



WPHCA

Serving Wisconsin Community
Health Centers

Community Health Center Workforce Data & Strategies

WCMEW Summit | October 13, 2022 | R. Andrae

Agenda

- Community Health Center Workforce Data
- Workforce Strategies
- Policymaker Considerations

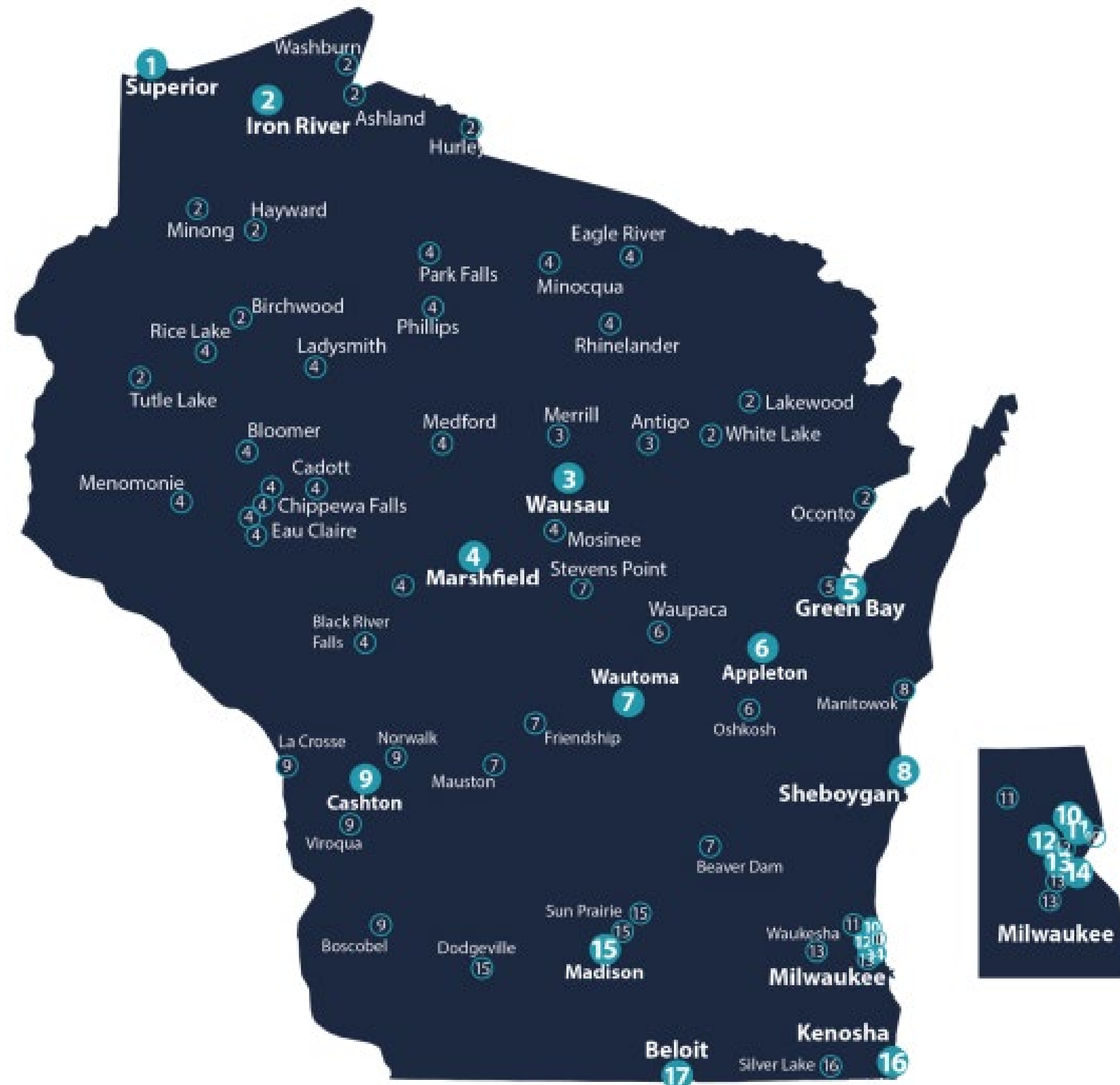
**Community
Health
Center
Workforce
Data**

What is a Community Health Center?

- **Primary care clinic** providing preventative care such as routine wellness check-ups, behavioral health and Substance Use Disorder recovery services, dental care, and connections to other available resources (such as enrollment in health insurance)
- **Services provided depend on the unique needs of a community** (e.g., may provide special services for Agricultural workers or pregnant women)
- Serve children and families **regardless of a patient's ability to pay** (sliding fee scale must be established for all un/under-insured patients)
- Part of a **national network of over 1,400 "federally qualified" clinics** at the intersection of traditional health systems and public health
- Must be governed by a **patient-majority Board of Directors**



Where are WI Community Health Centers?



