



Survey of Health Care Employers in Arizona: Maricopa County Community Health Centers, 2015

July 26, 2016

Prepared by:

Lela Chu

Joanne Spetz, PhD

University of California, San Francisco

3333 California Street, Suite 265

San Francisco, CA 94118

This study is supported by Vitalyst Health Foundation of Arizona and the City of Phoenix. Any views presented in this report do not necessarily reflect the opinions or positions of Vitalyst Health Foundation or the City of Phoenix.



PREFACE

Survey Background

This report summarizes the findings from a survey of federally-qualified community health centers (CHCs) in Arizona conducted from summer to fall of 2015. This is the first survey of Maricopa County CHC employers and provides an opportunity to evaluate overall demand for health care workers in the county. The data obtained in this survey reveal the variation in the demand for health care workers within Maricopa County.

Summary of Findings

The 2015 Survey of Health Care Employers in Arizona: Maricopa County Community Health Centers found that there is a perception of shortage for all physicians (except in Pediatrics), psychologists, nurse practitioners, licensed practical nurses, pharmacy technicians, coders, promotoras, and radiology technologists. Generally, the labor market was reported as being more in balance with the supply available for all other occupations, including registered nurses, medical assistants, pharmacists, and social workers. Vacancy rates for full-time positions were 28 percent for internal medicine physicians, pediatricians, and physician assistants.

CHCs reported that employment increased over the past year for many occupations, including pediatricians, obstetricians/gynecologists, family medicine physicians, nurse practitioners, physician assistants, psychologists, and care navigators. However, most indicated no employment changes in the past year for registered nurses, pharmacists, social workers, and medical assistants. Increases in employment were reported to be influenced by increases in patient volume and less turnover and greater retention of staff.

Over 77 percent of CHCs indicated they had created new job classifications over the prior year, most often in roles related to care coordination and health coaching.

Nearly all CHCs reported expectations that employment for many occupations would increase over the next three years, including for psychologists, physicians in internal medicine, pediatrics, and obstetrics/gynecology, nurse practitioners, and medical assistants. The most frequently reported reasons for expected increases in employment were anticipated increases in patient volume, and planned growth in facility size.

CHCs were asked to describe how concerned they felt about a series of factors that might affect the adequacy of their CHC's workforce. CHCs often reported that they were extremely concerned about the impact of potential state budget cuts to Medicaid and reimbursement levels dropping. The impact of the expansion in health insurance coverage was reported as somewhat concerning by most CHCs. CHCs indicated very little concern of their workforce adequacy being impacted by population growth and aging in the region.

Maricopa County Healthcare Workforce

Community Health Centers, 2016

A survey of Arizona health care employers was conducted by the University of California, San Francisco (UCSF) in the spring of 2016. The survey captured responses from 59% of the Community Health Centers (CHCs) in Maricopa County. Overall survey results indicate:

DEMAND for MEDICAL STAFF



Respondents revealed a **SHORTAGE** for:

- Physicians (except in Pediatrics)
- Psychologists
- Licensed Practical Nurses
- Pharmacists
- Pharmacy Technicians
- Coders

- Laboratory Technologists
- Radiology Technologists

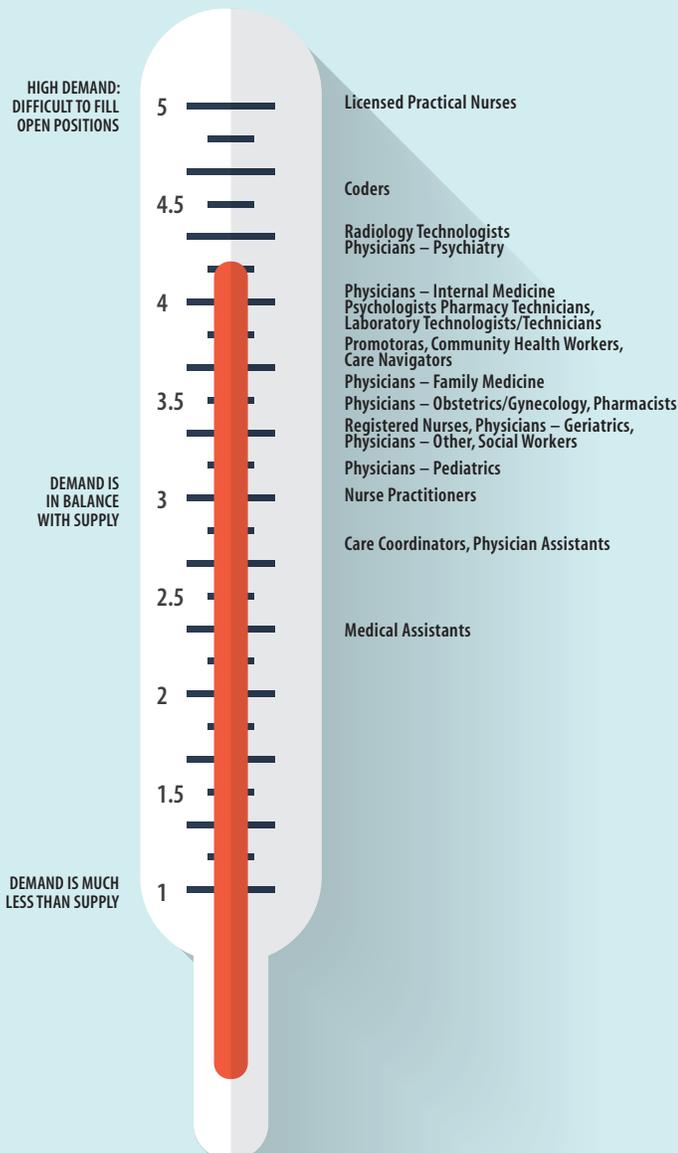
Generally, **IN BALANCE** are:

- Registered Nurses
- Medical Assistants
- Social Workers
- Community Health Workers

Employment **INCREASED** over the past year for many occupations, including:

- Pediatricians
- Obstetricians/Gynecologists
- Family Medicine Physicians
- Nurse Practitioners
- Promotoras

LABOR MARKET DEMAND FOR LONG-TERM CARE FACILITIES IN MARICOPA COUNTY



PROJECTED EMPLOYMENT NEEDS

Nearly all Community Health Centers expect that employment for many occupations will increase over the next three years, including:



80%

of Community Health Centers reported that they had created **NEW JOB CLASSIFICATIONS** over the past year, specifically in the roles of Care Coordination and Health Coaching.



