



NATIONAL ASSOCIATION OF
Community Health Centers®

NACHC Research *Telling the Health Center Story*

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AAPA-PAEA Research Seminar 8.12.22



AGENDA

1 ▶ About NACHC and the Health Center Movement

2 ▶ Health Center Services & Impact

3 ▶ NACHC Research and Data Sources

4 ▶ Health Center Workforce: Recent Trends

5 ▶ Workforce and Education Initiatives

6 ▶ Future Directions

About the Health Center Movement

How did it all begin?

- The community health center movement was born in the 1960s out of the struggle for equality and economic & social justice.
- Health centers were created by determined community health and civil rights activists fighting to improve the lives of Americans facing segregation and poverty without access to health care.
- The first health clinics, known as ‘Neighborhood Health Centers’ were founded in the rural Mississippi Delta and an urban public housing project in Boston.
- The Community Health Center Program was officially launched in 1965, funded by President Lyndon B. Johnson’s Office of Economic Opportunity as part of his War on Poverty initiatives.



Dr. H. Jack Geiger (left) and Dr. John W. Hatch (right) during construction of the Delta Health Center



Columbia Point Health Center in the Dorchester neighborhood of Boston

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



About NACHC

What we do:

- Serve as the leading **national advocacy** organization in support of community-based health centers and the expansion of health care access for medically underserved and uninsured patients.
- Conduct **research and analysis** that informs both the public and private sectors about the work of health centers, their value to the American health care system and the overall health of the nation's people and communities – both in terms of costs and health care outcomes.
- Provide **training, leadership development and technical assistance** to health center staff and boards to support and strengthen health center operations and governance.
- Develop **alliances and partnerships** with the public and private sectors to build stronger and healthier communities and bring greater resources to and investment in community health centers.
- Work closely with state Primary Care Associations and Health Center Controlled Networks to fulfill our shared mission and support the growth and development of health center programs.

NACHC Strategic Pillars

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

Health Center Model of Care:

Community governance: a majority (at least 51%) of the board are health center patients

Located in federally-designated **medically underserved areas**

Non-profit and open to **all patients** regardless of insurance status or ability to pay

Comprehensive health services

- Care team, care integration, community partners
- “Enabling” and social services

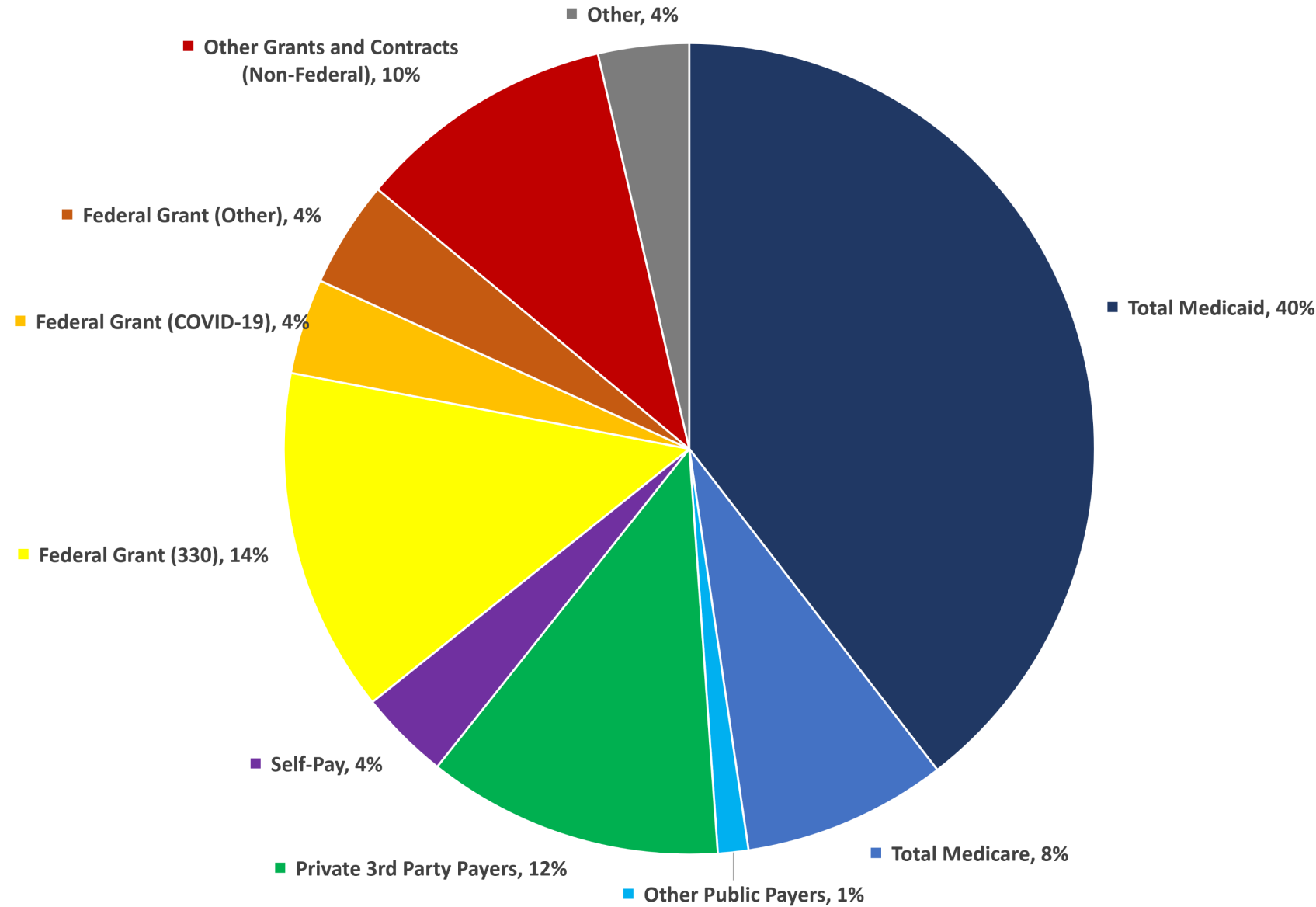
Community needs assessments

Strict performance/accountability standards

- Quality Improvement/Assurance Plans

Health Center Funding

- The Health Center Program is funded through Section 330 of the Public Health Service Act
- Federal statute grants program authority to the Bureau of Primary Health Care (BPHC) within the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services
- Federal health center appropriations totaled \$5.7B in FY21





Health Center Services and Impact

America's Health Centers: 2021

In 2021, for the first time in a single year, health centers served over

30 million patients

Over 1,400 Community Health Centers and Look-alike organizations provided care at more than 14,000 locations across the country in 2021.

1 in 11 Americans are health center patients, of whom:

20% are **uninsured**

59% are **publicly insured**

90% are **low-income**

65% are members of racial and/or ethnic **minority groups**

42% live in **rural communities**

America's Health Centers: 2021

Health centers are the health care home for many of America's historically underserved communities, including:



1 in 5

UNINSURED AMERICANS



1 in 3

AMERICANS LIVING IN POVERTY



1 in 5

RURAL AMERICANS



1.3 million

PEOPLE EXPERIENCING HOMELESSNESS



8.6 million

CHILDREN



nearly

400,000

VETERANS



3.3 million

ELDERLY PATIENTS

America's Health Centers: 2021

Health centers **expand access** to high-quality, comprehensive services, including:

TELEHEALTH SERVICES

29 million virtual visits

DENTAL SERVICES

5.7 million patients

MENTAL HEALTH SERVICES

2.7 million patients

SUBSTANCE USE TREATMENT

285,000 patients

MEDICATION-ASSISTED
TREATMENT

FOR OPIOID USE DISORDER

184,000 patients

America's Health Centers: 2021

HEALTH CENTERS DRIVE ECONOMIC GROWTH



270,000
EMPLOYEES (FTE)



\$63 billion
ECONOMIC ACTIVITY
GENERATED IN
COMMUNITIES SERVED



\$24 billion
SAVINGS TO THE
HEALTH SYSTEM
ANNUALLY

HEALTH CENTERS ARE PLAYING A PIVOTAL ROLE IN
FIGHTING THE COVID-19 PANDEMIC
BY ENSURING **EQUAL ACCESS** TO PREVENTION AND TREATMENT

To date, health centers have administered...