- 17 non-profits in Wisconsin (+ 2 more in 2022)
- 218 service delivery locations
- Traditional clinics, elementary schools, mobile units, and more!
- Provided care to nearly 300,000 patients in 2021

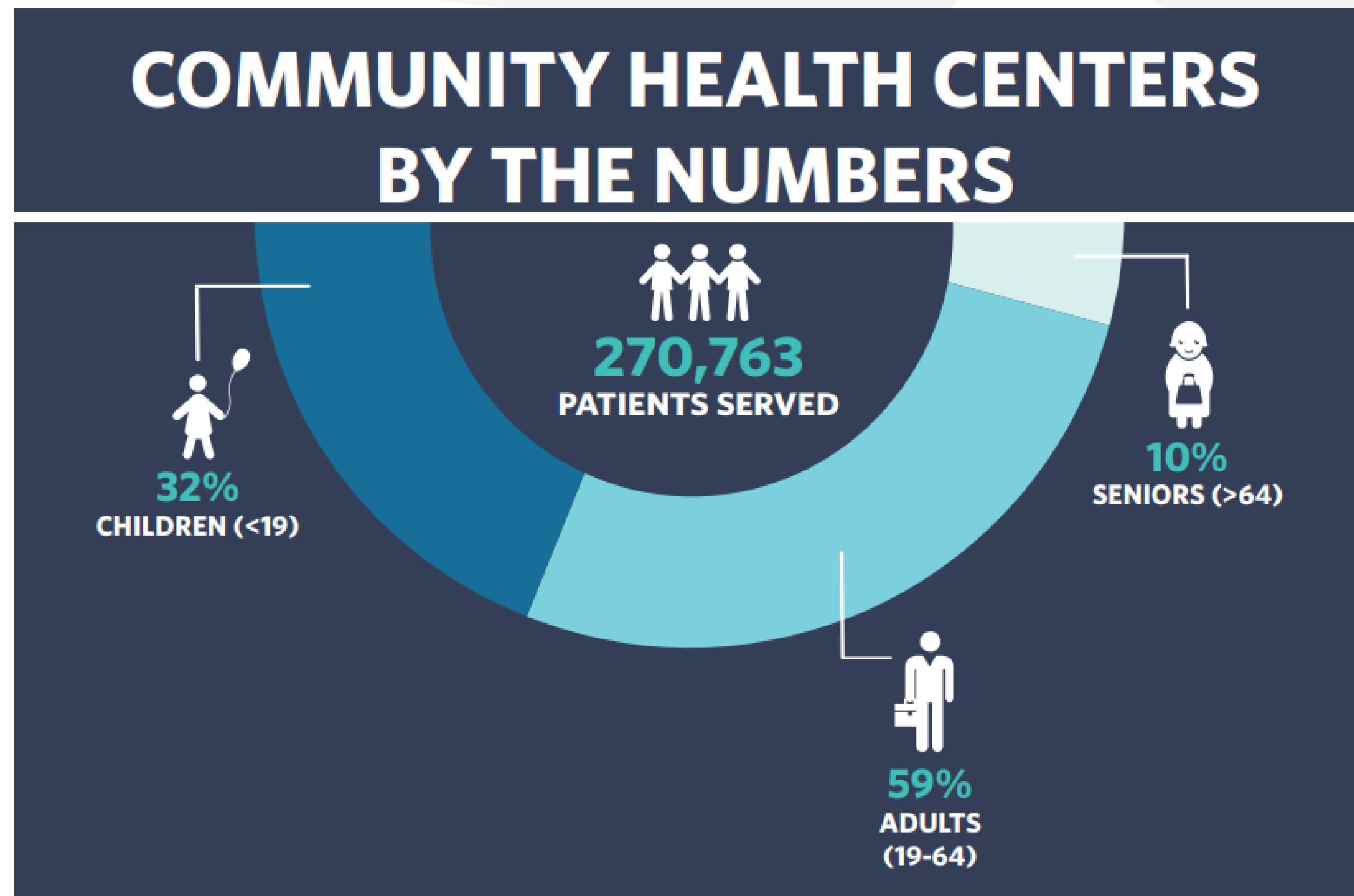
Who do Community Health Centers serve?