TABLE OF CONTENTS

PREFACE 2

 Survey Background..... 2

 Summary of Findings 2

 Visual Summary..... 3

TABLE OF CONTENTS..... 4

LIST OF TABLES 5

LIST OF FIGURES 6

BACKGROUND: HEALTH WORKER DEMAND IN ARIZONA 7

 Survey Participation and Data Analysis 9

FINDINGS..... 10

 Perception of Labor Market Conditions 10

 Current Employment of Staff 15

 Current Vacancies 16

 Changes Experienced In the Past Year 16

 RN Employment 19

 Employment Expectations for the Next Three Years 20

CONCLUSIONS 24

ACKNOWLEDGEMENTS 25

LIST OF TABLES

Table 1. Perception of labor market demand by community health clinics in Maricopa County, 2015 13

Table 2. Average ranking of overall labor market demand across Maricopa County, 2015 14

Table 3. Number of current staff (headcount) by position, as of May 1, 2015 15

Table 4. Employment changes in the past year, by position, 2015 17

Table 5. Support for staff working toward degrees or certification, 2015 18

Table 6. Currently employed BSN-prepared registered nurses, 2015 20

Table 7. Expectations for employment in the next three years, 2015 21

Table 8. Planned new job classifications in the next two years, 2015 22

Table 9. Impact on adequacy on community health center’s workforce, 2015 23

LIST OF FIGURES

Figure 1. Distribution of responding community health centers vs Federally Qualified Health Centers in Maricopa County, by rural/non-rural geographic location, 2015 10

Figure 2. Perception of physician, NP, PA, and psychologist labor market demand by community clinics in Maricopa County, 2015 11

Figure 3. Perception of clinic staff labor market demand by community clinics in Maricopa County, 2015 12

Figure 4. Vacancy rates by position, May 1, 2015 16

Figure 5. Employment changes in the past year, by position, 2015 17

Figure 6. Creation of new job classifications in the past year, 2015 18

Figure 7. Requirements for registered nursing employment, 2015 19

Figure 8. Expectations for employment in the next three years, 2015 21

Figure 9. Impact on adequacy on community health center’s workforce, 2015 22

BACKGROUND: HEALTH WORKER DEMAND IN ARIZONA

Arizona, along with the rest of the nation, experienced a deep economic recession starting in December 2007 and a slow economic recovery since mid-2009. While the state's economy has been recovering, there have been significant changes in health care financing and delivery. The state restored and expanded Medicaid coverage, and the implementation of the Affordable Care Act (ACA) of 2010 expanded private health insurance access to thousands in the state. The ACA contains provisions that are spurring an increased emphasis on the integration of care, providing high-value care, and considering population health broadly. In addition, Arizona faces an aging population, with increasing rates of chronic conditions and disabilities.¹

These factors are driving demand growth for health care workers across the state. Over the past decade, employment grew in all the health occupations in Arizona, from 75,490 in 2004 to 135,070 in 2013.² Shortages of many health workers have been reported in recent years, including for physicians, and survey research has revealed that physicians are the most difficult health professional to recruit, followed by nurse practitioners and physician assistants.³

Nursing shortages also are a significant concern for Arizona. The U.S. Bureau of Health Workforce (BHW) projects that Arizona will need 87,200 registered nurses (RNs) by 2025, but supply will be only 59,100 RNs, producing a shortfall of 32 percent. BHW also forecasts a shortfall of 9,590 licensed practical nurses (LPNs), which is about 50 percent of anticipated demand.⁴ In addition, the Arizona Board of Nursing has expressed concern that too small a share of Arizona's RNs have baccalaureate-level education – in 2012, only 54 percent had a bachelor's or higher degree in any field, not necessarily in nursing, in contrast to the recommendation of the Institute of Medicine that 80 percent of all nurses hold a bachelor's or higher degree by 2020.⁵

Other health care occupations also are facing substantial growth in demand. About 47,000 new jobs are expected in the allied health professions between 2013 and 2020, with the greatest growth projected for personal care aides, medical records and health information technicians, emergency medical technicians and paramedics, medical and health services managers, medical assistants, and pharmacy technicians. The Affordable Care Act's provisions also are expected to spur growth in emerging

¹ Borns, Kristin, and VanPelt, Kim. Health Workforce, Healthy Economy. Arizona Health Futures Policy Primer, December 2014.

² Data from the Arizona Department of Administration, reported in Irvine, Jane, and William G. Johnson, Allied Health Needs Assessment. Phoenix, AZ: Maricopa Community Colleges. May 14, 2015.

³ Tabor, Joe, Nick Jennings, Lindsay Kohler, Bill Degnan, Howard Eng, Doug Campos-Outcalt, and Dan Derksen. Arizona Center for Rural Health 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals. Tucson, AZ: University of Arizona. February 2016.

⁴ Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services. The Future of the Nursing Workforce: National and State-Level Projections, 2012-2025. Rockville, MD: U.S. Department of Health and Human Services. December 2014.

⁵ Randolph, Pamela K. Arizona State Board of Nursing Summary and Analysis of Annual Reports from Arizona Nursing Education Programs Calendar Year 2012. Arizona State Board of Nursing. 2012.

occupations, such as expanded function dental assistants, community dental health coordinators, health and transition coaches, community health workers, and integrated care case managers.⁶

The challenge of meeting anticipated demand for health care workers is made more complex by the significant geographic variation found in Arizona. The state has one of the largest metropolitan areas in the United States and some of the most rural areas in the country.⁷ The numbers of physicians, physician assistants, nurse practitioners, RNs, and pharmacists per 100,000 people are substantially higher in urban settings of Arizona than rural settings.⁸

To understand the impact of Arizona's aging population, growing insurance coverage, and changing delivery system on current and future needs for health care workers, the Vitalyst Health Foundation and City of Phoenix commissioned the University of California, San Francisco (UCSF), to survey hospitals, community health centers, long-term care facilities, and home health agencies in Arizona. Separate surveys were sent to each type of health care delivery organization, including questions about employment, vacancies, perceptions of the labor market, anticipated changes in demand, and reasons for future changes. Together, these surveys are designed to develop an accurate and up-to-date understanding of the demand for health care workers in Arizona.

⁶ Irvine, Jane, and William G. Johnson, *Allied Health Needs Assessment*. Phoenix, AZ: Maricopa Community Colleges. May 14, 2015.

⁷ Borns, Kristin, and VanPelt, Kim. *Health Workforce, Healthy Economy*. Arizona Health Futures Policy Primer, December 2014.

⁸ Tabor, Joe, Nick Jennings, Lindsay Kohler, Bill Degnan, Howard Eng, Doug Campos-Outcalt, and Dan Derksen. *Arizona Center for Rural Health 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals*. Tucson, AZ: University of Arizona. February 2016.

SURVEY METHODS

The Survey of Health Care Employers in Arizona: Community Health Centers was one of four survey instruments based on the questionnaire used by the University of California, San Francisco (UCSF) in the Survey of Nurse Employers. With input from an Advisory Committee convened by Vitalyst Health Foundation and City of Phoenix, a survey instrument was designed for each setting to meet the research goals of the Foundation, and to understand current and future hiring needs of health care employers in Arizona, including hospitals, home health agencies, community health centers, and long-term care facilities. The surveys were designed to provide a snapshot of the current workforce in Arizona, and the challenges of training, recruiting, and retaining an adequate workforce. The Survey of Health Care Employers in Arizona: Community Health Centers was structured for human resources directors in clinic settings to provide data on staffing, including current headcounts and vacancies, as well as their perceptions of the labor market, expectations for hiring, and the characteristics of their new RN graduate residency programs.

The survey was posted online following approval by the UCSF Committee on Human Research. Survey emails were sent to all human resources directors provided by the Vitalyst Health Foundation and the City of Phoenix. The invitation from UCSF included a link to the online version of the survey, as well as a fillable-PDF form that could be completed by the respondent and returned to UCSF via email or fax. Facilities were contacted with follow-up emails and telephone calls, both by UCSF and members of the Advisory Committee, to encourage participation.

