



HEALTH CENTER EXCELLENCE: ESSENTIAL STEPS IN WORKFORCE RECRUITMENT & RETENTION



INTRODUCTION: THE HEALTH CENTER WORKFORCE

Federally qualified health centers, or FQHCs, have offered value-based, patient-centered care to millions of people in the United States regardless of their ability to pay for more than 55 years. In 2020, nearly 1,400 health centers served over 28.5 million patients in more than 13,500 service delivery sites throughout each U.S. state and territory.¹ For many of these patients which were under- or uninsured, these organizations represented their only access to care or related services. To help meet the needs of these underserved communities, health centers in 2020 collectively employed a workforce of over 255,000 healthcare professionals, administrative and support staff, and care coordination and outreach personnel.²

It is that workforce that allows health centers to deliver their vital care; however, retaining and recruiting the providers and healthcare team members necessary to sustain it can be exceedingly difficult. With the U.S. already experiencing significant shortages of necessary healthcare professionals,³ health centers often face an uphill battle to recruit staff in “high demand, low supply”⁴ scenarios with constant competition from other sectors of the healthcare industry offering potentially higher pay and (in many cases) more urban, centrally located care sites. Furthermore, the unique, mission-driven nature⁵ and demands of FQHC service complicate retention efforts, with at least one study finding declines in job satisfaction and practice culture measures associated with a variety of factors, including shifting priorities, increased demand for services, and evolving practice transformation, in the mid-2010s.⁶

Furthermore, the onset of the COVID-19 pandemic, the need to adapt rapidly to vaccine rollouts and greater utilization of telehealth, and other factors have placed enormous stress on a health center workforce already coping with significant rates of stress and burnout.^{7,8}

In addition to this crucial threat to retention efforts, the pandemic also created unique barriers to

“Health centers coming out of COVID have had to accept that they can’t do things the way they always have. The pandemic has significantly shifted staff expectations, and we’ll need flexibility and a culture of wellness to retain them.”

- ASHLEY COLWELL, VICE PRESIDENT OF
CLINICAL SERVICES & WORKFORCE
DEVELOPMENT, ILLINOIS PRIMARY
HEALTH CARE ASSOCIATION

¹ Health Resources and Services Administration. 2020. “Table 3A: Patients by Age and by Sex Assigned at Birth.” National Health Center Program Uniform Data System (UDS) Awardee Data. Retrieved from <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=3A&year=2020>.

² Health Resources and Services Administration. 2020. “Table 5: Staffing and Utilization.” National Health Center Program Uniform Data System (UDS) Awardee Data. Retrieved from <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2020>.

³ Association of American Medical Colleges. 2020. *The Complexities of Physician Supply and Demand: Projections from 2018-2033*. Retrieved from <https://www.aamc.org/media/45976/download?attachment>.

⁴ Crowley, C., Proser, M., & Bazemore, A. (2018). “High Demand, Low Supply: Health Centers and the Recruitment of Family Physicians.” Robert Graham Center. Retrieved from <https://www.graham-center.org/rgc/publications-reports/publications/one-pagers/health-centers-recruitment-2018.html>.

⁵ Hooker, R. S. (2013). “Working with the Medically Underserved.” *Canadian Family Physician* 59(4): 339-340.

⁶ Friedberg, M. W., Reid, R. O., et al. (2017). “Federally Qualified Health Center Clinicians and Staff Increasingly Dissatisfied with Workplace Conditions.” *Health Affairs* 36(8): 1469-1475.

⁷ Health Resources and Services Administration. 2021. “Health Center Workforce Well-Being Initiative.” Retrieved from <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/health-center-workforce-well-being>.

⁸ Goodwin Simon Strategic Research. 2021. “COVID-19 Tracking Poll, February 2021: Views from California Health Care Providers on the Front Lines.” California Health Care Foundation. Retrieved from <https://www.chcf.org/publication/covid-19-tracking-poll-february-2021-views-california-health-care-providers-front-lines/>.

recruitment.⁹ Rising competition in wages for non-licensed clinical staff—such as medical assistants, dental assistants, and community health workers—has also made retaining these essential support staff more difficult.¹⁰

Health centers have achieved incredible successes in providing care both in quality improvement measures and in numbers of patients seen: from 2000-2020, health centers nearly tripled their number of patients served,¹¹ and they played a crucial role in delivering care to underserved populations during the COVID-19 pandemic.¹² Yet for all of these efforts and the support of programs such as the National Health Service Corps, health center staffing and resources are still inadequate to meet the needs of medically underserved areas.¹³

“Especially since COVID, many health centers are struggling to keep up with competitors to become employers of choice. Burnout and engagement have also been concerns . . . Strategic workforce planning is crucial.”