22.2 million vaccines

72% of which have gone to patients of racial/ethnic minority backgrounds

20 million tests

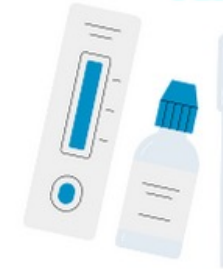
61% of which have gone to patients of racial/ethnic minority backgrounds

...and distributed:

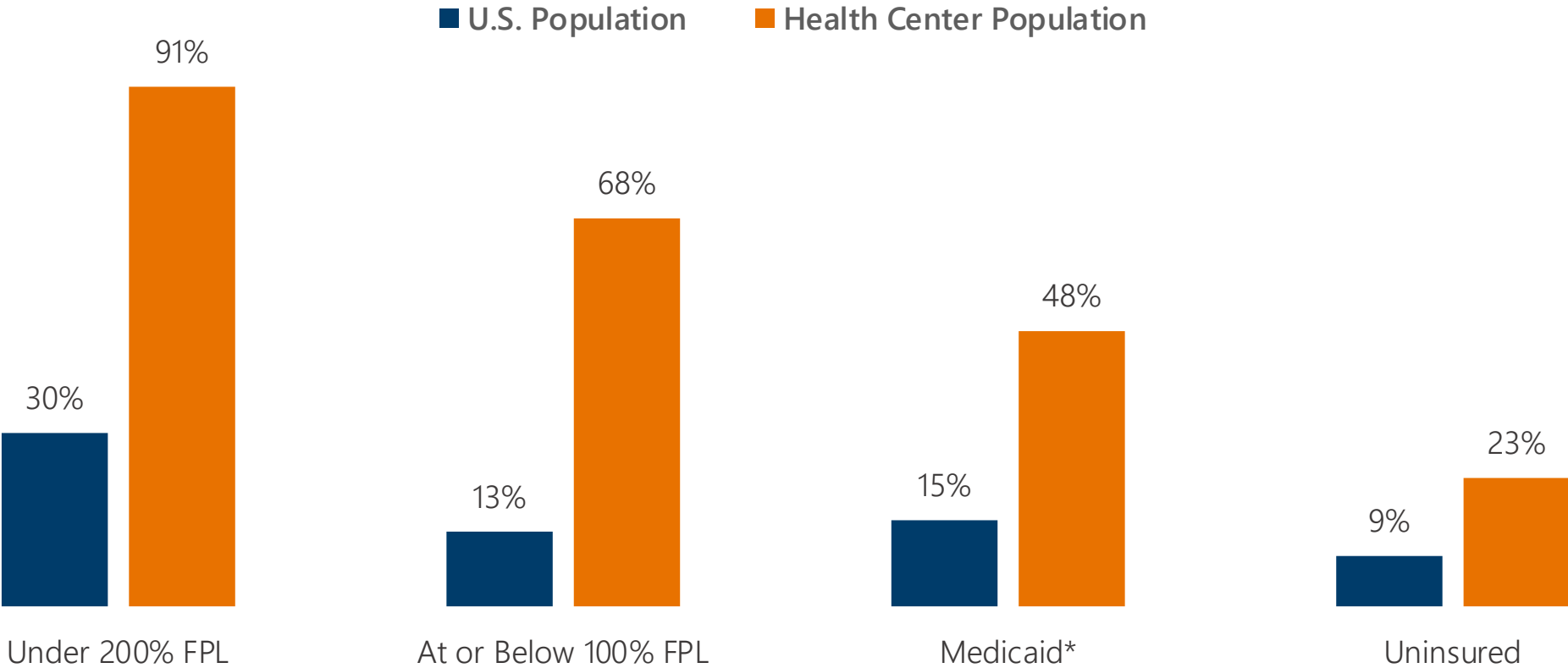
7.2 million N95 masks



7.9 million at-home test kits



Health centers serve a disproportionate number of patients who are low-income and/or uninsured:

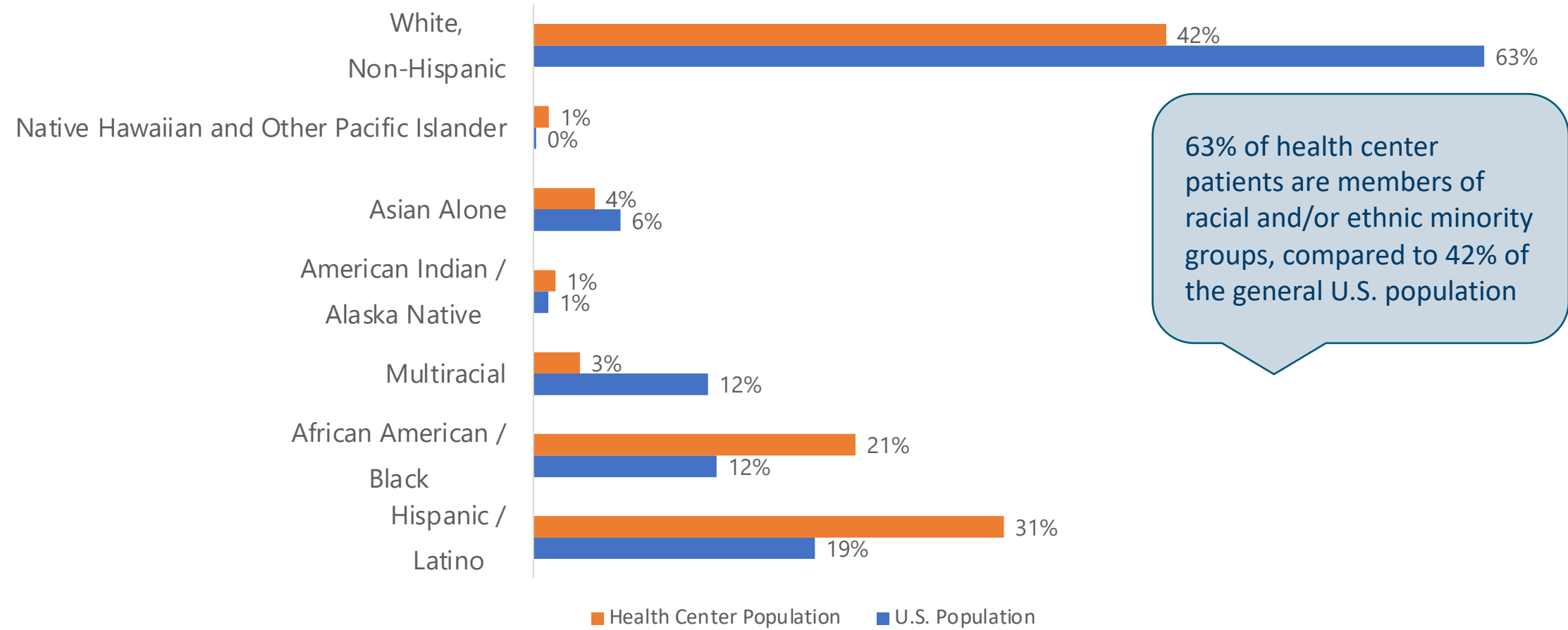


Note: FPL = federal poverty level.

* Medicaid alone and not in combination with other insurance.

Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Tables S1701, S2704, S2701

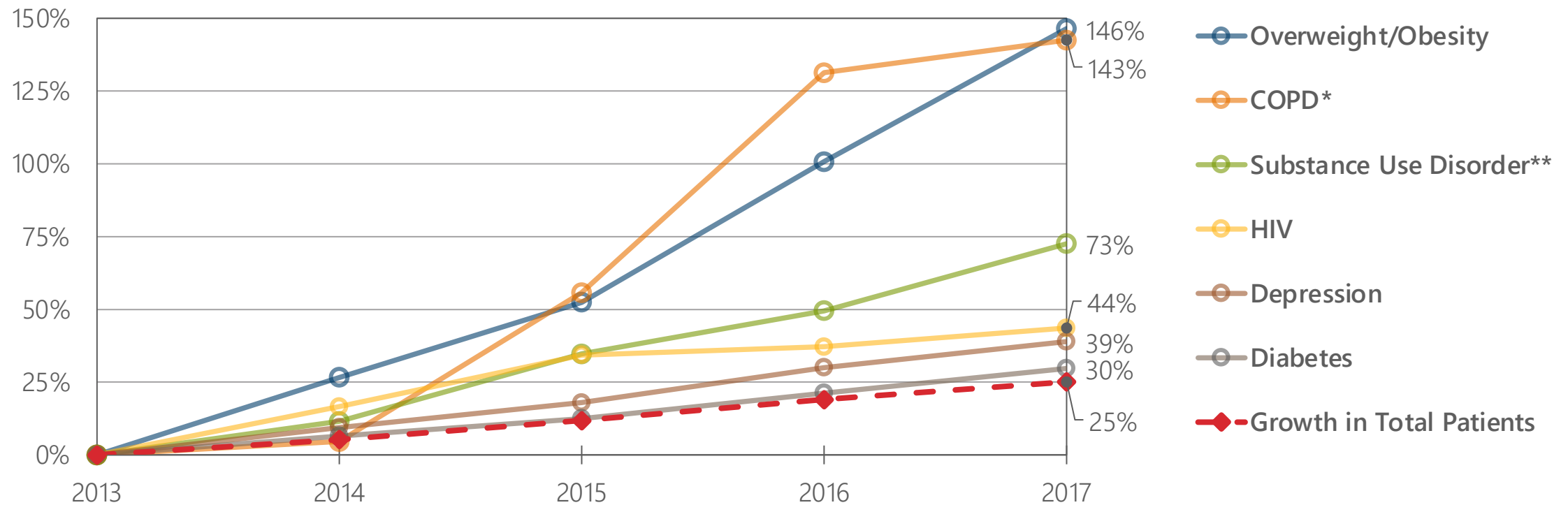
A majority of health center patients are of racial and/or ethnic minority backgrounds:



