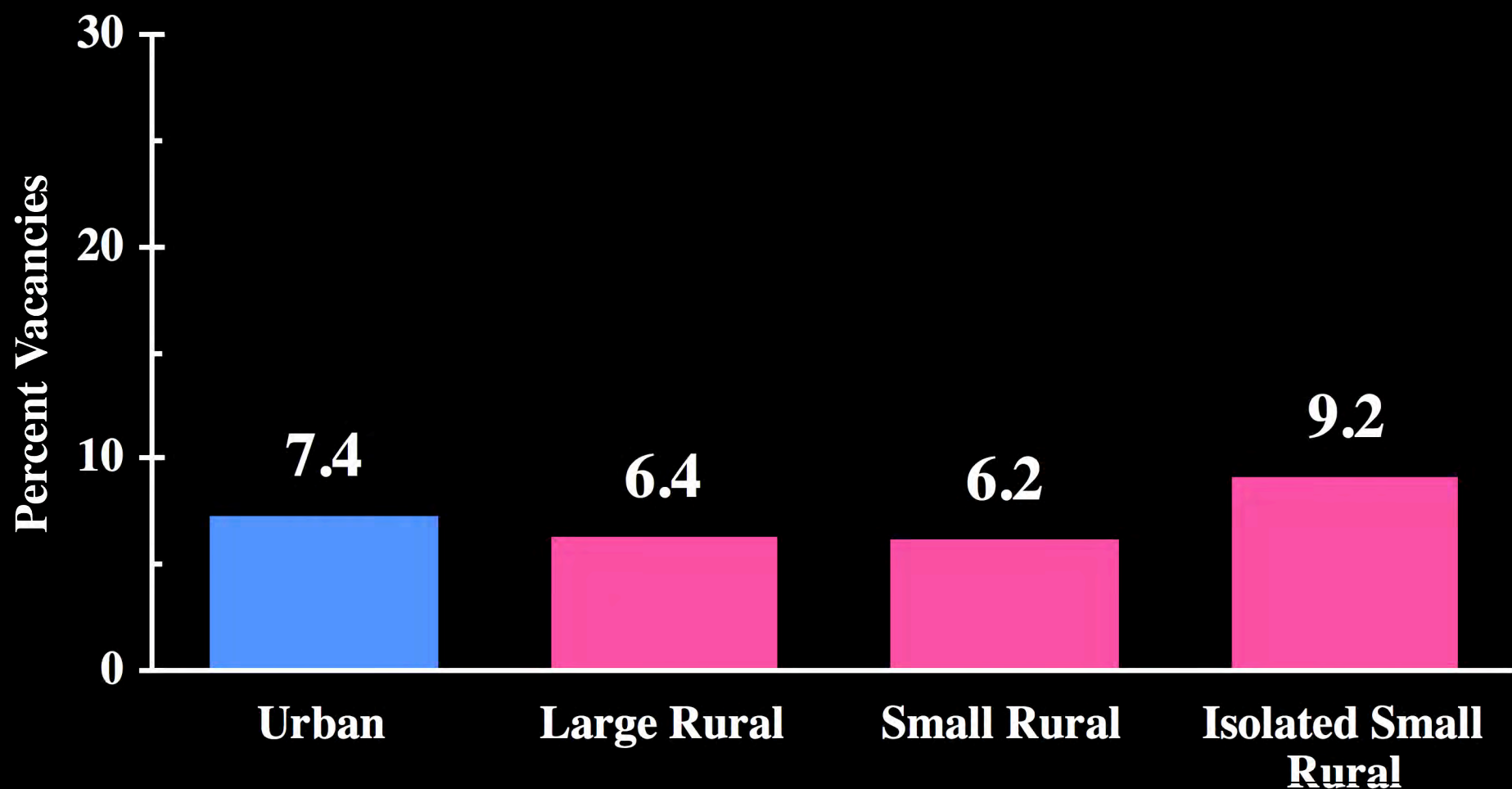
(Federally Funded Health Centers)



Source: 2004 Center Survey

PA Vacancy Rates by Location Type

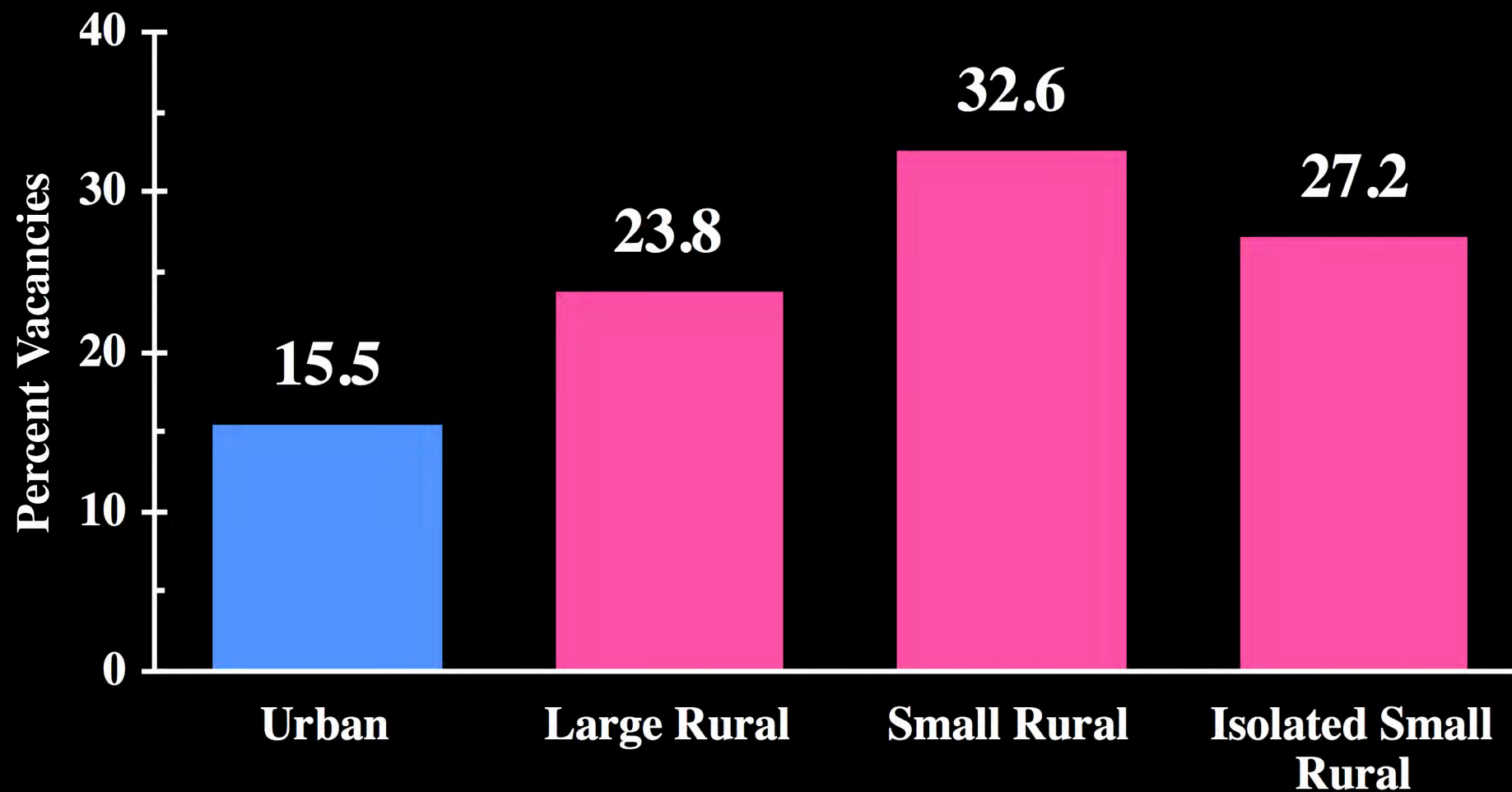
(Federally Funded Health Centers)



