CHAMPS is the Region VIII Primary Care Association representing Colorado, Montana, North Dakota, South Dakota, Utah & Wyoming Community Health Centers and State Primary Care Associations.

July 30, 2004

Dear Colleague,

Since September 2003, Community Health Association of Mountain/Plains States (CHAMPS) worked in collaboration with Region VIII State Primary Care Associations to create a Regional Recruitment and Retention Survey. The purpose of the survey was to identify a regional strategy for attracting and keeping professionals in community health.

What does this survey mean to my organization? Whether you work for a Primary Care Association or a Community Health Center, it is our goal that you will use the data compiled from this survey to create or augment your current recruitment and retention (R&R) activities.

This survey found that the people who work in community health have a true passion for empowering communities to be healthy. Those who have worked in community health for more than six years, strongly feel that they have the best job in the world.

The concern identified in this survey is the need to create a more diverse workforce including gender and age. Another concern is that Region VIII retention rates for clinicians and non-exempt staff were lower than national averages.

In addition to the survey results, new CHAMPS R&R resources are attached. This includes an R&R workplan, a creative low-cost recognition checklist, and other helpful R&R tools.

I hope you find this survey useful and I welcome your input for this and future surveys.

Thank you,

Darcí J. Martinez
Recruitment and Retention Program Coordinator
600 Grant Street, Suite #800
Denver, CO 80203
Darci@champsonline.org
Phone: (303) 861-5165 ext. 285
Fax: (303) 861-531

2004

Region VIII Community Health Center Recruitment and Retention Survey Results

Community
Health
Association of
Mountain/
Plains
States

Table of Contents

EXECUTIVE SUMMARY Page 3

TABLES/GRAPHS Page 5
Location Page 5
Position
Employment History
Demographics
Languages
Recruitment
Retention
Advertisement
Mentorship
Other Suggestions

APPENDICES
Appendix A: Bibliography
Appendix B: Other R&R Resources
Appendix C: 2004-2005 Retention Workplan Sample

Executive Summary

Background

Throughout the nation and Region VIII (CO, MT, ND, SD, UT, WY), Community Health Centers (CHCs) are faced with workforce challenges. These challenges include a shortage of primary care health professionals and a demand to accommodate the growing numbers of underserved patients in need of primary care services.

In 2003, President Bush committed federal resources to expand the reach of health centers across the country. To achieve that goal, the President has asked Congress to boost funding for health centers by $219 million for FY 2005 -- the largest increase in the program's history. The new funding will allow health centers to serve an additional 1.6 million people next year. During this period of growth, more than 4,500 new clinicians and 35,000 new support staff will be needed. While it is vital for Region VIII CHCs to hire additional staff, strategic efforts for retaining existing employees must be implemented simultaneously.

In response to these workforce needs, Community Health Association of Mountain/Plains States (CHAMPS) has collaborated with Region VIII State Primary Care Associations (SPCAs) to create a regional strategy for workforce development. The first step in addressing these issues is to find the right recruitment/marketing strategy for attracting professionals to Region VIII CHCs. The next step is to identify and share best recruitment and retention activities. Implementation will be dependent on individual CHC resources.

In April 2004, CHAMPS along with Region VIII SPCAs, [Association for Utah Community Health (AUCH); Colorado Community Health Network (CCHN); Community HealthCare Association of the Dakotas (CHAD); Montana Primary Care Association (MPCA); Wyoming Primary Care Association (WPCA)] implemented a web-based survey to identify and share best recruitment and retention practices. The survey link along with an introduction was sent to all Region VIII CHC Executive Directors and staff involved in a Human Resource function to be forwarded to every employee within each organization.

Results

A total of 57 Region VIII CHCs received the survey and 26 participated giving the survey a 46% return rate. The participants reflected a variety of CHCs across every Region VIII state in a variety of locations (frontier, rural, urban) and serving a variety of populations (homeless and migrant). The survey results revealed the need for diverse advertisement, peer-to-peer mentorship, and opportunities for continued education/training. See pages 1 through 9 for a detailed review.

Key Findings

- 80% of the participants are extremely satisfied with their current work location and do not have a strong desire to relocate. Family and community were more important in determining work location than other factors, including salary.
- 90% of the participants offered a statement that reflected the positive qualities of their communities to attract new professionals.
- 60% of the participants have been working in community health for over 11 years and have worked in their current organization half of that time. Individuals working in community health have a commitment to working with the underserved.

