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*THE COMMUNITY HEALTH CENTER  
WORKFORCE NEEDS ASSESSMENT:  
A Report on the 2001 Survey*

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Prepared for  
The Community Health Care Association of New York (CHCANYS)

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The Bureau of Health Professions  
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## *Preface*

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An adequate supply of appropriately educated/trained staff is essential to both access and quality of health care. Community health centers, located in underserved areas and serving high need populations face particularly difficult challenges in the recruitment and retention of well qualified staff in times of health workforce shortages. To better understand the health workforce of community health centers, the Center for Health Workforce Studies, in collaboration with the Community Health Care Association of New York State (CHCANYS), conducted a study of the community health center workforce in New York State. The purpose of the study was to inform health centers and CHCANYS about the composition of the health workforce, recruitment and retention issues and training needs. This study was supported by funding from the Health Resources and Services Administration's Bureau of Primary Health Care and Bureau of Health Professions.

The Center for Health Workforce Studies is located at the School of Public Health, University at Albany, State University of New York. The Center is a not-for-profit research organization dedicated to health workforce data collection and analysis. Several Center staff contributed to this study, including Aisha Fields, Jean Moore, Robert Martiniano, and Edward Salsberg. The views expressed in this report are the views of the Center for Health Workforce Studies and do not necessarily reflect the views of the University at Albany, the New York State Department of Health, the Health Resources and Services Administration or the Community Health Care Association of New York State.

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## *Executive Summary*

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The Community Health Care Association of New York State (CHCANYS) represents a diverse group of organizations providing ambulatory care services across the state, ranging from large, multi-site urban centers to small, rural centers. These organizations share a commitment to providing high quality health care services in New York's neediest communities and populations.

In order to provide these health services, health centers require a well-trained, competent workforce. However, New York is experiencing a serious shortage of health workers, including both professionals and paraprofessionals. These shortages cut across the state, across settings, and across a wide range of occupations. Shortages in health care can lead to decreased access to needed services, contribute to burn out of existing workers, and further strain already tight health provider budgets.

The Center for Health Workforce Studies in collaboration with CHCANYS conducted a workforce needs assessment of community health centers across the state. The Center received support for the study from the Health Resources and Services Administration (HRSA) Bureaus of Primary Health Care and Health Professions. The ultimate goal of the study was to gather information that would contribute to the design of programs and policies to better assure a well-prepared and trained health center staff and to improve the quality of patient care. The study was designed to provide CHCANYS and HRSA with baseline data on the health center workforce; to inform them on health center recruitment and retention problems; and to identify the priority training needs of the health center workforce.

To obtain the workforce data, the Center mailed a written 3 page survey to the 49 health centers that were members of CHCANYS in spring of 2001. This survey included in depth questions on health center staffing, recruitment and retention problems and training needs. (Appendix B) The Center received responses from 19 centers. In order to obtain a higher response rate, the Center mailed a one page survey (the short form, Appendix C) during the summer of 2001. This survey requested information on the health center's priority needs and concerns around recruitment, retention and training. The Center received responses from an additional 21 health centers. Thus, on the critical question of priority health center needs, this report presents the results from 40 of the 49 community health centers in New York State.

## KEY FINDINGS

### *The Current Workforce*

1. Consistent with their mission to provide comprehensive basic health services, community health centers employ a wide range of health care providers, including medical, dental, behavioral providers as well as case managers, outreach workers and health educators.
2. Physicians are the single largest profession employed in health centers. Nurse practitioners (NPs) and physician assistants (PAs) are also major providers of services with about .5 full-time equivalent (FTE) NP/PA for each physician.
3. As a group, the nursing workforce, which includes registered nurses, licensed practical nurses and medical assistants constituted the single largest category of health center workers.
4. Health centers provide extensive oral health services. Health centers employ one dentist for every five physicians employed. Working with dentists are many dental assistants and some dental hygienists. For each FTE dentist, there are 1.5 FTE dental assistants and .3 FTE dental hygienists.
5. Administrative and clerical workers as a group constituted more than one-third of the health center workforce.
6. Clerical workers comprised nearly half of the administrative/clerical workforce at health centers.

### *Community Health Center Health Workforce Needs*

1. Health centers identified nine occupations that posed the most significant challenges in hiring and retaining and, in some instances, planned to add more staff in the occupation.

	Many Vacancies	Recruitment Difficulty	Retention Difficulty	Anticipate Hiring More
<b>Occupation</b>				
Physicians		X		X
Nurse Practitioners	X	X		
Registered Nurses	X	X	X	
Licensed Practical Nurses	X	X	X	
Dentists		X	X	X
Dental Hygienists	X	X		X
Dental Assistants	X			X
Health Educators	X		X	

<sup>1</sup> While “medical assistants” are not generally considered part of the nursing workforce, health centers do not generally use the “nurse aide” title. The Center believes that medical assistants do work similar to nurse aides.

2. In terms of recruiting and retention among workers, health centers had the greatest difficulty recruiting and retaining registered nurses and licensed practical nurses. In addition, they also reported significant retention problems for medical assistants. Perhaps because of the difficulties in recruitment and retention, health centers do not plan on hiring many additional registered nurses and LPNs beyond their current positions.
3. Health centers reported the highest vacancy rates for dental hygienists, counselors, nutritionists and outreach workers. In addition, health centers reported that they expected to add additional dentists, dental hygienists and dental assistants to their staff in the next two years.
4. Health centers planned to add more physicians over the next two years.
5. Beyond adding oral health staff and physicians, the majority of health centers didn't expect to increase or decrease their overall staff levels in the next two years.
6. Starting salaries of health center staff downstate were, on average, nearly 23% higher than their upstate counterparts.

### ***Workforce Training Needs***

7. The greatest training needs for health centers are in the areas of customer service, cultural competency, and computer training.
8. The majority of health centers expressed interest in collaborating with other centers and with CHCANYS in regards to training programs.

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## **Recommendations**

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1. In light of the health workforce needs of community health centers in New York, as identified in the study, it is recommended that health centers collaborate on initiatives designed to:
  - promote the recruitment and retention of health center staff;
  - support the training and education of the health center workforce that leads to career advancement; and
  - upgrade their workers into shortage occupations.



2. To assist health centers meet their health workforce needs and to foster collaboration among health centers CHCANYS should:
  - Prepare and submit proposals for funding for training initiatives that can help meet the needs of the majority of health centers. New York State has made a substantial commitment to health workforce training initiatives and CHCANYS should identify and pursue those funding streams available to support training and upgrading of health center staff.
  - Partner with educational programs to design training programs that specifically address the needs of health centers. CHCANYS may wish to specifically explore the development of career ladders for health center staff. For example, a potential nursing career ladder could entail upgrading medical assistants to LPNs and upgrading LPNs to RNs. These initiatives could use a combination of on-site education, computer assisted learning, traditional classroom learning and other educational delivery models to facilitate participation by health center staff.
  - Coordinate training programs on behalf of member health centers. The majority of health centers are interested in participating in training programs sponsored and/or coordinated by CHCANYS. This is a more efficient and effective way to plan and deliver training for health center staff. It removes the burden of grant application and administration from individual health centers and allows CHCANYS to work on behalf of its membership to secure and administer funds for needed training and upgrading programs.
  - Identify best practices in the recruitment and retention of workers, particularly those in hard to fill titles.

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## Overview

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### Background

The health care sector, in New York and nationally, is facing serious shortages of health professionals. While a great deal of attention has been focused on the shortage of registered nurses, the shortages cover a wide range of health professions. This presents a very difficult challenge to community health centers. These health centers are critical safety net providers in communities across the country and they are committed to caring for the poor and underserved, many of which do not have health insurance. Even with federal support, their resources are limited. This makes it difficult to respond to shortages by offering higher wages and benefits or even mounting expensive recruitment campaigns.

In addition, the federal government has proposed a major expansion in the number of people served by community health centers across the nation. Health centers will be able to do this only if they can recruit and retain qualified staff. Assuring the availability of a skilled, productive workforce is crucial if health centers are to continue and potentially expand their record of service and high quality care to New Yorkers.

More than other states, New York has recognized the importance of investing in the training of its health care workforce in this period of transition in health care. New York has demonstrated a commitment to support the training of health personnel to address the needs of the rapidly changing health care system. These programs include:

- the Health Workforce Retraining Initiative;
- the Community Health Care Conversion Demonstration Program; and
- the TANF Health Worker Training Program.

As a result, hundreds of millions of dollars are available over the next several years for educating and training health workers. Some of these programs offer important opportunities for health centers across the state.

The New York Center for Health Workforce Studies conducted this study of health center workforce needs in collaboration with the Community Health Care Association of New York State (CHCANYS). This study was designed to inform CHCANYS and HRSA of health center health workforce needs, including recruitment and retention problems facing and the training needs of the health center workforce.

## Goals

The goals of this study were to:

- Help assure that health centers in New York State have a skilled workforce that is responsive to the needs of health center patients.
- Identify training and retraining needs of health center staff to promote more effective and efficient provision of care to health center patients.
- Identify potential state or federal resources available to health centers to support training or retraining initiatives.

## Methodology

In the spring of 2001, 49 community health centers that are members of CHCANYS were sent a three-page workforce survey (long form). This survey (Appendix B) asked in-depth questions about the health center staff, including:

- Full-Time Equivalents;
- Salary;
- Anticipated changes in staffing over the next 2 years;
- Recruitment and retention problems; and
- Training needs.

In total, 19 health centers returned the long form survey, 12 downstate and 7 upstate.

In the summer of 2001, the 30 health centers that failed to respond to the previous survey were sent a one-page fax-back survey (short form) that focused on recruitment, retention and training needs. (Appendix C). In all, 21 health centers returned the short form survey, 17 downstate and 4 upstate. Overall, 40 of 49 health centers returned either a long or short form.

The long form survey included 25 occupations and asked detailed questions about salary, anticipated change in FTEs, budgeted and filled positions, recruitment and retention, and training needs. The short form survey included 5 occupations and asked questions about recruitment and retention and training needs.

In the presentation of findings in this report, when there was consistency between the questions asked on the two surveys, the survey findings represent both long and short-form survey responses. In other instances, where questions were different, survey findings represent long-form or short-form responses only. This is further explained in the findings section. For example, findings on salaries, vacancies and anticipated change in FTEs are only reflective of long survey respondents. Because of differences in questions asked on the long and short form surveys, recruitment and retention findings were reported separately.

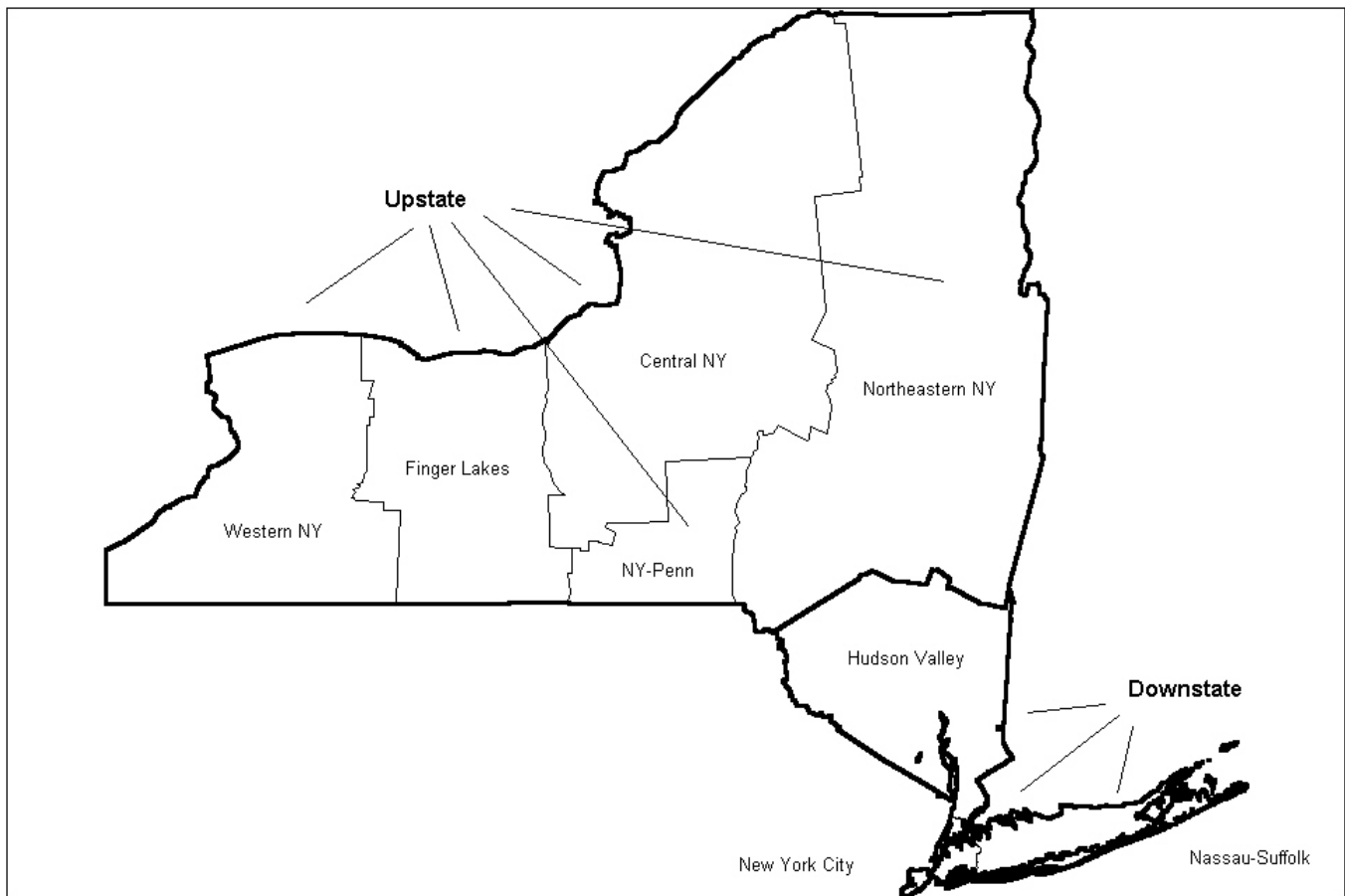
Annual starting salary and vacancies for each occupation were analyzed, comparing downstate and upstate New York. The eight Health Systems Agency (HSA) regions of New York State were used to define upstate and downstate counties. “Upstate New York” is comprised of the following HSA regions: Western New York, Finger Lakes, Central New York, NY-Penn and Northeastern New York. “Downstate New York” consists of the remaining HSA regions: Hudson Valley, City of New York and Nassau-Suffolk. (see map on page 5).