Source: 2004 Center Survey

Dentist Vacancy Rates by Location Type

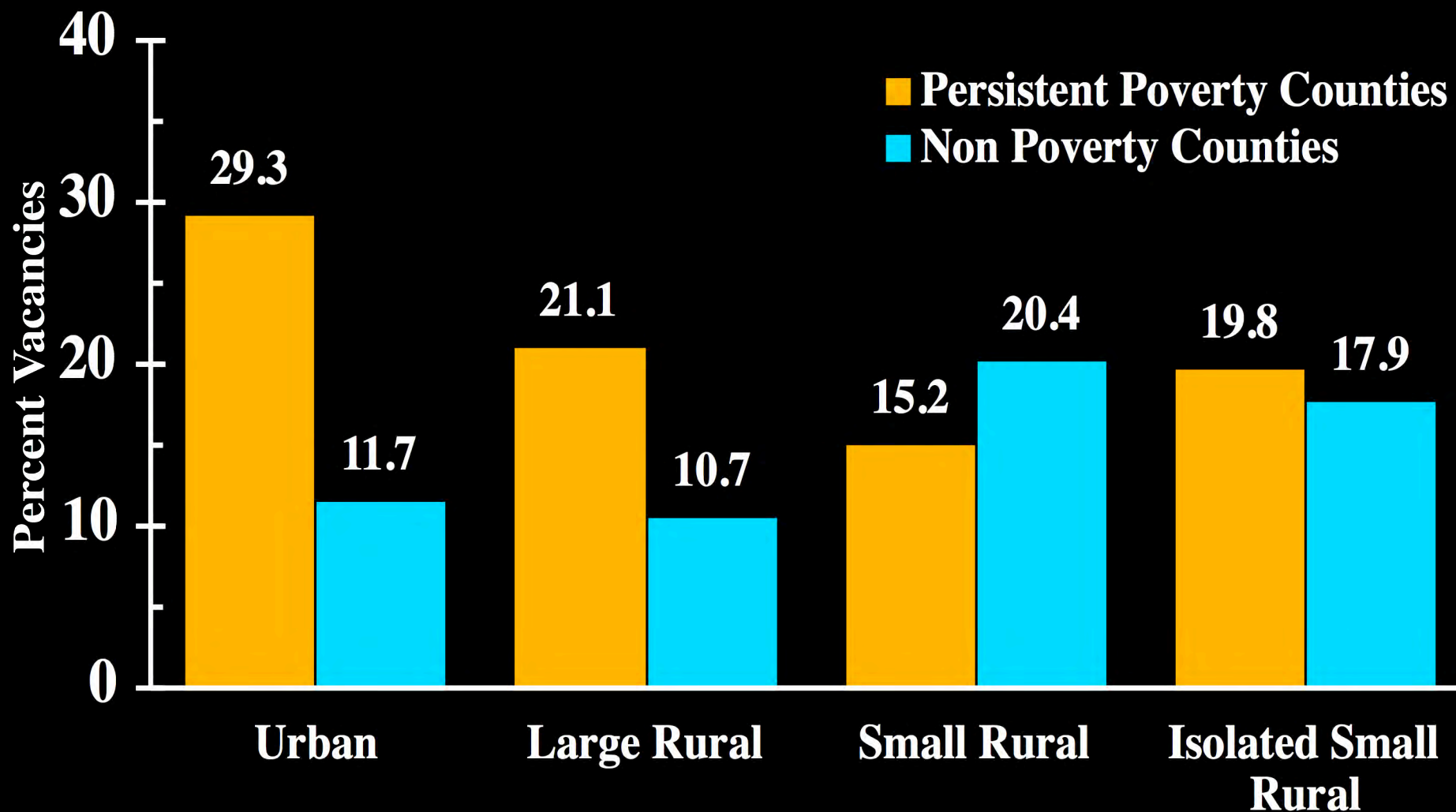
(Federally Funded Health Centers)



