

COMMUNITY HEALTH CENTERS IN LOS ANGELES COUNTY:

Creating Jobs Amidst Workforce Shortage



Photo credit: Chinatown Service Center

Introduction

Every five years, the Community Clinic Association of Los Angeles County (CCALAC) conducts an analysis of the impact of community health centers in the region. This report is part two of a three-part series examining the adequacy of the private, non-profit safety net to serve its target population in the decade following the passage of the Patient Protection and Affordable Care Act (ACA). These reports offer a landscape analysis to provide insight to health centers, partners, lawmakers, and funders and to inform considerations about policy-making and future investments. Previous reports were released in 2012 and 2018.

This second report assesses the health care workforce at community health centers in Los Angeles County, the challenges health centers face, and the ways

they are combating these challenges. A significant workforce shortage currently exists that started prior to the COVID-19 pandemic. Health centers are facing challenges with retention and recruitment. They see high turnover rates and difficulty filling open positions. Health centers combat these challenges in a number of ways, including increasing their salary budget, offering competitive benefits, and creating a flexible workplace. While health centers have significantly expanded their workforce and improved access to care, continued workforce challenges and an increased demand for services have undermined these expansions and widened gaps in access.

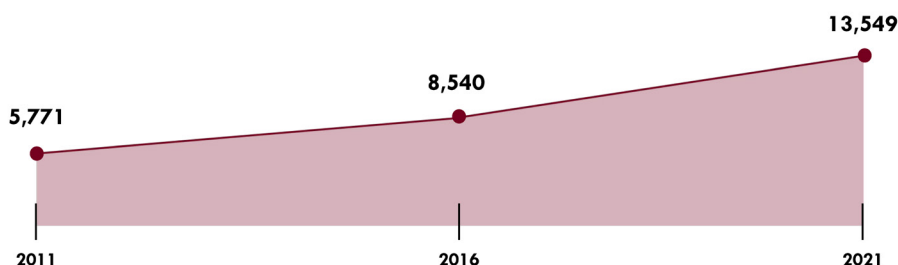
In the Decade Following the Affordable Care Act, Health Centers More Than Doubled Their Workforce

Since the passage of the ACA, health centers staffed up dramatically. From 2011 to 2021, health centers increased

the number of full time equivalent (FTE) employees from 5,771 to 13,549, an increase of 135 percent.¹