- NATALY DIAZ, DEPUTY DIRECTOR OF
WORKFORCE DEVELOPMENT, CALIFORNIA
PRIMARY CARE ASSOCIATION

As of September 30, 2021, an estimated 83,711,000 individuals lived in health professional shortage areas (HPSAs) in which less than half of the need for primary medical, dental, and mental health care was met—a gap that would require no less than 32,000 further clinicians to fill.¹⁴ To better meet these needs through patient-centered, culturally responsive care and improve health equity for their patients, health centers must work to develop excellence in recruiting and retention practices to ensure they develop and sustain as robust a workforce as possible.

A COMPREHENSIVE APPROACH TO HEALTH CENTER WORKFORCE RECRUITMENT AND RETENTION

To build and sustain a healthcare workforce able to meet the needs of their underserved populations, **health centers should work to establish and follow actionable, data-driven comprehensive workforce plans informed by justice, equity, diversity, and inclusion principles. These efforts should be guided, where possible, by a dedicated Chief Workforce Officer.** The following is a condensed list



⁹ STAR2 Center. 2021. "How COVID-19 Has Changed Health Center Recruitment & Retention." 2020-2021 PCA & HCCN Workforce Professional Development Series. Retrieved from https://chcworkforce.org/web_links/2020-2021-pca-hccn-workforce-professional-development-series/.

¹⁰ UHC Solutions. 2019. "Staffing and Management Challenges Health Centers Face." Retrieved from <https://www.uhcsolutions.com/staffing-and-management-challenges-health-centers-face/>.

¹¹ Health Resources and Services Administration. 2020. "Health Center Program: Impact and Growth." Retrieved from <https://bphc.hrsa.gov/about/healthcenterprogram/index.html>.

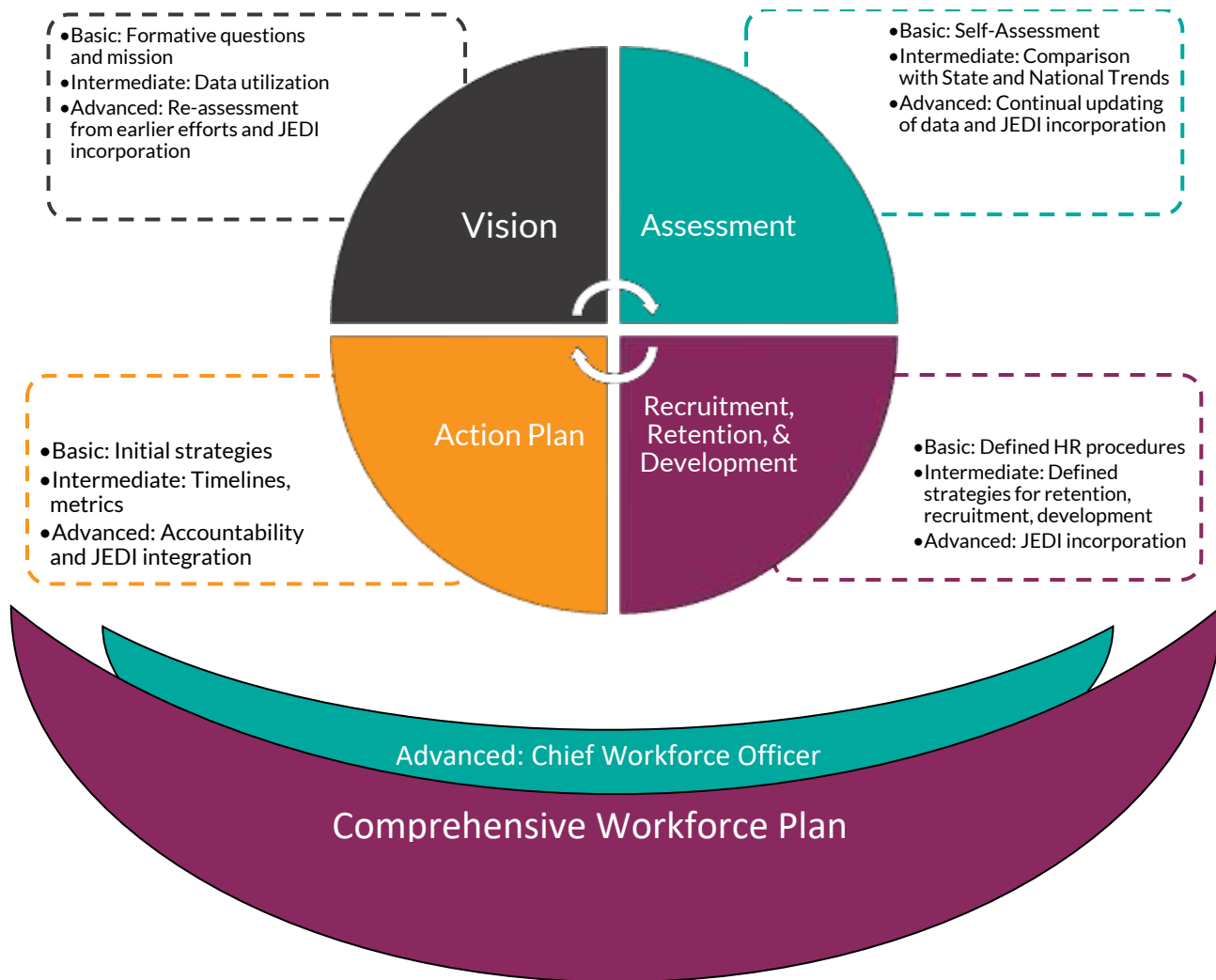
¹² Corallo, B., Tolbert, J., et al. (2020). "Community Health Centers' Role in Delivering Care to the Nation's Underserved Populations During the Coronavirus Pandemic." Kaiser Family Foundation. Retrieved from <https://www.kff.org/report-section/community-health-centers-role-in-delivering-care-to-the-nations-underserved-populations-during-the-coronavirus-pandemic-key-findings/>.