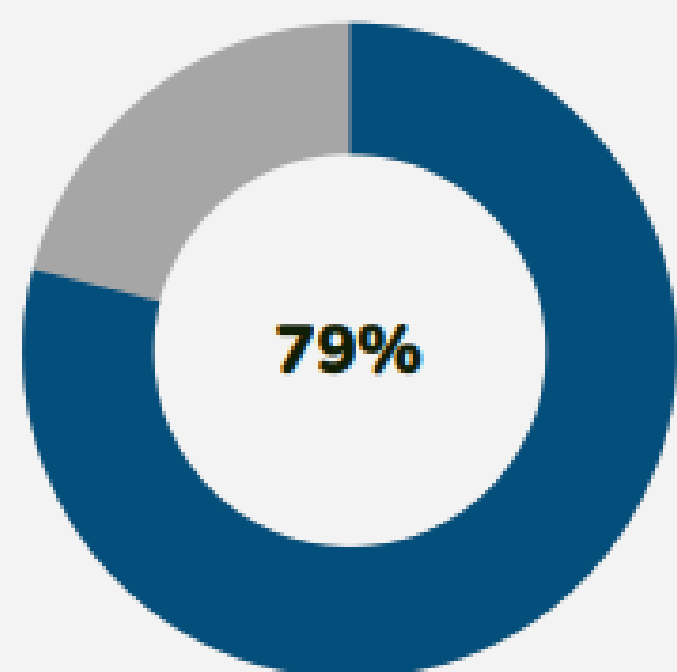
Community Health Centers serve every

1 in 9

Medicaid recipients in Wisconsin.²



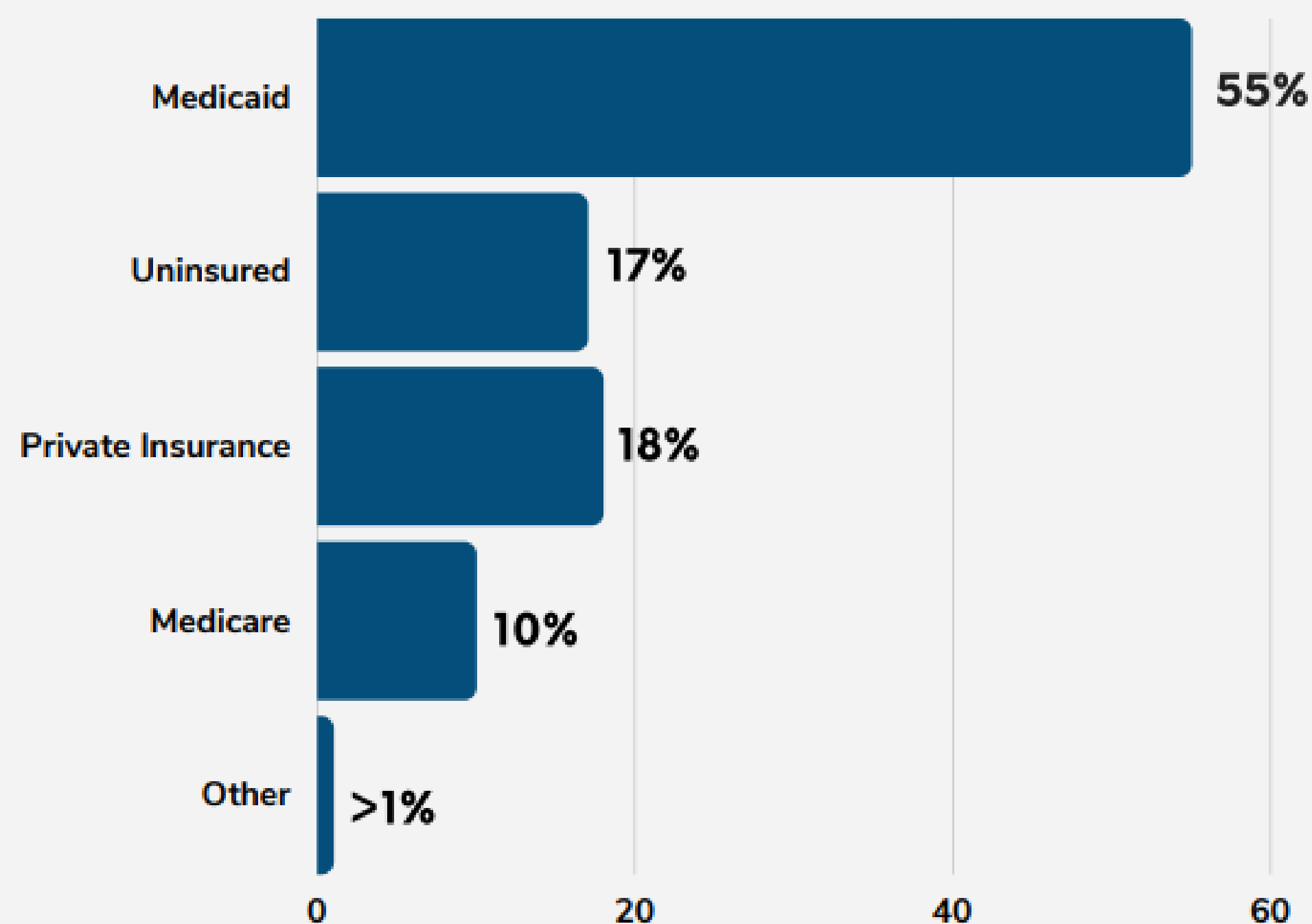
Who do Community Health Centers serve?