Source: 2004 Center Survey

FP Vacancy Rates by Location Type

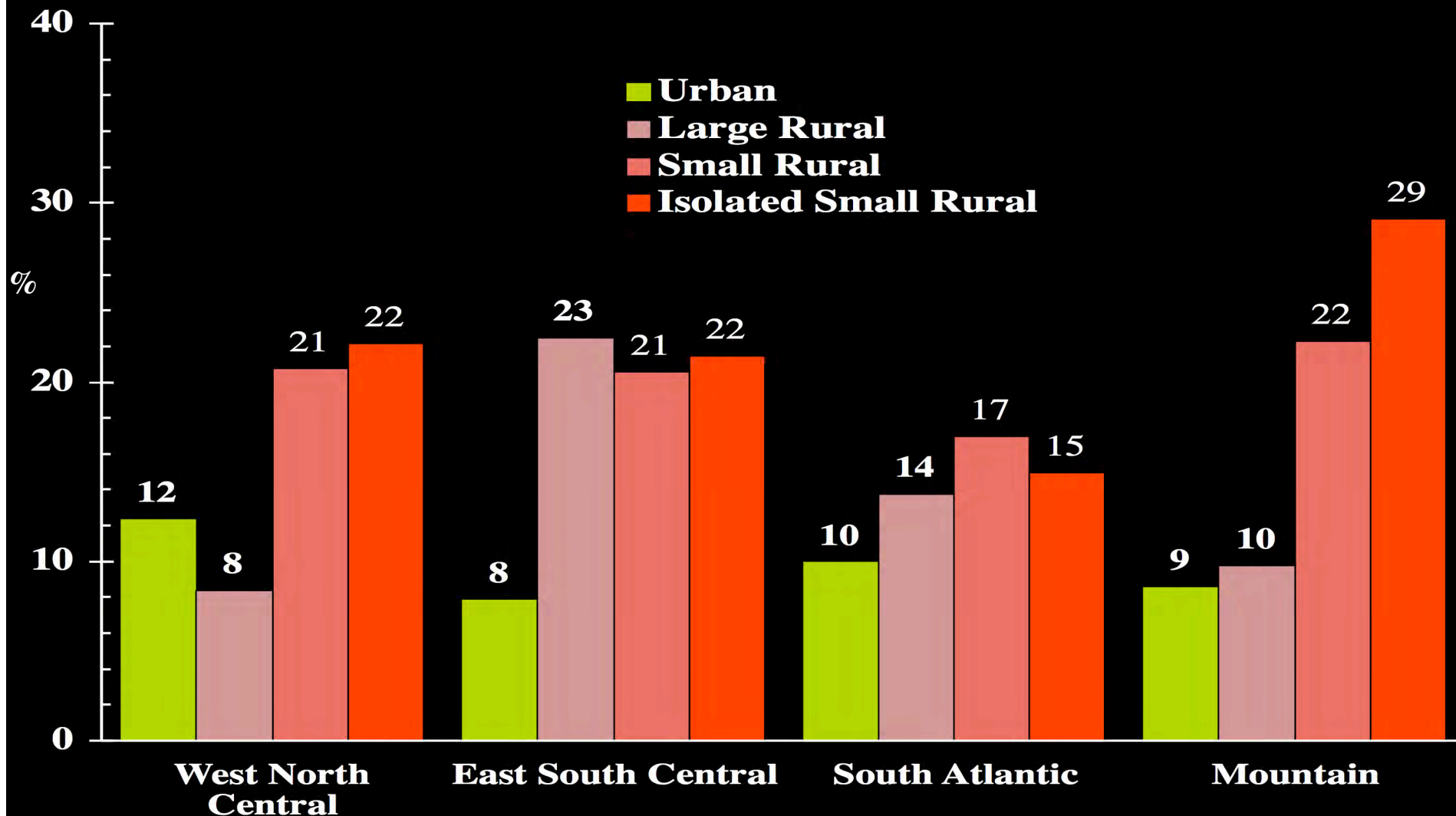
(Federally Funded Health Centers)



Source: 2004 Center Survey

FP Vacancy Rates by Census Division

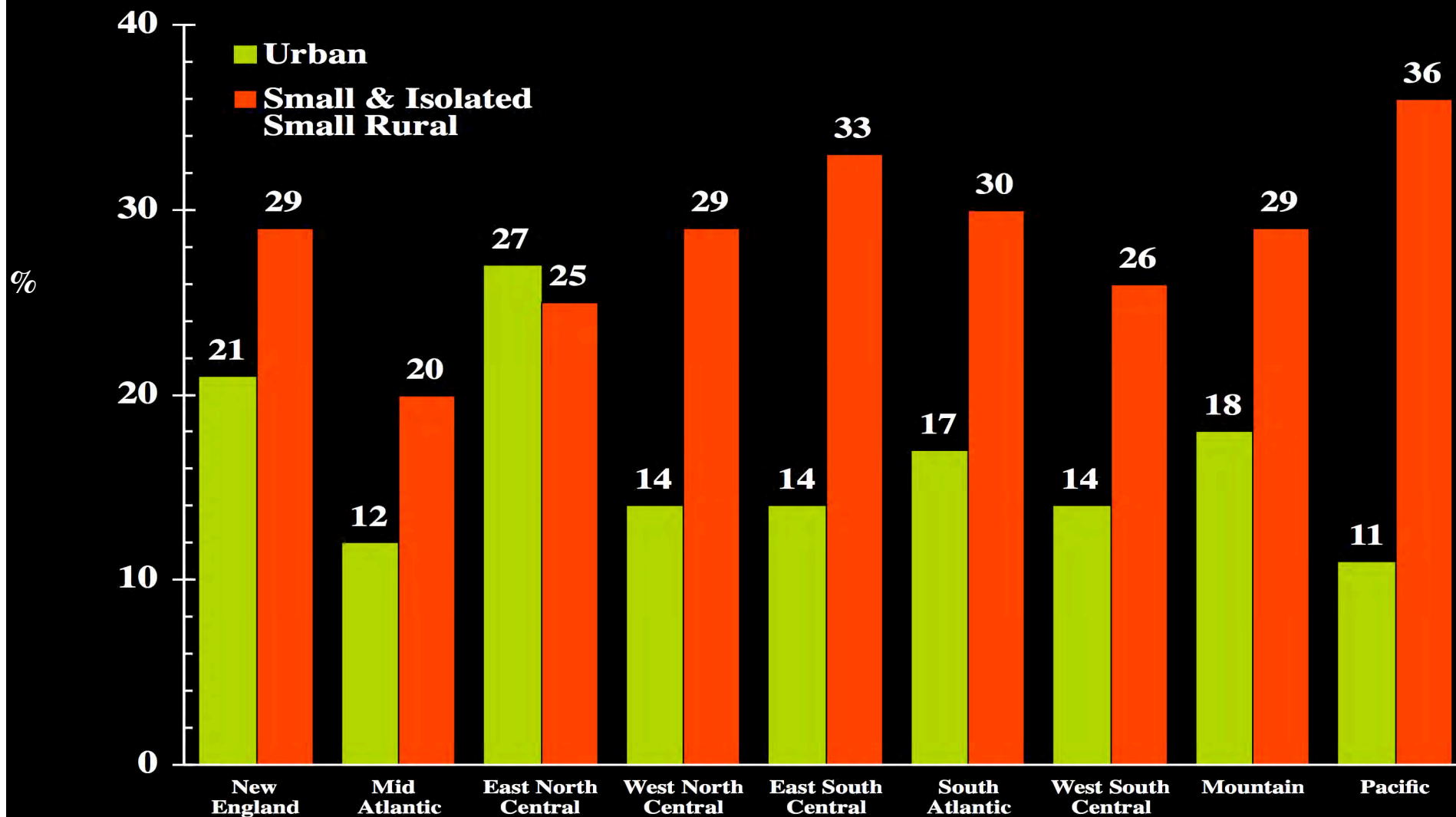
(Federally Funded Health Centers)



