



NATIONAL ASSOCIATION OF
Community Health Centers®

DATA INFORMED DECISIONMAKING TO BUILD A WORKFORCE THAT REFLECTS COMMUNITIES SERVED

2023 ACU Conference
Washington, DC

July 25, 2023



Why are we here today?

Having a workforce that reflects the populations served is recognized as a contributor to health equity. For example, studies have shown that when Black patients are treated by Black doctors, they are more satisfied with their health care, more likely to have received the preventive care they needed in the past year, and are more likely to agree to recommended preventive care such as blood tests and flu shots.

In April 2023, JAMA published a study finding that Black residents in counties with more Black doctors had lower mortality from all causes and the counties had lower disparities in mortality rates between Black & White residents.



Why are we here today?

Health centers often have limited data to understand if their workforce is reflective of their patients and communities that also takes into consideration that availability of qualified workers.

This session will introduce a recently developed workforce data collection tool and diversity index that assists health centers to make data-informed decisions when engaged in strategic workforce planning efforts.



Learning Objectives

1

Understand the link between workforce diversity and health equity.

2

Recall approaches to using diversity data to inform workforce decisionmaking.

3

Know who to contact to get more information about sharing your workforce diversity data and receiving a confidential baseline performance report.

AGENDA

1 ▶ Introductions

2 ▶ Overview the Approach to Collecting Workforce Diversity Data at CHCs

3 ▶ The Cabarrus Rowan CHC Approach to Using Diversity Data

4 ▶ The Valley-Wide Health Systems Approach to Using Diversity Data

5 ▶ How to Participate and Q&A

MEET THE PANELISTS



Jordan Herring, MS
Program Associate & PhD Candidate
The George Washington University



Don Holloman, Med, CHCEF
Chief Executive Officer
Cabarrus Rowan Community Health
Centers, Inc. (NC)



Jania Arnoldi, PhD, MBA
President and Chief Executive Officer
Valley-Wide Health Systems, Inc. (CO)

No relevant financial relationships to disclose

Context, Background & Approach

- NACHC collaborated with The George Washington University (GWU) Fitzhugh Mullan Institute for Health Workforce Equity, under the guidance of an advisory group of health center, PCA, and partner organization professional to develop a survey to assist community health centers to create benchmarks and baselines for building and/or maintaining a diverse workforce representative of the populations they serve.

- GWU's Health Workforce Diversity Initiative has led to numerous ongoing and completed reports on the racial/ethnic diversity of the healthcare workforce. One research product is the Diversity Tracker, a tool which presents state and school-level diversity. For more info visit: <https://www.gwhwi.org/diversitytracker.html>

Context, Background & Approach

Considerations for ensuring effective capture of actionable data and benefit to health centers in improving workforce diversity:

- We expected to learn from CHCs about successes and challenges gathering and analyzing data about health center workforce.
- We expected to learn from CHCs about the makeup of the communities in all its complexities.
- We were determined to collect data that is usable at the health center level and useful for data aggregation at state and national levels.
- We are committed to using this data to support and build up and not tear down health centers

National Advisory Group

- Rosa Agosto Jania Arnoldi
- Johnese Bostic Matt Clay
- Gary Collins Rashad Collins
- Lawrence Evans Carrie Farquhar
- Timothy Fraser Charlene Green
- Don Holloman Swannie Jett
- Bryon Lambert Maria Levis
- Ann Lewis Karoline Oliveira
- Janey Pearl Starks Lucy Saenz
- Lara Salazar Joseph Searles, Jr.
- Chantelle Smith Patricia Stubber
- Vernita Todd Jamie Umanzor
- Jenn Trujillo de Good

Our sincere thanks and appreciation goes out to the Members of the National Advisory Group for the Health Center Workforce Diversity Data Project.