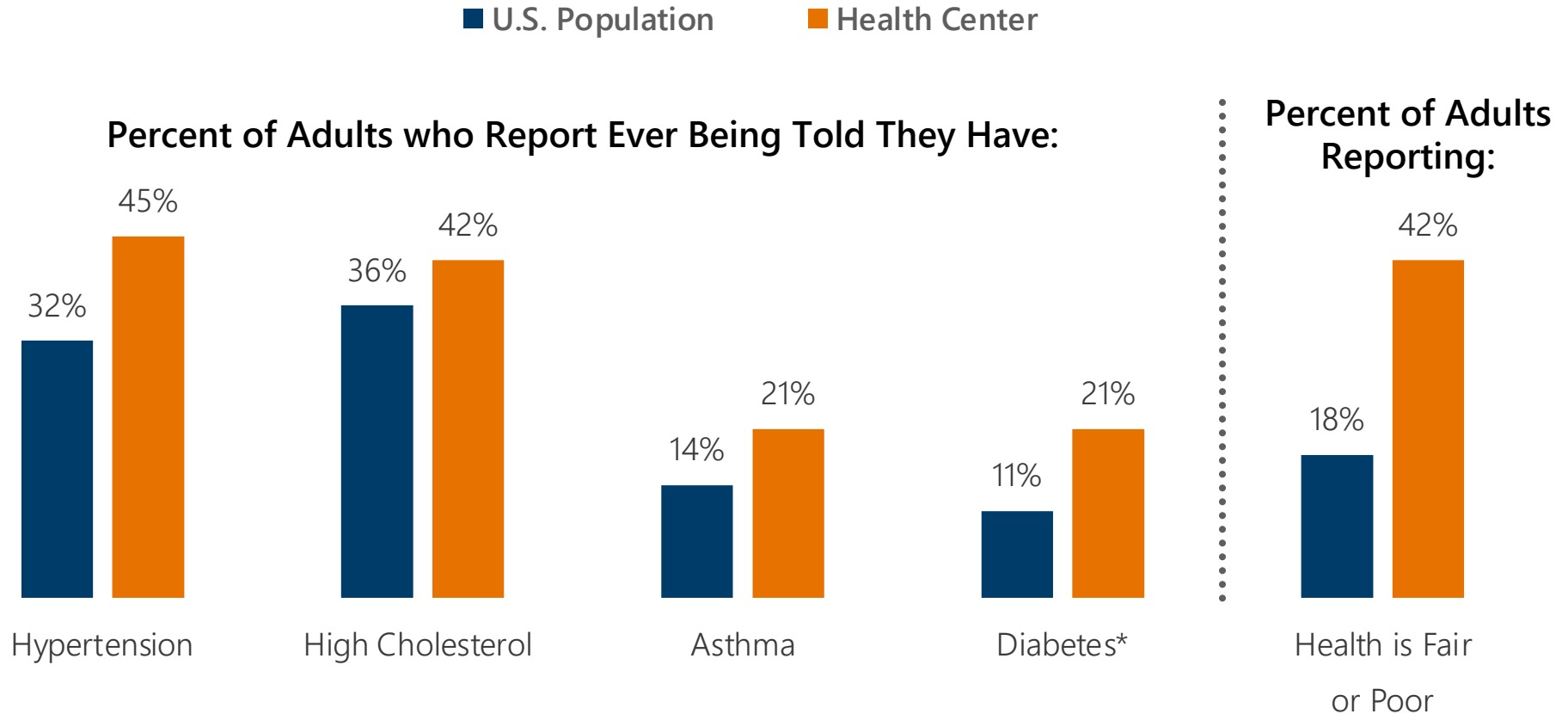
63% of health center patients are members of racial and/or ethnic minority groups, compared to 42% of the general U.S. population

Health Center Patients are Growing Increasingly Complex, with Higher Rates of Chronic Conditions than in Previous Years

Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017



Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population

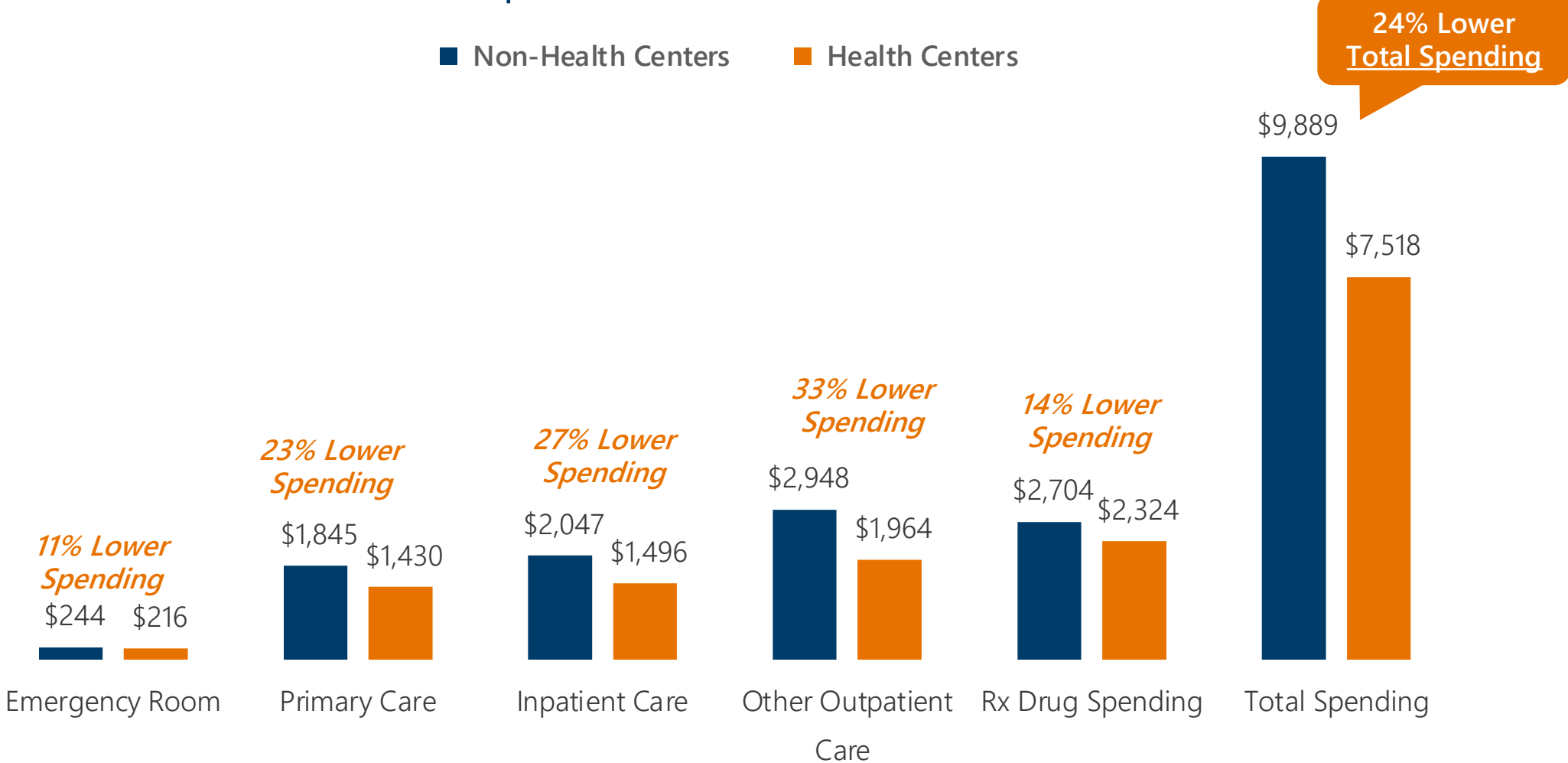


* Other than during pregnancy.

Note: Includes only adult population ages 18 and older.

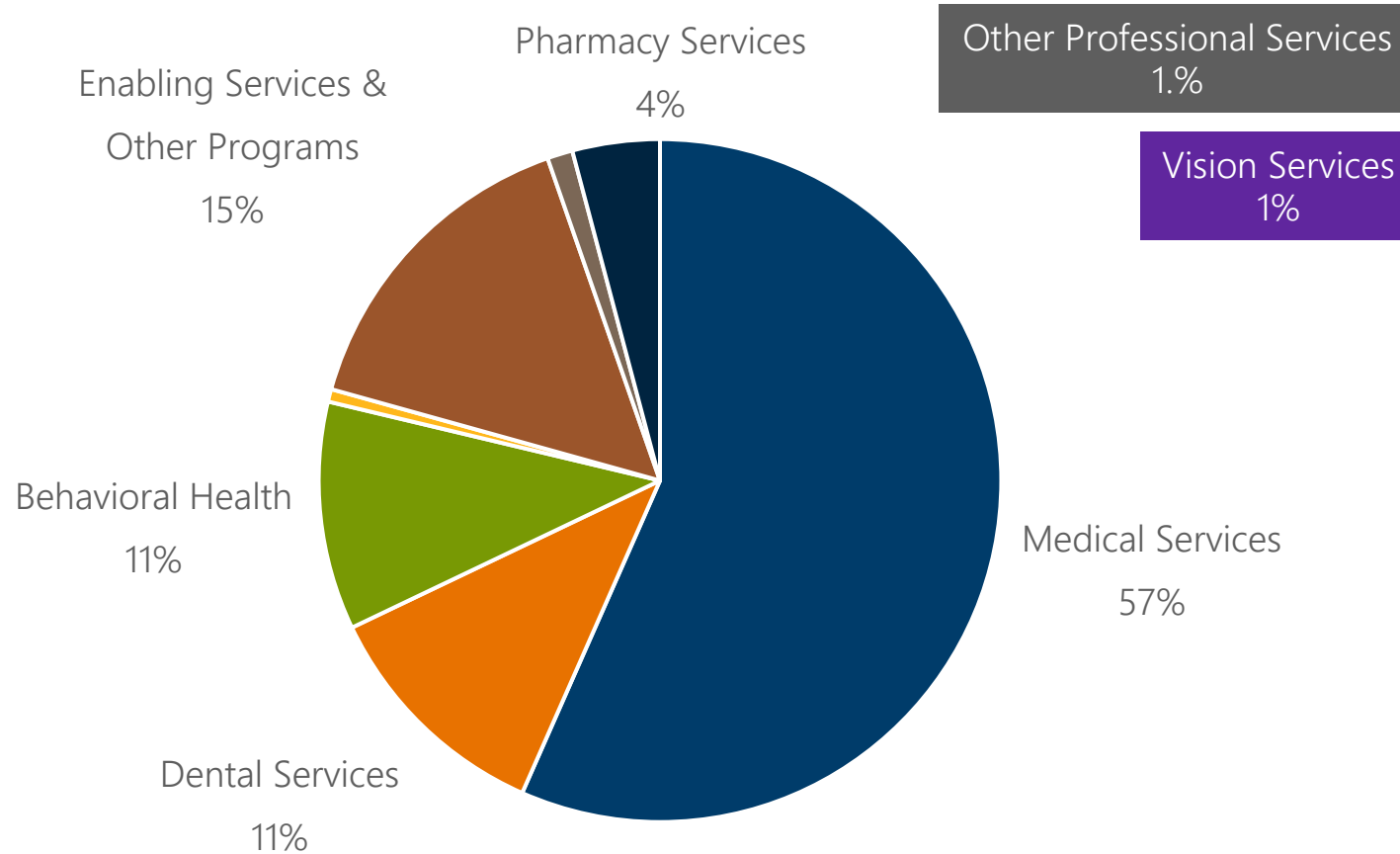
Sources: (1) 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Health Status Indicators. 2015. Note: Used for High Cholesterol, Hypertension, Diabetes, and Self-Reported Health Status. Centers for Disease Control and Prevention. (3) Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2016. Note: Used for Asthma; estimate is the median crude prevalence rate for all U.S. States, Territories, and D.C.