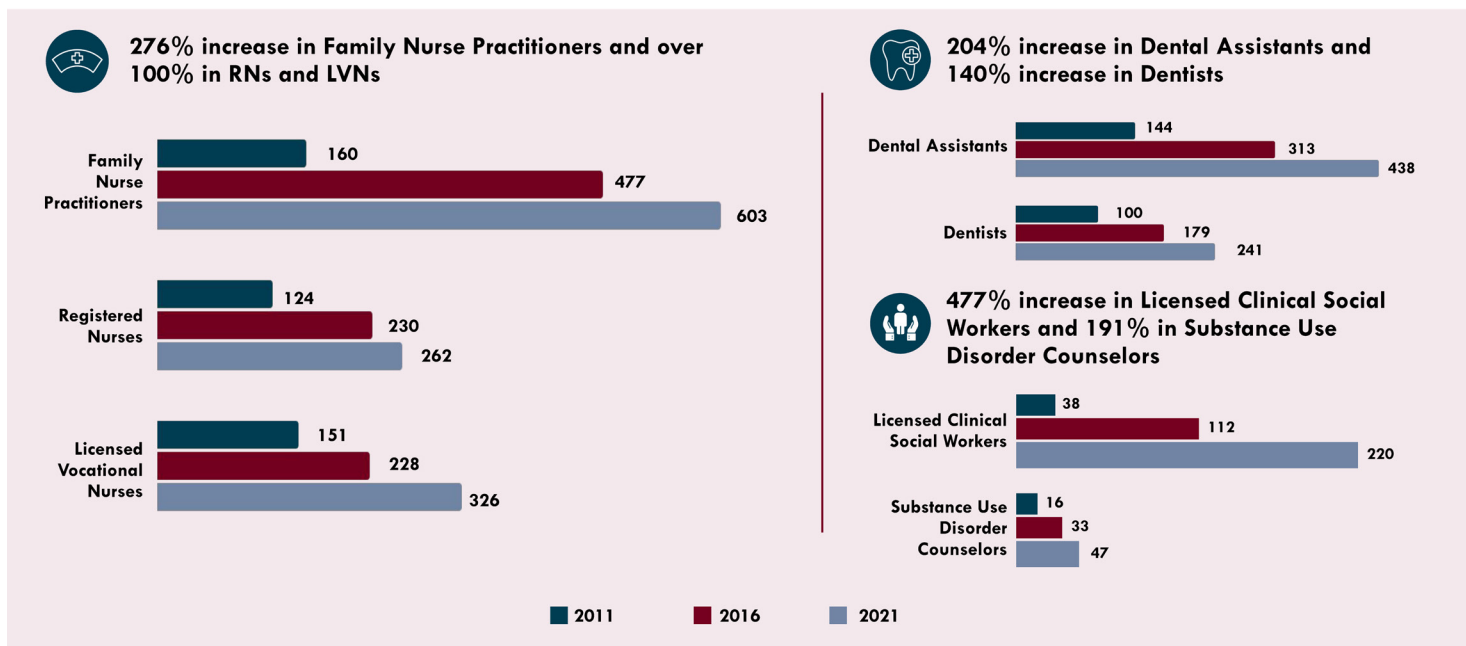


**135% increase in
primary care providers
and clinical support staff**



Notable increases in certain positions reflect heightened demand for behavioral health, oral health, and team based care.

The ACA's coverage expansions and infrastructure investments spurred significant workforce growth and ultimately enabled health centers to expand access to care, serving 81 percent more patients in 2021 than a decade prior.



Health Care Jobs Create Opportunity and Benefit Communities

According to the U.S. Bureau of Labor Statistics, the health care and social assistance sector is projected to experience the fastest employment growth between 2022 and 2032, growing 9.7 percent and accounting for 2.1 million (or 45 percent) out of the 4.7 million total new jobs.² Health care accounts for 70 percent of the employment gains in the sector.

Health centers create stable jobs in their communities which benefits the local economy. In 2021, health centers spent nearly \$1 billion on workforce salaries, wages, and benefits.¹ According to the Center for a Competitive Workforce, the health services industry is essential to the

regional economy of Los Angeles and Orange Counties — contributing about 10 percent of the gross regional product.³ Looking at projected job openings in LA County in the current decade, registered nurses are among the top five high-skill occupations, and nursing assistants and medical assistants are in the top five for middle-skill occupations.⁴ Over 50 percent of health care jobs are middle-skill and may require technical education and training beyond the high school level, but not necessarily a four-year college degree. With support for additional training and education, middle-skill jobs are often the first stop on a continuum of professional development in health care.



Photo credit: QueensCare Health Centers

California's Health Care Workforce Crisis Threatens Access to Care



Health centers have increased the size of their workforce significantly, but the health care workforce is not growing or diversifying fast enough to keep pace with the increasing demand for both primary and behavioral health care. In 2020, 37 percent of Los Angeles residents (3.7 million individuals) lived in a federally-designated primary care health professional shortage area.⁵ According to the California Future Health Workforce Commission, from 2019 to 2029, California will face a shortage of over 4,000 primary care clinicians; 41 percent fewer psychiatrists than needed; and 11 percent fewer psychologists, marriage and family therapists, and social workers than needed.⁶

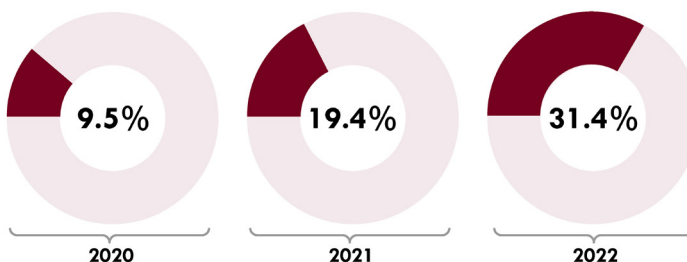
It is also widely documented that the current health workforce does not reflect the increasing diversity of the population. In Los Angeles County, 41 percent of health center patients are best served in a language other than English.¹ Health centers need staff and providers who can provide culturally and linguistically congruent care to their patients.