This report, the Survey of Health Care Employers in Arizona: Maricopa County Community Health Centers, 2015 focuses specifically on the health centers in Maricopa County.

Survey Participation and Data Analysis

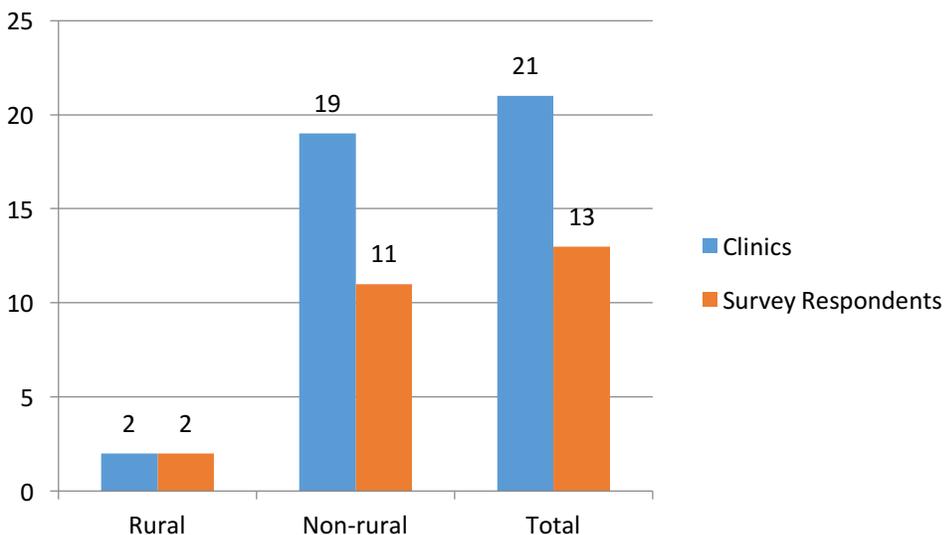
The Survey of Health Care Employers in Arizona: Community Health Centers elicited 4 unique responses in Maricopa County, representing 13 federally-qualified health centers (FQHC) and 22 total reported clinics. These totals represent approximately 61.9 percent of the total number of federally qualified health centers in Maricopa County.⁹

Throughout the report we provide the number of facility responses (N) represented by the statistics in tables and figures. The number of responses reflects the fact that in some cases the data represent multiple community health center (CHC) facilities.

⁹ Federally Qualified Health Centers were identified using the Arizona Department of Health Services licensed facilities listing database.

Figure 1 compares the distribution of survey respondents with CHCs in the county based on whether or not the geographic location of the facility is considered rural.¹⁰ Urban facilities are underrepresented in the data.

Figure 1. Distribution of responding community health centers vs Federally Qualified Health Centers in Maricopa County, by rural/non-rural geographic location, 2015



FINDINGS

Perception of Labor Market Conditions

CHCs were asked to report their perception of labor market conditions for CHC staff in their region, using a rank order scale of 1 to 5. A score of “1” indicated that demand for staff was much less than the available supply, while a score of “5” indicated high demand for staff and difficulty filling open positions. Figures 2 and 3, and Table 1, compare the reported results of overall labor market conditions for CHC staff in fall 2015.

Demand for physicians was reported as being high (difficult to fill open positions) or somewhat high (some difficulty filling open positions) for many specialties queried in the survey. All respondents reported high or somewhat high demand for internal medicine physicians and psychiatrists. Nearly half reported high or somewhat high demand for family medicine physicians, and 41.6 percent reported high or somewhat high demand for obstetrics/gynecology. The labor market was perceived as balanced for pediatricians by 91.7 percent of respondents; for obstetrics/gynecology by 58.3 percent; and for family medicine by 53.8 percent.

Demand for other highly-trained direct-care providers varied. All four respondents that indicated they hire psychologists reported that market-wide demand was somewhat high for psychologists. Nearly 39 percent of respondents reported that demand for nurse practitioners (NPs) was high or somewhat high, but over half reported that there was somewhat greater supply of NPs than demand in their area. Just

¹⁰ The rural vs. non-rural status of a facility was determined using the 2010 Rural-Urban Commuting Area codes and the community health center’s zip code. For more information see: <http://depts.washington.edu/uwruca/>

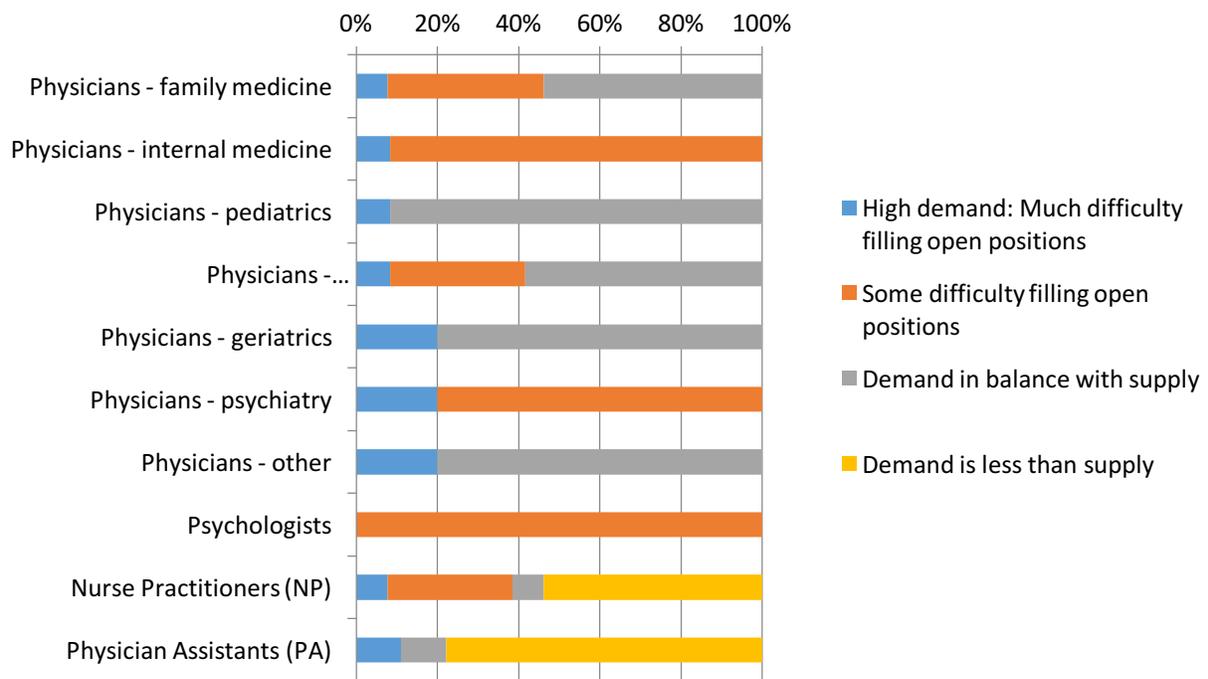
over eleven percent of respondents indicated that they faced high market demand for physician assistants, but more than 77 percent indicated that supply was somewhat greater than demand.

Demand for registered nurses (RNs) was reported as somewhat high by 36.4 percent of CHCs, and in balance with supply by all other CHCs. Only one CHC reported that it employed Licensed Practical Nurses (LPNs), and this CHC indicated that it perceived demand as much higher than supply.