Health Centers Save 24% Per Medicaid Patient Compared to Other Providers



Health Center Care Team Staff Provide a Broad Array of Services

Total Care Team: 270,000 Full-Time Equivalent (FTE)



Enabling Services* are a Defining Characteristic of Health Centers and Help Improve Access to Care and Patient Satisfaction

Health Center Patients Who Used Enabling Services* Had:



1.9 **more health center visits** in the past year (on average)



A 12 percentage-point **higher likelihood of getting a routine checkup**



A 16 percentage-point **higher likelihood of getting a flu shot**



An 8 percentage-point **higher likelihood of being satisfied with care**

* The Health Resources and Services Administration (HRSA) defines enabling services as, “non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.” Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).
Note: This figure compares health center patients who used enabling services to patients that did not use enabling services.
Source: Yue et al. Enabling Services Improve Access to Care, Preventive Services, and Satisfaction Among Health Center Patients. Health Affairs 38(9). September 2019.



NACHC Research and Data

NACHC Research Priorities

1) Demonstrate health center value and impact

2) Inform federal and state policy agendas

3) Empower health centers to use data for health improvement and health equity

4) Inform health center system improvement efforts



Support NACHC and stakeholder research and data needs

COVID-19 and emergency preparedness: monitor emerging issues, collect reliable datasets, develop evidence-based policy recommendations, and track community response

Data Sources

➤ UDS

UDS Mapper

Biweekly COVID-19 Survey

PRAPARE

Health Center Patient Survey


American Community Survey

Quarterly Surveys

Health Center Resource Clearinghouse

Uniform Data System (HRSA)

data.HRSA.gov

Search  A-Z Index

Expanded Summaries of 2021 UDS Data Tables



The UDS includes tables that provide consistent demographic, clinical, operational, and financial data. View national aggregated summaries of UDS health center awardee data. For more detailed descriptions of UDS tables, visit the [UDS Resources](#) page to access UDS manuals and other reporting documentation.

- View Full 2021 National Report
- • Table 3A: Patients by Age and by Sex Assigned at Birth
- Table 3B: Demographic Characteristics
- Table 4: Selected Patient Characteristics
- Table 5: Staffing and Utilization
- Table 5: Selected Service Detail Addendum
- Table 6A: Selected Diagnoses and Services Rendered
- Table 6B: Quality of Care Measures

Go to the [HRSA Electronic Reading Room](#) to download publicly available UDS data. Visit the [Data Downloads](#) page to download a list of federally-funded Health Center Service Delivery and Look-Alike Sites that provide health services.

Table 5: Staffing and Utilization

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1.	Family Physicians	6,860.19	14,548,632	3,894,058	
2.	General Practitioners	531.45	1,179,302	296,544	
3.	Internists	2,178.04	4,445,383	1,528,427	
4.	Obstetrician/Gynecologists	1,362.03	3,276,777	285,012	
5.	Pediatricians	3,215.50	7,770,964	1,458,934	
7.	Other Specialty Physicians	710.79	1,990,874	181,263	
8.	Total Physicians (Lines 1–7)	14,858.00	33,211,932	7,644,238	
9a.	Nurse Practitioners	11,701.75	23,295,713	5,138,018	
9b.	Physician Assistants	3,621.67	7,952,634	2,022,648	
10.	Certified Nurse Midwives	810.38	1,310,407	157,322	
10a.	Total NPs, PAs, and CNMs (Lines 9a–10)	16,133.80	32,558,754	7,317,988	

Table 7: Health Outcomes and Disparities

Section C: Diabetes: Hemoglobin A1c Poor Control

Line	Race and Ethnicity	Total Patients 18 through 74 Years of Age with Diabetes (3a)	Number Charts Sampled or EHR Total (3b)	Patients with HbA1c > 9% or No Test During Year (3f)	Estimated % Patients with HbA1c > 9%
Hispanic or Latino/a					
1a.	Asian - Hispanic or Latino/a	2,045	2,034	636	31.27%
1b1.	Native Hawaiian - Hispanic or Latino/a	926	921	349	37.89%
1b2.	Other Pacific Islander - Hispanic or Latino/a	4,190	4,150	1,439	34.64%
1c.	Black/African American - Hispanic or Latino/a	22,705	21,663	7,216	33.21%
1d.	American Indian/Alaska Native - Hispanic or Latino/a	11,829	10,969	4,027	36.75%
1e.	White - Hispanic or Latino/a	676,522	668,380	230,402	34.37%
1f.	More than One Race - Hispanic or Latino/a	37,841	36,548	12,779	34.80%
1g.	Unreported/Refused to Report Race - Hispanic or Latino/a	266,472	263,679	90,896	34.42%
	Subtotal Hispanic or Latino/a	1,022,530	1,008,344	347,744	34.41%
Non-Hispanic or Latino/a					

Table 9D: Patient-Related Revenue

Line	Payer Category	Charges			Collections			
		Full Charges This Period (a) \$	% of Payer	% of Total	Amount Collected This Period (b) \$	% of Payer	% of Total	% of Charges
1.	Medicaid Non-Managed Care	\$6,977,983,435	36.42%	17.54%	\$5,633,918,550	36.06%	22.23%	80.74%
2a.	Medicaid Managed Care (capitated)	\$4,234,587,609	22.10%	10.64%	\$3,899,448,476	24.96%	15.39%	92.09%
2b.	Medicaid Managed Care (fee-for-service)	\$7,944,705,578	41.47%	19.97%	\$6,089,271,372	38.98%	24.03%	76.65%
3.	Total Medicaid (Sum of Lines 1 + 2a + 2b)	\$19,157,276,622	100.00%	48.14%	\$15,622,638,398	100.00%	61.64%	81.55%
4.	Medicare Non-Managed Care	\$4,280,681,628	76.49%	10.76%	\$2,519,814,430	76.75%	9.94%	58.86%
5a.	Medicare Managed Care (capitated)	\$285,703,886	5.10%	0.72%	\$224,130,025	6.83%	0.88%	78.45%
5b.	Medicare Managed Care (fee-for-service)	\$1,030,196,472	18.41%	2.59%	\$539,298,649	16.43%	2.13%	52.35%
6.	Total Medicare (Sum of Lines 4 + 5a + 5b)	\$5,596,581,986	100.00%	14.06%	\$3,283,243,104	100.00%	12.95%	58.67%

Interactive Tools: UDS Mapper

UDS Mapper

HOME ABOUT SIGN IN UPCOMING EVENTS TUTORIALS & RESOURCES

HEALTH CENTER RESEARCH **Help**

washington, dc

Map My Data

Map My Data allows you to put your own data on the map. Users should consider patient confidentiality when uploading patient data. Small cell counts may lead to identification of individual patients when mapping areas. When mapping points, please remember that the Map My Data tool is not HIPAA compliant.

Map Addresses Map Areas

Drag and drop an .xls, .xlsx, or .csv file

OR

Select a file

20005, Washington

Pop: Total (#) 2015-2019:	12,347
Pop: Low-Income (#) 2015-2019:	2,405
HCP: Total Patients (#) 2020:	1,603
HCP: Penetration of Total Population (%):	12.98 %
HCP: Penetration of Low-Income (%):	66.65 %

UDS-based Publications:

AMERICA'S HEALTH CENTERS
AUGUST 2022

Community health centers are nonprofit, patient-governed organizations that provide high-quality, comprehensive primary health care to America's medically underserved communities, serving all patients regardless of income or insurance status.

In 2021, for the first time in a single year, health centers served over **30 million patients**

Over 1,400 Community Health Centers and Look-alike organizations provided care at more than 14,000 locations across the country in 2021.