Source: 2004 Center Survey

Dentist Vacancy Rates by Census Division

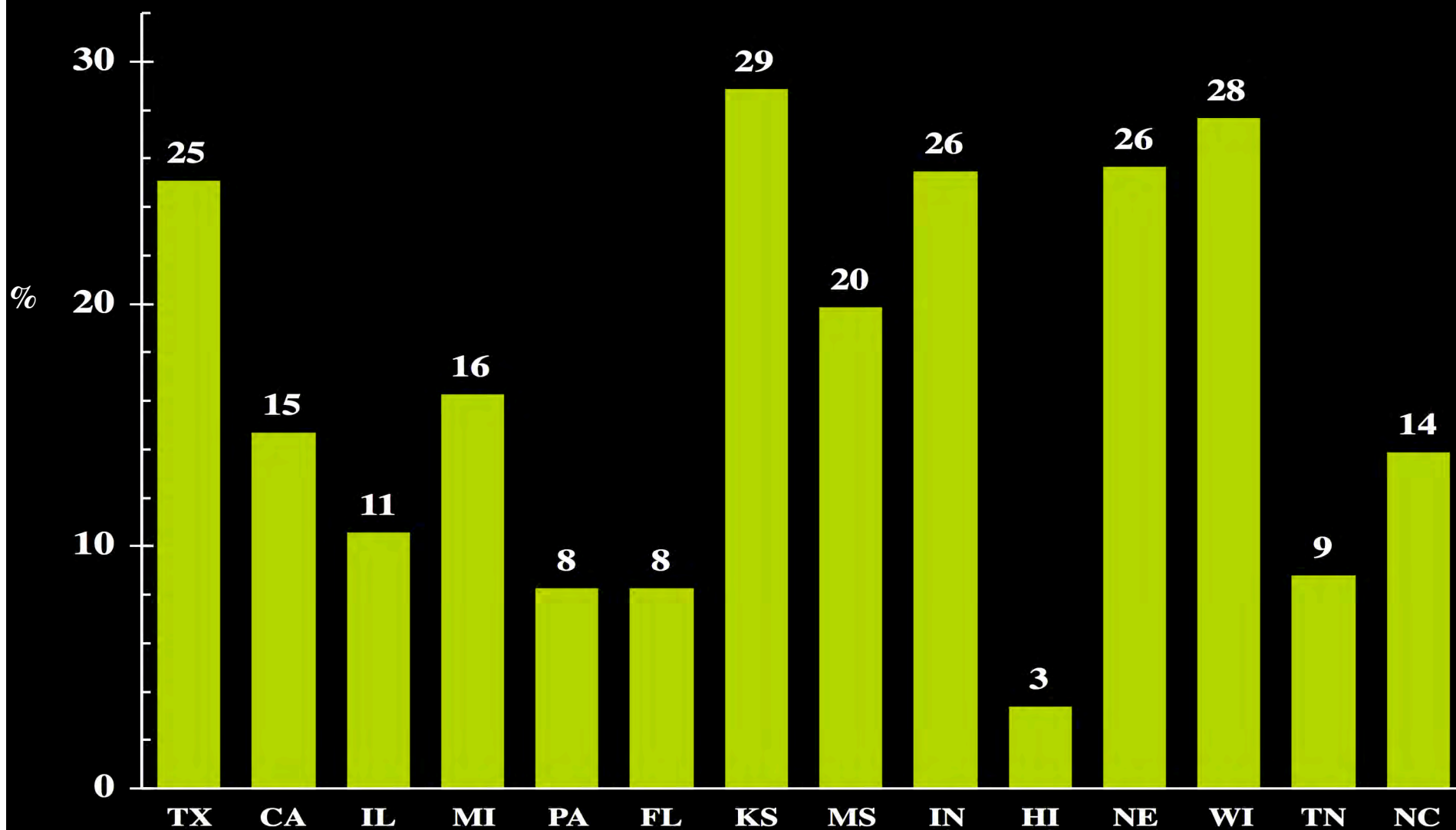
(Federally Funded Health Centers)



Source: 2004 Center Survey

FP Vacancy Rates by State

(Federally Funded Health Centers)