Most CHCs (63.6%) indicated that supply and demand were balanced for pharmacists, but over one-third indicated that they had some difficulty filling open pharmacist positions. All four CHCs that employ pharmacy technicians indicated that had some difficulty filling open positions.

Many CHCs employ community health workers (CHWs), licensed clinical social workers (LCSWs), promotoras, care coordinators, and care navigators. There can be overlap in the roles of individuals with these job titles, as well as with the roles of RNs and LPNs. Five CHCs indicated they employ CHWs, of which four indicated that they faced some difficulty filling open positions and one perceived that supply and demand were balanced. More than half of respondents perceived supply and demand to be in balance for LCSWs (58.3%), and 33.3 percent had at least some difficulty filling open LCSW positions. Of the five CHCs that employ promotoras, four indicated that they had some difficulty filling open positions, while one perceived a balanced market. Most CHCs (58.3%) perceived that supply was greater than demand for care coordinators, while 80 percent reported that they had some difficulty filling care navigator positions.

Figure 2. Perception of physician, NP, PA, and psychologist labor market demand by community clinics in Maricopa County, 2015



Four of the five CHCs that employ coders indicated that there is high demand and much difficulty filling open positions for this occupation while one perceived supply and demand to be in balance. All CHCs that employ radiology technologists indicated that demand was high or somewhat high.

Figure 3. Perception of clinic staff labor market demand by community clinics in Maricopa County, 2015

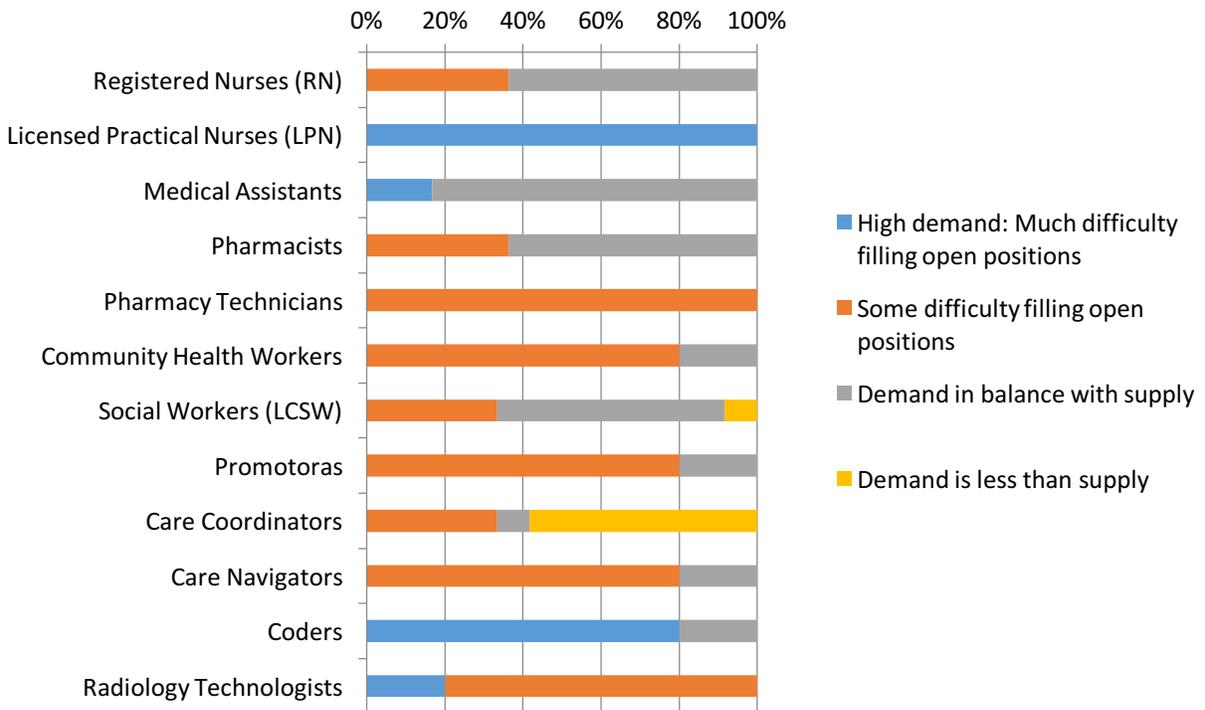


Table 1. Perception of labor market demand by community health clinics in Maricopa County, 2015

Perception of labor market demand in Maricopa County, 2015											
Description	High demand		Some difficulty filling positions		Demand is in balance with supply		Demand is less than supply		Demand is much less than supply		Responses
	#	%	#	%	#	%	#	%	#	%	#
Physicians - family medicine	1	7.7	5	38.5	7	53.8	0	0	0	0	13
Physicians - internal medicine	1	8.3	11	91.7	0	0	0	0	0	0	12
Physicians - pediatrics	1	8.3	0	0	11	91.7	0	0	0	0	12
Physicians - obstetrics/gynecology	1	8.3	4	33.3	7	58.3	0	0	0	0	12
Physicians - geriatrics	1	20	0	0	4	80	0	0	0	0	5
Physicians - psychiatry	1	20	4	80	0	0	0	0	0	0	5
Physicians - other	1	20	0	0	4	80	0	0	0	0	5
Psychologists	0	0	4	100	0	0	0	0	0	0	4
Registered Nurses (RN)	0	0	4	36.4	7	63.6	0	0	0	0	11
Nurse Practitioners (NP)	1	7.7	4	30.8	1	7.7	7	53.8	0	0	13
Licensed Practical Nurses (LPN)	1	100	0	0	0	0	0	0	0	0	1
Physician Assistants (PA)	1	11.1	0	0	1	11.1	7	77.8	0	0	9
Medical Assistants	1	7.7	0	0	5	38.5	0	0	7	53.8	13
Community Health Workers	0	0	4	80	1	20	0	0	0	0	5
Social Workers (LCSW)	0	0	4	33.3	7	58.3	1	8.3	0	0	12
Promotoras	0	0	4	80	1	20	0	0	0	0	5
Care Coordinators	0	0	4	33.3	1	8.3	7	58.3	0	0	12
Care Navigators	0	0	4	80	1	20	0	0	0	0	5
Coders	4	80	0	0	1	20	0	0	0	0	5
Radiology Technologists	1	20	4	80	0	0	0	0	0	0	5
Pharmacists	0	0	4	36.4	7	63.6	0	0	0	0	11
Pharmacy Technicians	0	0	4	100	0	0	0	0	0	0	4

Note: percentages may not sum to 100% due to rounding.

Table 2 summarizes the overall characterization of the labor market across Maricopa County by CHCs in 2015. A response indicating “high demand” was scored as a 5, and a response of “demand is much less than supply” was scored as a 1. The average score provides an overview of the perception of labor market conditions by position, with higher scores indicating greater demand relative to supply.

Strong demand was reported by CHCs for certain positions in comparison to the supply available, with an average score of 4 or more, for nearly all physician positions (except pediatrics), psychologists, licensed practical nurses, pharmacy technicians, coders, and radiology technologists.

The labor market was reported as being more in balance with the supply available for all other occupations, with the lowest average score being 3.0 for medical assistants, care coordinators, and LCSWs.