- 81% of the participants were females age 30 thru 39. Factors that affect this population may significantly impact CHC retention rates.
- Out of all of the factors commonly reported as influencing job satisfaction "Pride in Organization, Mission and Services" was consistently rated as the most important.
- Inexpensive recognition activities were frequently suggested outside of the typical factors influencing job satisfaction.
- Participants primarily seek out local advertisements when looking for a job.
- A vast majority of employees were willing to mentor new staff within or outside of their organization.
- If a mentor were made available, most employees would like additional support in both basic and specialized job skills.

Conclusion and Next Steps

The health center community will need to promote its individual qualities while fostering a mission-driven environment to meet today's workforce demands. Centers may need to assess their internal environment, share and learn from each other's best practices, network with peers for troubleshooting, and create a collaborative approach to a common challenge.

About CHAMPS

CHAMPS provides a coordinating structure of service to nonprofit primary health care programs, whose primary purpose is to serve the underserved of Region VIII. The goal of the CHAMPS Recruitment and Retention Program is to hire and keep the most talented professionals in community health.

If you have questions about this report or would like additional copies, please contact Darcí Martinez, Recruitment and Retention Program Coordinator, at Darci@champsonline.org or 303-861-5165 ext. 285.

Demographic Summary and Notes

Region VIII is comprised of CO, MT, ND, SD, UT, and WY. Reflective of population statistics, Colorado has more community health centers (CHCs) than the other Region VIII states. **Note:** The term participants, refers to the individuals employed by a CHC who completed the survey. The link to the online survey was initially sent to all Region VIII Human Resource Managers or staff whose primary function is Human Resources, with a request to send the survey link to all of the staff in the organization.

Location

The location column reflects the geographic location of the health center based on population served. CHCs typically define their location by the geographic delivery of health care. The U.S. Census Bureau defines urban as a city with 50,000 people within a county (the size of the county does not factor in). The following tables describe the participants in terms of the self identified geographic location of the health center they work at.

	Colorado Health Centers	**Number of Participants**	**Percentage of CO Responses**	**Location**
1	Clinica Campesina Family Health Services	24	38%	Mixed – Urban/Rural
2	Pueblo Community Health Center, inc.	10	16%	Mixed – Urban/Rural
3	Metro Community Provider Network	8	13%	Urban
4	Mountain Family Health Center	8	13%	Mixed – Rural/ Frontier
5	Salud Family Health Centers	10	16%	Mixed – Urban/Rural/ Frontier
6	Uncompahgre Medical Center	1	1.6%	Frontier
7	Sunrise Community Health Center	1	1.6%	Urban
	Total	**63**	**100%**	

	Montana Health Centers	**Number of Participants**	**Percentage of MT Responses**	**Location**
1	Lincoln County Community Health Center, Inc.	4	44%	Mixed – Rural/Frontier
2	Sweet Medical Center	3	33%	Mixed – Rural/Frontier
3	Montana Migrant & Seasonal Farmworker Council, Inc.	1	11%	Mixed – Urban/Rural
4	Ashland Community Health Center	1	11%	Frontier
	Total	**9**	**100%**	

	North Dakota Health Centers	Number of Participants	Percentage of ND Responses	Location
1	Valley Community Health Centers	3	100%	Mixed – Rural/Frontier
	Total	**1**	**100%**	