79% of Community Health Center patients live below 200% of the Federal Poverty Line.

The Federal Poverty Line in 2020 is \$26,200 for a family of four.

Insurance Status of Wisconsin Community Health Center Patients



Special populations served in 2020:

- 6,454 individuals experiencing homelessness
- 2,195 school-based patients
- 3,331 veterans
- 3,557 Seasonal Agricultural Workers

What Services do CHCs Provide?

- **Medical Services** from pre-natal care to geriatric services (wellness visits, cancer screening, etc.)
- **Oral Health Services** primarily preventive care, some restorations and school-based programming
- **Mental Health Care** such as counseling, therapy, and group supports
- **Substance Use Disorder Treatment** including Medication Assisted Treatment (MAT)
- **Supportive Services** from connecting patients with housing resources, assisting patients in applying for and enrolling in benefits, groceries, and more!

New Workforce Issue Brief

ISSUE BRIEF	
INDUSTRY-WIDE HEALTH CARE WORKFORCE SHORTAGES	2
COMMUNITY HEALTH CENTER WORKFORCE DATA	4
HEALTH PROFESSIONS TRAINING PIPELINES	7
ADDRESSING WORKFORCE CHALLENGES	8
INNOVATIVE WORKFORCE PRACTICES	9
LOOKING FORWARD	10
PUBLIC POLICY AND BIENNIAL BUDGET CONSIDERATIONS	11

KEY FINDINGS

- Community Health Centers are experiencing increased workforce pressures due to a rise in demand for care by an aging population and workforce losses throughout the pandemic.
- Entry-level providers such as Medical Assistants are a key shortage area, along with the behavioral health providers and all dental team members.
- Community Health Centers are not alone as they face workforce shortages; an all-hands-on-deck approach is needed across training institutions, early education, policymakers, and health care partners to strengthen health professions training pipelines and grow the total health care workforce in Wisconsin.

LOOKING FORWARD 10

PUBLIC POLICY AND BIENNIAL BUDGET CONSIDERATIONS 11

Language Disclaimer: In this document Health Center Program Grantees, organizations that receive federal grants under section 330 of the Public Health Services Act and that are Federally Qualified Health Centers, are referred to as "Community Health Centers" or "Health Centers."

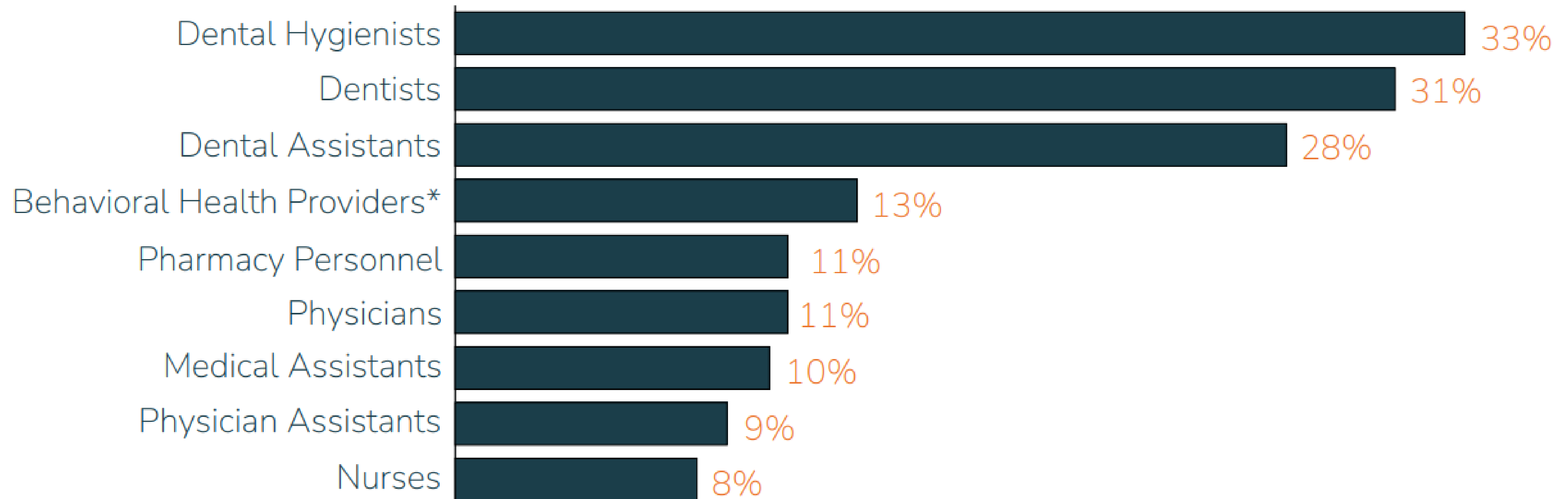
Key findings:

- 1 in 4 dental team positions are unfilled
- 10% vacancy rate for Medical Assistants
- High demand for all Behavioral Health and Substance Use Disorder recovery providers

Available [online](#).

Staffing Data (July 2022)

Community Health Center Provider Vacancy Rates (July 2022, N=10 Health Centers)



**Behavioral Health Providers include mental health and substance use treatment providers*

Source: WI CHC Workforce Survey, July 2022. Wisconsin Primary Health Care Association

Workforce Strategies

Strategy 1: Cultivate Academic Partnerships and Build New Training Programs

Example: AT Still University (Arizona): 4th year of dental school ~50% of clinical education takes place at Community Health Centers

- Currently partnering with 2 WI employers where students complete 4-6 week rotations
- Community Health Center endorses applicants for their program application which increases likelihood they will receive an interview
- Effort to attract candidates that may be more likely return to their hometowns to provide care (“grow your own” strategy)
- 50% retention rate for providers that rotate through the clinics, are hired, and remain in the position

Benefits of Student Programs

For the clinic:

- Recruiting new team members
 - Professional development opportunity for staff
 - Increased patient capacity
 - Increased revenue
 - Increased job satisfaction
 - Relationship with the academic institution
 - Increased availability of specialty services
- Increase exposure to diverse patients and different care settings
 - Expand class size or service area with additional rotations available (often a limiting factor)

For the academic partner:

Strategy 2: Advance Workforce Representation and Diversity Efforts

Indigenous Healthcare Scholarship Program

(NorthLakes Community Health Center):

- Chronic health disparities are exacerbated by a workforce that does not accurately reflect the diversity of the communities it serves.
- \$4K scholarship awarded to any enrolled member of the eight tribes in the NorthLakes coverage area and will cover tuition, room, board, transportation, fees, etc. for students pursuing health degrees, based on both merit and financial need.

Pipeline to Practice (Milwaukee Health Services Inc./ Dr. Tito Izard):

- Encourage and support Black students through mentorship, connection to peers, networking (High School through Medical School) as both a recruitment and retention strategy



Strategy 3: Reduce Barriers and Deploy Workforce Efficiently



Policymaker & Budget Considerations

WPHCA's Efforts

- Consider factors like housing and childcare – What resources are lacking? What partnerships could help fill gaps?

- Maximize existing state and federal programs such as Allied Health Professions training grants and State Loan programs

- Forge relationships with UW system schools and technical colleges to create and expand health professions training programs

- Provide continued training and technical assistance for telehealth implementation (recent issue briefs available!)

- Support new and existing workforce strategies such as leveraging Community Health Workers and advancing practice by Expanded Function Dental Auxiliaries (EFDAs)

Development of workforce strategic plans and tracking staffing data

Policy Opportunities

- 1. Authorize Dental Therapy in Wisconsin (see 2021 AB 169 / SB 181)**
- 2. Authorize Community Health Workers to bill Medicaid**
- 3. Continue addressing barriers to timely processing of occupational licenses, including approving interstate licensure compacts**
- 4. Maintain coverage and reimbursement of services provided via telehealth regardless of insurance type, including audio-only services**

Funding Opportunities

- 1. Incentivize practice opportunities for MAs and DAs, learning from the successful WisCaregiver Careers initiative training CNAs**
- 2. Provide grants for in-house training programs**
- 3. Broaden eligible provider types for loan assistance programs**
- 4. Incentivize faculty and preceptor roles to build capacity or clinical training**
- 5. Strengthen early exposure to health care programs through additional support for Area Health Education Centers (AHEC)**
- 6. Develop an urban counterpart for Graduate Medical Education in the primary care setting**

**“Progress moves
at the speed of
relationships.”**

Richelle Andrae
randrae@wphca.org