## Limitations

- If there were fewer than three respondents on salary for an occupation downstate or upstate, it was not presented in the findings. A statewide average starting salary for an occupation was presented if there were three or more responses statewide.
- If there were fewer than nine responses to recruitment and retention questions, it was not presented in the findings.
- Nineteen of the 40 respondents completed the long-form survey which contained more detailed information. While the sample size was sufficient for statewide findings, it was more difficult to analyze upstate and downstate differences.
- There may be inconsistencies in the way that CHCs reported annual starting salaries. For example, CHCs may have reported salaries for part-time rather than FTE workers; that would underestimate annual starting salary for an FTE in that title.

# Upstate/Downstate Areas of NYS by Health Systems Agency Regions

Map 1



## COMPOSITION OF THE COMMUNITY HEALTH CENTER WORKFORCE

*The 25 selected health occupations were grouped into six general categories by the Center for Health Workforce Studies:*

### **Physicians & Primary Care Practitioners**

- Physicians
- Physician Assistants
- Nurse Practitioners
- Midwives

### **Nursing**

- Registered Nurses
- Licensed Practical Nurses
- Medical Assistants

### **Mental and Behavioral Health**

- Social Workers
- Case Managers
- Outreach Workers
- Counselors
- Substance Abuse Counselors
- Mental Health Counselors
- HIV Counselors

### **Oral Health**

- Dentists
- Dental Hygienists
- Dental Assistants

### **Allied Health**

- Pharmacists
- Health Educators
- Nutritionists

### **Administrative /Clerical**

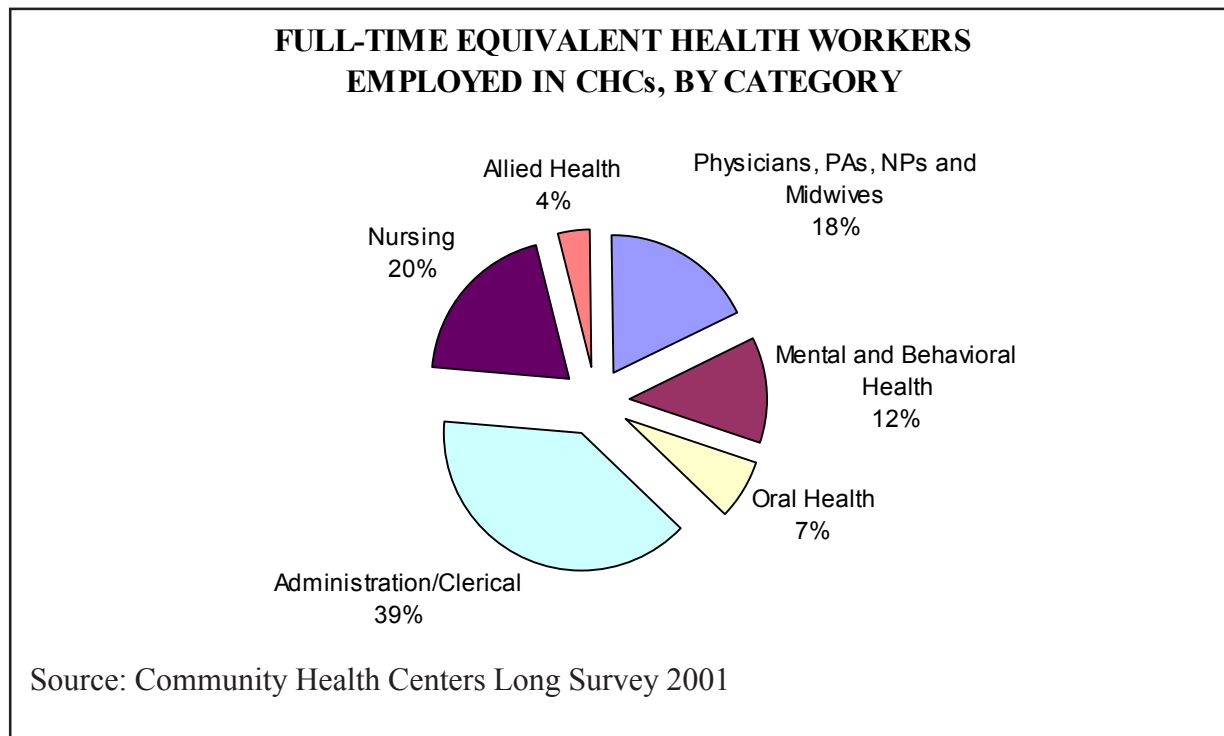
- Managers
- Supervisors
- Clerical
- Billers
- Medical Records/Coders

\*This represents the distribution of occupations included on the long survey form (see Appendix B). These occupations are believed to represent a majority of the health center workforce.

## THE COMMUNITY HEALTH CENTER WORKFORCE

- Clinical staff which included physicians, physician assistants (PAs), nurse practitioners (NPs) and midwives, mental and behavioral health workers, nursing staff and oral health staff comprised the majority (61%) of the CHC workforce.
- Administrative/clerical workers including managers, supervisors, clerical workers, billers and medical records/coders represented more than one-third of the CHC workforce or 39%.
- Nursing staff (including registered nurses, licensed practical nurses and medical assistants) and physicians, PAs, NPs and midwives, represented 20% and 18% of the CHC workforce respectively.
- The mental and behavioral health workforce was the fourth largest group, representing 12% of CHC workers. Mental and behavioral health workers included social workers, counselors, substance abuse counselors, mental health counselors, HIV counselors, case managers and outreach workers.
- Oral and allied health providers represented 7% and 4% of the CHC workforce, respectively. Oral health providers included dentists, dental hygienists and dental assistants. Allied health providers included pharmacists, nutritionists and health educators.

Chart 1



\*This represents the distribution of occupations included on the long survey form (see Appendix B). The Center believes this represents a majority of CHC workers.

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## PHYSICIANS & PAs, NPs and Midwives

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Physicians, PAs, NPs and midwives represented the second largest group of clinical staff (18%) in the health workforce of community health centers.

### *Physicians*

- Physicians represented two-thirds or 66% of this cohort in CHCs.
- The average annual starting salary for physicians employed at CHCs was approximately \$105,700.
- The average starting salary for physicians employed at CHCs downstate was \$107,200, while physicians employed at CHCs upstate earned an average starting salary of \$103,600.

### *Nurse Practitioners*

- Nurse practitioners represented 18% of this cohort in CHCs.
- The average annual starting salary for nurse practitioners employed at community health centers was approximately \$56,900.
- The average annual starting salary for nurse practitioners employed at CHCs downstate was \$66,900, while nurse practitioners employed at CHCs upstate earned an average starting salary of \$44,100.

### *Physician Assistants*

- Physician assistants represented 13% of this cohort in CHCs.
- The average annual starting salary for physician assistants employed at community health centers was approximately \$56,300.
- The average annual starting salary for physician assistants employed at CHCs downstate was \$63,000, while physician assistants employed at CHCs upstate earned an average annual starting salary of \$46,100.

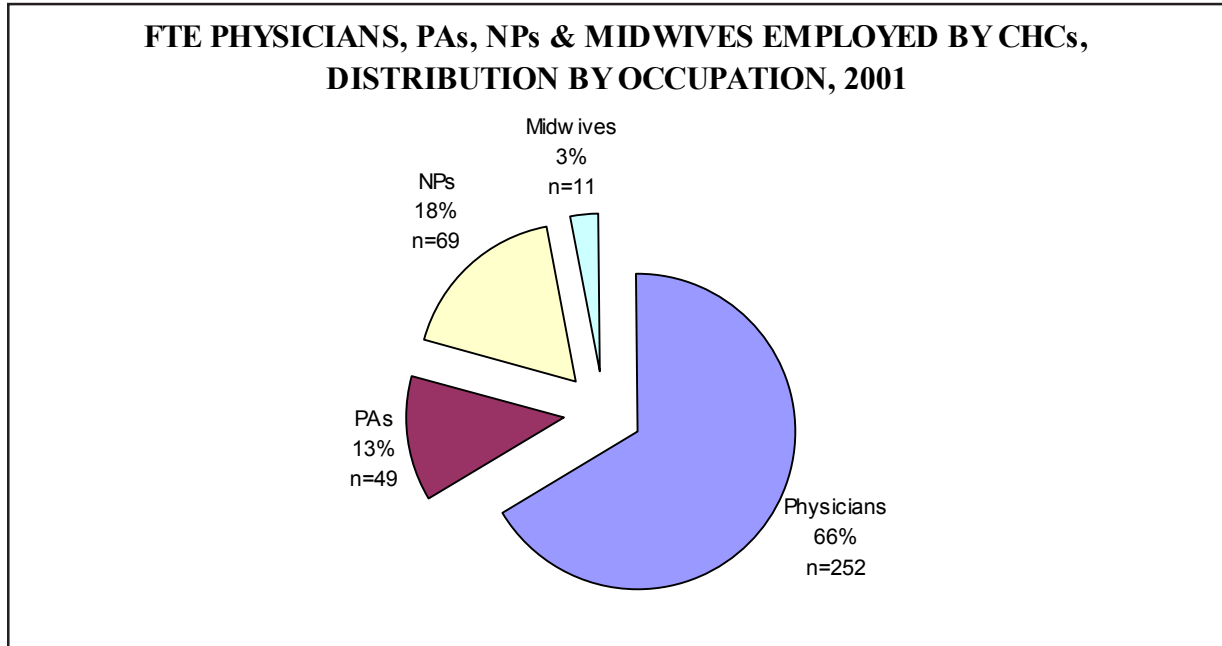
### *Midwives\**

- Midwives represented 3% of this cohort in CHCs.
- The average annual starting salary for midwives employed at community health centers was approximately \$66,400.

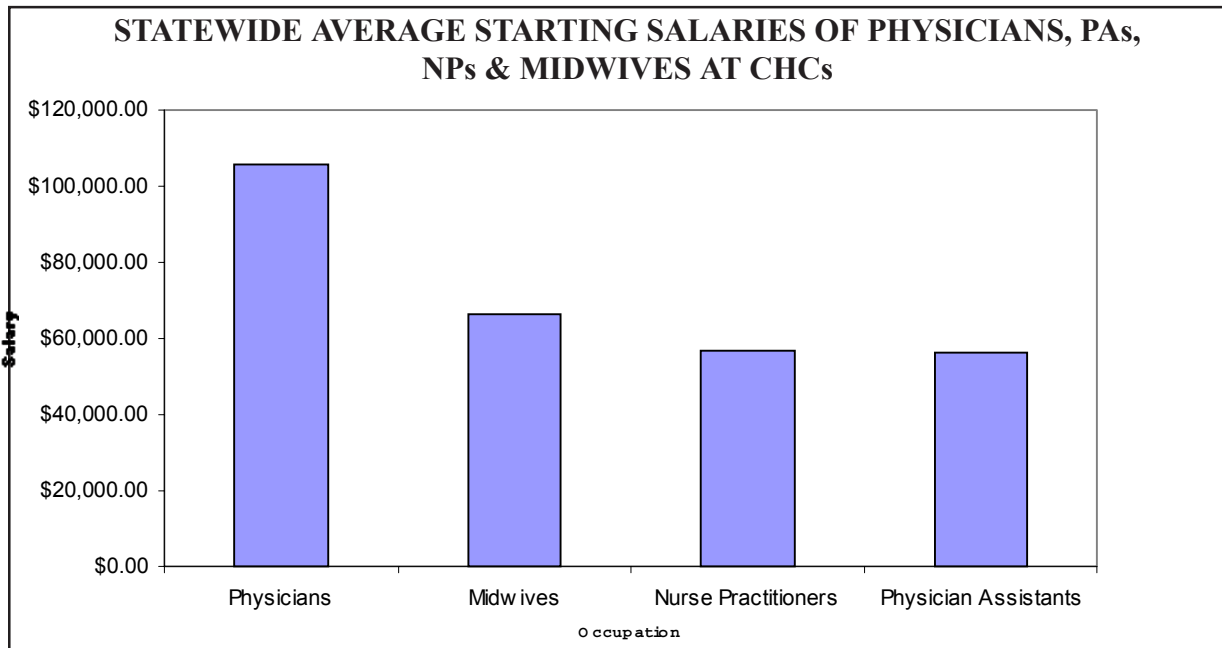
\* Small cell size precluded upstate-downstate salary comparison for this occupation.



**Chart 2**



**Chart 3**



**Table 1**

	Average Annual Starting Salary of Physicians, PAs, NPs & Midwives at CHCs		
	Statewide	Downstate	Upstate
Physicians	\$105,691	\$107,175	\$103,571
Nurse Practitioners	\$56,891	\$66,833	\$44,107
Physician Assistants	\$56,279	\$63,048	\$46,125
Midwives	\$66,400	n/a	n/a

Source: Community Health Centers Long Survey 2001

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## THE NURSING WORKFORCE

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The nursing workforce at CHCs included registered nurses, licensed practical nurses and medical assistants. The nursing workforce represented the largest category of clinical staff (20%) of all health care workers in CHCs.

### *Registered Nurses (RNs)*

- Registered nurses represented almost one-third or 29% of nursing staff in community health centers. There was about 0.49 FTE RN for every physician employed at a CHC.
- The average annual starting salary for RNs employed at community health centers was approximately \$41,000.
- The average annual starting salary for RNs employed at CHCs downstate was \$46,300, while RNs employed at CHCs upstate earned an average annual starting salary of \$33,600.