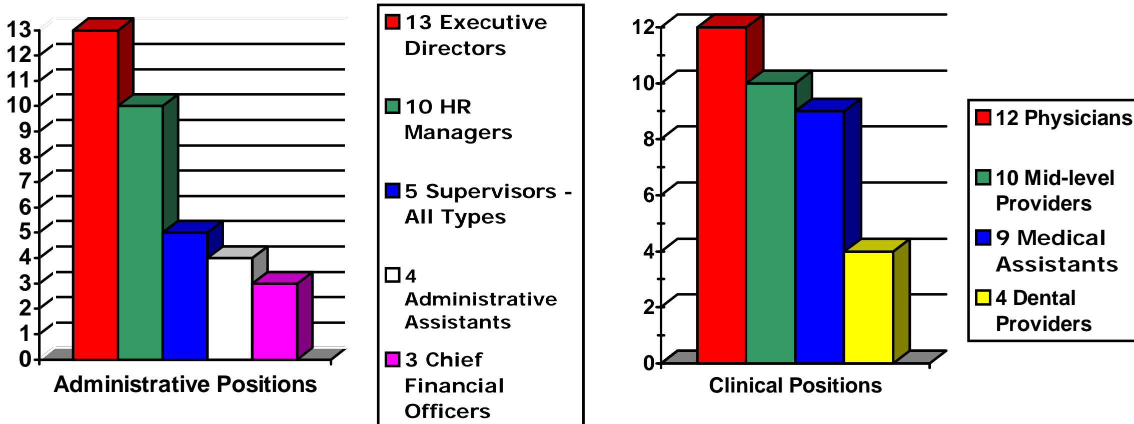
	South Dakota Centers	Number of Participants	Percentage of SD Responses	Location
1	Eastside Neighborhood Center, inc.	4	44%	Rural
2	Sioux River Valley Community Health Center	1	11%	Urban
3	Union County Health Foundation	1	11%	Rural
4	Rural Health Care, Inc.	1	11%	Frontier
5	Horizon Health Care, Inc.	1	11%	Rural
6	Prairie Community Health, Inc.	1	11%	Rural
	Total	**10**	**100%**	

	Utah Health Centers	Number of Participants	Percentage of UT Responses	Location
1	Community Health Centers, Inc.	1	17%	Urban
2	Southwest Utah Community Health Center	1	17%	Urban
3	Wasatch Homeless Health Care, Inc.	4	66%	Urban
	Total	**6**	**100%**	

	Wyoming Health Centers	Number of Participants	Percentage of WY Responses	Location
1	Cheyenne Crossroads Clinic/Community Action of Laramie County	2	40%	Rural
2	Wyoming Health Council, Wyoming Migrant Health Program	1	20%	Frontier
3	Community Action Partnership of Natrona County	1	20%	Urban
4	Community Health Center of Central Wyoming	1	20%	Mixed – Rural/Frontier
	Total	**5**	**100%**	

Positions

The following graphs reflect the participants and their respective positions within a community health center. Slightly more administrative employees filled out the survey than clinical staff (50 Administrative and 45 Clinical staff). The 'other' category reflects a variety of positions. For a detailed list of positions, please see pages 11-12.



Employment History

The National Rural Recruitment and Retention Network (3RNet) states that six years is the median for long-term retention.

Note: The goal of many retention programs is to keep professionals working in community health even if there are circumstances that keep them from working in a particular organization.

The table below shows that 40% of the Region VIII employees surveyed have worked in community health for six years or more.

Number of years working in community health (range).	**Number of respondents for each category.**	**Percentage**
More than 11 years	20	21%
6 – 10 years	18	19%
3 – 5 years	22	23%
1 – 2 years	20	21%
Less than a year	15	16%

The table below indicates that many of the employees surveyed have worked most of their career in community health within the same organization. Most of the participants have worked in their current organization over five years. According the Bureau of Labor Statistics of the U.S. Department of Labor, the median number of years that wage and salary workers had been with their current employer (referred to as employee tenure) was 3.7 years in January 2002.

Number of years working in current organization (range).	**Number of respondents for each category.**	**Percentage**
More than 11 years	14	17%
6 – 10 years	14	17%

3 – 5 years	20	24%
1 – 2 years	16	19%
Less than a year	19	23%

The table below provides a comparison of retention rates by discipline. Both categories include exempt and non-exempt staff. The most significant variance from national rates is in the Clinical Exempt percentages.

	Percentage that have worked in Comm. Hlth. 6 yrs. or >	Percentage that have worked in Organiz. 6 yrs or >
Administrative **Exempt**	59%	55%
Administrative **Non-Exempt**	35%	25%
Clinical **Exempt**	30%	13%
Clinical **Non-Exempt**	28%	15%