Approach to collecting workforce diversity data at community health centers

Association of Clinicians for the Underserved, July 2023

Jordan Herring

jordan_herring@gwu.edu

Program Associate, Mullan Institute

PhD Student, Trachtenberg School of Public Policy

The George Washington University

Research Background

- “Concordance” – when both the patient and the provider are the same race/ethnicity or come from the same background. Key question in research right now: How does concordance affect health care outcomes?
- Representation beyond concordance – community health centers were developed with the idea to be staffed and ran by the communities they serve.
- Health center boards in particular are aimed at putting community members directly at the table where decisions are made.
- Very limited knowledge on diversity of the health workforce – work has just began over the last few years to document, comprehensively, the diversity of the health workforce.

DATA COLLECTION

- Have health centers report on the racial/ethnic diversity of their entire staff (instead of individually surveying staff members)
- Aim to match HRSA's UDS collection of patients as close as possible.
- Most health centers already have this information at some level (i.e. in HR systems) – we are asking to just relay this information back to us.
- Collecting (Hispanic) ethnicity, race, and gender.

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RACE & ETHNICITY

- First part – Hispanic ethnicity
 - Non-Hispanic
 - Hispanic (of any origin)
- Second part – Race (regardless of Hispanic ethnicity)
 - White
 - Black
 - Asian
 - Native American/Alaska Native
 - Native Hawaiian/Pac. Islander
 - Multiracial
 - Another race

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GENDER

- Collecting gender identity (rather than “sex assigned at birth”)
 - Male
 - Female
 - Transgender Male/Man
 - Transgender Female/Woman
 - Nonbinary
 - Intersex
 - Gender fluid
 - A gender identity not listed her
 - Choose not to disclose

DATA REPORTING

- Reporting will be done through Qualtrics – a matrix for each part to report the corresponding race/ethnicity/gender categories by workforce categories.
- Separated out workforce categories based on what is reported in UDS for FTEs at the health center – groupings for easier reporting of certain categories.

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WORKFORCE CATEGORIES

- Physicians, dentists, pharmacists
- Nurse practitioners, certified nurse midwives, and physician assistants
- RNs
- Licensed therapists/counselors
- Other non-physician clinicians
- Other health personnel
- Enabling services
- Other management & administration
- Executive management
- Board members

Ethnicity.

Please report staff by Hispanic ethnicity.

The final "Total" column will automatically create a row sum.

	Hispanic	Non-Hispanic	Total
Physicians, Dentists, and Pharmacists	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nurse Practitioners/Certified Nurse Midwives and Physician Assistants	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
RNs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Non-Physician Clinicians	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Enabling Services	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Health Personnel	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Licensed Therapists and Counselors	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Mental Health Personnel	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Executive Management	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Management & Administration	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Center Board Members	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

	Asian	Native Hawaiian/Other Pacific Islander	Black/African American	Native American/ Alaska Native	White	Multiracial	Another race not listed here	Total
Physicians, Dentists, and Pharmacists	0	0	0	0	0	0	0	0
Nurse Practitioners/Certified Nurse Midwives and Physician Assistants	0	0	0	0	0	0	0	0
RNs	0	0	0	0	0	0	0	0
Other Non-Physician Clinicians	0	0	0	0	0	0	0	0
Enabling Services	0	0	0	0	0	0	0	0
Other Health Personnel	0	0	0	0	0	0	0	0
Licensed Therapists and Counselors	0	0	0	0	0	0	0	0
Other Mental Health Personnel	0	0	0	0	0	0	0	0
Executive Management	0	0	0	0	0	0	0	0
Other Management & Administration	0	0	0	0	0	0	0	0
Center Board Members	0	0	0	0	0	0	0	0

Diversity Index

- Health centers can be very diverse in the patient population, and one health center can look very different demographically than another center.
- How to benchmark workforce diversity to enable comparisons of centers?
- Diversity Index (DI) = $\frac{\% \text{ workforce } [category]}{\% \text{ patients } [category]}$
- DI = 1: the workforce looks exactly like the patient population
- DI > 1: the workforce has higher representation compared to patients
- DI < 1: the workforce has lower representation compared to patients

Diversity Index

For example,

- The health center's patient population is 50% Black and 30% Hispanic.
- The health center's board is 30% Black and 0% Hispanic.