Table 2. Average ranking of overall labor market demand across Maricopa County, 2015

Perception of labor market demand in Maricopa County, 2015		
Description	Average ranking in Maricopa County	Responses
		#
Physicians - family medicine	4.0	13
Physicians - internal medicine	4.3	12
Physicians - pediatrics	3.7	12
Physicians - obstetrics/gynecology	4.0	12
Physicians - geriatrics	4.0	5
Physicians - psychiatry	4.5	5
Physicians - other	4.0	5
Psychologists	4.0	4
Registered Nurses (RN)	3.5	11
Nurse Practitioners (NP)	3.5	13
Licensed Practical Nurses (LPN)	5.0	1
Physician Assistants (PA)	3.3	9
Medical Assistants	3.0	13
Community Health Workers	3.5	5
Social Workers (LCSW)	3.0	12
Promotoras	3.5	5
Care Coordinators	3.0	12
Care Navigators	3.5	5
Coders	4.0	5
Radiology Technologists	4.5	5
Pharmacists	3.5	11
Pharmacy Technicians	4.0	4

Note: 1 indicates that demand is much less than supply; 5 indicates that demand is much greater than supply. (Lower numbers indicate greater surplus.)

Current Employment of Staff

Table 3 presents total current employment by CHC position and the distribution of employment by full-time versus part-time status. There is wide variation in full-time versus part-time employment across the different types of positions.

Responding CHCs reported total current employment of 34 physicians. CHCs were asked to differentiate between physicians in different specialties, with physicians in family medicine representing over 44 percent of all employed physicians. Physicians in obstetrics/gynecology, internal medicine, and family medicine are much more likely to work full-time than physicians in pediatrics.

More than half of radiology technologists, and all CNMs/Promotoras work part-time.

On average, CHCs defined full-time employment as 38 hours per week.

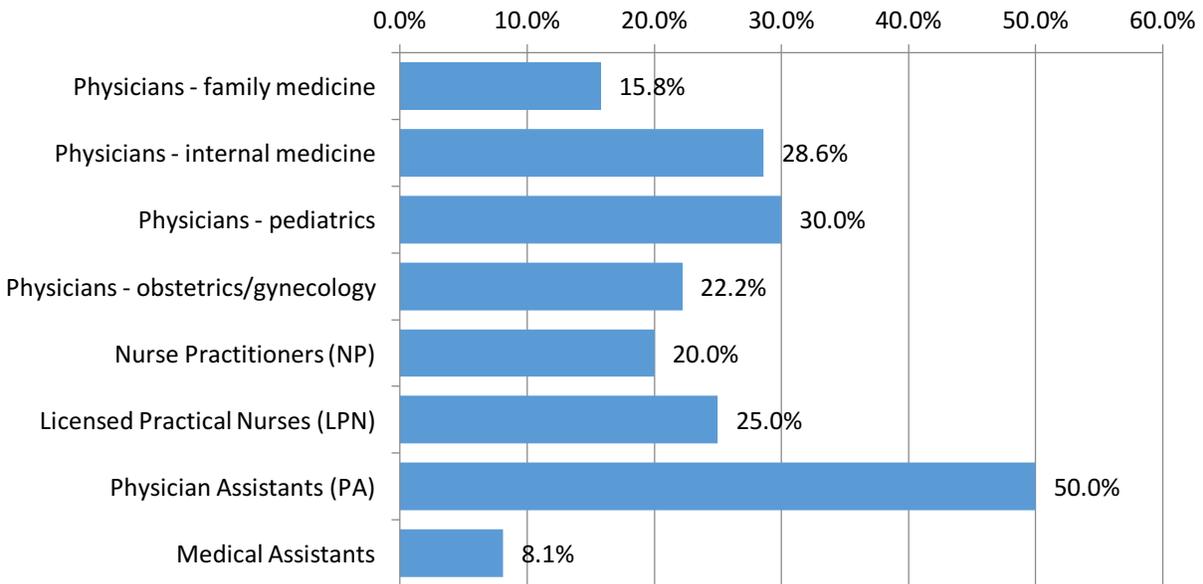
Table 3. Number of current staff (headcount) by position, as of May 1, 2015

Description	Full-time		Part-time*		Total
	Headcount	% of total	Headcount	% of total	
Physicians - family medicine	11	73.3	4	26.7	15
Physicians - internal medicine	4	80.0	1	20.0	5
Physicians - pediatrics	4	57.1	3	42.9	7
Physicians - obstetrics/gynecology	7	100.0	0	0.0	7
Registered Nurses (RN)	9	100.0	0	0.0	9
Nurse Practitioners (NP)	11	100.0	0	0.0	11
Nurse Midwives (CNM)	0	0.0	2	100.0	2
Physician Assistants (PA)	2	100.0	0	0.0	2
Certified nursing assistants	1	100.0	0	0.0	1
Medical Assistants	64	100.0	0	0.0	64
Community Health Workers	1	100.0	0	0.0	1
Social Workers (LCSW)	5	100.0	0	0.0	5
Promotoras	0	0.0	1	100.0	1
Care Coordinators	8	88.9	1	11.1	9
Coders	1	100.0	0	0.0	1
Radiology Technologists	1	33.3	2	66.7	3
Pharmacists	1	100.0	0	0.0	1

Current Vacancies

Figure 4 presents vacancy rates by position as of May 1, 2015. The highest vacancy rates within CHCs were reported for physician assistants (50.0%), physicians specializing in pediatrics (30.0%), and physicians specializing in internal medicine (28.6%).

Figure 4. Vacancy rates by position, May 1, 2015



Changes Experienced In the Past Year

CHCs were asked about changes in staff employment levels during the past year. Figure 5 and Table 4 show that many CHCs reported increased employment for certain positions, including physicians specializing in pediatrics (100%), psychologists (100%), care navigators (100%), physicians specializing in obstetrics and gynecology (91.7%) and family medicine (84.6%), physician assistants (87.5%), and nurse practitioners (84.6%).

Respondents reported decreased employment for no occupations.

Positions for which a high share of respondents reports no employment changes in the past year included physicians specializing in internal medicine (100%), registered nurses (100%), pharmacists (100%), radiology technologists (100%), care coordinators (66.7%), and social workers (66.7%),