Gender

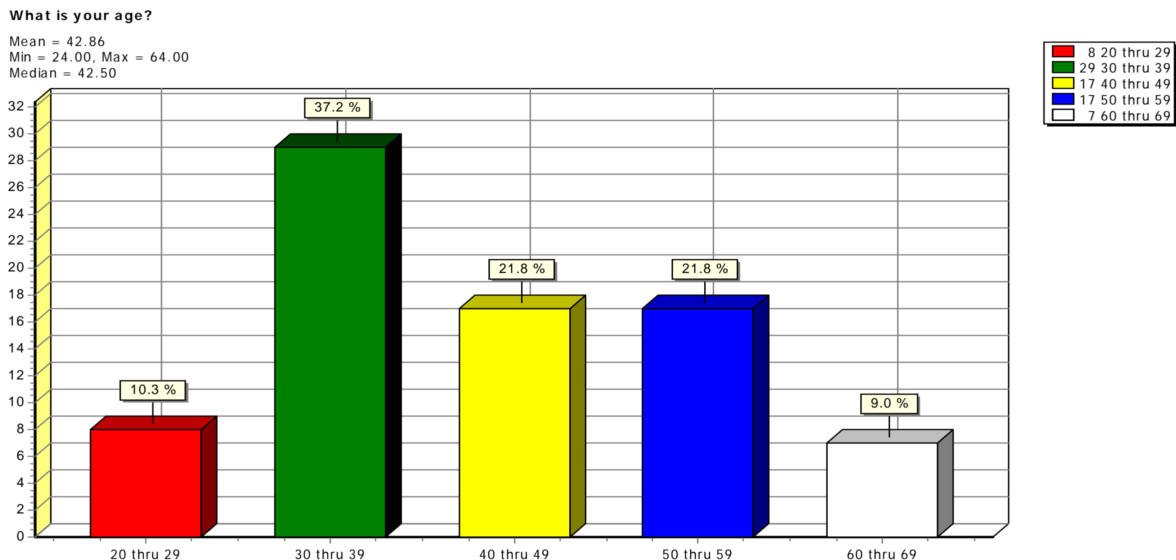
The results for gender indicated less diversity than national standards. For comparison purposes, the table below reflects national and regional data.
Note: The US Department of Labor Bureau of Labor Statistics categorizes health occupations by 1) Professional-Healthcare practitioner and technical occupations 2) Service-Healthcare support occupations. The average of the two by gender and health occupation states in 2003 ages 16yrs and older: Men=21% Women=79%.

	Administrative		**Clinical**	
	Male	*Female*	*Male*	*Female*
Region VIII	8.4%	91.6%	17%	83%
National	11%	89%	26%	74%

***Of Interest:**
The American Nursing Association is addressing the nursing shortage crisis by recruiting more males and minorities into the field. Their model is based off the principal that a diverse workforce is a strong, long-term workforce. Most health care professionals agree that the ideal approach to providing health care to a culturally diverse population is to have the same diversity within the workforce.

Age

The average age for both professions was 30 to 39 years old. The median age of the national labor force is rising and will approach 41 years by 2008 -- a very high level by historical standards. (The median age is the age at which half of the labor force is younger and half of the labor force is older.)
Note: Many of the changes in the age structure of the labor force reflect the aging of the baby boom.



Although this survey was unable to obtain data on youth working in CHCs it is important to point out the contributions of youth to the healthcare workforce. Health care leaders have expressed the need for continued encouragement, support and mentoring of young people within their community. The younger individuals are exposed to healthcare the more likely they will have a career in the field. The U.S Department of Labor reported that youth employment reflects better subsequent employment and schooling opportunities. Echoing some caution, this was not true for youth that worked while they were attending classes in high school. Many Region VIII states have implemented a teen integration program, see Appendix C for individual state programs.

Language

Diversity in language is important in providing high quality care to a diverse population. Language barriers to access to medical care are a large and growing problem in the United States. Out of 95 participants, 39 speak another language besides English.
Note: According to the 2000 Census, more than 46 million U.S. citizens spoke a language other than English as their primary language. In addition, most health care organizations in the U.S. do not provide adequate language access services. Thus, many patients who are limited-English speakers end up communicating to their health care providers through family, friends, and nonprofessional hospital staff, or they go without any interpreter assistance at all.

Language	Number of Participants
Spanish	33
French	3
Hindi, Telugu	2
Tamil	1 along with another non-English language
Portuguese	1
German	1
Hmong (Laotian)	1

2003 Region VIII Uniform Data System summary of users by race, ethnicity, and language.

Race/Ethnicity/Language	Number	Percent
Asian	5,282	0.9%
Native Hawaiian	27	0.0%
Other Pacific Islander	760	0.1%
Asian/Pacific Islander	6,069	1.0%
Black/African American	29,281	5.0%
American Indian/Alaska Native	21,434	3.6%
White	261,582	44.5%
Hispanic or Latino	233,855	39.8%
Unreported/Refused to Report	35,677	6.1%
Total Users (sum lines 1-6)	**587,898**	**100.0%**
Users Best Serviced by Languages other than English (Including Sign Language)	*165,278*	*28.1%*