Health centers struggle to hire qualified candidates, with many positions sitting vacant until a candidate is hired. In 2022, it took an average of over six months to fill a physician vacancy, four months for a dentist, and four months for a nurse practitioner. The labor market is highly competitive for health care workers of all types, and health centers compete with much

larger health entities and systems, making it very difficult to retain staff after hire. In 2022, health centers across California experienced an average turnover rate of 31.4 percent, the highest rate ever reported in the California Primary Care Association's annual statewide survey.⁷



Nearly a third of health center staff turned over in 2022



Average time to fill vacant positions threatens access to care

Average Time to Fill Positions (2022)



Solutions are Underway; Greater Investment is Urgently Needed

There is not one solution to the workforce crisis. Health centers employ a wide range of promising strategies to combat their workforce challenges, either on their own or with the support and collaboration of external partners and funders.

Pipeline & Community-Based Training: Internships, residency programs, and school partnerships help to create a pipeline of qualified workers committed to working in the safety net. These include fellowship and service programs such as AmeriCorps and residencies and/or rotations for future physicians and nurse practitioners through schools such as the Kaiser Permanente School of Medicine, Cuba’s Escuela Latinoamericana de Medicina, and the Chin Family Institute for Nursing at California State University, Los Angeles. One health center in Los Angeles operates a federal Teaching Health Center Graduate Medical Education (THCGME) program, and three additional health centers are in the planning phase.

Recruitment: Health centers invest in compensation-based recruitment and retention strategies, increasing their salary budgets, offering sign-on bonuses, and enhancing the competitiveness of their benefits.⁷ They participate in health fairs with local schools and hire external recruiters. Sign-on bonuses and/or loan repayment are made possible through L.A. Care Health Plan’s Elevating the Safety Net program, California’s State Loan Repayment Program and Steven M. Thompson Physician Corps Loan Repayment Program, and the Federal National Health Service Corps program.

Ladders/Upskilling: Training and/or supporting the continued education of existing staff helps fill positions and creates career pathways within health center organizations. Some health centers provide training themselves, while others offer financial support for training, education and certificate programs. Additionally, formal leadership development programs are available to health center staff, including Cedars-Sinai’s Managing to Leading Program, which focuses on middle managers, the California Health Care Foundation’s Health Care Leadership Program, and L.A. Care Health Plan’s Provider Leadership Program, which focuses on clinicians.

Retention: Health centers also invest in enhancing their internal structures, policies, and culture to improve staff satisfaction and retain their employees. This includes offering flexible and remote work schedules, providing wellness resources and benefits, and advancing initiatives to ensure an inclusive culture and equitable employment practices.

These strategies offer promise, but with current resources, can only chip away at the growing workforce problem. Health centers and their patients would benefit from the expansion of the whole array of approaches, from pipeline to recruitment, and ladders to retention.



Policy and Programmatic Recommendations

The state and federal governments, along with regional partners and policymakers, have made significant commitments to the health care workforce in recent years, but more is urgently needed. The 2019 recommendations of the California Future Health Workforce Commission provide a good road map to address the crisis.⁶ Those recommendations, paired with short- and long-term solutions that specifically target health centers, will go a long way to combatting this crisis.

Pipelines & Ladders

☐ Student & incumbent worker support:

- Enhance scholarship support for priority health professions and individuals from underrepresented and low-income backgrounds committed to serving in under-resourced communities.
- Target pipeline programs to ensure they are preparing and supporting students from underrepresented and low-income backgrounds for health careers.
- Fund programs to provide increased mentorship and support to students from under-resourced communities, first-time college students, and students in priority health professions who are committed to working in community health and primary care.
- Develop and expand Health Resources and Services Administration's Health Careers Opportunity Program (HCOP) in California.
- Maximize support for career ladder training and support, including scholarships, tuition support and salary/wage compensation while in training and provide supplemental resources to minimize barriers to continued education and training, such as childcare.