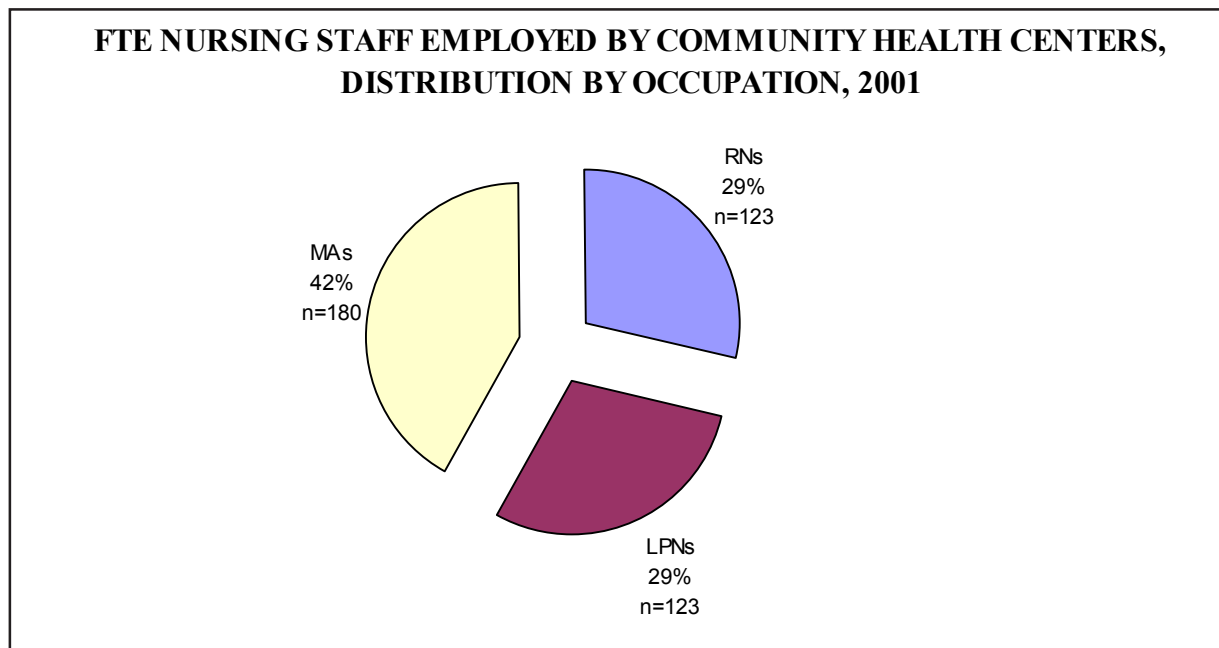
### *Licensed Practical Nurses (LPNs)*

- Licensed practical nurses also represented nearly one-third or 29% of nursing staff in community health centers. There was approximately 0.49 FTE LPN for every physician at a CHC.
- The average annual starting salary for LPNs employed at community health centers was approximately \$27,800.
- The average annual starting salary for LPNs employed at CHCs downstate was \$32,300, while LPNs employed at CHCs upstate earned an average annual starting salary of \$22,000.

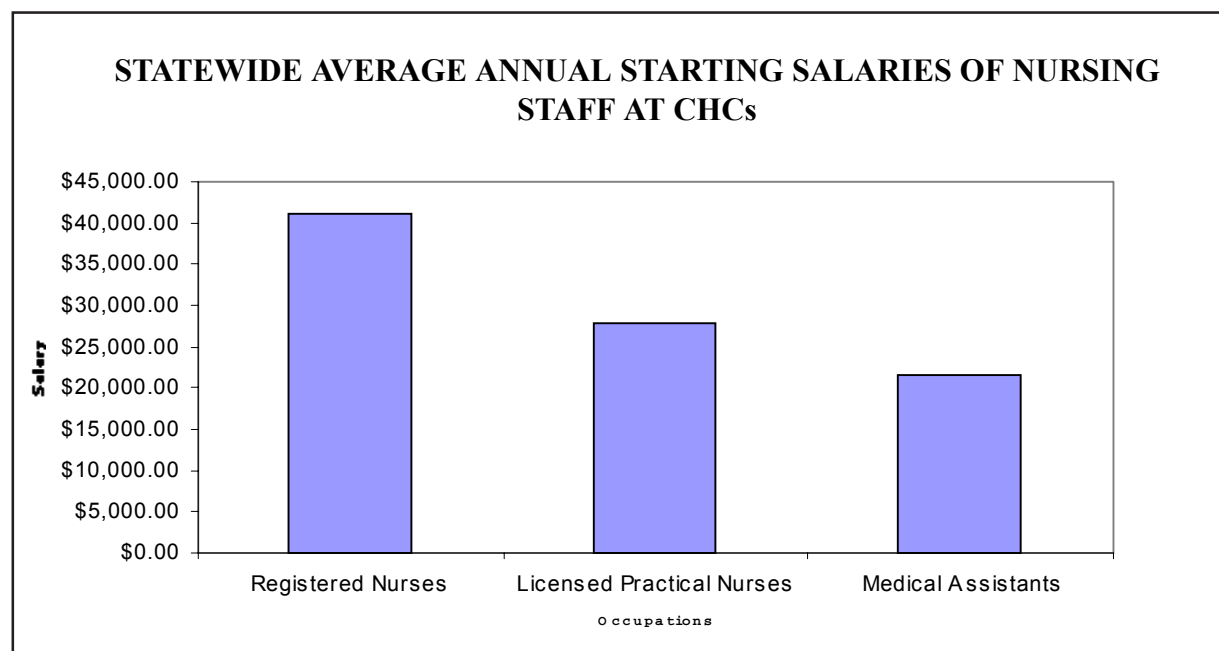
### *Medical Assistants*

- Medical assistants represented the largest portion, 42%, of nursing staff in community health centers.
- The average annual starting salary for medical assistants employed at CHCs was approximately \$21,400.
- The average annual starting salary for medical assistants employed at CHCs downstate was \$23,700, while medical assistants employed at CHCs upstate earned an average annual starting salary of \$17,800.

**Chart 4**



**Chart 5**



**Table 2**

<b>Average Annual Starting Salary of Nursing Workforce in CHCs</b>			
	<b>Statewide</b>	<b>Downstate</b>	<b>Upstate</b>
Registered Nurses	\$41,025	\$46,258	\$33,550
LPNs	\$27,790	\$32,256	\$22,048
Medical Assistants	\$21,430	\$23,713	\$17,776

Source: Community Health Centers Long Survey 2001

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## MENTAL, BEHAVIORAL & OUTREACH WORKERS

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Mental and behavioral health providers included social workers, case managers, outreach workers, counselors, substance abuse counselors, mental health counselors and HIV counselors. Mental and behavioral health providers represented the third largest category (12%) of clinical care workers in CHCs.

### *Case Managers*

- Case managers represented the largest group of mental and behavioral health workers (27%) in community health centers.
- The average annual starting salary for case managers employed at CHCs was approximately \$30,400.
- The average annual starting salary for case managers employed at CHCs downstate was \$32,000, while case managers employed at CHCs upstate earned an average annual starting salary of \$27,700.

### *Social Workers*

- Social workers represented the second largest group of mental and behavioral health workers (18%) in community health centers.
- The average annual starting salary for social workers employed at CHCs was approximately \$36,600.
- The average annual starting salary for social workers employed at CHCs downstate was \$38,000, while social workers employed at CHCs upstate earned an average annual starting salary of \$34,500.

### *Outreach Workers*

- Outreach workers represented 17% of mental and behavioral health workers in community health centers.
- The average annual starting salary for outreach workers employed at CHCs was approximately \$23,500.
- The average annual starting salary for outreach workers employed at CHCs downstate was \$25,000, while outreach workers employed at CHCs upstate earned an average annual starting salary of \$20,400.

### *Counselors\**

- Counselors represented 13% of the mental and behavioral health workers in community health centers.
- The average annual starting salary for counselors employed at CHCs was approximately \$31,800.

\*Small cell size precluded upstate-downstate salary comparison.

*Substance abuse counselors\**

- Substance Abuse counselors represented 11% of mental health and behavioral health workers in community health centers.
- The average annual starting salary for Substance Abuse counselors employed at CHCs was approximately \$31,200.

*Mental health counselors\**

- Mental health counselors represented 7% of mental and behavioral health workers in community health centers.
- The average annual starting salary for mental health counselors employed at CHCs was approximately \$31,000.

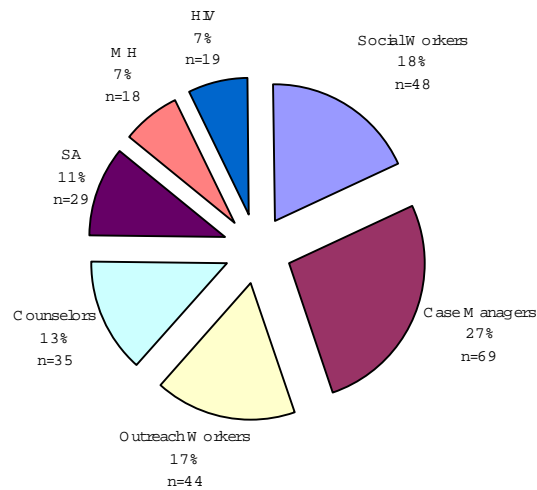
*HIV counselors \**

- HIV counselors represented 7% of mental and behavioral health workers in community health centers.
- The average annual starting salary for HIV counselors employed at CHCs was approximately \$30,600.

\*Small cell size precluded upstate-downstate salary comparison.

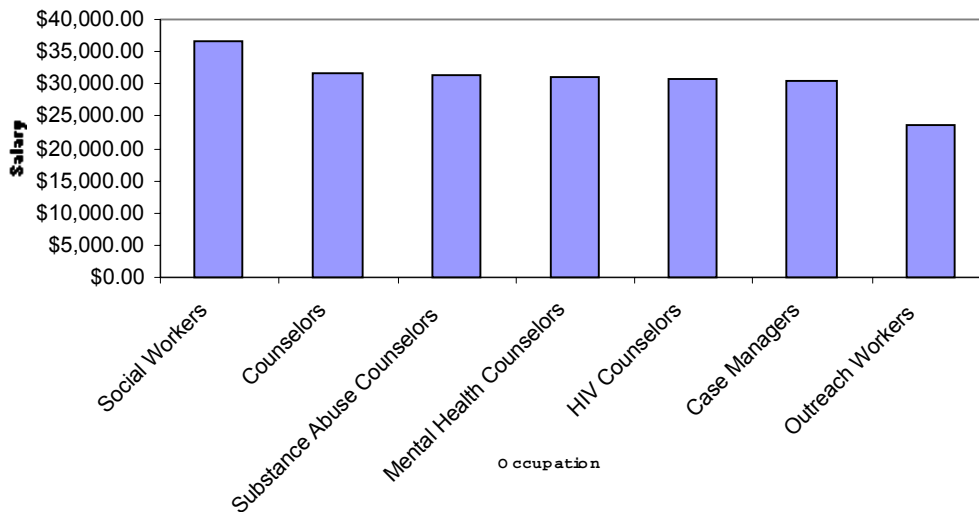
**Chart 6**

**FTE MENTAL & BEHAVIORAL HEALTH WORKERS EMPLOYED BY CHCs,  
DISTRIBUTION BY OCCUPATION, 2001**



**Chart 7**

**STATEWIDE AVERAGE ANNUAL STARTING SALARIES  
OF MENTAL AND BEHAVIORAL HEALTH WORKERS**



**Table 3**

**Average Annual Starting Salary of Mental & Behavioral Health Workers in CHCs**

	<b>Statewide</b>	<b>Downstate</b>	<b>Upstate</b>
Social Workers	\$36,646	\$38,065	\$34,518
Case Managers	\$30,384	\$32,067	\$27,690
Outreach Workers	\$23,512	\$25,067	\$20,402
Counselors	\$31,800	n/a	n/a
SA Counselors	\$31,200	n/a	n/a
MH Counselors	\$31,000	n/a	n/a
HIV Counselors	\$30,600	n/a	n/a

Source: Community Health Centers Long Survey 2001

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## ORAL HEALTH PROVIDERS

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The oral health workforce included dentists, dental hygienists and dental assistants. Oral health providers represented one of the smallest (7%) occupational groups in community health centers.

### *Dentists*

- Dentists represented 34% of oral health providers in community health centers.
- The average annual starting salary for dentists employed at CHCs was approximately \$71,500.
- The average annual starting salary for dentists employed at CHCs downstate was \$71,200, while dentists employed at CHCs upstate earned an average annual starting salary of \$71,900.

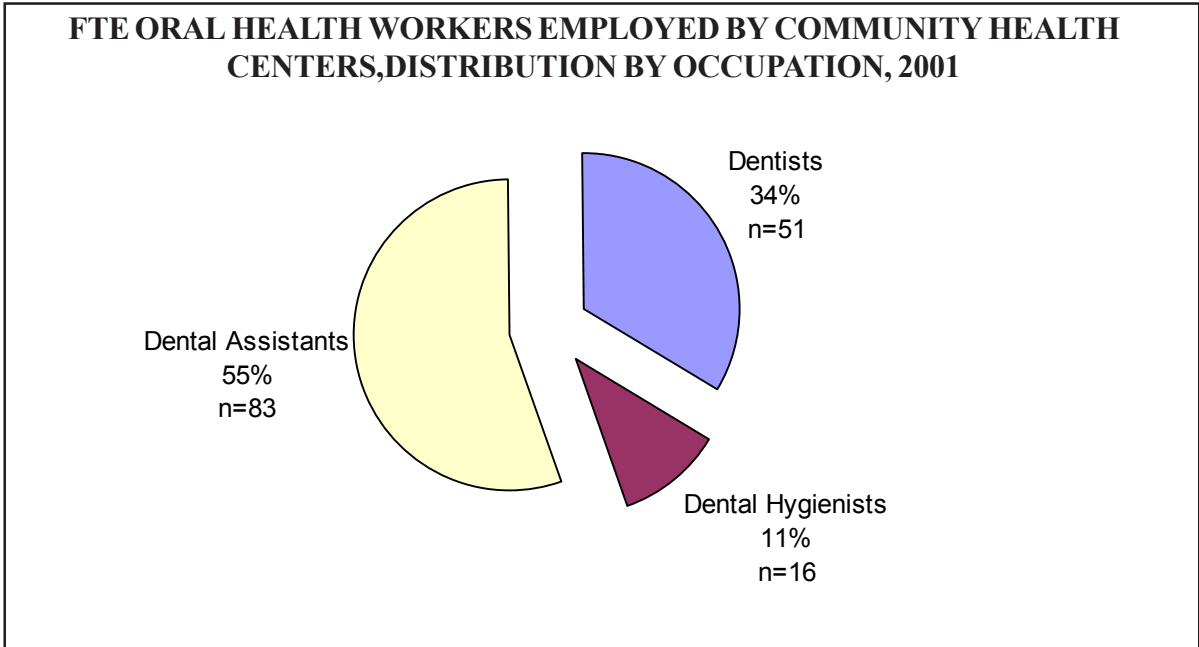
### *Dental Hygienists*

- Dental hygienists represented the smallest group (11%) of oral health providers in community health centers. There was 0.31 FTE dental hygienist for every dentist.
- The average annual starting salary for dental hygienists employed at CHCs was approximately \$38,500.
- The average annual starting salary for dental hygienists employed at CHCs downstate was \$40,700, while dental hygienists employed at CHCs upstate earned an average annual starting salary of \$36,600.