Figure 5. Employment changes in the past year, by position, 2015

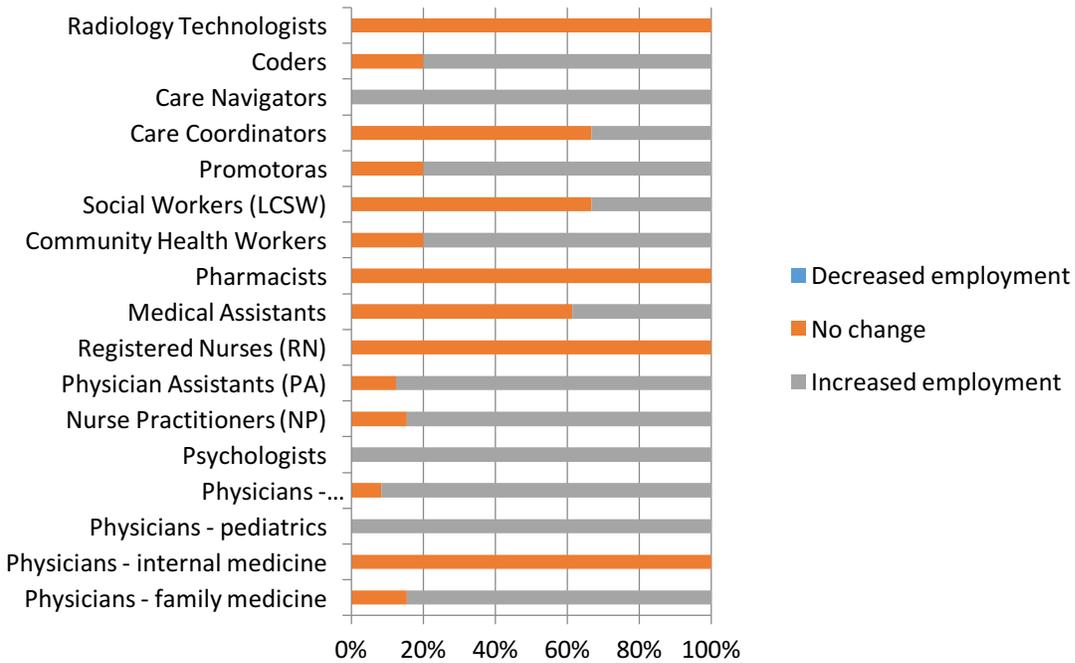


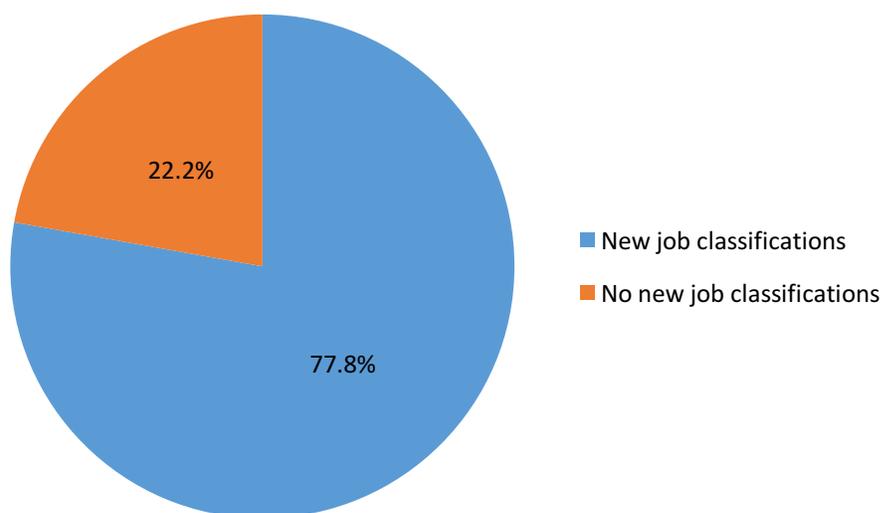
Table 4. Employment changes in the past year, by position, 2015

Position	Difficulty Recruiting Compared to Last Year						
	Decreased Employment		Increased Employment		No change		Responses #
	#	%	#	%	#	%	
Physicians - family medicine	0	0	11	84.6	2	15.4	13
Physicians - internal medicine	0	0	0	0	7	100	7
Physicians - pediatrics	0	0	11	100	0	0	11
Physicians - obstetrics/gynecology	0	0	11	91.7	1	8.3	12
Psychologists	0	0	4	100	0	0	4
Registered Nurses (RN)	0	0	0	0	8	100	8
Nurse Practitioners (NP)	0	0	11	84.6	2	15.4	13
Physician Assistants (PA)	0	0	7	87.5	1	12.5	8
Medical Assistants	0	0	5	38.5	8	61.5	13
Community Health Workers	0	0	4	80	1	20	5
Social Workers (LCSW)	0	0	4	33.3	8	66.7	12
Promotoras	0	0	4	80	1	20	5
Care Coordinators	0	0	4	33.3	8	66.7	12
Care Navigators	0	0	4	100	0	0	4
Coders	0	0	4	80	1	20	5
Radiology Technologists	0	0	0	0	1	100	1
Pharmacists	0	0	0	0	7	100	7

CHCs were asked about other types of environmental changes experienced over the past year that may have affected employment. Half of CHCs reported an increase in patient volume in the past year, and 38.4 percent reported less turnover and greater retention of staff.

CHCs were asked to report whether they had created new job classifications over the past year. Figure 6 shows that in 2015, 77.8 percent of CHCs indicated they had created new job classifications in the past year. The most frequently reported new job classifications were related to care coordination and health coaching.

Figure 6. Creation of new job classifications in the past year, 2015



Note: Number of observations = 9

CHCs were asked about the types of support provided to employed staff who are enrolled in a degree program, or working toward a certification (Table 5). Nearly 85 percent of CHCs offered tuition reimbursement in support of employed staff seeking an additional degree. Less common was the provision of paid time off for coursework (7.7%). Over 15 percent of the responding CHCs reported allowing current staff to take unpaid time off for coursework.

Table 5. Support for staff working toward degrees or certification, 2015

Description	#	%
Tuition reimbursement	11	84.6
Paid time off for coursework	1	7.7
Approved use of unpaid time off for coursework	2	15.4
None	0	0
Other	0	0
Total responses	13	--

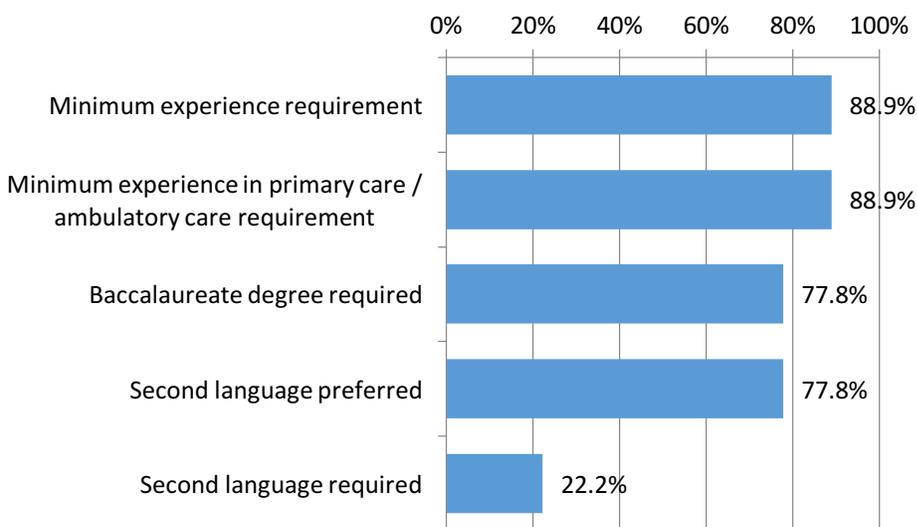
CHCs that provided tuition reimbursement were asked about the maximum benefit paid per employee per year. All reported offering between \$2000 and \$2500 per year.

CHCs were also asked to describe the most important competency gaps they encountered. The most common occupations with competency gaps were: medical assistants, and less commonly, nurse practitioners, physician assistants, and radiology technicians. The most frequently cited competency gap for these occupations was having the necessary experience, followed by bilingual fluency.