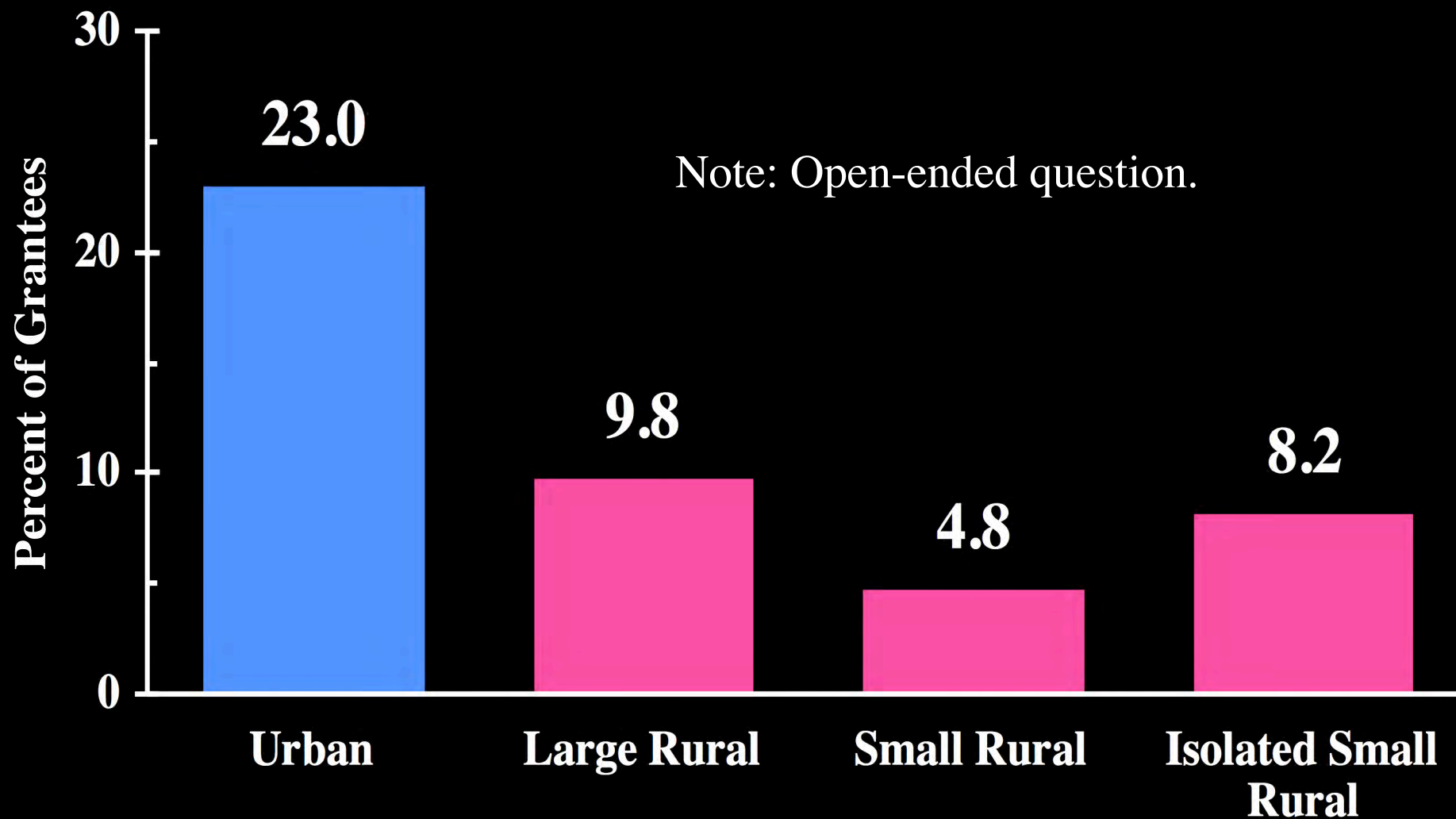


Source: 2004 Center Survey

Recruiting Difficulty

Recruiting RNs Most Difficult

(Federally Funded Health Centers)