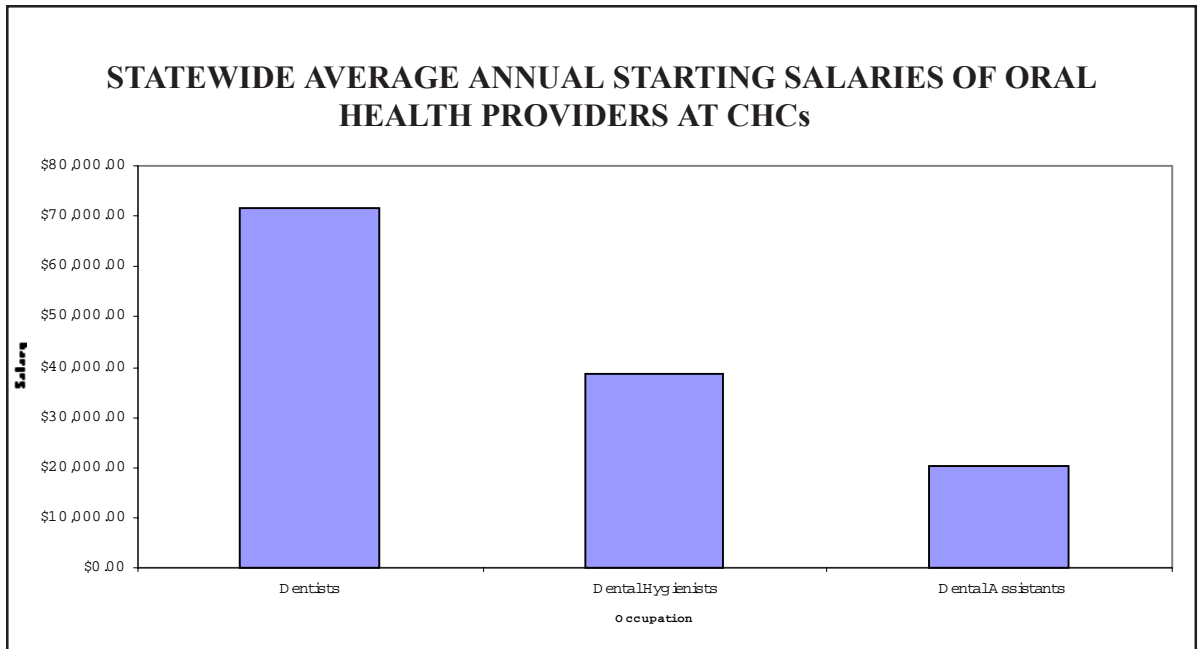
### *Dental Assistants*

- Dental assistants represented over half, 55%, of oral health providers in community health centers. There were about 1.63 FTE dental assistants for every dentists.
- The average annual starting salary for dental assistants employed at CHCs was approximately \$20,200.
- The average annual starting salary for dental assistants employed at CHCs downstate was \$21,600, while dental assistants employed at CHCs upstate earned an average annual starting salary of \$15,700.

**Chart 8**



**Chart 9**



**Table 4**

<b>Average Annual Starting Salary of Oral Health Providers in CHCs</b>			
	<b>Statewide</b>	<b>Downstate</b>	<b>Upstate</b>
Dentists	\$71,532	\$71,185	\$71,929
Dental Hygienists	\$38,493	\$40,671	\$36,626
Dental Assistants	\$20,199	\$21,614	\$15,698

Source: Community Health Centers Long Survey 2001



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## ALLIED HEALTH WORKFORCE

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The allied health workforce included nutritionists, pharmacists and health educators. Allied health providers represented the smallest category of clinical health care workers in community health centers.

### *Health Educators*

- Health educators represented over half of the allied health workforce (56%) at CHCs.
- The average annual starting salary for health educators employed at CHCs was approximately \$33,400.
- The average annual starting salary for health educators employed at CHCs downstate was \$34,700, while health educators employed at CHCs upstate earned an average annual starting salary of \$29,800.

### *Nutritionists*

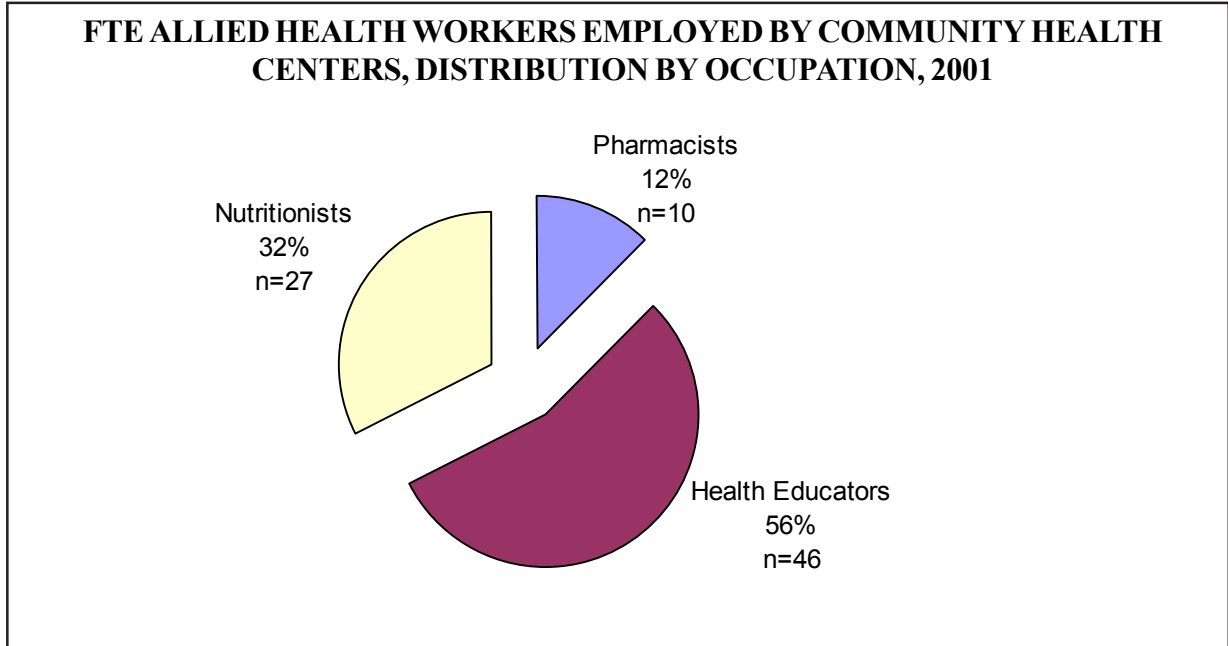
- Nutritionists represented 32% of allied health workers in community health centers.
- The average annual starting salary for nutritionists employed at CHCs was approximately \$37,900.
- The average annual starting salary for nutritionists employed at CHCs downstate was \$40,900, while nutritionists employed at CHCs upstate earned an average annual starting salary of \$33,000.

### *Pharmacists\**

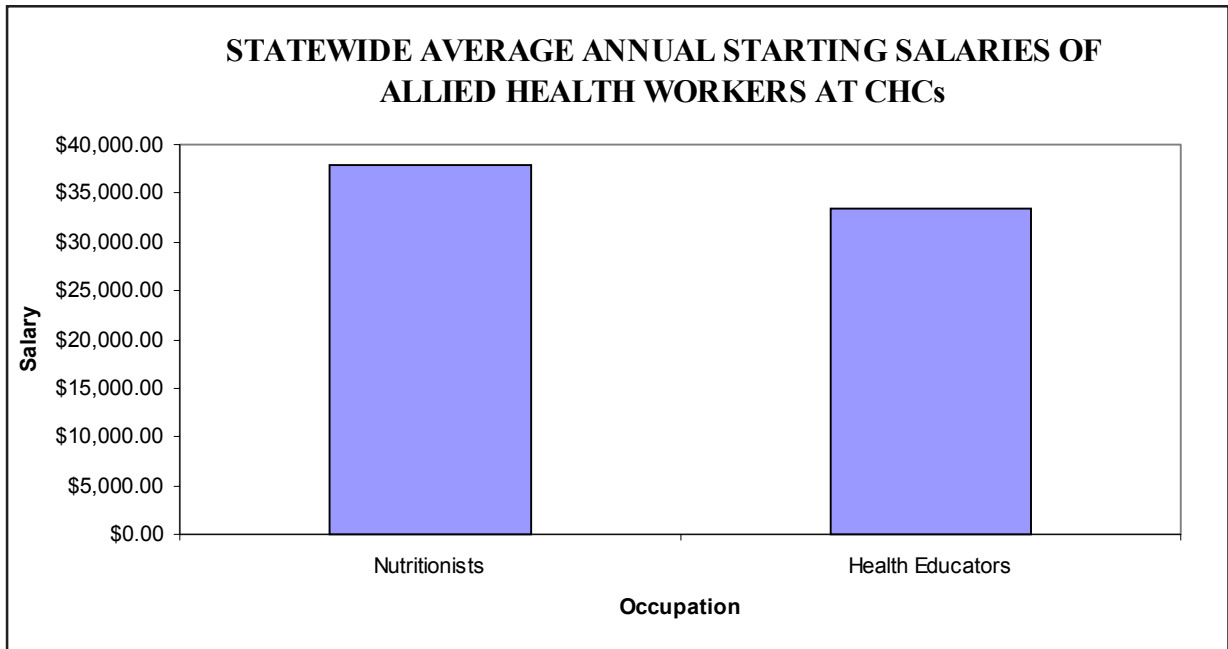
- Pharmacists represented the smallest group in the allied health workforce (12%) at community health centers.

\*Small cell size precluded analysis of salary information for pharmacists.

**Chart 10**



**Chart 11**



**Table 5**

Average Annual Starting Salary of Allied Health Workforce in CHCs			
	<b>Statewide</b>	<b>Downstate</b>	<b>Upstate</b>
Nutritionists	\$37,888	\$40,907	\$33,057
Health Educators	\$33,364	\$34,720	\$29,750

Source: Community Health Centers Survey 2001

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## ADMINISTRATIVE WORKFORCE

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Administrative/clerical workers included managers, supervisors, clerical staff, billers and medical records/coders. Administrative/clerical workers represented 39% of all community health center workers.

### *Managers*

- Managers represented the second largest group of administrative workers (19%) at community health centers.
- The average annual starting salary for managers employed at CHCs was approximately \$46,400.
- The average annual starting salary for managers employed at CHCs downstate was \$52,900, while managers employed at CHCs upstate earned an average annual starting salary of \$37,300.

### *Supervisors*

- Supervisors represented 17% of administrative workers at community health centers.
- The average annual starting salary for supervisors employed at CHCs was approximately \$42,700.
- The average annual starting salary for supervisors employed at CHCs downstate was \$55,800, while supervisors employed at CHCs upstate earned an average annual starting salary of \$29,600.
- Clerical workers represented the largest portion of the administrative workforce (41%) at CHCs.
- The average annual starting salary for clerical workers employed at CHCs was approximately \$20,200.
- The average annual starting salary for clerical workers employed at CHCs downstate was \$22,100, while clerical workers employed by CHCs upstate earned an average annual starting salary of \$18,000.

### *Clerical workers*

- Clerical workers represented the largest portion of the administrative workforce (41%) at CHCs.
- The average annual starting salary for clerical workers employed at CHCs was approximately \$20,200.
- The average annual starting salary for clerical workers employed at CHCs downstate was \$22,100, while clerical workers employed by CHCs upstate earned an average annual starting salary of \$18,000.

### *Medical Records/Coders*

- Medical records/coders represented 12% of administrative workers at community health centers.
- The average annual starting salary for medical records/coders employed at CHCs was approximately \$19,700.
- The average annual starting salary for medical records/coders employed at CHCs downstate was \$22,300, while medical records/coders employed at CHCs upstate earned an average annual starting salary of \$16,200.

### *Billers*

- Billers represented 11% of administrative workers at community health centers.
- The average annual starting salary for billers employed at CHCs was approximately \$23,000.
- The average annual starting salary for billers employed at CHCs downstate was \$24,600, while billers employed at CHCs upstate earned an average annual starting salary of \$20,500.