¹³ Committee on Ways and Means Majority. (2020). "Left Out: Barriers to Health Equity for Rural and Underserved Communities." U.S. House of Representatives. Retrieved from https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/WMD%20Health%20Equity%20Report_07.2020_FINAL.pdf.

¹⁴ Health Resources and Services Administration. (2021). "Designated Health Professional Shortage Areas Statistics: Fourth Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary: As of September 30, 2021." Retrieved from <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.

of essential practices based on resources developed by the Association of Clinicians for the Underserved's [Solutions Training and Assistance for Recruitment & Retention Center](#) (STAR² Center)—as well as interviews with state and national experts on FQHC workforce development—that health centers can use to achieve robust standards of excellence for recruitment and retention. The following graphic visualizes this document's definition of excellence and its elements in health center workforce development.

Figure 1. Elements of Excellence in Health Center Workforce Development



BEST PRACTICES & RECOMMENDATIONS: DEVELOPING A COMPREHENSIVE WORK PLAN

To achieve excellence in workforce development, health centers must first create a comprehensive workforce plan tailored to their community's specific needs. In late 2021, ACU's STAR² Center released its [Definition of a Comprehensive Workforce Plan](#), a Bureau of Primary Health Care-approved publication, which describes a plan as

*the process for which a health center assesses the needs of its patients and community while identifying strategies for building and sustaining its capacity to support those needs through qualified personnel that embody mission-driven, equitable, and inclusionary values.*¹⁵

"Most FQHCs have a recruitment and retention plan, but you have to go beyond that and plan for eventualities. You don't just build the document and consider it done. It's a living, breathing plan, and it's meant to grow with your organization."

- SUZANNE K. SPEER, SENIOR DIRECTOR, WORKFORCE DEVELOPMENT, ACU

While the resulting workforce plan will be unique to your health center, it will not be static. The plan should be seen as a dynamic document requiring regular review—ideally annually—to ensure that your FQHC continues to meet the needs of your workforce, patients, and community.

A Crucial Consideration: Appointing a Chief Workforce Officer

Much as in efforts to increase justice, equity, diversity, and inclusion, dedicated staffing is also crucial to ensuring proper realization of workforce development at health centers. At a minimum, health centers should have dedicated human resources staff who are well versed in hiring, job posting, onboarding, and retention practices. While it is possible to create a comprehensive work plan without dedicated workforce staffing, an emerging best practice for FQHCs is to create a dedicated c-suite position for workforce initiatives: a Chief Workforce Officer (CWO).¹⁶

This is a critical step not just in improving your organization's ability to strategically approach workforce initiatives, but also, as Scott Owens, CWO at Mountain Family Health Centers in Colorado, notes, "to have HR/workforce representation in the C-Suite at the table really shows that you're advocating and you're centered on the workforce being one of the overall pillars of your strategic plan and your mission."¹⁷ This position both overlaps and is separate from the role of a Chief HR Officer: importantly, the CWO will lead the creation, management, and updating of a comprehensive work plan that is responsive to community needs, as well as develop strategies that benefit the organization, employees, and patients alike.¹⁸

¹⁵ ACU STAR² Center. (2021). "Definition of a Comprehensive Workforce Plan." ACU STAR² Center. p. 1. Retrieved from <https://chcworkforce.org/wp-content/uploads/2021/10/Comprehensive-Workforce-Plan-Definition.pdf>.

¹⁶ ACU STAR² Center. (2020). *Chief Workforce Officer Toolkit*. ACU STAR² Center. Retrieved from https://chcworkforce.org/web_links/star%20b2-center-chief-workforce-officer-toolkit/.