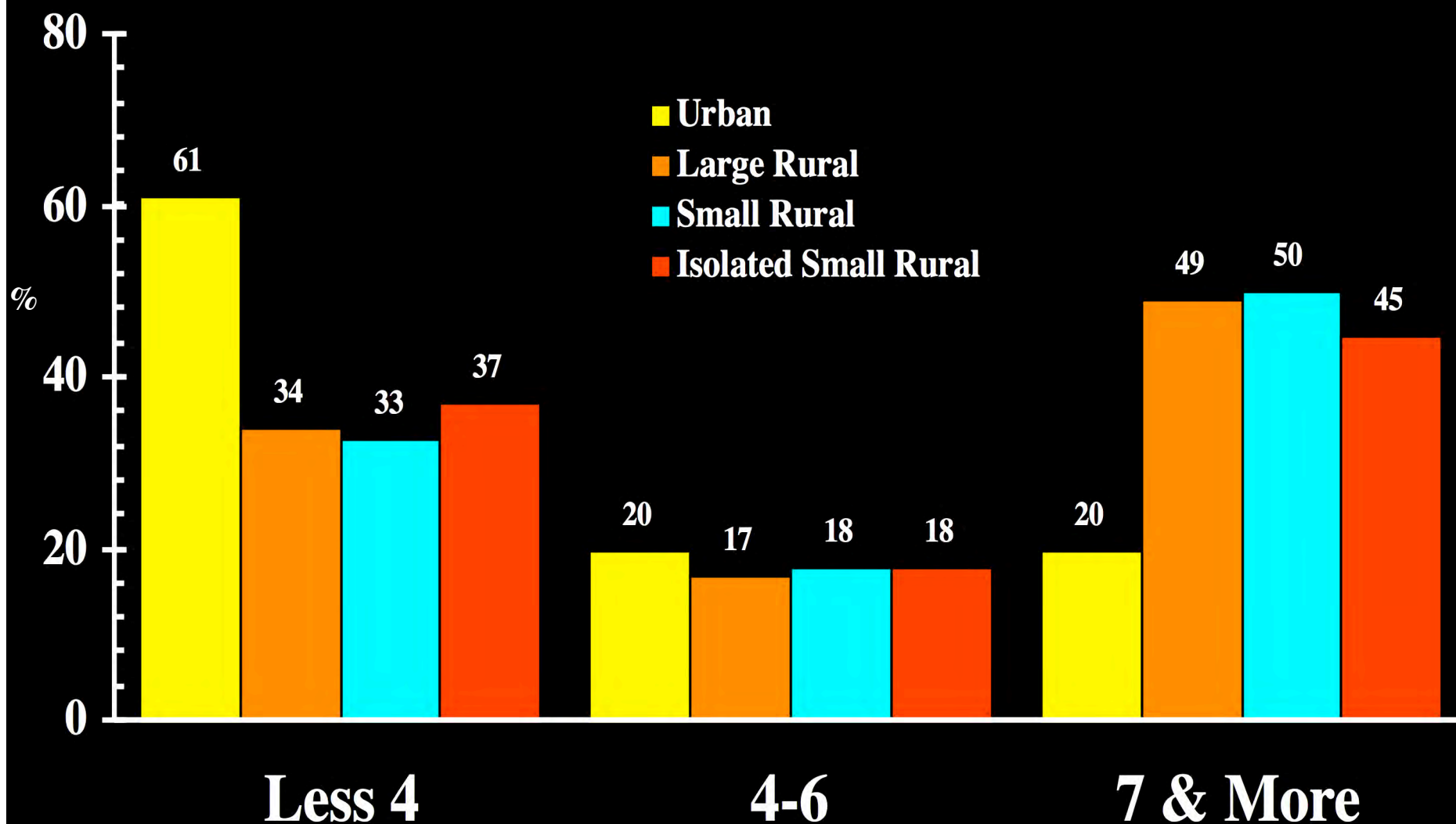


Source: 2004 Center Survey

Vacancy Duration

Months Recruiting for Dentist Vacancy*

(Federally Funded Health Centers)



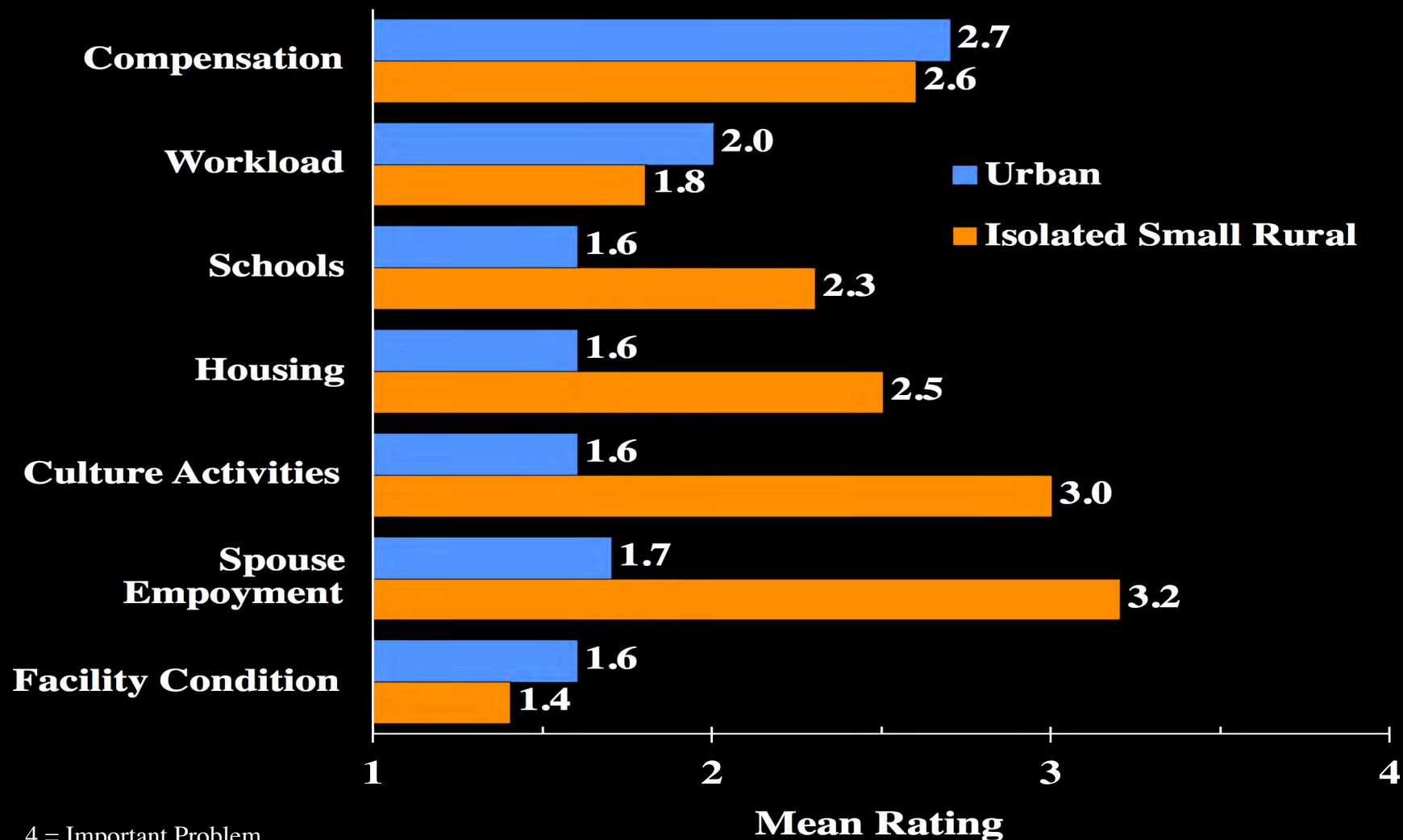
*Dentist longest current vacancy

Source: 2004 Center Survey

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

Provisionary Regression Results

So far, two types of regression dependent variables:

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

Provisionary FP Regression Results

Hypotheses about factors!