Chart 12

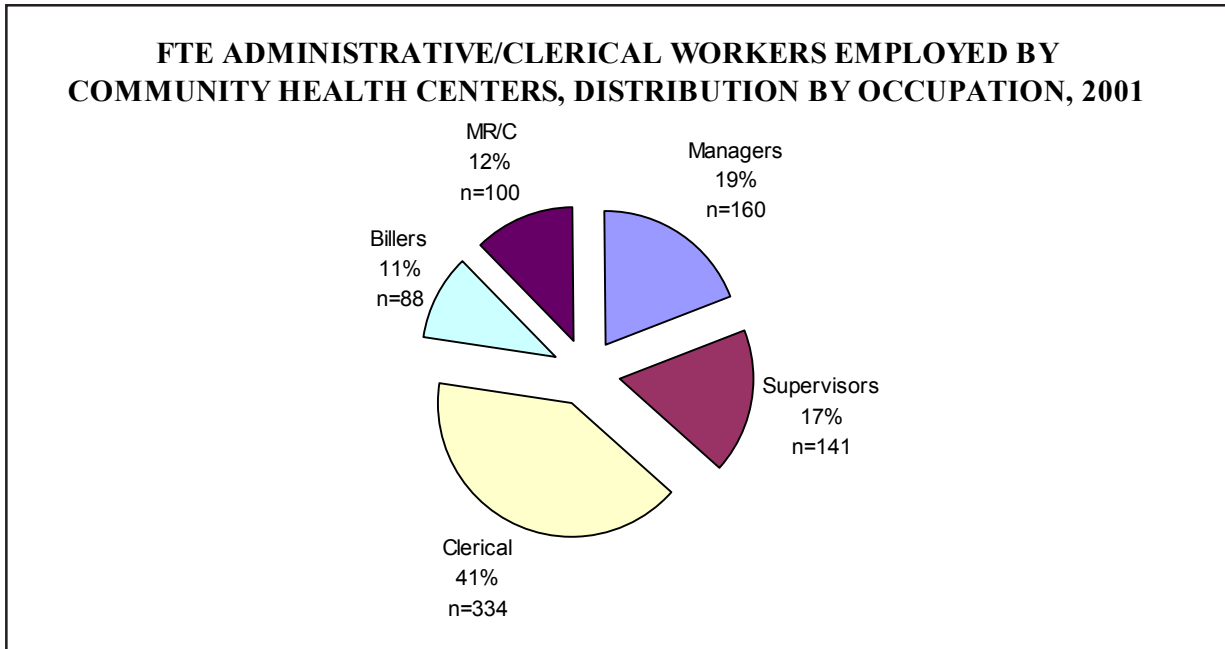


Chart 13

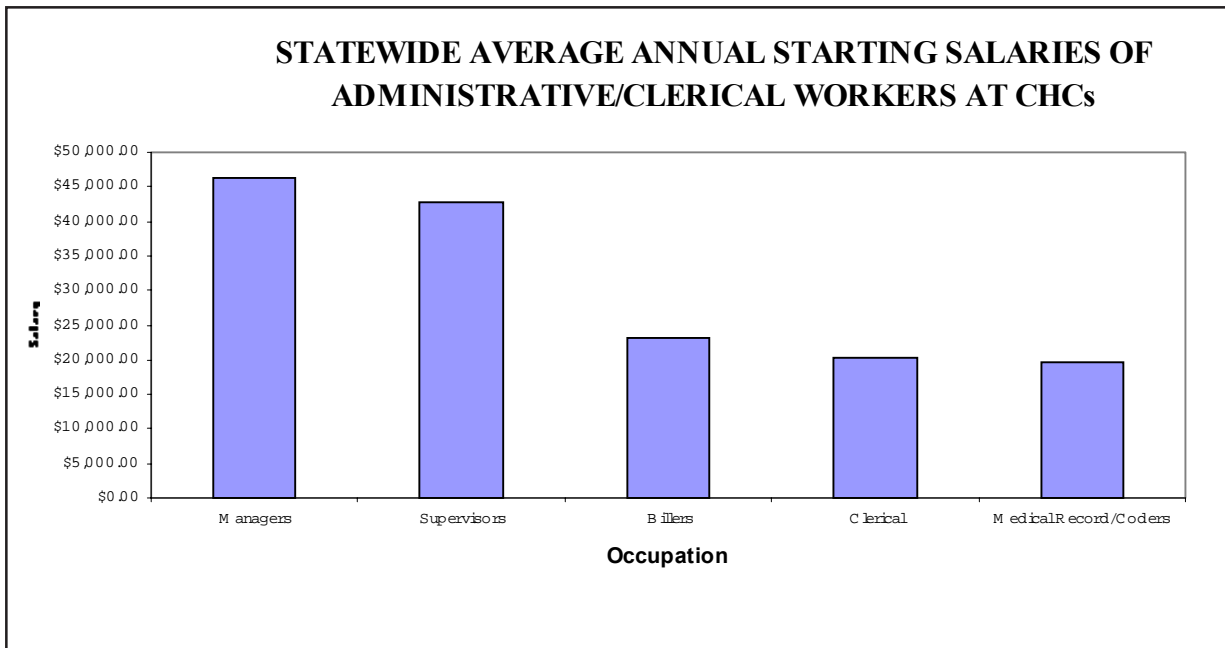


Table 6

**Average Annual Starting Salary of Administrative/Clerical Workers in CHCs**

	Statewide	Downstate	Upstate
Managers	\$46,383	\$52,857	\$37,320
Supervisors	\$42,696	\$55,750	\$29,641
Billers	\$23,003	\$24,552	\$20,523
Clerical	\$20,195	\$22,120	\$17,994
Medical Rec/Coders	\$19,660	\$22,254	\$16,201

Source: Community Health Centers Long Survey 2001

## Community Health Center Anticipated Change in FTEs in the Next Two Years

When asked about plans to change the size of their workforce, the majority of health centers reported no plans to either add or reduce staffing levels. For those health centers that expect to add staff, the most frequently cited occupations included physicians, and oral health staff. The plans to add staff as reported on the survey, may, in fact, reflect growth anticipated under the new federal initiative that supports health center expansion.

CHC survey respondents indicated that they expected to add more physicians, dentists, dental hygienists and dental assistants to their staff within the next two years.

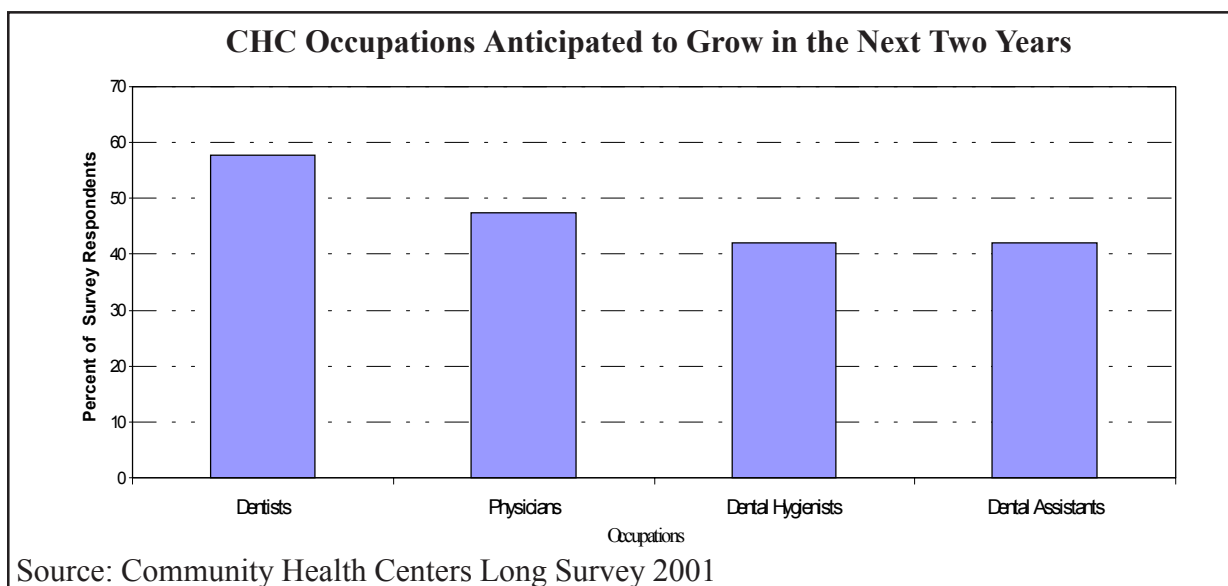
- 47.4% of respondents expected to employ additional physicians in the next two years.
- 57.9% of respondents expected to employ additional dentists in the next two years.
- 42.2% of respondents expected to employ both additional dental hygienists and dental assistants in the next two years.

CHC survey respondents indicated that they were least likely to increase the number of registered nurses, managers, clerical workers and nutritionists on their staff within the next two years.

- 15.7% of respondents expected to employ additional registered nurses in the next two years.
- 10.4% of respondents expected to employ additional managers in the next two years.
- 15.7% of respondents expected to employ both additional clerical workers and nutritionists in the next two years.

Note: Due to small cell size estimates on changes in FTEs could not be made for the following occupations: midwives, pharmacists, counselors (all), and health educators.

**Chart 14**



## RECRUITMENT

On both long and short survey forms, CHCs indicated registered nurses, licensed practical nurses and nurse practitioners posed the most recruitment difficulty at CHCs. Also, on both long and short form surveys, CHCs indicated medical assistants were among the occupations that posed the least difficulty recruiting.

On the long survey form, CHCs also indicated that dentists, physicians and dental hygienists were among the occupations most difficult to recruit. Short form survey respondents indicated that medical records/coders were most difficult to recruit while the long survey respondents indicated that they were somewhat difficult to recruit.

**Percentage of CHCs Reporting Recruitment Difficulty  
Long Survey-Table 7**

Occupations	CHCs w/ Recruitment Difficulty	Occupations	CHCs w/ Recruitment Difficulty
*Registered Nurses	94% (n=18)	Billers	70% (n=13)
Dentists	94% (n=15)	Case Managers	70% (n=10)
Physicians	89% (n=18)	Outreach Workers	70% (n=10)
*Licensed Practical Nurses	89% (n=18)	Midwives	66% (n=10)
Dental Hygienists	86% (n=15)	Medical Record/Coders	61% (n=13)
Health Educators	81% (n=11)	Managers	58% (n=14)
Social Workers	79% (n=14)	Physician Assistants	50% (n=12)
Nutritionists	77% (n=13)	Dental Assistants	50% (n=12)
*Nurse Practitioners	73% (n=15)	*Medical Assistants	40% (n=15)
Supervisors	71% (n=14)	Clerical	20% (n=15)

**Percentage of CHCs Reporting Recruitment Difficulty  
Short Survey-Table 8**

Occupations	CHCs w/ Recruitment Difficulty
*Registered Nurses	90% (n=20)
Medical Records/Coders	81% (n=16)
*Licensed Practical Nurses	70% (n=20)
*Nurse Practitioners	65% (n=17)
Medical Assistants	11% (n=19)

## RETENTION

On both long and short survey forms, CHCs indicated registered nurses, licensed practical nurses and medical records/coders were hardest to retain at CHCs. Also, on both long and short surveys, CHCs indicated nurse practitioners were among the occupations that posed the least retention difficulty.

On the long survey form, CHCs also identified health educators and dentists as occupations most difficult to retain.

Long form survey respondents indicated physician assistants were the least difficult to retain while short form survey respondents indicated that nurse practitioners were the least difficult to retain.

**Percentage of CHCs Reporting Retention Difficulty  
Long Survey-Table 9**

Occupations	CHC w/ Retention Difficulty	Occupations	CHC w/ Retention Difficulty
Health Educators	90% (n=10)	Managers	57% (n=14)
Dentists	77% (n=13)	Supervisors	57% (n=14)
*Registered Nurses	76% (n=17)	Clerical	53% (n=13)
*Licensed Practical Nurses	76% (n=17)	Nutritionists	50% (n=12)
*Medical Record/Coders	75% (n=12)	Case Managers	44% (n=9)
Outreach Workers	70% (n=10)	Dental Hygienists	42% (n=12)
Medical Assistants	67% (n=15)	*Nurse Practitioners	40% (n=15)
Dental Assistants	64% (n=11)	Midwives	33% (n=9)
Physicians	63% (n=16)	Social Workers	33% (n=12)
Billers	62% (n=13)	Physician Assistants	20% (n=10)

**Percentage of CHCs Reporting Retention Difficulty  
Short Survey-Table 10**

Occupations	CHCs w/ Retention Difficulty
*Registered Nurses	58% (n=19)
*Licensed Practical Nurses	58% (n=19)
*Medical Records/Coders	50% (n=18)
Medical Assistants	32% (n=19)
Nurse Practitioners	20% (n=20)

Source: Community Health Center Short and Long Survey Forms, 2001

## COMMUNITY HEALTH CENTER VACANCY RATES & RECRUITMENT AND RETENTION DIFFICULTY

Not surprisingly, upstate-downstate differences in the health care job market may affect the number of vacant health workforce positions in an area. The Economic Report of 1999<sup>2</sup> by the New York State Assembly indicates that upstate lags downstate in job creation. Between the first half of 1997 and 1998, employment in the upstate regions collectively grew at 1.1 percent, which was only half the rate of downstate job creation. Employment growth upstate has approached growth downstate more closely but still remained 0.5% lower between 1999 and 2000. The Labor Research Association's Economic Growth report<sup>3</sup> acknowledged this disparity in the upstate-downstate job market. They found between 1995 and 1999, job growth was concentrated in the downstate region, and downstate employment increased by 8.5% compared to 5.1% upstate. The report asserted if the upstate and downstate job markets were considered separately, as two different states, upstate's job growth for the 1995-99 period would have ranked 50<sup>th</sup> out of 51. Therefore, there may be many more jobs to fill in the downstate area than in the upstate area, increasing the likelihood of more vacancies in the downstate area. Job market differences should be considered when comparing vacancy rates for community health centers upstate and downstate.

**Table 11**

<b>Non-Agricultural Employment Growth Rates: Regional Summary 1993-2000</b>				
<b>Region</b>	<b>1993-1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
Statewide	0.7	2.1	2.6	2.0
Downstate	0.7	2.4	2.6	2.2
Upstate	0.5	1.1	1.6	1.7
<p>Note: The 1993-1997 growth rate is the average annual rate over the period. Growth rate for 2000 is based on the first two quarters of 2000 relative to the first two quarters of 1999.</p> <p style="text-align: center;">Source: NYS Department of Labor, ES 202</p>				

Vacancy rates are generally higher at downstate CHCs compared to upstate CHCs except for the following titles: medical assistants, registered nurses, case managers, dental assistants, health educators, billers and medical records/coders.