¹⁷ Gabilondo, M. F., Brieger, K. & Owens, S. (2020). "STAR² Center Coffee Talk - Chief Workforce Officer Toolkit." Retrieved from <https://chcworkforce.org/videos/cwo-toolkit-coffee-talk/>.

¹⁸ ACU STAR² Center. (2020). "Intersection and Differences Between a Chief Workforce Officer and Chief Human Resources Officer." Retrieved from <https://chcworkforce.org/wp-content/uploads/2020/11/CWO-CHRO-Venn-Diagram-FINAL-for-Toolkit.pdf>.

- [Chief Workforce Officer Toolkit](#): Developed in concert with an advisory group of national FQHC experts, the ACU STAR Center’s CWO Toolkit offers a dedicated list of core competencies, a job description toolkit, and more. The STAR2 Center Talks Workforce Success podcast also offers five episodes dedicated to chats on workforce initiatives with existing chief workforce officers at FQHCs.

Creating an Institutional Vision

To begin the process, health centers should create a vision that will serve as a foundation for their comprehensive workforce plan. As with all operations within your FQHC, this vision should include staff, patients, and other key stakeholders to identify both current and future workforce needs to allow your organization to best meet the needs of your community. “You really do need to undertake a mini- or full-blown strategic planning process along with the workforce plan, and institutional introspection is key,” explained Suzanne K. Speer, ACU’s Senior Director, Workforce Development.

Considering key questions such as those noted by Nataly Diaz, Deputy Director of Workforce Development at the California Primary Care Association, will also help:

- **How is our workforce representative of the patient communities we serve?**
- **What are the most critical roles in our organization, and how do they align with our business goals?**
- **Removing individuals from the equation, how do we ensure that the positions we wish to retain or recruit are aligned with our goals in care and services?**

Other key questions should directly integrate concerns of justice, equity, diversity, and inclusion (JEDI) with workforce considerations. According to Sabrina Edgington, ACU’s Senior Director of JEDI Initiatives, the following questions can serve as useful starting points:

- **How can your health center use data to assess needs, implement action, and ensure institutional accountability?**
- **What are best practices in implementing policies and procedures to support an inclusive environment?**
- **How can we create a culture of justice, equity, diversity, and inclusion that is demonstrated in our daily actions and words?**

Assessing Your Organization’s Workforce Development Needs

The next step is to assess your health center’s workforce needs with a focus on discerning areas of strength in your current retention and recruitment initiatives, as well as opportunities for improvement. To be sufficiently thorough, this assessment should identify patient and community needs to ensure that a health center’s workforce is “fully reflective of its community’s diversity and is effectively meeting the whole-person needs of its patients.”¹⁹ The results of this assessment—which may arise from data such as stay or exit interviews, community trends, staff and patient feedback, human resources information, or health center data profile dashboards (*see below*)—will serve as the basis for developing your health center’s workforce strategy.

¹⁹ Ibid.

- **Health Center Provider Recruitment and Retention Self-Assessment Tool:** ACU's STAR² Center's tool helps you identify strategies that may improve your success with provider recruitment and retention. The tool provides recommendations on topics you may wish to pursue, many of which have corresponding online resources. The generated report can be paired with your FQHC data profile dashboard (*see below*) to better understand workforce challenges at your organization and next steps to address those challenges.
- **Financial Impact Tool:** This downloadable tool can help you calculate the estimated cost of provider vacancies and recruitment. Developed in Excel, this interactive calculation tool attempts to quantify concrete costs involved in provider turnover, providing national estimates to assist your organization if all input data is not available. Other common human resources metrics such as cost per hire, revenue per employee, tenure, and time to fill positions are also important to consider.²⁰

Importantly, JEDI should play a prominent role in this assessment as well. At a minimum, your organization should be sure to consider what racial and ethnic data your health center does or does not collect on patients and staff to ensure these metrics can be analyzed later to aid future equity initiatives as part of ongoing JEDI initiatives.²¹ It is impossible to meaningfully assess the impact of these efforts without ongoing data collection.

A Vital Resource: Recruitment and Retention Data Profile Dashboards

In addition to assessing your community needs and health center metrics, it is also important to understand how your health centers' figures compare to those of other FQHCs in your state, as well as national FQHC trends. ACU's STAR² Center offers annually updated and highly interactive individual health center recruitment and retention **Data Profile Dashboards**. These profiles combine public, private, and proprietary data to detail health centers' strengths and weaknesses, as well as national FQHC recruitment and retention trends.