RN Employment

As presented in Figure 7, approximately 89 percent of CHCs reported having a minimum experience requirement for RNs to be hired. These CHCs reported having a requirement of 1 to 24 months of previous experience to be hired into a general staff RN position. Approximately 89 percent of CHCs also required minimum experience in primary/ambulatory care. Over 77 percent of CHCs indicated that a baccalaureate degree is required. Over 22 percent of CHCs reported requiring a second language for their RN employees, but 77.8 percent indicated that it was a preference. Of these CHCs, Spanish was reported as the preferred language.

Figure 7. Requirements for registered nursing employment, 2015



Note: Number of observations = 9

Respondents were asked to report the share of RNs currently employed in their CHC prepared at the baccalaureate level. Nearly all CHCs reported that BSN-prepared nurses represent 75 to 100 percent of all employed RNs in their facility (Table 6). Approximately 8.3 percent of respondents indicated that RNs holding a BSN degree accounted for less than 50 percent of their registered nursing staff.

Table 6. Currently employed BSN-prepared registered nurses, 2015

Share of employed RNs with a BSN (%)	#	%
0 – 50 percent	1	8.3
75 – 100 percent	12	91.7
Total	13	100.0

CHCs were asked whether new hires that do not have a baccalaureate degree are required to complete a BSN degree and, if so, how much time they have to complete it. Over 77 percent of CHCs require newly hired employees that don't already hold a BSN to obtain one. For those CHCs that have this requirement, a time table of approximately 1 year was reported. Perhaps because of the preference for newly hired RNs trained below the baccalaureate level to obtain a BSN, over 87 percent of all CHCs reported that RNs who do not have a BSN may experience limits on being promoted beyond staff nurse positions.

There is a perception among incumbent RNs educated below the baccalaureate level that the BSN degree has no potential to increase earnings.¹¹ However, the data suggests this might not be accurate in Arizona CHCs, as over 87.5 percent of CHCs reported that their organization differentiates salary by degree. In contrast, only 12.5 percent differentiate salary based on advanced certifications (e.g. critical care, peri-operative, oncology).

CHCs were asked whether they sponsor clinical residency programs for new graduates *who are not guaranteed to be hired*.¹² None of the CHCs reported having a residency program. However, 88.9 percent of respondents reported having some kind of orientation program for newly hired RNs. All of these onboarding programs are fewer than 10 weeks in length.

Employment Expectations for the Next Three Years

CHCs were asked to report on expectations for employment over the next three years. Figure 8 and Table 7 show that CHCs reported expectations of increased employment for several positions, including psychologists (100%), physicians in internal medicine (91.7%), pediatrics (91.7%), obstetrics/gynecology (92.3%), and family medicine (91.7%), nurse practitioners (92.3%), and medical assistants (92.3%). All centers expected no change for physician assistants, community health workers, promotoras, and radiology technologists.

The most frequently reported reasons for expected employment changes over the next three years were increased facility size and increased patient volume.

The only position with expected decreases in employment was pharmacists.

¹¹ Bates, T, Chu, L, Keane, D, Spetz, J. Survey of Nursing Employers in California, Fall 2013. San Francisco, CA: Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco. August 5, 2014.

¹² This question was restructured in 2014 to distinguish on-boarding programs used to educate new RN graduate employees from programs that offer with no promise of employment. Thus, comparisons with prior years cannot be made.

Figure 8. Expectations for employment in the next three years, 2015

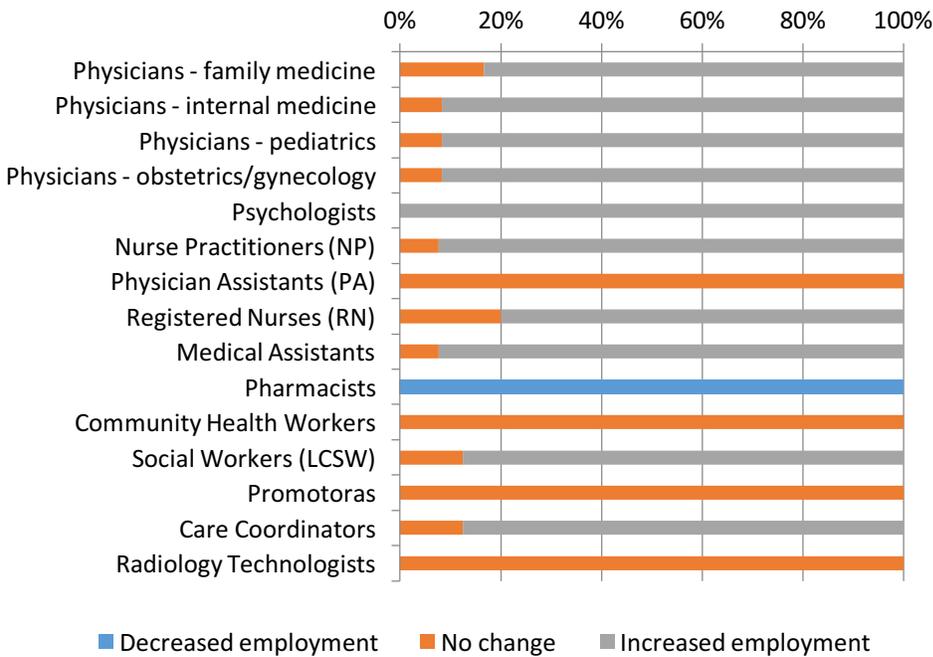


Table 7. Expectations for employment in the next three years, 2015

Position	Expectations for employment in the next 3 years						Responses #
	Decreased Employment		Increased Employment		No change		
	#	%	#	%	#	%	
Physicians - family medicine	0	0.0	5	83.3	1	16.7	6
Physicians - internal medicine	0	0.0	11	91.7	1	8.3	12
Physicians - pediatrics	0	0.0	11	91.7	1	8.3	12
Physicians - obstetrics/gynecology	0	0.0	11	91.7	1	8.3	12
Psychologists	0	0.0	4	100.0	0	0.0	4
Registered Nurses (RN)	0	0.0	8	80.0	2	20.0	10
Nurse Practitioners (NP)	0	0.0	12	92.3	1	7.7	13
Physician assistants	0	0.0	0	0.0	8	100.0	8
Medical Assistants	0	0.0	12	92.3	1	7.7	13
Community Health Workers	0	0.0	0	0.0	1	100.0	1
Social Workers (LCSW)	0	0.0	7	87.5	1	12.5	8
Promotoras	0	0.0	0	0.0	1	100.0	1
Care Coordinators	0	0.0	7	87.5	1	12.5	8
Radiology Technologists	0	0.0	0	0.0	1	100.0	1
Pharmacists	7	100.0	0	0.0	0	0.0	7

Table 8 shows that 100 percent of CHCs do not anticipate the creation of new job classifications in the next two years. Note that 80 percent of CHCs reported that they created new job classifications over the past year. This suggests that CHCs believe that the occupations they presently employ can meet care needs.

Table 8. Planned new job classifications in the next two years, 2015

Description	2015	
	#	%
New job classifications	0	0
No new job classifications	9	100
Responses	9	100

CHCs were asked to describe how concerned they felt about a series of statements on the adequacy of their CHC’s workforce (Figure 9 and Table 9). Of extreme concern to CHCs was the impact of potential state budget cuts to Medicaid (88.9%) and reimbursement levels dropping (100%). Though meeting the behavioral health needs of patients was reported as an extreme concern by 22.2 percent of the respondents, 77.8 percent were not at all concerned. The impact of the expansion in health insurance coverage was reported as somewhat concerning to 77.8 percent of CHCs. The impact of an aging workforce within a facility was reported as not at all concerning by most CHCs (88.9%), and extremely concerning to only 11.1 percent of respondents. CHCs indicated no concern for their workforce adequacy being impacted by population growth, and aging in the region (88.9%).