Recruiting for Retention

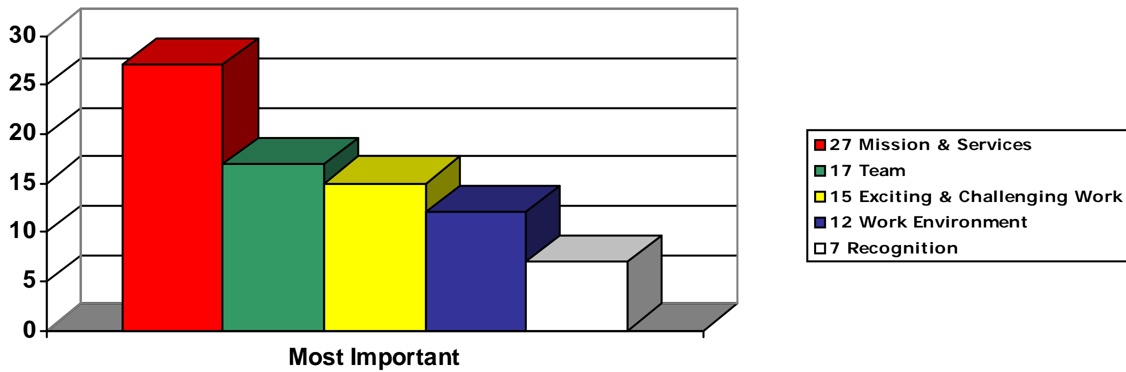
The following are the most common attributes for attracting employees to their communities' as suggested by the participants. The suggestions are categorized by the location.

Frontier: Outdoor activities, cleaner environment, sense of safety, and smaller school systems.
Rural: Outdoor activities, client population, and sense of community.
Urban: Outdoor activities, cultural diversity, amenities, and the quality of their organization.
Mixed: Outdoor activities, sense of safety, client population, and amenities.

*For a detailed list of specific attributes, see page 14.

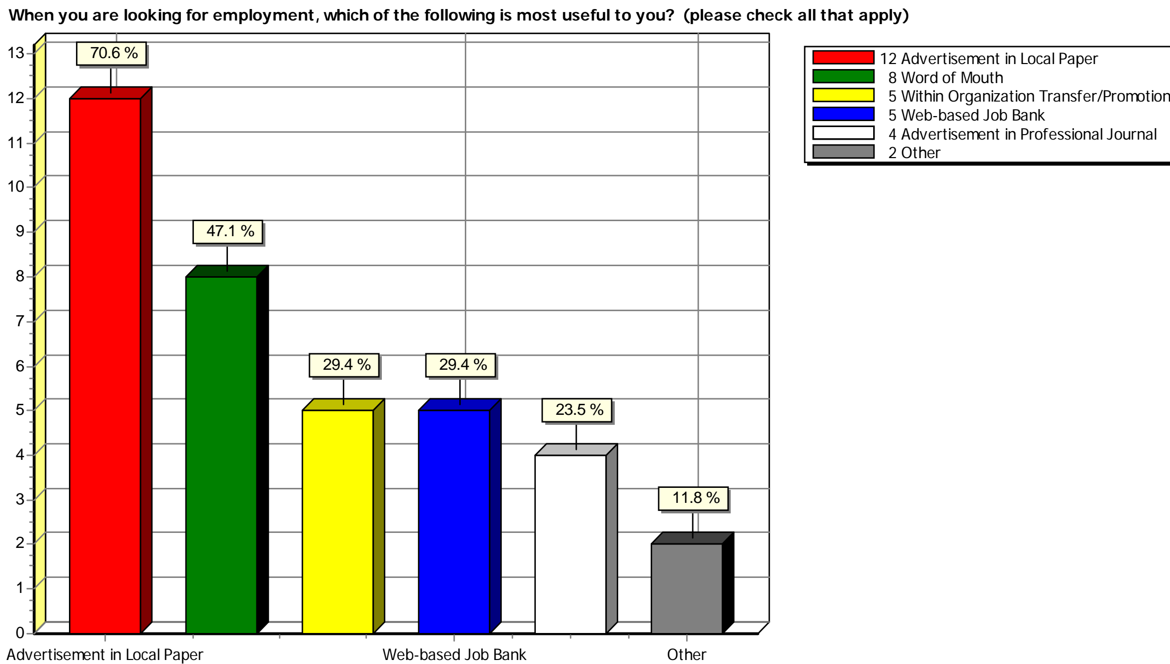
Retention

Retention is the easiest and most effective method to maintain adequate staffing. Community Health Center employees are locals at heart; recruit in-state for longer retention. The following graph indicates factors that influence the participants' decision to stay in an organization.