The Data Profile Dashboards allow health center staff to review their current and past data with workforce teams and compare it against the average data of similar CHCs. “These profiles can help health centers to analyze their own data as it relates to recruitment and retention and compare their data to that reported by all health centers nationally,” said Speer. “This information can be instrumental in comprehensive workforce planning.” These dashboards are available to each health center’s CEO: to access them, please [contact the STAR² Center](#).

²⁰ Ann Hogan Consulting. (2017). “Human Resources Metrics.” ACU STAR² Center. Retrieved from <https://chcworkforce.org/wp-content/uploads/2016/11/STAR2-Center-HR-Metrics-Write-Up-2017-Recruitment-Bootcamp.pdf>.

²¹ ACU STAR² Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021). “Building an Inclusive Organization Toolkit.” ACU STAR² Center. Retrieved from https://chcworkforce.org/web_links/building-an-inclusive-organization-toolkit/

Creating or Refining a Retention Strategy

Once you have completed your organizational self-assessment and compared your health center's performance metrics against state and national trends, your organization should begin either formulating or updating its retention and recruitment (R&R) strategy. ACU's STAR2 Center offers a comprehensive [Health Center Provider Retention and Recruitment Plan Template](#) which your organization can utilize as a structure for improving its R&R practices. This document, along with its accompanying instruction booklet, worksheet, candidate tracking sheet, and action plan, offers a comprehensive template which you can easily tailor to your health centers' specific needs.

Clinical, administrative, and recruitment staff should each take part in the completion of the recruitment and retention plan—which begins with a thorough practice assessment before addressing elements of strategic planning, retention, and recruitment, as well as offering a brief look at topics including the Patient-Centered Medical Home model and the National Health Service Corps. “It’s important to realize is that [the R&R plan] takes time to complete,” Speer said. “It’s an evolving process, and it’s best to tackle one thing at a time to avoid getting overwhelmed.”

Retention Essentials

Recruitment and retention are intertwined, but it is crucial for your organization to first create or update its retention practices—simply put, “the best strategy to minimize recruitment problems is to retain providers in the long term.”²² Indeed, achieving excellence—or at least resolving existing issues—in recruitment should be given first priority, as this process will help inform your future recruitment efforts in addition to minimizing the profound costs of staff turnover, both tangibly in terms of financial losses and intangible factors such as stress created by having providers absorb additional patient visits while maintaining their own practices.²³

At a minimum, successful retention strategies utilize a comprehensive, integrated approach to employee engagement that is informed by justice, equity, diversity, and inclusion strategies.²⁴ The COVID-19 pandemic has placed incredible stress on providers and staff at health centers,²⁵ and addressing these concerns is vital. As Colwell noted, a crucial initial consideration for retention is the alignment of your health center's mission with staff values. If you do not have one, one should be created.²⁶ Opportunities for advancement (see *Creating a Development Strategy*) and the creation of career ladders are important, and competitive compensation is also essential for retention: review and ensure that your health centers' compensation and benefits packages align with both state and national compensation and benefits surveys.²⁷ Also consider creating incentive programs based on productivity, quality, or patient satisfaction.

Benefits to maximize employee wellness, resilience, and work-life balance are also key. “Staff wellbeing is essential in recruitment of employees,” Diaz said. “How you foster growth and support

²² ACU STAR² Center. (2021). “Retention and Recruitment Plan Template Instructions.” ACU STAR² Center. Retrieved from https://chcworkforce.org/web_links/building-an-inclusive-organization-toolkit/ P. 14.

²³ ACU STAR² Center and John Snow, Inc. (2021). “STAR² Financial Impact Combined Provider Tool – 2017 Update.” Retrieved from <https://chcworkforce.org/wp-content/uploads/2016/06/ACU-Financial-Impact-Combined-Provider-Tool-2017-Update.xlsm>.

²⁴ ACU STAR² Center. (2021). “Definition of a Comprehensive Workforce Plan.” ACU STAR² Center.

²⁵ Goodwin Simon Strategic Research. 2021.

²⁶ ACU STAR² Center. (2021). “Retention and Recruitment Plan Template Instructions.”

²⁷ A state-level example of an informative [compensation and benefits survey](#) conducted by a PCA is available from the California Primary Care Association, and many are free to participants.

within your organization is key to sustaining engagement and minimizing burnout.” In addition to reviewing compensation, health centers should take a full inventory of their existing benefits—from vacation and sick leave and professional development to retirement plans and insurance offerings. Institutional agility is also important: employers must “keep an open eye and an open mind on retention initiatives and incentives,” Speer noted, and be willing to adjust based on continuing feedback both formally via staff satisfaction surveys and otherwise, as well as ongoing and emerging local and national trends.