For example:

- fewer docs: higher vacancy
- poorer: higher vacancy
- high minority patients: higher vacancy
- farther distance from city: higher
vacancy rate

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 (-)**

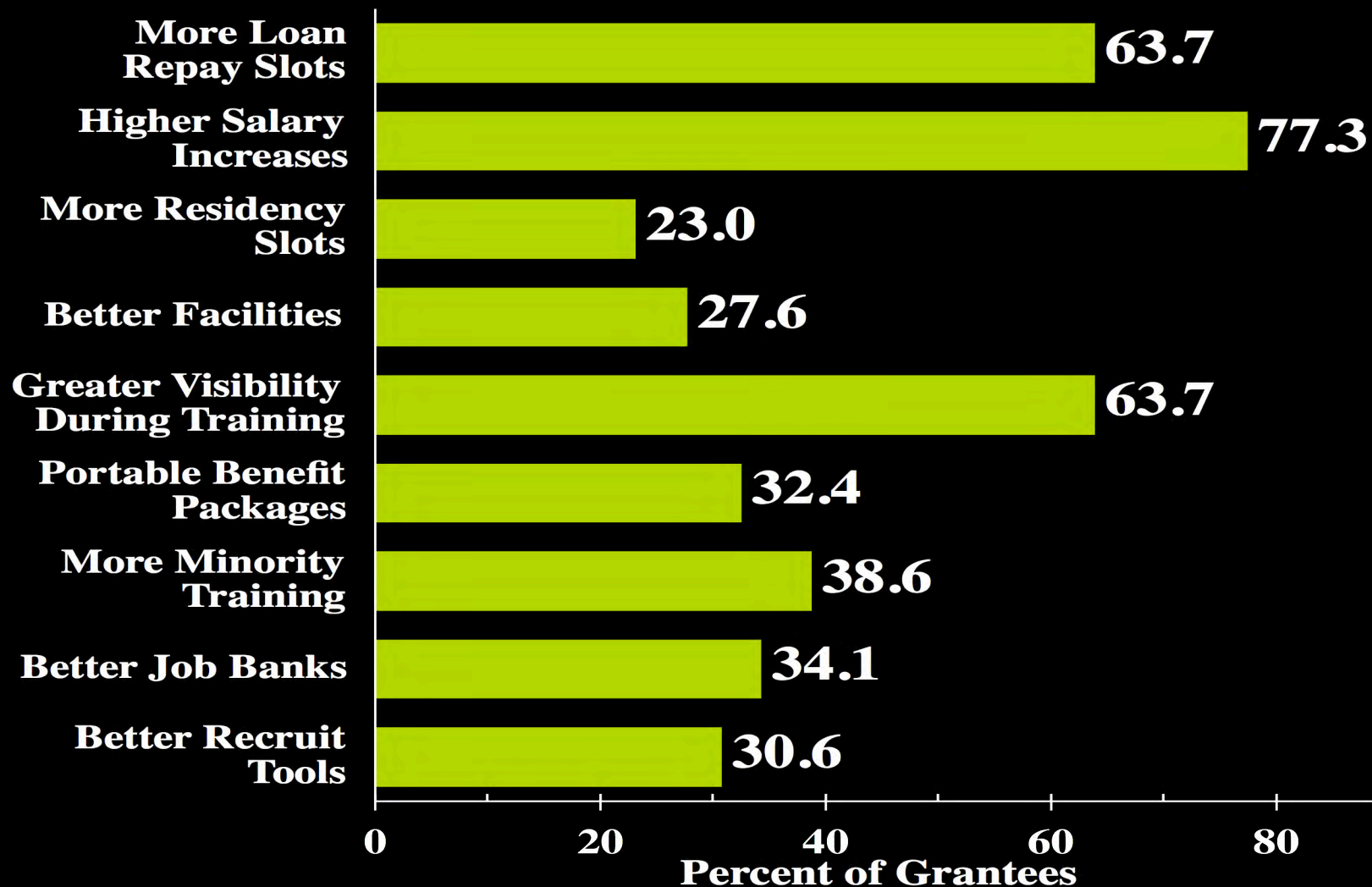
Not Significant Factors

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

Improving Recruiting

How Can We Improve Our Ability to Recruit?

(Federally Funded Health Centers)