Advertising

This graph indicates that more people utilize community resources to find employment. Internet based job banks are important tools for professionals relocating. This gives them the opportunity to stay within the field of community health.
Note: Due to the lack of studies showing how much CHCs spend on average for advertisement, a national comparison was not achievable.



Mentorship
The definition of mentorship in community health is a formal relationship between a new employee and an experienced employee to further knowledge, skills, or career. In exploring the possibility of a mentorship program, most participants were willing to mentor someone in their field. Those that did not, felt they were too new to provide quality mentorship. Other reasons for not mentoring included availability of time and resources.

Participants that desired a mentorship type of relationship in the workplace wanted additional training in both specialized and basic skills. For example, a Family Practice Physician wanted mentorship on techniques in caring for the pediatric client and frequent advice with someone on how to manage her Excell datasheet.

A majority of participants in an administrative exempt and non-exempt position asked for mentorship in technology. Some examples of technological assistance ranged from database design and management, networking, hardware assistance, to more experience with internet, excel, and advances.

Positions Listed by Survey Participants

Administrative Positions	Number of Participants
Executive Director/CEO	12
Human Resource Manager	8
Fiscal Director/CFO	3
Patient Representative/Financial Counselor	3
Administrative Assistant	3
MIS Technical Support Staff	3
Billing Coordinator/Supervisor	2
Clinic Manager	2
One from each of the following positions completed a survey: Medical Records Supervisor, Human Resources Assistant, MIS/Information Systems Director, Supervisor of Reception/Front Desk, Accounting Clerk/Bookkeeper, Operations Director/COO, Executive Assistant, Development Director, CQI Coordinator/Quality Specialist	

Clinical Positions	Number of Participants
Medical Assistant	8
Physician – Family Practice	6
Nurse Practitioner	5
Medical Director	4
Registered Nurse	2
Physician Assistant	2
One from each of the following positions completed a survey: Nursing Supervisor, Physician – OB/GYN, Physician – Internal Medicine, Nutritionist/Dietitian, Dental Assistant, Case Manager, Pharmacist, Director of Nursing, Dental Director, Dentist, Health Promoter, Outreach Coordinator	

DEFINITIONS:

Clinical Staff/Providers--Family Practitioners, General Practitioners, Dentists, Internists, OB/GYNs, Pediatricians, Psychiatrists, Pharmacists, Other Specialists, Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, Nurses, Dental Hygienists

Clinical Support Staff--Dental Assistants, Dental Aides, Dental Technicians, Laboratory Personnel, X-Ray Personnel, Pharmacy Technicians, Other Medical Support Personnel, Case Managers, Education Specialists, Outreach Workers, other Enabling Services Personnel

Administrative Staff (Non-Exempt Only)--Front Desk Personnel, Billing Personnel, Registration Personnel, Eligibility Personnel, Facility Staff, Medical Records, Intake Staff

Administrative Staff (Exempt Only)--Executives, Managers, and Supervisors

Non-Exempt Employees--Employees eligible for overtime payments for time worked in excess of 40 hours in a workweek

Exempt Employees--Employees exempt from overtime requirements

All Staff--Total of exempt and non-exempt employees

Appendix A:
Bibliography

Career Systems International. Statistical Summaries of Retention Data; What Keeps 'Em? The Retention and Engagement Drivers Report. (2003, February 10).Beverly Kay Company & The Jordan Evans Group.

Colorado Community Health Network. Building the Destination Community Health Center: Recruitment and Retention Survey Results, Identification of Best Practices 2003. (2003). CCHN.

Northwest Regional Primary Care Association. Long Term Strategies to Support Workforce Development in Community Health Centers. (2002, May). NWRPCA.