Meaningful efforts to address stress and burnout are key, particularly in the wake of COVID-19’s impact on the health center workforce. Beyond offering employee assistance programs and other measures, offering flexibility in schedules and/or remote working arrangements can be a “no or low-cost strategy” for provider retention.²⁸ As Colwell explains,

that social worker that you hired may not want to work in the walls of the clinic five days a week—perhaps they want to work in a hybrid or telehealth setting. The COVID-19 pandemic has further opened the discussion about flexibility [in work schedules] and not having to be a clinic every day. And the renewed focus on taking care of workforces and understanding when staff are burnt out is something we hope will be here to stay. Health centers have to be ready to adapt.

Health Center Partnerships for Staff Wellness: An Example from Illinois

During the COVID-19 pandemic, two Illinois FQHCs, Chicago Family Health Center and Pillars Community Health, partnered to offer complementary mental health services to their respective staffs. This partnership to address gaps in internal behavioral health services across clinics has been an innovative and fruitful resource for employees.

Finally, workplace representation is important, as is creating a transformative culture for staff. It is important to investigate how your workplace culture incorporates JEDI principles and how it fosters an environment that is both inclusive and equitable in its representation of BIPOC individuals, and those with physical disabilities, or who are neurodiverse. A good way to start is by reviewing your health center staff and patients’ racial and ethnic metrics—or beginning to collect these figures, if you do not already. With more than half of working-age employees in the U.S. seeking employment in the fall of 2021²⁹, it has never been more essential for your health center to implement effective retention strategies to boost staff satisfaction and patient care.

Recommendations from the Field

Ensure a holistic approach to retention that supports the entire staff. To ensure effective, well-coordinated care and services for patients, it is essential to take active efforts to retain not only providers, but also other healthcare team members such as non-licensed clinical and front office staff. “For so long, the health centers were so focused on retaining their providers that the rest of the staff have been neglected,” said Colwell. “They’re not always looking at their wellness and burnout, but how do you see patients when you don’t have enough staff at the front desk to check

²⁸ ACU STAR² Center. (2021). “Retention and Recruitment Plan Template Instructions.” p. 17.

²⁹ Leonhardt, M. (2021, August 20). “Job-Hopping Heats Up: 65% of U.S. Workers are Looking for a New Job.” *Fortune*. Retrieved from <https://fortune.com/2021/08/20/us-workers-looking-for-jobs/>.

them in or medical assistants to room them? Patient care suffers unless health centers realize that wellness matters for all, and that while providers are important, so is everyone else.”

In the case of Illinois, California, and other states across the country, Colwell and Diaz explained, health centers are facing difficulties retaining medical assistants (MAs) and dental assistants, as well as community health workers, due to increased competition and compensation from non-healthcare sectors.³⁰ The costs of this turnover can be significant: one study found that losing one MA incurred a cost equivalent to 40% of their average annual salary, reflecting the significant costs of training such personnel.³¹ In response, Colwell noted, FQHCs can work to offer more competitive pay as well as meaningful opportunities for advancement and training, such as through curricula offered by the [National Institute for Medical Assistant Advancement](#) (NIMAA). Created by Community Health Center Inc. and Salud Family Health Centers, NIMAA offers a medical assistant curriculum with student externships embedded in integrated healthcare teams.

Creating or Refining Your Recruitment Strategy

Just as in retention efforts, health centers must take an intentional and comprehensive approach to provider and staff recruitment that sets clear priorities, understands and enhances community connections, utilizes appropriate recruitment teams, and is undergirded by JEDI principles.

Recruitment Essentials

Utilizing your assessment results, your organization should identify current and long-term recruitment needs to build a workforce that enhances your health center’s culture, values, and mission.³² Taking a “big picture” view of priorities based on realistic timelines is critical: consider both the positions needed in the next 3-5 years, plan for known retirements of providers and staff, and be aware of the time likely to be necessary to fill each position. A JEDI lens must inform all aspects of this process: consider utilizing [equitable hiring tools](#) such as that developed by the City of Madison, WI’s Racial Justice and Social Equity Initiative to ensure position descriptions are created equitably and actively implement practices to [mitigate racial or other biases in hiring](#).

Also important is assembling an integrated recruitment team to ensure internal buy-in and provide structure to your recruitment efforts, as well as funding for advertising and/or utilization of recruitment firms. A matrix of typical recruitment team members and corresponding responsibilities is available in ACU STAR² Center’s [Retention & Recruitment Plan Template](#). A thorough knowledge of best practices for screenings, site visits, and contracts is also necessary. Most staff should receive some instruction in how to recruit and support simple initiatives such as community and site tours, according to Colwell. Furthermore, before you begin recruitment, understand community planning initiatives in your region and consider which partners, competitors, and other entities which may exist locally.