- DI Health Center Board, Black = $\frac{30\%}{50\%} = 0.6$

- DI Health Center Board, Hispanic = $\frac{0\%}{30\%} = 0$

Then use these DI numbers to compare health centers.

Reporting Results Back to Health Centers

- Each participating health center will get back a personalized report that compares their workforce diversity to other diversity metrics – including other health centers that participated in the data collection.

Reporting Results Back to Health Centers

Table 1. Workforce representation for Black, Hispanic, and White employees

Workforce Category	# of Staff	Black			Hispanic			White		
		Center Workforce	Patient Population	State Workforce	Center Workforce	Patient Population	State Workforce	Center Workforce	Patient Population	State Workforce
Physicians, Dentists, Pharmacists	50	7.3%	8.8%	3.4%	10.9%	59.8%	2.9%	63.6%	28.1%	71.7%
NPs, PAs, CNM	60	10.7%	8.8%	5.8%	16.1%	59.8%	1.6%	60.7%	28.1%	86.2%
RNs	20	5.6%	8.8%	6.2%	33.3%	59.8%	2.6%	55.6%	28.1%	75.6%
Licensed Therapists/ Counselors	10	0.0%	8.8%	11.5%	33.3%	59.8%	5.8%	50.0%	28.1%	70.6%
Other Non-Physician Clinicians	200	7.0%	8.8%	11.9%*	76.3%	59.8%	5.9%*	11.3%	28.1%	65.1%*
Other Health Personnel	30	0.0%	8.8%	11.9%*	88.6%	59.8%	5.9%*	11.4%	28.1%	65.1%*
Enabling Services	60	6.6%	8.8%	11.9%*	77.0%	59.8%	5.9%*	8.2%	28.1%	65.1%*
Other Management & Administration	300	4.5%	8.8%	–	72.1%	59.8%	–	19.5%	28.1%	–
Executive Management	6	0.0%	8.8%	–	0.0%	59.8%	–	66.7%	28.1%	–
Board Members	9	11.1%	8.8%	–	22.2%	59.8%	–	55.6%	28.1%	–
Total Workforce	745	5.8%	8.8%	–	62.9%	59.8%	–	24.7%	28.1%	–

Reporting Results Back to Health Centers

Table 2. Diversity index for Black representation

	Black Diversity Index (DI) based on the patient population		
	Your center's DI	Median DI among all reporting centers	DI rank among all reporting centers
Physicians, Dentists, Pharmacists	0.83	0.18	5
NPs, PAs, CNM	1.22	0.27	1
RNs	0.63	0.56	3
Licensed Therapists/Counselors	0.00	0.56	15
Other Non-Physician Clinicians	0.79	1.28	20
Other Health Personnel	0.00	1.48	25
Enabling Services	0.75	1.29	7
Other Management & Administration	0.52	1.21	21
Executive Management	0.00	0.33	28
Board Members	1.26	0.37	2
Total Workforce	0.66	1.05	3

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Association of Clinicians for the Underserved, July 2023

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Program Associate, Mullan Institute

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The George Washington University



welcome to
CABARRUS ROWAN
COMMUNITY HEALTH CENTER



DON HOLLOMAN, M.ED., CHCEF
CHIEF EXECUTIVE OFFICER

ABOUT US

CRCHC is a private non-profit organization founded in March 2006. CRCHC provides comprehensive, high-quality primary health care to our patients, regardless of their ability to pay.

We are governed by a community-based board with, currently, nine members. Our current Board Chair is Robert Freeman, and the late Lamar Barrier was a member of our board.



MISSION, VISION, AND VALUES



- Our **mission** is to positively impact the health of our community, one patient at a time.
- Our **vision** is to be an integrative team that works in partnership with our community to meet the healthcare needs of our patients and families in an affordable and accessible manner.