Health centers are the health care home for many of America's historically underserved communities, including:

- 1 in 5 UNINSURED AMERICANS
- 1 in 3 AMERICANS LIVING IN POVERTY
- 1 in 5 RURAL AMERICANS
- 1.3 million PEOPLE EXPERIENCING HOMELESSNESS
- 8.6 million CHILDREN
- 400,000 VETERANS
- 3.3 million ELDERLY PATIENTS

Community Health Center Chartbook 2022

The National Association of Community Health Centers (NACHC) is pleased to present the Community Health Center Chartbook, an overview of the Health Center Program and the communities they serve. Health centers began over fifty years ago as part of President Lyndon B. Johnson's "War on Poverty." Their aim then, as it is now, is to provide affordable, high-quality, comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay for services. A growing number of health centers also provide dental, behavioral health, pharmacy, and other important services. No two health centers are alike, but they all share one common purpose: to provide primary and preventive health care services that are coordinated, culturally and linguistically competent, and community-directed.

Health centers play a critical role in the U.S. health care system, delivering care to over 29 million* people today. They stand as evidence that communities can improve health, reduce health disparities, generate taxpayer savings, and deal with a multitude of costly and significant public health and social problems – including substance use disorder, mental illness, natural disasters, and homelessness – if they have the resources to do so. In response to COVID-19, health centers quickly pivoted their operations to test and vaccinate hundreds of thousands of patients each month, while continuing to provide important health care services. Their work during this time has been vital to slowing the virus's spread and reopening communities. Across the country, health centers produce positive results for their patients and for the communities they serve before and during the pandemic. Federal and state support, along with third party reimbursement, are critically important to keep pace with escalating health care needs and rising costs among populations served by health centers.

Who health centers serve, what they do, and their impressive record of accomplishments in keeping communities healthy are represented in this chartbook.

* Includes patients of federally funded health centers and look-alikes.

HEALTH CENTERS' WORKFORCE: The Backbone of Our Country's Healthcare
MARCH 2022

The Community Health Center workforce is the cornerstone of the comprehensive, high-quality primary care received by nearly 30 million patients at 14,000 delivery sites nationwide. Over 40% of delivery sites are located in rural and frontier communities, and care provided at Community Health Centers saves the U.S. health care system more than \$24 billion per year.

Dedicated care teams are the backbone of the Community Health Center program, which are comprised of physicians, nurses, dentists, optometrists, social workers, case managers, medical assistants, and others who are deeply committed to the health and well-being of the communities they serve.

According to a recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM), embedded engineering high-quality primary care, Rebuilding the Foundation of Alaska Care.

High-quality primary care is best provided by a team of clinicians and others who are organized, supported, and accountable to meet the needs of the people and the communities they serve. Team-based care improves health care quality, use, and costs among chronically ill patients, and it also leads to lower hospital inpatient care.¹ Community Health Centers have embraced this approach and are leaders in team-based care.

Yet, like many health care providers, the Community Health Center workforce has experienced tremendous strain due to the COVID-19 pandemic. Continued federal investment in current primary care workforce programs is essential to respond to these challenges. There is also a need for policy changes that help to diversify and strengthen the current and future Community Health Center workforce.

This brief explores some of those key programs and policy suggestions, but first explores the key staff roles within a health center, how the workforce has grown over time, and the important work that health centers have done throughout the past year.

Community Health Centers... care for nearly 29 million people annually... and half of the 14,000 sites are located in rural and frontier communities... saving the health care system \$24 billion.

Health Centers Are Addressing America's Mental Health Crisis

The COVID-19 pandemic and resulting economic challenges have led to a surge in the number of people living with mental illness and substance use disorders. The National Institute of Mental Health estimates that 1 in 5 Americans live with a mental illness¹ and research from the Kaiser Family Foundation showed that adults experiencing anxiety and/or depression quadrupled from 11% in 2019 to 41% in 2021.² For communities of color who have experienced disproportionately high rates of COVID-19 cases and deaths, the pandemic's impact on mental health has been even more pronounced. Almost half (45%) of Non-Hispanic Black adults and 46.3% of Latino adults reported symptoms of depression or anxiety, compared to 40.9% of Non-Hispanic White adults³ in 2021.

Community Health Centers are responding to the emerging behavioral health crisis in medically underserved communities hard hit by the COVID-19 pandemic. Health centers provide care regardless of income or insurance status and serve nearly 29 million patients nationwide, a majority of whom are from racial and ethnic minority backgrounds. Health centers are a key resource for patients who otherwise may not have access to behavioral health care, especially for the more than one-third of Americans who live in Mental Health Professional Shortage Areas⁴. Health centers have steadily expanded behavioral health services in medically underserved communities over the past decade to address this gap. As the COVID-19 pandemic exacerbated the behavioral health crisis, health centers rapidly adapted to continue providing mental health and substance use treatment to their patients despite new barriers to care.

Health centers have dramatically expanded behavioral health services to meet the demand for care. In 2020, health centers provided care to over 2.5 million patients with mental health care needs and nearly 295,000 patients with substance use disorders (SUD)⁵. The number of patients receiving behavioral health services at health centers grew by almost 200% from 2010-2020. Health centers have expanded their behavioral health workforce in an unprecedented effort to keep up with demand. The number of mental health professionals at health centers grew by 242% since 2010, reaching 14,468 practitioners in 2020⁶.

Health centers provide specialized behavioral health care to patients. The share of health centers that have specialized mental health professionals on staff has continued to grow, reaching 98% in 2020⁷, despite the COVID-19 pandemic placing unprecedented strain on the health center workforce. Health centers employ a range of mental health providers, including psychiatrists who can prescribe medication as needed, as well as Licensed Clinical Psychologists (LCPs) and Licensed Clinical Social Workers (LCSWs), both of which are trained to provide counseling and psychotherapy.

Growth in Health Center Patients, 2010-2020

Category	2010	2020	% Increase
Mental Health	853,984	2,512,287	295%
Substance Use	96,790	294,645	305%

Growth in Behavioral Health Staff, 2010-2020

Category	2010	2020	% Increase
Mental Health	4,941	14,468	292%
Substance Use	654	2,225	340%

1 National Institute of Mental Health, Statistics on Mental Health, January 2020. <https://www.nimh.nih.gov/health/statistics/2019-2020/>
2 Kaiser Family Foundation, The Impact of COVID-19 on Americans' Mental Health, February 2022. <https://www.kff.org/coronavirus/covid-19-impacts-on-americans-mental-health/>
3 The White House, FACT SHEET: President Biden's American Strategy to Advance Mental Health Care, As Part of His Agenda to First Deal of the Nation. <https://www.whitehouse.gov/briefing-room/fact-sheets/2021/05/11/2021-05-11-president-biden-announces-american-strategy-to-advance-mental-health-care/>
4 U.S. Department of Health and Human Services, Bureau of Primary Health Care, HRSA, 2015.

To access these and other resources, such as our congressional district maps, state fact sheets, and key data by state, go to: nachc.org/research-and-data/

NACHC health center surveys:

Brief (<10 questions) quarterly surveys to gather information on emerging issues

Recently, our surveys have investigated...



Workforce Attrition During the COVID-19 Pandemic



Impact of Savings from the 340B Drug Pricing Discount Program



Telehealth Implementation During the COVID-19 Pandemic



Benefits of Pandemic-Era Medicaid Flexibilities for Health Centers

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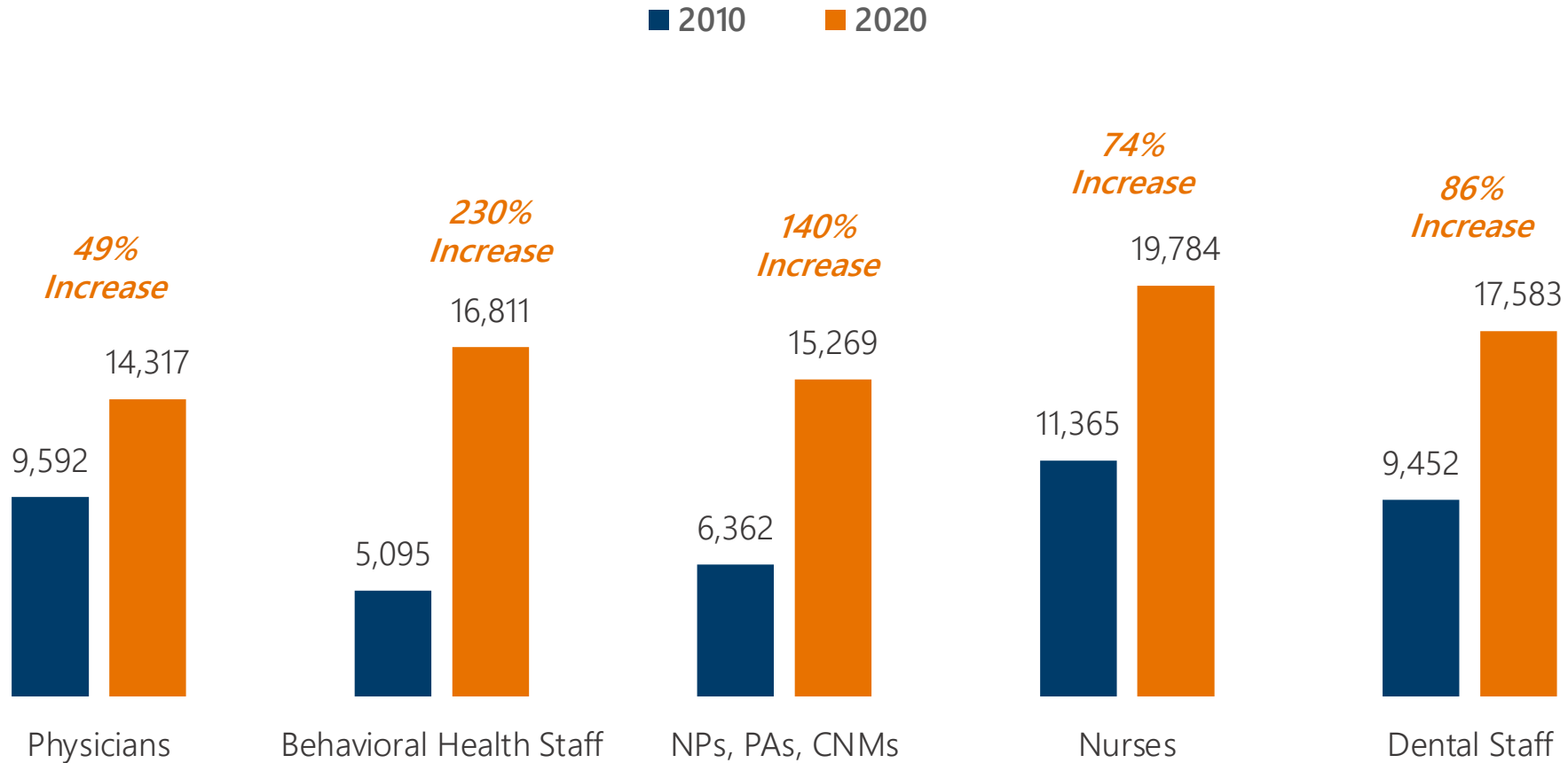
A decorative graphic element consisting of a diagonal bar that transitions from a dark blue color on the left to a lighter teal color on the right, running from the top-left towards the bottom-right.