☐ Community-based training:

- Provide incentives, including financial support, for community providers in under-resourced areas to develop and enhance training programs and infrastructure, and to accept students for formal clinical training experiences. Offer similar incentives to encourage and support the hiring and training of new graduates.
- Provide financial support and relief from provider productivity requirements to recognize the time commitment of training/preceptoring.
- Increase funding for the federal Teaching Health Center Graduate Medical Education program.
- Establish a new health care workforce innovation fund within the Health Resources and Service Administration to provide grants to health centers to scale and replicate pipeline programs, such as pre-apprenticeship, apprenticeship, and career laddering programs that offer certifications for participants and provide career pathways and advancement for providers like medical assistants and dental assistants.

☐ Educational pathways:

- Provide additional support for health pipeline programs to sustain, scale and replicate programs with proven track records and effectively disseminate best practices and effective models.
- Expand medical school enrollment at the state's public institutions and expand the number of primary care physician and psychiatry residency positions in California.
- Align and expand education and training. Enhance the role of community colleges in health care workforce training and ensure community colleges and other training programs are teaching the skills necessary to succeed.
- Ensure robust and sustainable funding for Postgraduate Nurse Practitioner Residency and Fellowship Training Programs, the Promoting Resilience and Mental Health Among Health Professional Workforce Program and Behavioral Health Workforce Development Programs.

Recruitment & Retention

- ☐ Expand and permanently fund loan repayment programs for individuals that work in community health centers, such as the federal National Health Service Corps and Nurse Corps, and CalHealthCares.⁸
- ☐ Broaden eligibility for loan repayment programs, to provide support for a wider range of professions, including mid-level providers and allied health professions, administrative and clinical support staff (information technology, finance, revenue cycle, communications, grants management, and special programs) in community health centers.

Payment Reforms

- ☐ Billable Providers: Strengthen the capacity and effectiveness of the existing health care workforce by removing administrative barriers and ensuring that community health centers are fully reimbursed for services provided by allied health professions, such as community health workers, and marriage and family therapists.
- ☐ Alternative Payment Methodologies: Promote sustainable reimbursement models in Medi-Cal that incentivize care provided by mid-level providers and allied health professions outside of the formal billable encounter with a clinician.
- ☐ Health Center Reimbursement Rates: Support competitive wages and improve health center recruitment and retention by updating health centers' reimbursement structure to allow rates to be adjusted in response to increased workforce costs and to ensure reimbursement fully accounts for all workforce costs.

Support Provided by the
California Community Foundation



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Foundation

Founded in 1994, the Community Clinic Association of Los Angeles County (CCALAC) is the largest regional association of community health centers in California. Health centers in Los Angeles serve more than 1.89 million patients at over 380 sites across the county. The majority of patients (75%) have low incomes, and 92% are covered by public insurance or uninsured. CCALAC is dedicated to helping health centers remain at the forefront of health care transformation, in support of the patients and communities they serve. For more information about CCALAC, visit www.ccalac.org.

End Notes

¹California Department of Health Care Access and Information (HCAI). (2021). California Office of Statewide Planning and Development (OSHPD). (2016 and 2011). [Primary Care Clinic Annual Utilization Data](#).

²U.S. Bureau of Labor Statistics. (September 2023). [Employment Projection: 2022-2032 Summary](#).

³Center for a Competitive Workforce. (May 2018). [Health Care Services In The Los Angeles Basin: A High-Growth Industry](#).

⁴California Employment Development Department. (2023). [Los Angeles Basin Regions, Total Job Openings 2020-2030](#).

⁵California Health Care Foundation. (July 2020). [Shortchanged: Health Workforce Gaps in California](#).

⁶California Future Health Workforce Commission. (February 2019). [Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission](#).

⁷California Primary Care Association. (2022). [Annual Compensation & Benefits Survey](#). Data used with permission.

⁸National Association of Community Health Centers. (March 2023). [Health Center Workforce: Caring for Today's Patients, Preparing for Tomorrow](#).