Occupations with the highest vacancy rates in community health centers statewide are: dental hygienists, counselors (all categories), nutritionists, outreach workers, social workers, dental assistants, licensed practical nurses, health educators, registered nurses and nurse practitioners.

Pharmacists and midwives appear to have high vacancies but the number of budgeted and filled positions are too small to draw any general conclusions about these two occupations. (Table 12)

<sup>2</sup><http://assembly.state.ny.us/Reports/White99/EconReport/econreport.html>

<sup>3</sup> [http://www.laborresearch.org/econ\\_growth/growth\\_nys.htm](http://www.laborresearch.org/econ_growth/growth_nys.htm)



Table 12

<b>Vacancy Rates of CHC Workforce</b>			
	<b>Statewide</b>	<b>Downstate</b>	<b>Upstate</b>
<b>Physician &amp; PAs, NPs</b>			
Physician Assistants n=51	3.9	5.8	0
Physicians n=276	8.7	10.6	2.3
Nurse Practitioners n=76	9.9	13.2	2.1
<b>Nursing Staff</b>			
Medical Assistants n=189	4.8	3.1	13.8
Registered Nurses n=144	14.6	12.8	18.4
Licensed Practical Nurses n=146	15.8	16.7	13.4
<b>Mental and Behavioral Health Workers</b>			
Case Managers n=73	5.5	1.9	15.8
Counselors n=42	16.7	21.9	0
Social Workers n=58	17.2	19.3	9
Outreach Workers n=55	19.2	19.5	18.5
Substance Abuse Counselors n=37	21.6	31.6	11.1
Mental Health Counselors n=23	21.7	33.3	0
HIV Counselors n=25	24.0	25.5	0
<b>Oral Health Providers</b>			
Dentists n=55	7.3	8.6	5.3
Dental Assistants n=100	17.0	16.2	17
Dental Hygienists n=23	30.4	54.1	2.6
<b>Allied Health Workers</b>			
Health Educators n=54	23.0	19.8	50
Nutritionists n=34	20.6	22	20.2
<b>Administrative/Clerical Staff</b>			
Managers n=161	0.6	0	1.8
Supervisors n=149	5.4	6.3	2.6
Clerical n=360	7.2	13.4	4.5
Billers n=95	7.4	7.3	9.4
Medical Record/Coders n=108	7.4	4.2	12.5
<b>n=budgeted positions</b>			

## PHYSICIAN, PA AND NP VACANCIES AT CHCs

### *Physicians*

The statewide vacancy rate for physicians was 8.7%. Physicians had a higher vacancy rate downstate than upstate, 10.6% compared to 2.3%. Analysis of the long form survey showed 16 of 18 respondents reported difficulty recruiting physicians; 10 of 16 respondents reported difficulty retaining physicians.

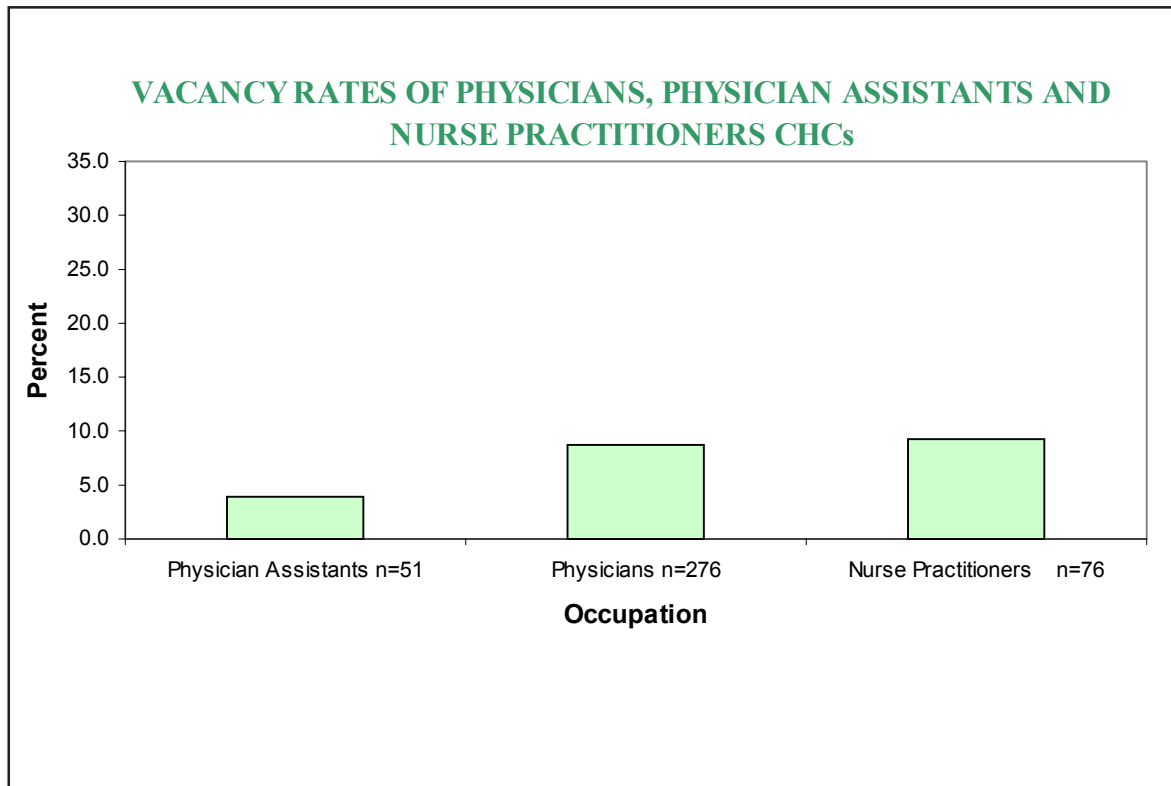
### *Nurse Practitioners*

The statewide vacancy rate for nurse practitioners was 9.2%, with the highest number of vacancies occurring downstate (13.2%), compared to 2.1% upstate. Analysis of the long form survey showed 11 of 15 respondents reported difficulty recruiting nurse practitioners. Both the long and short form surveys showed 22 of 32 respondents reported difficulty recruiting nurse practitioners, while only 10 of 35 respondents reported difficulty retaining NPs.

### *Physician Assistants*

The statewide vacancy rate for physician assistants was 3.9%. There were no vacancies for physician assistants at upstate CHCs, compared to a 5.8% vacancy rate for the downstate CHCs. Analysis of the long survey showed 6 of 12 respondents reported recruitment difficulty and 2 of 10 respondents reported difficulty retaining physician assistants.

**Chart 15**



## NURSING STAFF VACANCIES AT CHCS

### *Registered Nurses*

The statewide vacancy rate for registered nurses at CHCs was 14.6%. Registered nurses had a higher vacancy rate (18.4%) at upstate CHCs compared to downstate CHCs (12.8%). Of all the occupations, RNs posed the most difficult recruitment and retention problems. Analysis of both the long and short form surveys showed 35 of 38 respondents reported difficulty recruiting registered nurses; and 24 of 36 respondents reported difficulty retaining registered nurses.

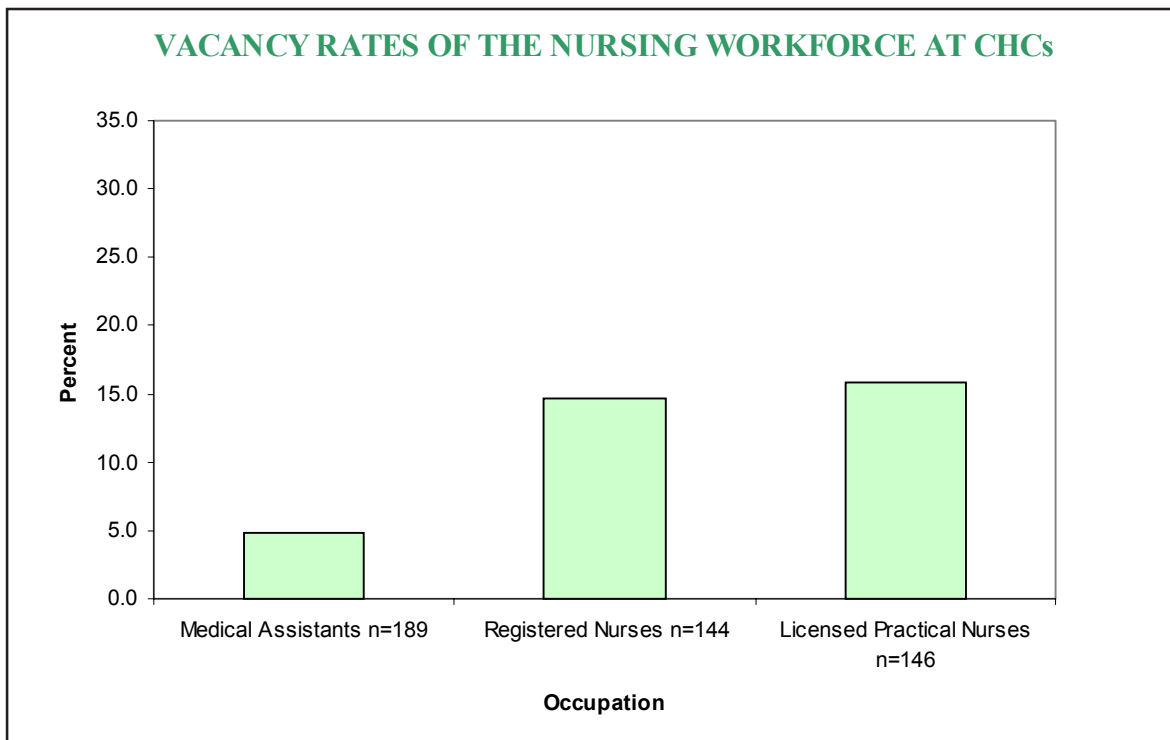
### *Licensed Practical Nurses*

The statewide vacancy rate for licensed practical nurses was 15.8%. Licensed practical nurses had a higher vacancy rate (16.7%) at downstate CHCs, compared to upstate CHCs (13.4%). Similar to RNs, LPNs are one of the occupations that posed the most difficult recruitment and retention problems. Both the long and short form surveys showed 30 of 38 respondents reporting difficulty recruiting LPNs; 24 of 36 respondents reported difficulty retaining licensed practical nurses.

### *Medical Assistants*

The statewide vacancy rate for medical assistants was 4.8%. The vacancy rate for medical assistants at upstate CHCs was 13.8% and the rate was significantly lower at downstate CHCs (3.1%). Analysis of both long and short form surveys showed 9 of 36 respondents reported difficulty recruiting medical assistants. Almost half, 16 of 34 respondents reported difficulty retaining medical assistants.

Chart 16



## MENTAL AND BEHAVIORAL HEALTH WORKFORCE VACANCIES AT CHCS

### *Counselors*

Counselors in all categories had high vacancy rates statewide from 16.7% to 24%. Vacancy rates for counselors in all categories downstate ranged from 21.9% to 33.3% while vacancy rates were lower upstate (0%-11.1%). Analysis of the long form survey indicated that it was difficult to recruit counselors in all categories. It was also difficult to retain counselors in all categories except HIV counselors. Because the number of respondents was so low for each category, it was difficult to generalize results.

### *Outreach Workers*

The statewide vacancy rate for outreach workers at CHCs was 20%. The vacancy rates for upstate outreach workers and downstate outreach workers were comparable, 18.5% and 19.5%, respectively. Analysis of the long form survey showed 7 of 10 respondents reporting difficulty recruiting outreach workers; 7 of 10 respondents reported difficulty retaining outreach workers.

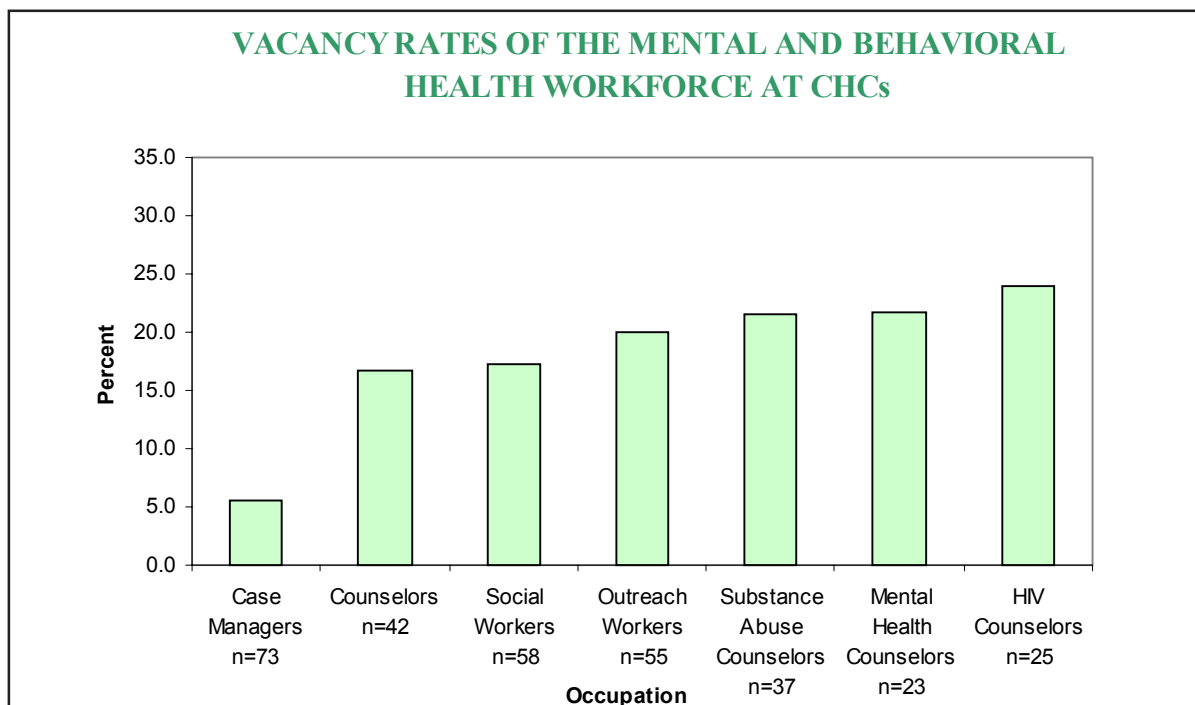
### *Social Workers*

The statewide vacancy rate for social workers at CHCs was 17.2%. The vacancy rates for social workers at downstate CHCs was 19.3% compared to a 9% vacancy rate at upstate CHCs. Analysis of the long form survey showed 11 of 14 respondents reporting difficulty recruiting social workers; 4 of 12 respondents reported difficulty retaining social workers.