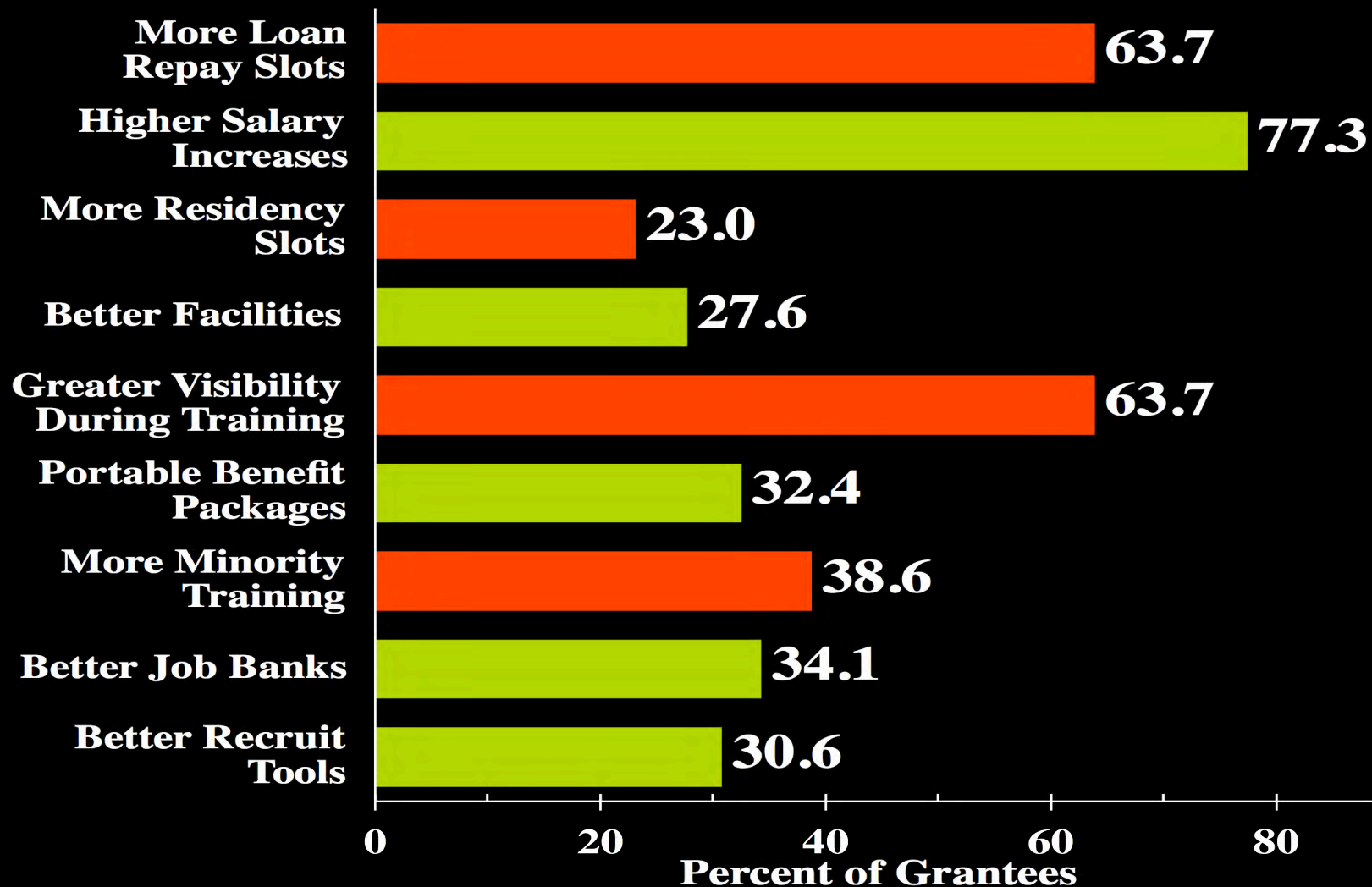


Note: This was a "mark all that apply" question.

Source: 2004 Center Survey

How Can We Improve Our Ability to Recruit?

(Federally Funded Health Centers)

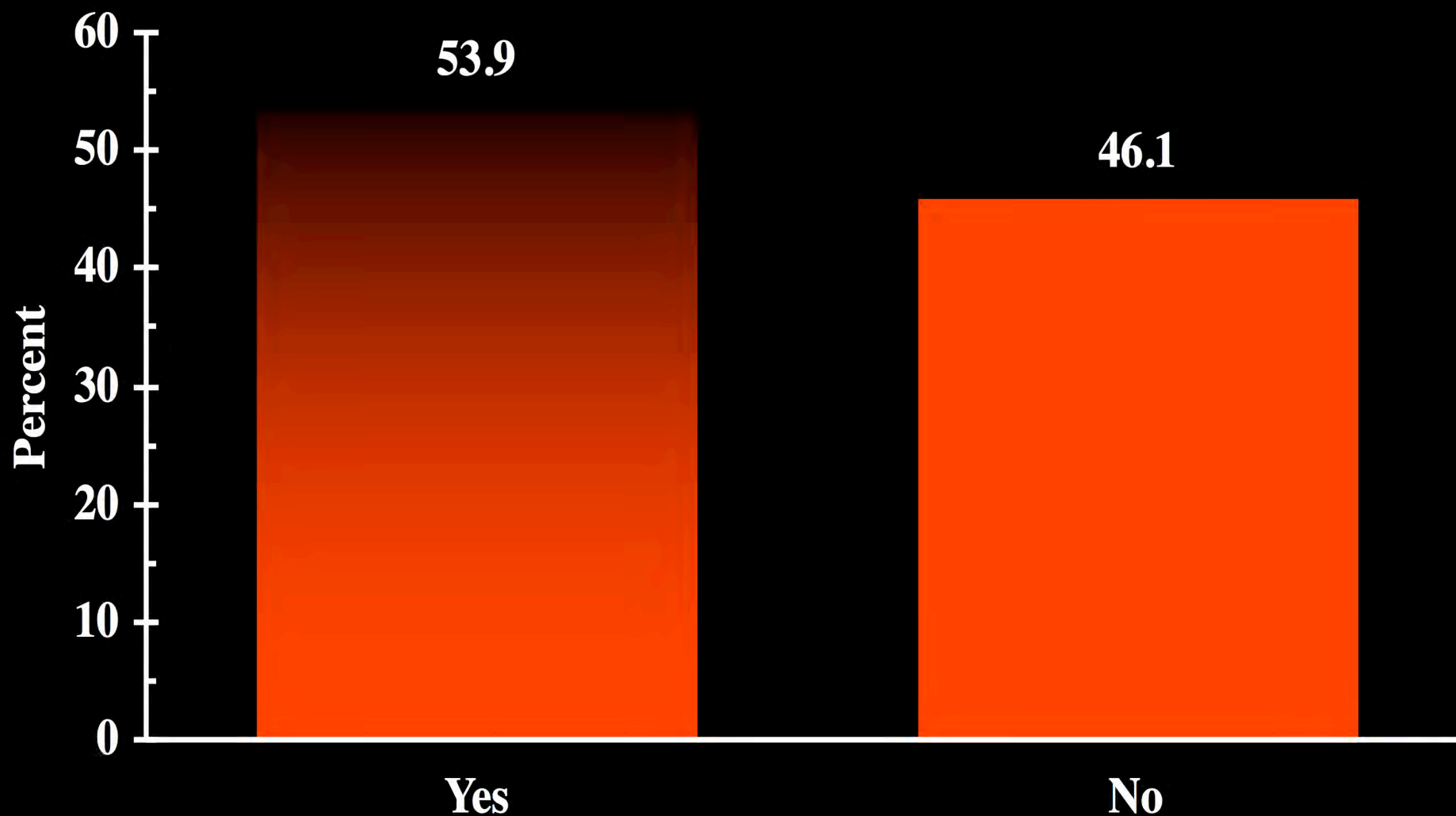


Note: This was a "mark all that apply" question.

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

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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

RUCA

RIC

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

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