Service | Diversity | Respect | Integrity | Innovation | Quality

OUR SERVICES



Primary Care

Primary Care / Adult Medicine
Prevention & Wellness
Pediatric Care
Immunizations
Urgent Care
Chronic Disease Management
Nutrition
Pediatric care
Women's Health
COVID-19 Services



Dental

Preventative Services
Emergency Services
Restorative Services



Behavioral Health

Counseling & Treatment Services
Child Health Development
Psychiatry Services
Telehealth Services
Substance Abuse Services



Specialty Services

Mammography
Imaging (Coming Soon)
Pharmacy (Coming Soon)
Mobile Services
Migrant Health
Homeless Health
Care Coordination
Referral Management

OUR LOCATIONS



McGill Family Medicine and Dental Clinic

202D McGill Ave, NW
Concord, NC 28025
704-792-2315



McGill Urgent Care

202D McGill Ave, NW
Concord, NC 28025
704-216-1720

Salisbury Health Center

330 W Jake Alexander Blvd
Salisbury, NC 28147
704-519-2366



China Grove Family Medicine & Dental Clinic

307 E. Thom Street
China Grove, NC 28023
704-855-5200



Mobile Unit

704-792-2242



Logan Family Medicine and Dental Clinic

298 Lincoln St, SW
Concord, NC 28205
704-792-2313



Patterson Farm Migrant Clinic

3060 Millbridge Road
China Grove, NC 28023
704-855-5200



Homeless Clinic at Rowan Helping Ministries

226 N Long St.
Salisbury, NC 28144
704-792-2242



Northern Rowan Family Medicine

300 N. Salisbury Ave.
Spencer, NC 28023
704-216-2630





Organizational Payor Mix

Private



23%

Medicaid



18%

Medicare



8%

Self-Pay



51%

Migrant & Agricultural Workers

110

Public Housing

3,333



15,314 UNIQUE USERS

Age

65 and Above



9%

19 - 64



78%

0 - 18



13%

PATIENT ETHNICITY

Other



4%

African Americans



17%

White



24%

Hispanic/Latino



55%

Homeless

302

Veterans

130

Cabarrus / Rowan Counties Regional Data



- Location in the Metro Charlotte Area
- Almost 400,000 residents in the Cabarrus and Rowan Counties combined.
- 45% minority representation