Current State of the Health Center Workforce

Pandemic Challenges and Policy
Solutions to Strengthen the
Workforce of the Future

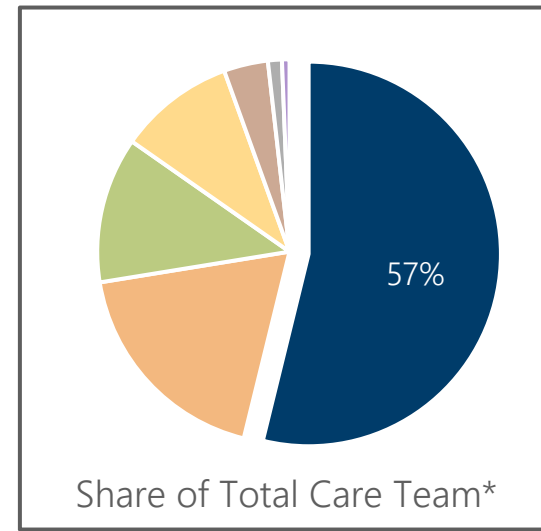
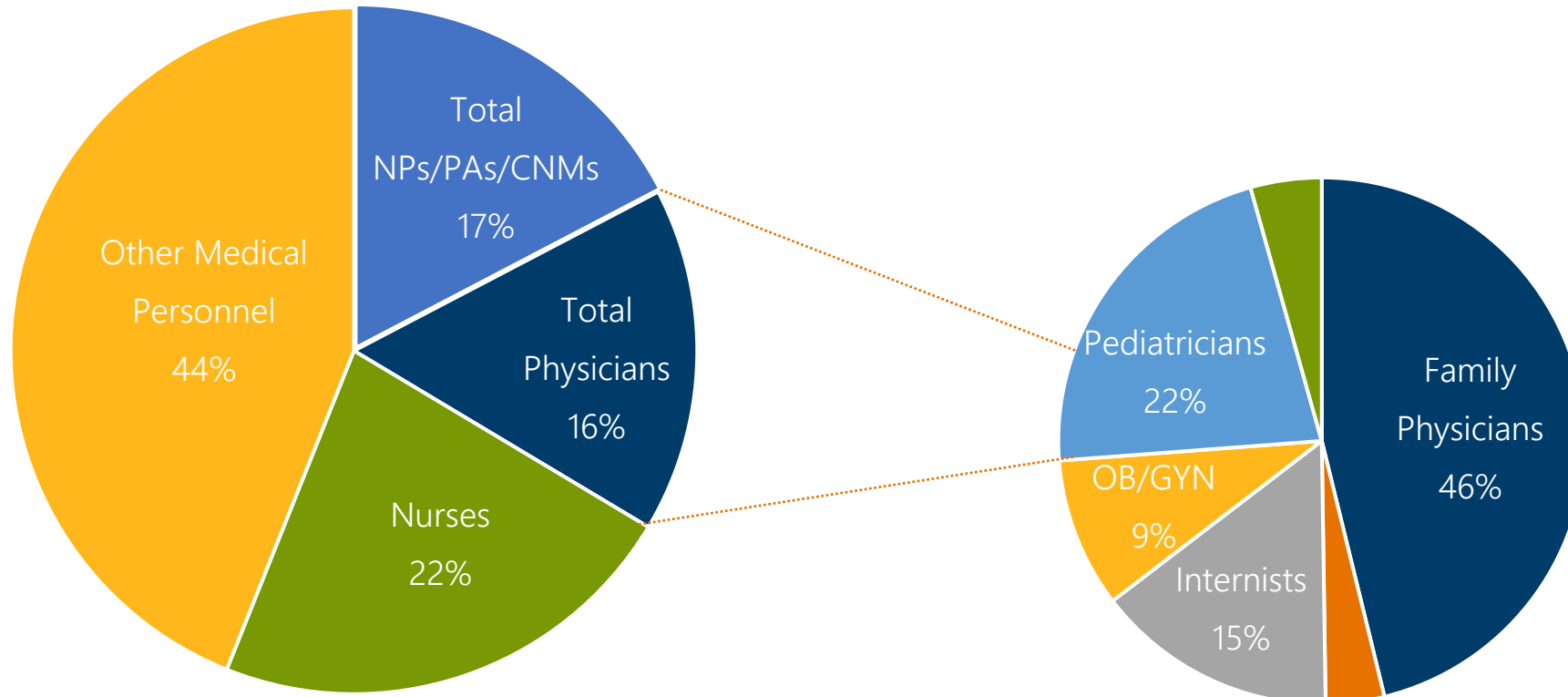
Growth in Health Center Clinical Staff, 2010 – 2020

(Full-Time Equivalent)



Health Center Medical Services Staff

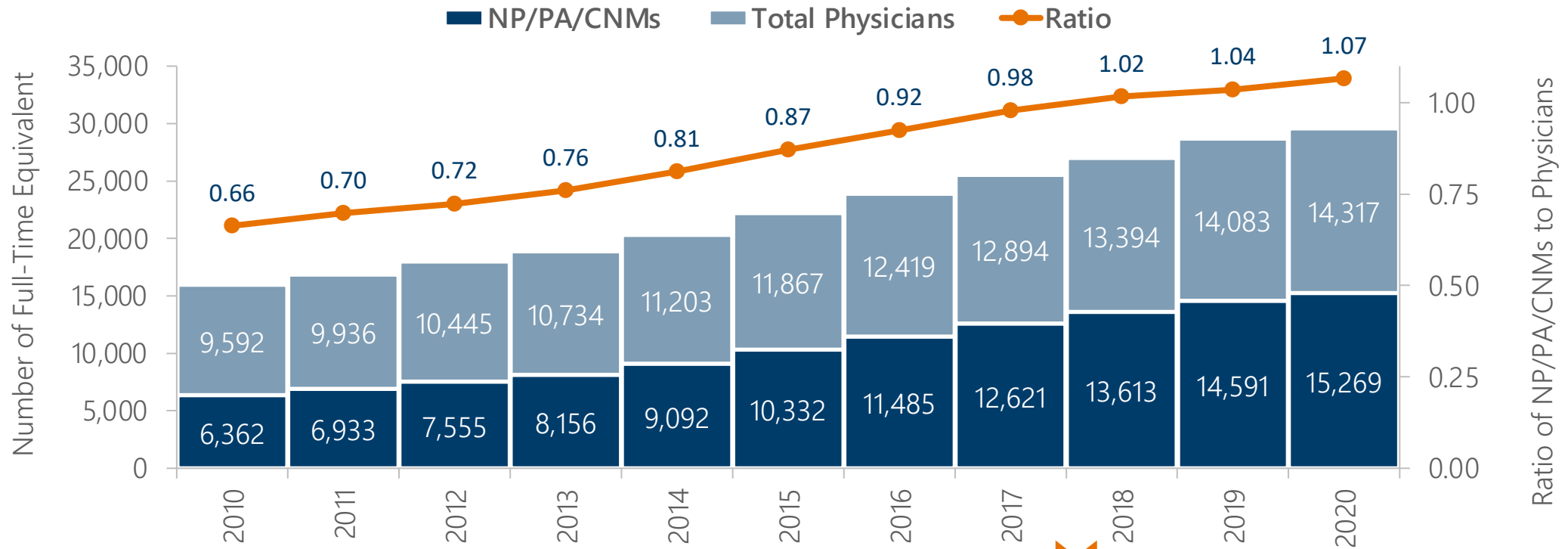
Total Medical Team: 88,091 Full-Time Equivalent



Other Specialty Physicians
4%

General Practitioners
4%

Health Centers are Hiring Non-Physician Providers at Higher Rates than Physicians



Since 2018, health centers have employed more NP/PA/CNMs than physicians.