### *Case Managers*

The statewide vacancy rate for case managers was 5.5%. The vacancy rate was significantly higher at upstate CHCs (15.8%) compared to downstate CHCs (1.9%). Analysis of the long form survey showed 7 of 10 respondents reported difficulty recruiting case managers; 4 of 9 respondents reported difficulty retaining case managers.

**Chart 17**



## ORAL HEALTH PROVIDER VACANCIES AT CHCS

### *Dentists*

The statewide vacancy rate for dentists at CHCs was 7.3%. The vacancy rate for dentists at upstate CHCs was 5.3%, while the vacancy rate for dentists at downstate CHCs was 8.6%. Analysis of the long form survey showed 14 of 15 respondents reporting difficulty recruiting dentists; 10 of 13 respondents reported difficulty retaining dentists.

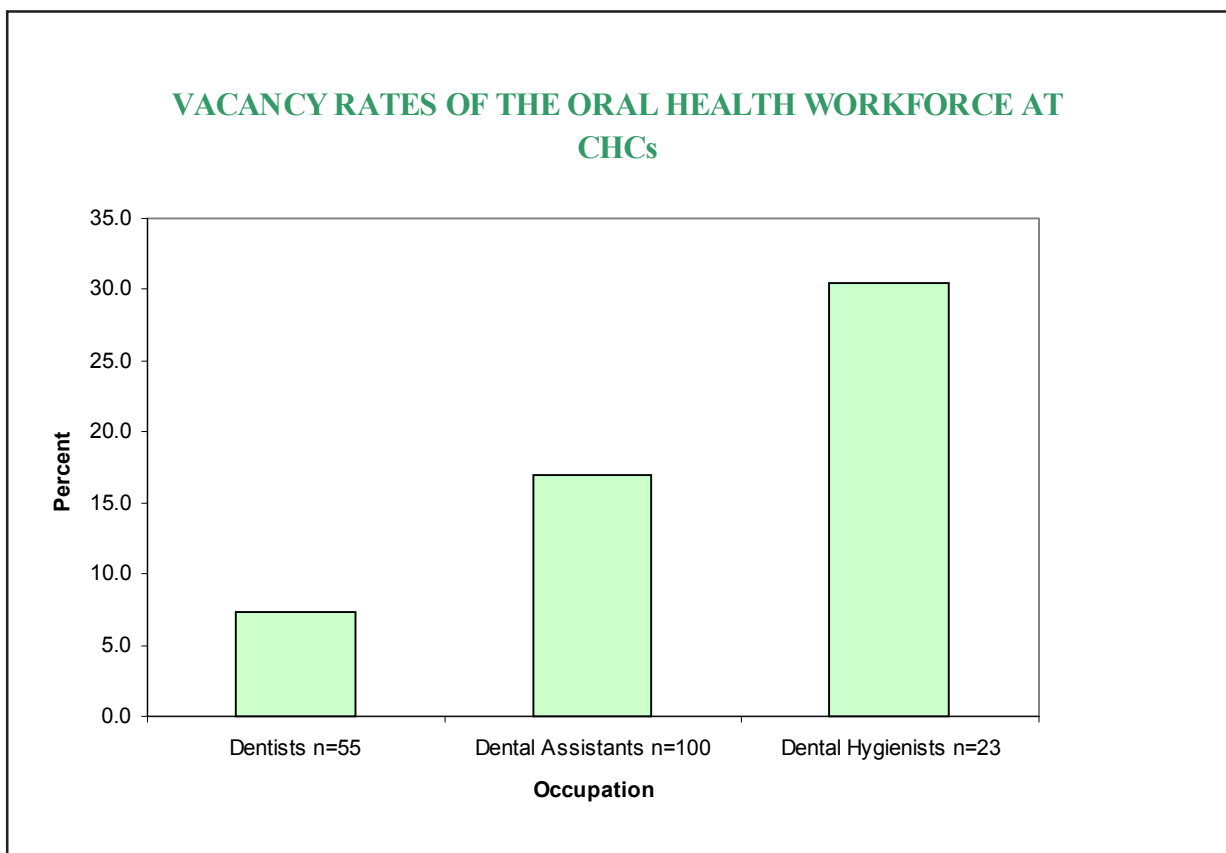
### *Dental Hygienists*

The statewide vacancy rate for dental hygienists was 30.4%. Dental hygienists had a significantly higher vacancy rate, 54.1%, at downstate CHCs compared to the upstate vacancy rate of 2.6%. Analysis of the long survey showed 13 of 15 respondents reported difficulty recruiting dental hygienists; 5 of 12 respondents reported difficulty retaining dental hygienists.

### *Dental Assistants*

The statewide vacancy rate for dental assistants at CHCs was 17%. The vacancy rates for dental assistants at downstate and upstate CHCs were comparable, 16.2% and 17%, respectively. Analysis of the long form survey showed 6 of 12 respondents reported difficulty in recruiting dental assistants; 7 of 11 respondents reported difficulty retaining dental assistants.

**Chart 18**



## ALLIED HEALTH WORKFORCE VACANCIES AT CHCS

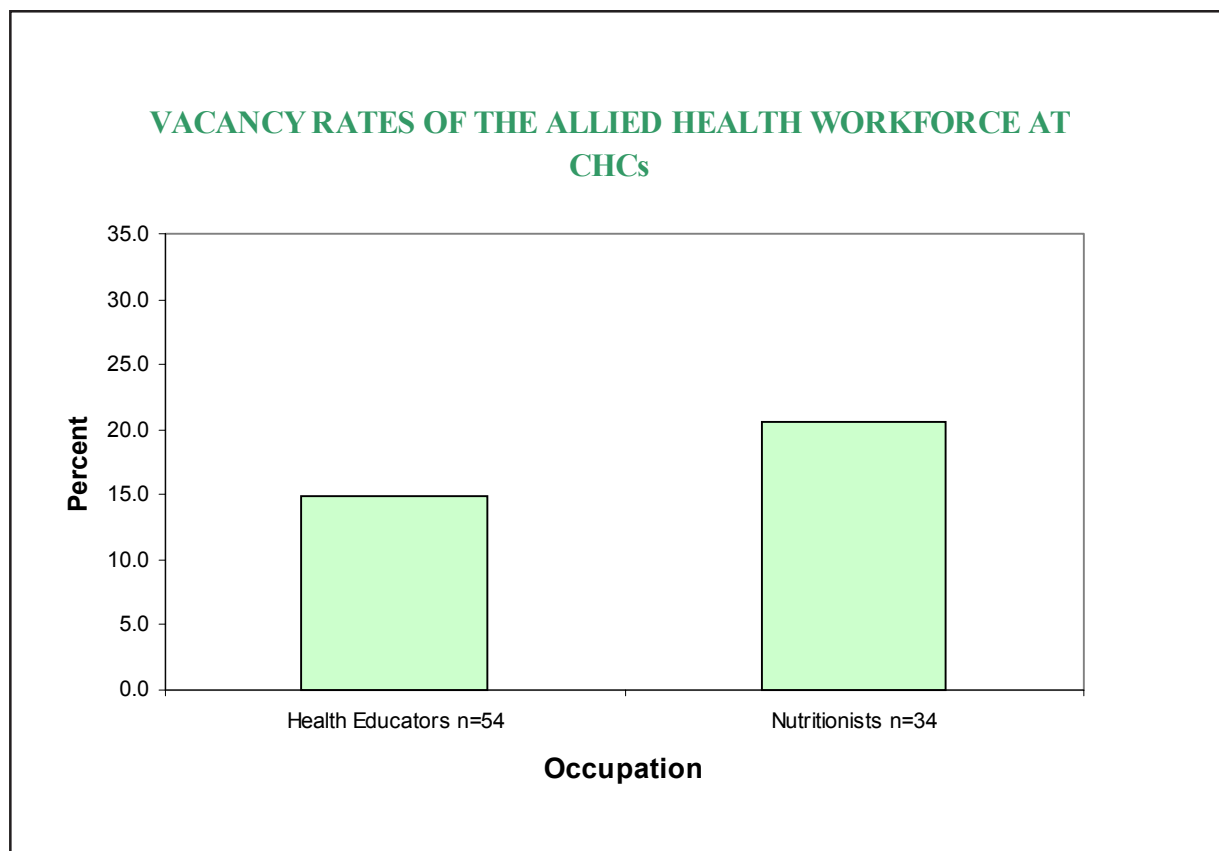
### *Health Educators*

The statewide vacancy rate for health educators at CHCs was 14.8%. Health educators had a significantly higher vacancy rate at upstate CHCs (50%) compared to downstate (19.8%). Analysis of the long form survey showed 9 of 11 respondents reporting difficulty in recruiting health educators; 9 of 10 respondents reported difficulty retaining health educators.

### *Nutritionists*

The statewide vacancy rate for nutritionists at CHCs was 20.6%. The vacancy rates for nutritionists at downstate and upstate CHCs were comparable, 22% and 20.2%, respectively. Analysis of the long form survey showed 10 of 13 respondents reporting difficulty recruiting nutritionists; 6 of 12 respondents reported difficulty retaining nutritionists.

Chart 19



## ADMINISTRATIVE/CLERICAL WORKFORCE VACANCIES AT CHCS

### *Managers*

The statewide vacancy rate for managers at CHCs was 0.6%. No vacancies for managers were reported at downstate CHCs, while the vacancy rate at upstate CHCs was 1.8%. Analysis of the long form survey showed 8 of 14 respondents reporting difficulty in recruiting managers; 8 of 14 respondents reported difficulty in retaining managers.

### *Supervisors*

The statewide vacancy rate for supervisors was 5.4%. The vacancy rate for supervisors at downstate CHCs was 6.3%, while the vacancy rate at upstate CHCs was 2.6%. Analysis of the long form survey showed 7 of 10 respondents reporting difficulty in recruiting supervisors; 8 of 14 respondents reported difficulty in retaining supervisors.

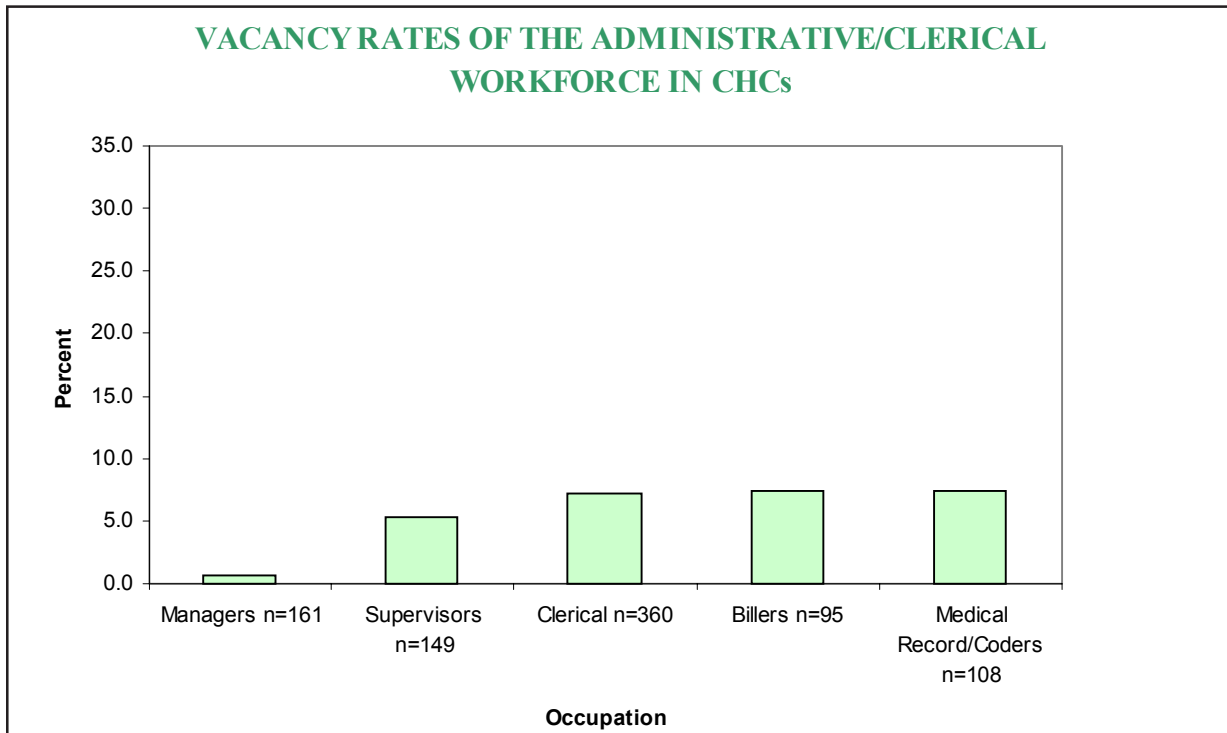
### *Clerical*

The statewide vacancy rate for clerical workers at CHCs was 7.2%. The vacancy rate for clerical workers at downstate CHCs was 13.4%, while the vacancy rate at upstate CHCs was 4.5%. Analysis of the long form survey showed 3 of 15 respondents reporting difficulty in recruiting clerical workers; 7 of 13 respondents reported difficulty in retaining clerical workers.

### *Billers*

The statewide vacancy rate for billers at CHCs was 7.4%. The vacancy rate for billers at downstate CHCs was 7.3%, while the vacancy rate at upstate CHCs was 9.4%. Analysis of the long survey showed 10 of 13 respondents reported difficulty in recruiting billers; 8 of 13 respondents reported difficulty in retaining billers.