Recommendations from the Field

³⁰ “It’s not just health centers competing with other medical institutions anymore to recruit medical assistants. Now they’re competing with gas stations, with fast food chains—because sometimes they can offer more than what an MA makes per hour in a less stressful environment. These workers are choosing to leave to be able to better sustain their family,” Diaz said.

³¹ Friedman, J. L., & Neutze, J. L. (2020). “The Financial Cost of Medical Assistant Turnover in an Academic Family Medicine Center.” *The Journal of the American Board of Family Medicine* 33(3): 426-430.

³² ACU STAR² Center. (2021). “Definition of a Comprehensive Workforce Plan.” ACU STAR² Center.

Consider creating “grow your own” training initiatives. Several Illinois health centers have found success in instituting “grow your own” initiatives to train their own medical and dental assistants so that when each is trained in FQHC settings, these vital staff can be referred to other clinics that need them within the same network.

Consider seeking partnerships with local academic institutions. Particularly for small health centers, creating meaningful recruitment and health professional pipelines can be a challenge. “We always recommend that our small centers try to leverage available universities,” Colwell said. “Clinics that do not take students are often behind their peers in terms of staffing, and academic relationships are really key.” In Illinois, several FQHCs successfully built relationships with a Chicago university that ultimately resulted in the centers being able to fill all their dentist positions from that university. Sometimes an initial investment can lead to long term success: “Centers need to engage with academic institutions and realize that it might cost them something. But the cost to temporarily house a health professional in training, for example, in the long run is nothing compared to securing a long-term provider.”

Help develop pipelines through engagement with local schools and Area Health Education Centers (AHECs). Whenever possible, health centers should engage with local K-12 schools to help foster meaningful opportunities for health professional pipeline development. In Illinois, “connecting with high school students really works well,” said Colwell. “Some have given scholarships to local students considering going to medical school or professional programs on the condition that return to practice, and that has worked well for some of our smaller communities.” AHECs also offer unique partnerships for local health centers. Health centers should also consider and develop proactive strategies to retain professionals recruited through these practices as well.

Leverage providers seeking loan repayment opportunities from the National Health Service Corps and state-level programs. Consider also state loan repayment programs. “It’s a huge draw, even for providers who may not have specifically thought they had a desire to help the underserved,” said Speer. “Many FQHCs are struggling to keep up with levels of compensation for multiple positions, and loan repayment is becoming ever more important,” Diaz said. When gaps are present in national LRP programs such as the NHSC, state LRPs can offer vital lifelines to meet the increasing demand.³³

Make use of jobs boards at PCAs and nationally. In addition to national venues such as [ACU Careers](#), most primary care associations offer jobs boards that health centers can utilize. Additionally, some PCAs, such as the [Texas Association of Community Health Centers](#), offer more complex recruitment programs and assistance as well. Others, such as the California Primary Care Association, partner with digital marketing firms to help find candidates and connect them to state health centers. Incorporate postings at job boards at BIPOC-led or focused professional organizations as well to ensure you reach as diverse a base of potential employees as possible.³⁴

³³ While advocacy efforts are outside the scope of this document, it is worthwhile to note that participation in individual and PCA-led advocacy to increase state-level loan repayment program funds has made significant impacts in states such as California, where health centers have developed one LRP program through tobacco tax dollars, and another by asking the state to match money in their LRPs to expand the number of awards, according to Diaz. Significant opportunities exist.

³⁴ ACU STAR2 Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021).

From Recruitment to Onboarding

Onboarding is one of the most important parts of recruiting, and, when properly executed, improves provider retention rates and satisfaction³⁵ and when poorly executed can negatively impact morale and induce stress in clinical staff at FQHCs.³⁶ Your health center should create a comprehensive onboarding plan for providers and staff covering credentialing and billing, site orientation, introductions, electronic health records, policies, and procedures, community integration, and more.³⁷ Just as with other practices, JEDI principles should guide the onboarding process and inform the orientation of new employees into your workplace culture.³⁸

Creating a Development Strategy

In addition to general retention and recruitment initiatives, providing development and advancement pathways for staff is a crucial part of both talent development and retention. Your health center should outline a comprehensive development strategy that creates career ladders and utilizes succession planning to create an inclusive and diverse workforce with “an upward career trajectory that leads to the successful and equitable achievement of leadership positions.”³⁹ Providers and other staff are much more likely to remain with organizations that offer them career ladders with opportunities for advancement and professional development.⁴⁰ These initiatives will be intertwined with issues of diversity and equity at all levels of your organization, and here as in other areas, your FQHC should collect and review data to ensure that your organization is representative at all levels—from entry-level staff to senior leadership.

“You have to look at how can you build career ladders so that people can actually enter maybe at a frontline position but grow as they develop skills. And so that by the end of their career, they would reach the VP level or a level that would be very important to the organization.”