Appendix B:
Other Recruitment and Retention Resources

Medical Group Management Association (MGMA):
www.mgma.com/jobs/find.cfm

National Association of Community Health Centers (NACHC):
www.nachc.org

National Center for Farmworker Health (NCFH):
www.ncfh.org

National Health Service Corps (NHSC):
http://nhsc.bhpr.hrsa.gov

National Rural Recruitment & Retention Network (3R Net): www.3RNet.org

Partners in Information Access for the Public Health Workforce:
www.phpartners.org/jobs.html

South West Professional Services:
www.j-1docs.com

Region VIII State Offices of Rural Health

Colorado Rural Health Center:
www.coruralhealth.org

Montana Office of Rural Health:
http://ahec.msu.montana.edu/ruralhealth/default.html

North Dakota - University of North Dakota Center for Rural Health:
www.med.und.nodak.edu/depts/rural/

South Dakota Office of Rural Health:
www.state.sd.us/doh/rural/

Wyoming Office or Rural Health:
lweide@state.wy.us

Utah Office of Primary Care and Rural Health:
http://health.utah.gov/primarycare/

COMMUNITY HEALTH ASSOCIATION OF MOUNTAIN/PLAINS STATES

	Objectives	*Deliverables*	*Responsible Individual (s)*	*Key Dates*	*Comments / Current Status*
1	**Objective 1. Professional Environment**				
1.1	Develop and Implement Retention Plan	Develop a recruitment and retention committee or assign these tasks to different individuals. Involve senior management team.			Identify key lead person. Involve management to ensure longevity of
1.2	Develop a mentorship plan with departmental colleagues.	Develop a list of colleagues, their specialty, and contact numbers.			This activity will be vital to new clinicians referring patients to specialists.
1.3	Develop a network of staff and professional support systems.	Compile distribution list that contains key individuals in the appropriate departments.			Needs to be an ongoing activity and can be part of orientation
1.4	*Check periodically that the physician's on-call responsibilities are realistic.	Develop a standard for on-call coverage per provider for health center. Evaluate amount of on-call hours on a monthly basis the first year and quarterly after the first year			Monitor patient load closely the first year. Take action as needed.
1.5	Evaluate infrastructure needs.	Meet regularly with employee to discuss facilities, equipment, and support staff.			Set up monthly breakfast meetings to discuss a variety of issues.
1.6	*Evaluate access to specialists.	Check to see if referral systems are established and appropriate.			Take action as needed.
1.7	Evaluate access to continuing education.	Provide opportunity for continuing education (travel, lodging, etc..). Develop policies and procedures around continuing education.			Explore tele-education.
1.8	Implement workforce development into every strategic planning meeting.	Follow activities according to strategic workplan process.			
1.9	Allocate money for retention in the yearly budgeting process.	Monitor initial allocation to create a more a appropriate recommendation for further budgeting.			Provide regular updates on R&R strategic planning and budget.
1.1	Conduct timely and constructive internal reviews.	Present provider with evaluation timelines.			Consider quarterly or bi-annual evaluations the first year.
1.11	Monitor turn-over for clinical and non-clinical staff (as one may influence the other).	Compile a list of vacancies and review reasons for termination (voluntary and involuntary) with Executive Team.			Are vacancies due to controllable issues.

	Objectives	*Deliverables*	*Responsible Individual (s)*	*Key Dates*	*Comments / Current Status*
2	**Objective 2. Personal Environment**				
2.1	Family life: availability of spouse employment and quality schools.	Be aware of the employee families' integration into the community - are they included in social events; does the employee and their family have a since of belonging.			Set up monthly breakfast meetings to discuss a variety of issues.
2.2	Promote recreational and cultural activities.	Relate to employee on personal level; is the employee happy and content?			Create an 'Events Bulletin" board. Allow time for announcing upcoming community events at staff meetings. Keep local newspaper and other community announcements in employee lounge.
2.3	Evaluate housing and shopping facilities.	Check to see if provider needs an orientation to community with housing and shopping facilities.			Recruit local staff to take time from regular schedule to provide tour.
3	**Objective 3. Other**				
3.2	Recognition activities.	Accumulate list of important days (Birthdays, anniversaries, life events) and favorite things (favorite color, favorite small gift). Offer performance awards.			E-mail Darci@champsonline.org for free templates.
3.3	Retention Bonus	Offer gift certificates or cash bonuses (based on resources) for time employed with organization.			
3.4	Conflict resolution procedures.	Develop plan to guard against concerns that may arise due to any unmet expectations.			Other organizations may have a HR Risk Management procedure in place that can assist in developing plan.