Figure 9. Impact on adequacy on community health center’s workforce, 2015

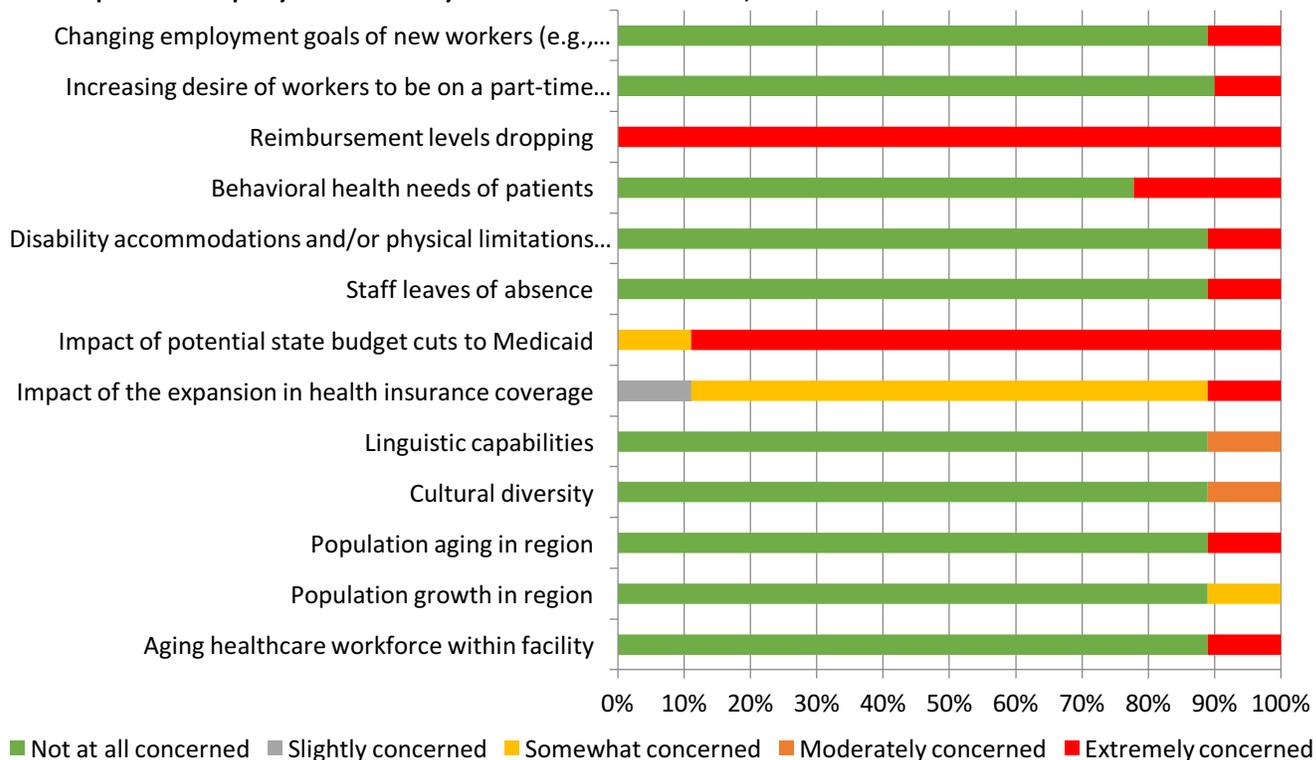


Table 9. Impact on adequacy on community health center’s workforce, 2015

Description	Impact on adequacy of hospital's workforce										Responses #
	Not at all concerned		Slightly concerned		Somewhat concerned		Moderately concerned		Extremely concerned		
	#	%	#	%	#	%	#	%	#	%	
Aging healthcare workforce within facility	8	88.9	0	0	0	0	0	0	1	11.1	9
Population growth in region	8	88.9	0	0	1	11.1	0	0	0	0	9
Population aging in region	8	88.9	0	0	0	0	0	0	1	11.1	9
Cultural diversity	8	88.9	0	0	0	0	1	11.1	0	0	9
Linguistic capabilities	8	88.9	0	0	0	0	1	11.1	0	0	9
Impact of the expansion in health insurance coverage	0	0	1	11.1	7	77.8	0	0	1	11.1	9
Impact of potential state budget cuts to Medicaid	0	0	0	0	1	11.1	0	0	8	88.9	9
Staff leaves of absence	8	88.9	0	0	0	0	0	0	1	11.1	9
Disability accommodations and/or physical limitations of staff	8	88.9	0	0	0	0	0	0	1	11.1	9
Behavioral health needs of patients	7	77.8	0	0	0	0	0	0	2	22.2	9
Reimbursement levels dropping	0	0	0	0	0	0	0	0	9	100	9
Increasing desire of workers to be on a part-time schedule	8	88.9	0	0	0	0	0	0	1	11.1	9
Changing employment goals of new workers (e.g., Millennials)	8	88.9	0	0	0	0	0	0	1	11.1	9

CONCLUSIONS

Labor market conditions faced by Maricopa county community health centers (CHCs) indicate shortages for nearly all physician specialties, psychologists, nurse practitioners, licensed practical nurses, pharmacy technicians, coders, promotoras, and radiology technologists. The labor market was reported as being more in balance with the supply available for all other occupations, including registered nurses, medical assistants, pharmacists, and social workers. Over 77 percent of CHCs indicated they had created new job classifications over the last year, most often in roles related to care coordination and health coaching.

CHCs expressed concern about a number of environmental factors, particularly the impact of potential state budget cuts to Medicaid and reimbursement levels dropping. The impact of the expansion in health insurance coverage was reported as somewhat concerning by most CHCs.

The development of new roles within CHCs, such as care coordinators and health coaches, will require new educational programs and additional training for many workers. Employers should continue to invest in the education of their incumbent staff through tuition reimbursement and flexible scheduling, and can work with local colleges and universities to ensure the needed skills are being taught.

CHCs will need adequate resources to continue to employ adequate numbers of physicians, nurse practitioners, and physician assistants to meet care needs. These occupations are known to be challenging to recruit for most CHCs. Although this survey did not provide sufficient data to assess the labor market faced by rural CHCs, prior research has demonstrated that they face even more difficulty recruiting care providers. Arizona's health professional education programs will need to maintain their preparation of new physicians, nurse practitioners, pharmacists, and physician assistants.

ACKNOWLEDGEMENTS

The collaboration of the Advisory Committee convened by Vitalyst Health Foundation, the City of Phoenix, and the Greater Phoenix Chamber of Commerce was important to the development of the survey questionnaire and conducting of the survey. We specifically thank Claudia Whitehead for her work.

This study benefitted from the work of Matthew Williams and Katie Harrar who assisted with reviewing the database, making telephone calls to increase response rates, reviewing data, and finding contact information for Arizona CHCs. Editorial review by Ginachukwu Amah and Igor Geyn is greatly appreciated.