U.S. Faces Crisis of Burned-Out Health Care Workers

Hospital leaders are sounding the alarm as health systems face an exodus of exhausted and demoralized doctors, nurses and other front-line workers.

By [David Levine](#) | Nov. 15, 2021



A physician's assistant cares for a patient in a COVID Unit at UMass Memorial Medical Center, Dec. 10, 2020, in Worcester, Mass. (CRAIG F. WALKER/THE BOSTON GLOBE/GETTY IMAGES)

2022 TRENDS-REPORT

Burnout and stress are everywhere

Burnout and stress are at all-time highs across professions, and among already strained health care workers, they are exacerbated by the politicization of mask-wearing and other unrelenting stressors

Perspective

Confronting Health Worker Burnout and Well-Being

Vivek H. Murthy, M.D., M.B.A.

INSIGHTS

Medical burnout: Breaking bad

As the threat of COVID-19 wanes, health care workers are burned out and suffering. Here's what one surgeon thinks should be done.



By Dharam Kaushik, MD

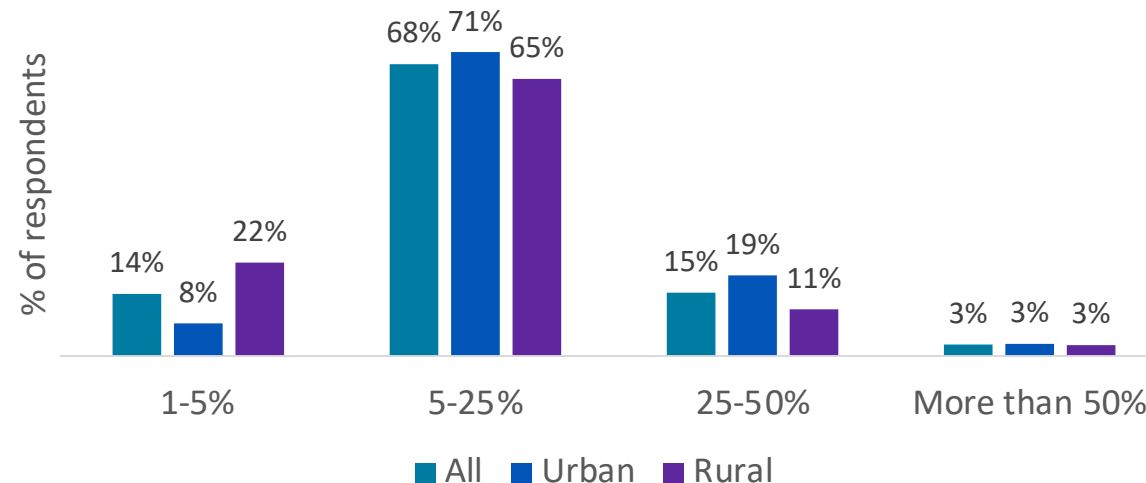
June 4, 2021

68% of health centers report losing 5-25% of their workforce in the last 6 months

Results include responses from **263** of 1375 Federally Qualified Health Centers (**19%**).

Respondents accurately reflect demographic and population characteristics of the overall health center population:

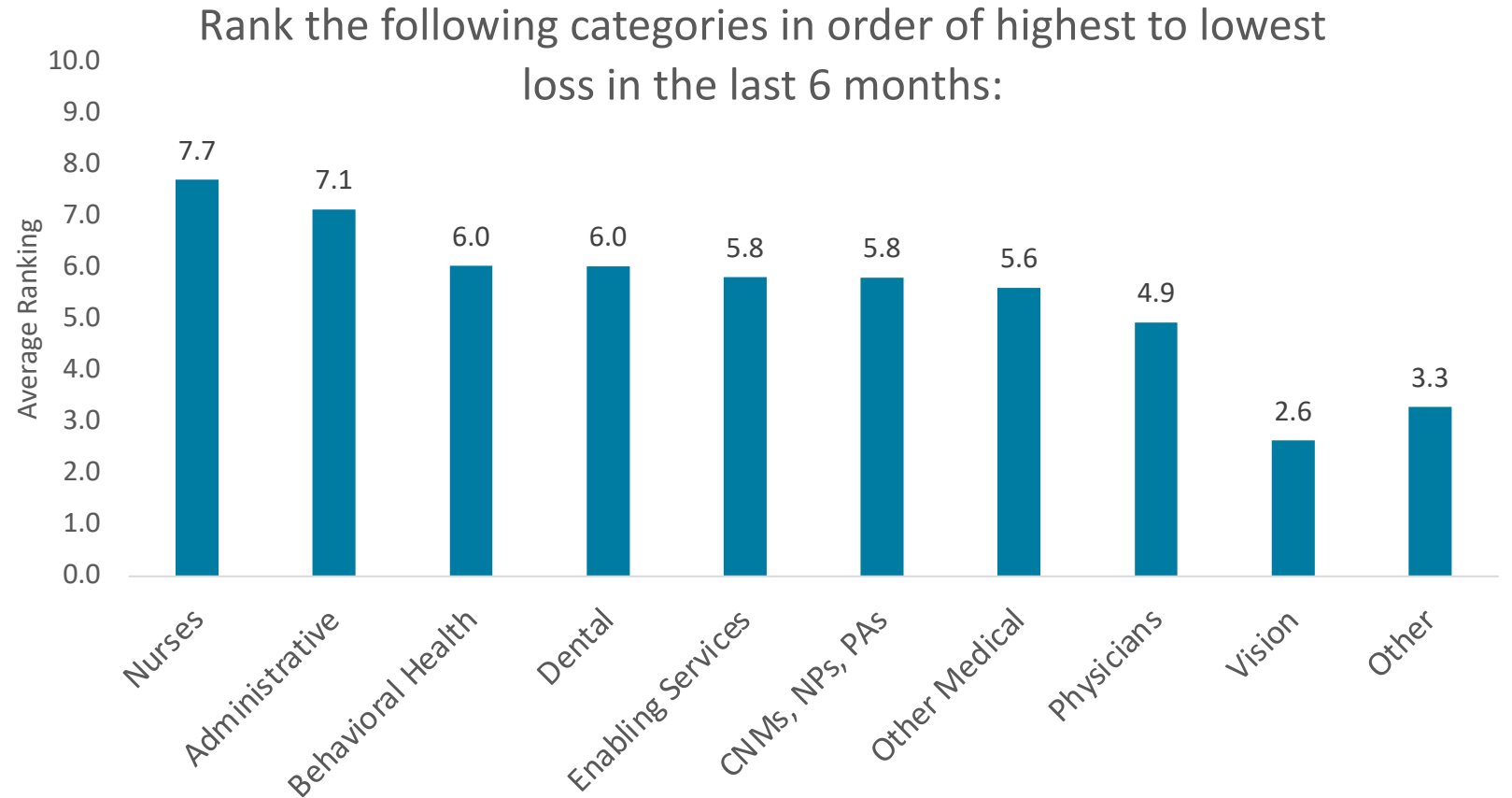
What percent of your workforce do you estimate has separated from your health center in the last 6 months?



For these and other materials, go to <https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>

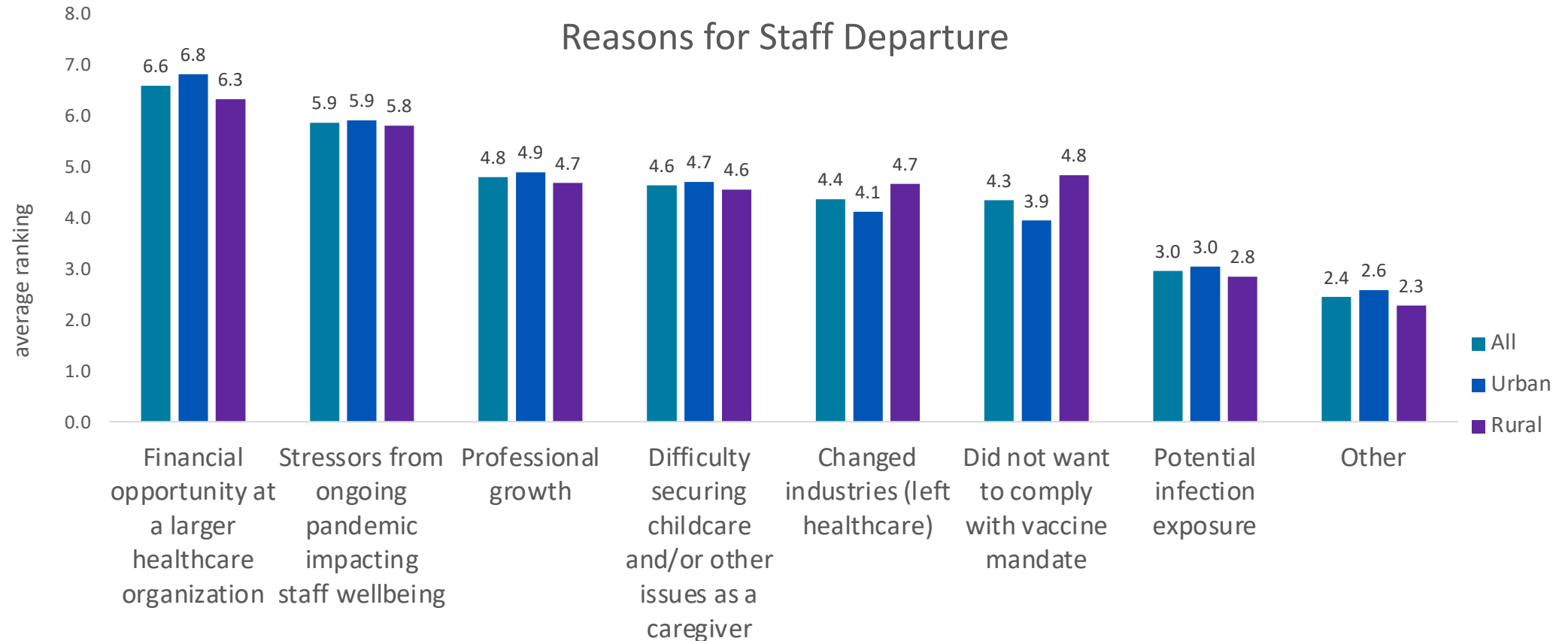
Nurses represent the highest ranked category of workforce loss