- KATHY BRIEGER, CHIEF OF WORKFORCE
DEVELOPMENT AND EXECUTIVE DIRECTOR OF
PLANETREE, SUN RIVER HEALTH
[STAR2 CENTER TALKS WORKFORCE SUCCESS PODCAST – EPISODE 3](#)

Succession planning is also a vital element of this process: your health center should be aware of providers’ future plans either for retirement, for family changes that could result in FTE decreases or maternity/paternity leave, or for other major leave plans that may affect your staffing pattern.⁴¹ Similarly, your health center should be prepared to identify and train “successors,” or employees with knowledge and skills to fill vacant provider or staff positions until permanent replacements can be identified.⁴² Discussing these issues with your providers can foster effective

³⁵ Sanchez, M., Anglin, L., et al. (2020). “Emerging Practices in Onboarding Programs for PAs: Program Content.” *Journal of the American Academy of Physician Assistants* 33(9): 38-42.

³⁶ Zaire, P. (2017). “Structured Onboarding Process to Promote Safety.” *AAACN Viewpoint* 39(1): 2017.

³⁷ ACU STAR² Center. (2021). “Retention and Recruitment Plan Template Instructions.”

³⁸ ACU STAR² Center, National Health Care for the Homeless Council, and Association of Asian Pacific Community Health Organizations. (2021).

³⁹ ACU STAR² Center. (2021). “Definition of a Comprehensive Workforce Plan.” p. 2.

⁴⁰ Chamberlain, A. (2017, March 6th). “Why Do Employees Stay? A Clear Career Path and Good Pay, for Starters.” *Harvard Business Review*. Retrieved from <https://hbr.org/2017/03/why-do-employees-stay-a-clear-career-path-and-good-pay-for-starters>.

⁴¹ ACU STAR² Center. (2021). “Retention and Recruitment Plan Template Instructions.”

⁴² Workforce Planning and Analytics Section, Workforce Support and Development Division, Office of Human Resources, and National Institutes of Health. (2021). “Succession Planning: A Step-by-Step Guide.” Retrieved from https://hr.nih.gov/sites/default/files/public/documents/2021-03/Succession_Planning_Step_by_Step_Guide.pdf.

long term planning, and ACU STAR Center’s R&R Plan Template includes a sample table your health center can use to begin planning for these developments.

Forming an Action Plan Grounded in Justice, Equity, Diversity, and Inclusion

The final step in creating your comprehensive work plan is taking action. With knowledge of your institutional strengths and weaknesses and well-defined retention, recruitment, and development strategies, you should outline measurable steps and assign accountability for your health center’s workforce development. This process should unite each of the proceeding elements of the work plan and result in a dynamic, evolving strategy that your organization revisits regularly, and ideally annually,⁴³ and it should identify existing gaps and barriers, opportunities, individual strategies and actions for improvement, timeline, and assessable metrics to measure success.⁴⁴

While every comprehensive work plan will be unique to individual health centers, each plan should be united in its commitment to JEDI principles. All employers, including health centers, must work to create welcoming environments that create trust in every sector of the institution—from organizational policies and procedures for onboarding or succession planning to individual healthcare teams’ clinical practices and services.

FURTHER RESOURCES

- **[Definition of a Comprehensive Workforce Plan:](#)** This robust, BPHC-approved definition provides health centers details both the process and its components.
- **[Recruitment and Retention Plan Template:](#)** This essential template provides a customizable plan for health center R&R planning, as well as an action plan, candidate tracking sheet, and more.
- **[Health Center Data Profile Dashboards:](#)** This short questionnaire helps health centers assess their readiness to start an eye health and vision care program. Participants can also [receive a cost estimate of the equipment and tools needed for integrating](#) vision services into the primary care setting.
- **[Building an Inclusive Organization:](#)** Developed by ACU’s STAR² Center, the National Health Care for the Homeless Council, and the Association of Asian Pacific Community Health Organizations, this toolkit provides information and resources to support health centers in their journeys to achieving a more diverse, equitable, and inclusive workforce. It addresses common questions related to workplace assessment, strategies, and accountability.
- **[Building Back Better: Utilizing Lessons Learned During the COVID-19 Pandemic for Retention and Inclusivity:](#)** This webinar series provides practical strategies for creating inclusive cultures at health centers with a focus on individuals with physical disabilities, people who are d/Deaf, blind, and visually impaired, and neurodiverse people.

⁴³ ACU STAR² Center. (2021). “Definition of a Comprehensive Workforce Plan.”

⁴⁴ ACU STAR² Center. (2021). “Health Center Provider Retention and Recruitment Action Plan.” ACU STAR² Center. Retrieved from <https://chcworkforce.org/sites/default/files/RR%20Action%20Plan%20-%20STAR2%20Center%20-%20202016.docx>.