**Chart 20**



## COMMUNITY HEALTH CENTER TRAINING\*

Between 62.5% and 82.5% of CHCs reported the most needed training in the areas of customer service, computer training, and cultural competency. Between 50% and 55% of CHCs reported that other training they were likely to participate in included: computer; cultural competency; executive; and ambulatory care management training. Sixty percent of all CHCs were most willing to participate in customer service and managed care training. Between 42.5% and 55% of CHCs reported that other training needs included: managed care training; upgrading programs; clinical training; executive training; and ambulatory care management.

In some cases, while a large percentage responded that certain training was needed, the willingness to participate in that particular training did not match the percentage reporting need. Reported “need” surpassed reported “willingness to participate” in all training areas except managed care, ambulatory care management and foreign language training. In both ambulatory care management and foreign language training, reports of the need for training matched willingness to participate in training if offered by CHCANYS. Concerns raised by survey respondents included location, scheduling, time availability and cost of the training which may explain some reluctance to participate in training.

Table 13

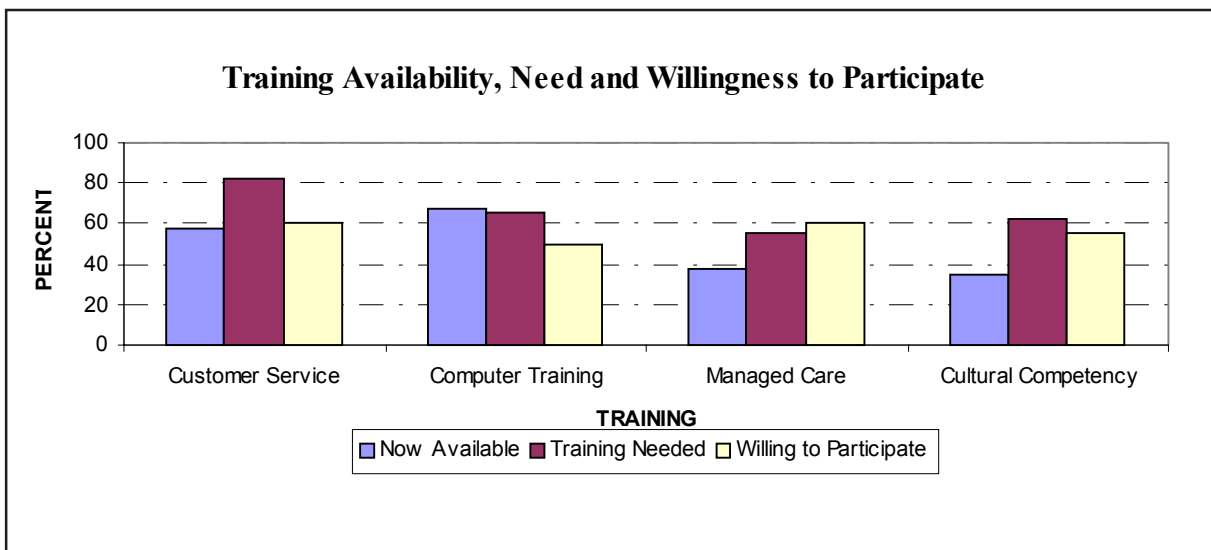
Community Health Center Training			
	Training Needed (%)	Now Available (%)	CHCs Willing to Participate (%)
Customer Service	82.5	57.0	60
Computer Training	65	67.5	50
Managed Care	55	37.5	60
Cultural Competency	62.5	35.0	55
Upgrading Programs	50	20.0	42.5
Foreign Language	42.5	17.5	42.5
Basic Literacy/GED	27.5	25.0	20
Clinical Training	50	62.5	47.5
Executive Training	55	27.5	52.5
Ambulatory Care Mgmt	50	27.5	50

Source: Long and Short Community Health Center Surveys 2001

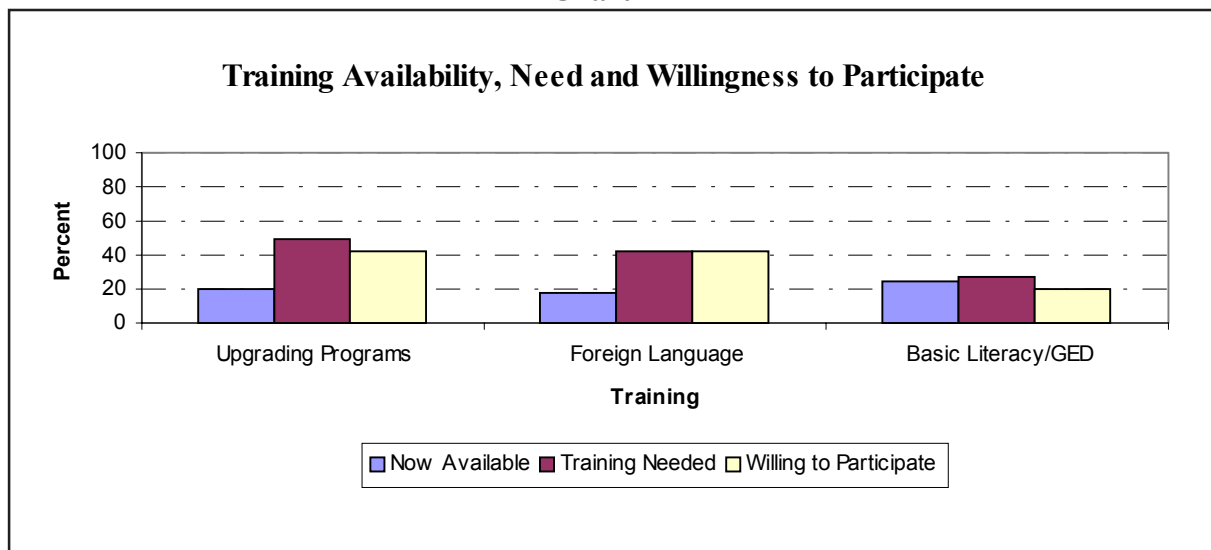
\*Since long and short form survey questions on community health center training were comparable, responses were analyzed together.



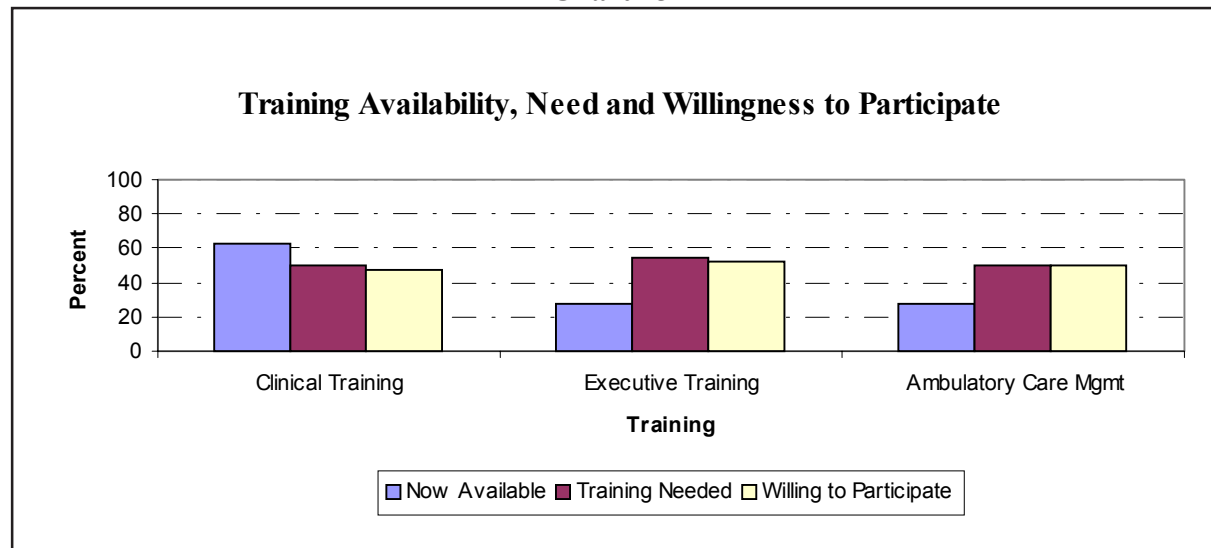
**Chart 21**



**Chart 22**



**Chart 23**



Source: Long and Short Community Health Center Surveys

## **Appendix A: Survey cover letter**

Dear (Center Director by name):

In response to changes in the health care system and concerns with shortages of health workers, New York State has authorized several new programs worth tens of millions of dollars to support training and upgrading of health workers. Health centers are eligible for only some of these funds and few centers have taken advantage of this opportunity. The Center for Health Workforce Studies, in collaboration with the Community Health Care Association of New York (CHCANYS), is conducting a survey of health centers to better understand their health workforce and training needs. The survey will allow us to better identify potential resources to meet your needs. It will also help in the development of training programs targeted to the needs of health centers and their workers.

Development of relevant and appropriate training opportunities for your staff can help with retention and recruitment. The ultimate goal, a better-prepared and trained staff, will help improve the quality of patient care, increase efficiency and may increase revenues. Education and training opportunities are particularly important in this time of growing workforce shortages and increasing patient expectations. But we cannot help you without better information as to your needs.

Please complete the enclosed survey and return it to the Center for Health Workforce Studies by fax or regular mail no later than March 15<sup>th</sup>. If you have any questions or need assistance to complete the form, please contact Jean Moore of the Center at 518-402-0250.

If you would like a summary of the results of the survey, indicate this on the last page of the survey and we will send you the summary.

Thank you for your support of this important study.

Sincerely,

Dr. Lorna Scott McBarnette  
Chief Executive Officer  
CHCANYS

Edward S. Salsberg, Director  
Director  
Center for Health Workforce Studies

## Health Center Workforce Needs Assessment

### Appendix B

1a. Current and Projected Staffing:

	FTEs		Annual Gross Salary (starting)	Anticipated Change in FTEs in Next 2 Years				
	Budgeted	Filled		> 10% Significant Decrease	1 - 10% Moderate Decrease	No Change	1 - 10% Moderate Increase	10% or more Significant Increase
Physicians								
Dentists								
Nurse Practitioners								
Physician Assistants								
Midwives								
RNs								
LPNs								
Medical Assistants								
Dental Hygienists								
Dental Assistants								
Social Workers								
Pharmacists								
Counselors								
Substance Abuse								
Mental Health								
HIV								
Social Workers								
Case Managers								
Outreach Workers								
Managers								
Supervisors								
Clerical								
Health Educators								
Nutritionists								
medical records/coders								
Billers								
Other:								
Total:								
As of (Date):								

1b. Recruitment and Retention Problems

	Recruitment Problems			Retention Problems		
	Very Difficult	Some-what Difficult	Not Difficult	High Turnover	Some Turnover	Little Turnover
Physicians						
Dentists						
Nurse Practitioners						
Physician Assistants						
Midwives						
RNs						
LPNs						
Medical Assistants						
Dental Hygienists						
Dental Assistants						
Social Workers						
Pharmacists						
Counselors						
Substance Abuse						
Mental Health						
HIV						
Social Workers						
Case Managers						
Outreach Workers						
Managers						
Supervisors						
Clerical						
Health Educators						
Nutritionists						
medical records/coders						
Billers						
Other:						
Total:						

2. What are your most significant recruitment problems?

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3. What are your most significant retention problems? \_\_\_\_\_

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4. What physician specialties are hardest to access for health center patients (including those specialties that you do not provide but refer to)? \_\_\_\_\_

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5. What other medical/dental services do you and your patients have a difficult time accessing? \_\_\_\_\_

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6. What are your most pressing workforce training needs at present?

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6a. What training programs are routinely available to health center staff?  
e.g., orientation

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6b. What training programs should be routinely available to health center staff?  
e.g. team building, cultural competence, specialty unit training

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7. What educational institutions have a relationship with the health center? What does the educational institution provide? What does the health center provide?

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## Health Center Workforce Assessment (Con't)

Training Needs	Is it currently available?		Is it needed?		If CHCANYS were to offer or arrange for, would you participate?	
	Yes	No	Yes	No	Yes	No
<input type="checkbox"/> Clinical Training						
<input type="checkbox"/> Executive Training						
<input type="checkbox"/> Managed Care Training						
<input type="checkbox"/> Customer Service Training						
<input type="checkbox"/> Cultural Competency Training						
<input type="checkbox"/> Foreign Language Training						
<input type="checkbox"/> Ambulatory Care Management Training						
<input type="checkbox"/> Computer Training						
<input type="checkbox"/> Basic Literacy / GED Completion						
<input type="checkbox"/> Upgrading Programs						
<input type="checkbox"/> Other:						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Health Center: \_\_\_\_\_

Service Area of Health Center (list by Zip Codes): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Total Patients: \_\_\_\_\_

Total Encounters: \_\_\_\_\_

Please send us a copy of survey results

## Health Center Workforce Needs Assessment FAX BACK SURVEY

### Appendix C

1. What occupations pose the most significant recruitment problems for your Center?

	Very Difficult	Somewhat Difficult	Not Difficult
Registered Nurses			
Licensed Practical Nurses			
Nurse Practitioners			
Medical Records/Coders			
Medical Assistants			
Other:			
Other:			

2. What occupations pose the most significant retention problems for your Center?

	High Turnover	Some Turnover	Little Turnover
Registered Nurses			
Licensed Practical Nurses			
Nurse Practitioners			
Medical Records/Coders			
Medical Assistants			
Clerks			
Other:			
Other:			

3. What are your most pressing workforce training needs?

Training Needs	Is it needed?		Is it currently available?		If CHCANYS were to offer or arrange for, would you participate?	
	Yes	No	Yes	No	Yes	No
Customer Service Training						
Computer Training						
Executive Training						
Managed Care Training						
Cultural Competency Training						
Clinical Training						
Ambulatory Care Mgmt Training						
Upgrading Programs						
Foreign Language Training						
Basic Literacy/GED Completion						
Other:						

4. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Health Center: \_\_\_\_\_  
Person Completing Form: \_\_\_\_\_ Telephone # \_\_\_\_\_