This is followed by Administrative Staff, Behavioral Health Staff, Dental Staff, and more



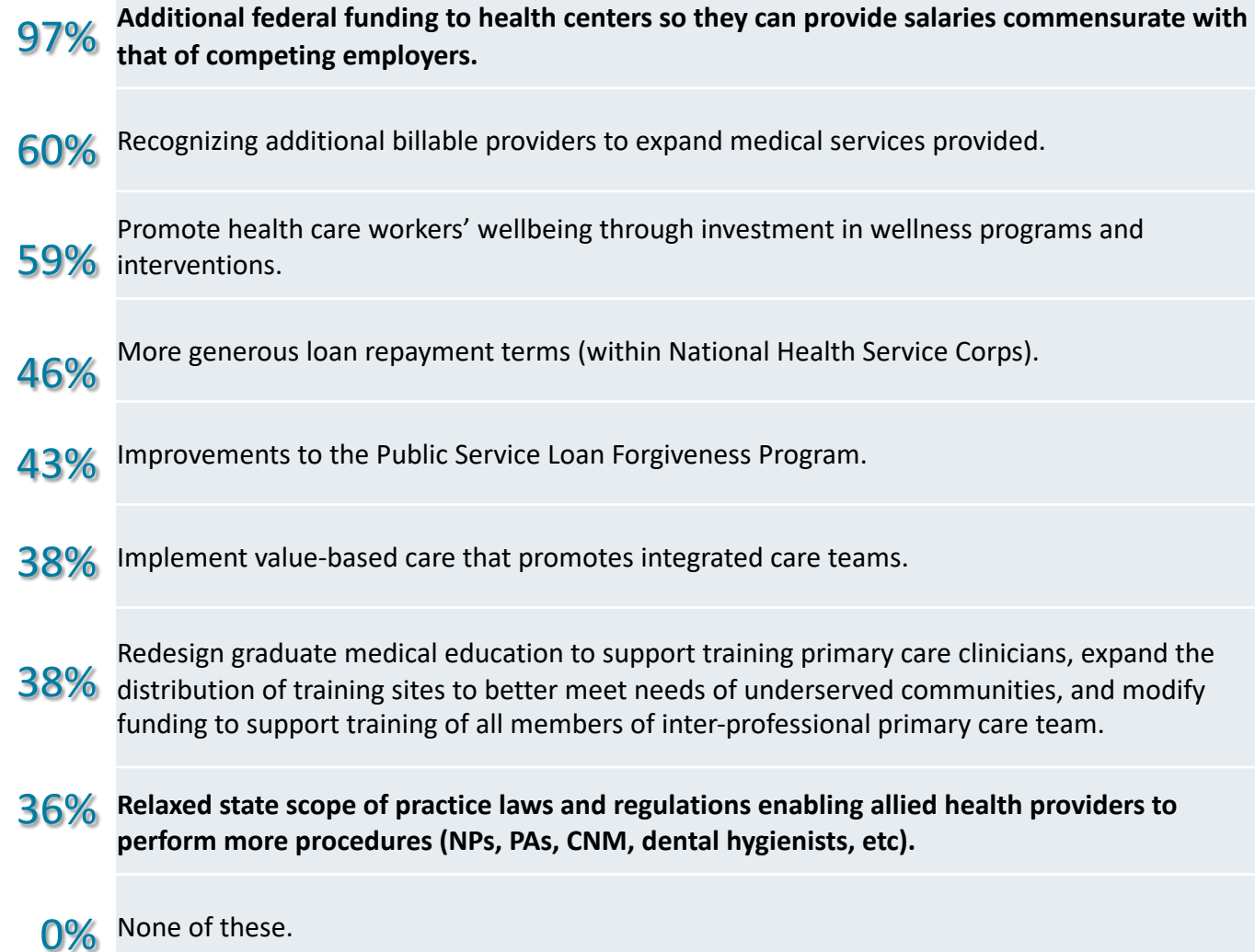
For these and other materials, go to <https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>

Competition from other employers and pandemic stress are the most common reasons for staff departure



For these and other materials, go to <https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>

What federal and/or state policies would be helpful in increasing employee recruitment and retention?





Workforce Education and Development

What is NACHC doing to address the
shortage of primary care providers?

Workforce Initiatives

Innovative Programs

National Health Service Corps

- Loan Repayment Program
- Scholarship Program

Education Health Center Initiative

- Supports health centers developing Graduate Medical Education programs

Central Coast Physician Assistant Program (CCPAP) master's degree

- PA training program developed by NACHC, CHC-U, and ATSU
- Hometown Scholars Program
 - Trains PAs at health centers in their hometowns

Workforce Initiatives

Proposed Legislation

Momnibus 2.0 - Underserved Maternity Care Workforce Initiative

- Addresses difficulty among PA trainees to secure clinical rotations in obstetrics/gynecology/women's health post-COVID-19
- Based on the Ohio Primary Care Workforce Initiative, designed by OACHC, which reimburses FQHCs for the cost of training PAs in an integrated care model
 - Successfully retained 600 participants as providers in Ohio health centers

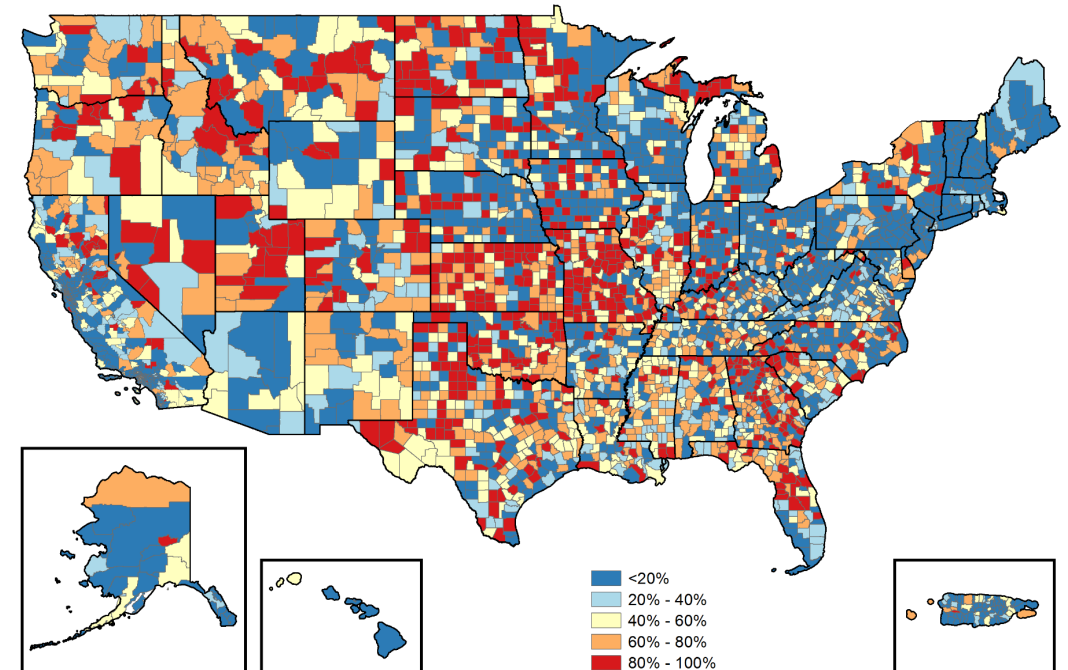
Workforce Initiatives

Research

AAFP Medically Underserved Population Analysis

- Partnership between NACHC and the Robert Graham Center/HealthLandscape
- Geospatial analysis to identify medically underserved populations currently not reached by health centers
- National and state maps and tables showing status by zip code/county
- Includes PAs practicing primary care
- Anticipated release October 2022

Estimated Percent of County Residents Experiencing Shortages of Primary Care Providers



As of 2013, 62 million people experience inadequate or no access to primary care because of shortages of providers in their communities.

Future Directions

- Medically Disenfranchised Populations – geographical analysis by AAFP
- Health Center Service Expansion - HRSA
- Economic Impact Analysis
- Long COVID-19 monitoring and treatment - NCRN
- Health center research capacity
- UDS+ → measuring social drivers of health to improve health equity

For research collaboration opportunities, please contact research@nachc.org



CHICAGO, IL — 2022
Community Health Institute
CHI & EXPO

Hyatt Regency Chicago
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Committee Meetings: August 26-27, 2022

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