Cabarrus / Rowan Counties Regional Data



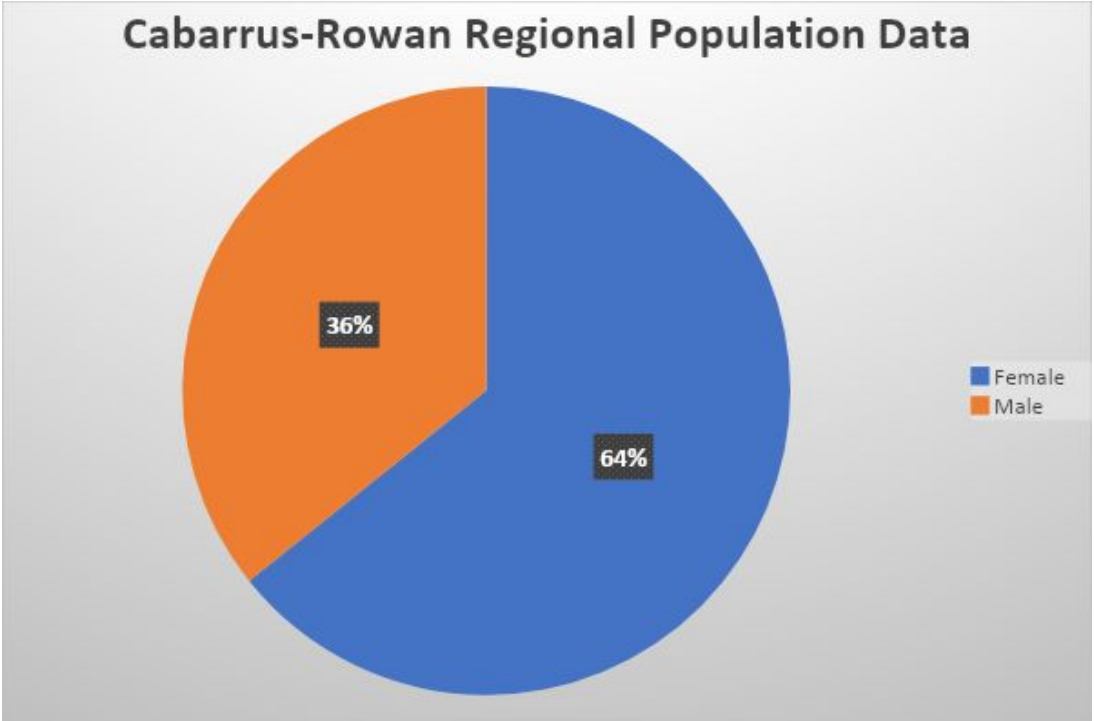
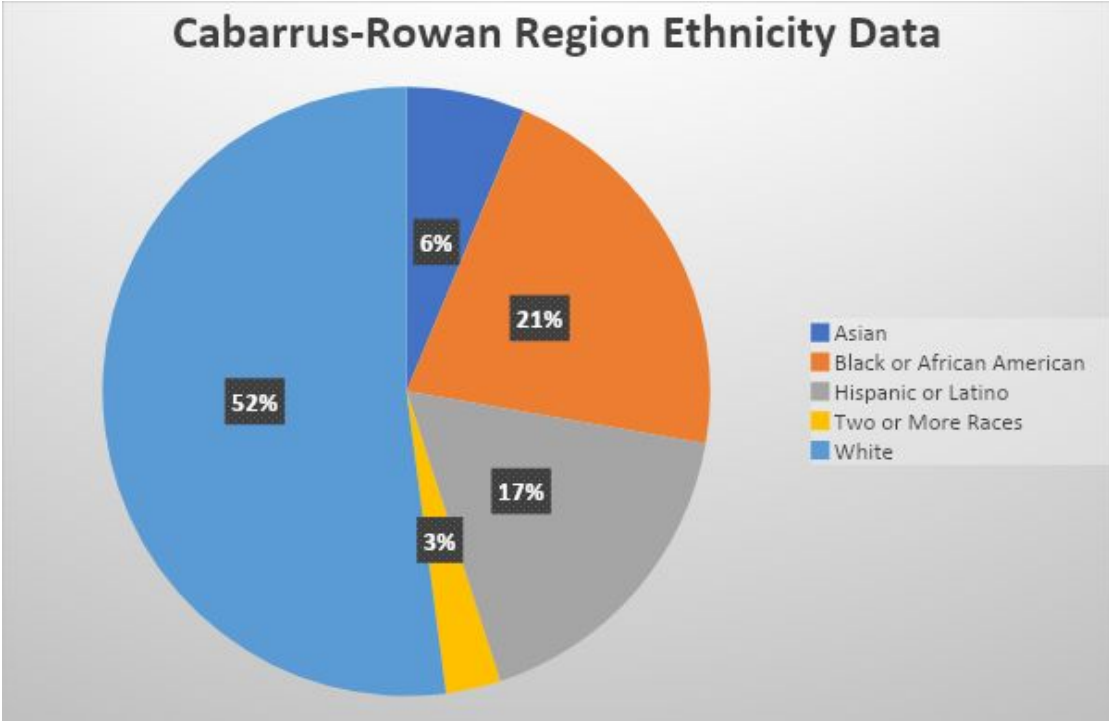
Race and Hispanic Origin	Rowan County, North Carolina	Cabarrus County, North Carolina
Population Estimates, July 1, 2022, (V2022)	149,645	235,797
PEOPLE		
Race and Hispanic Origin		
White alone, percent	78.7%	68.2%
Black or African American alone, percent (a)	17.2%	21.8%
American Indian and Alaska Native alone, percent (a)	0.7%	0.7%
Asian alone, percent (a)	1.2%	6.5%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%	0.1%
Two or More Races, percent	2.1%	2.7%
Hispanic or Latino, percent (b)	10.6%	11.9%
White alone, not Hispanic or Latino, percent	69.7%	58.7%

Cabarrus / Rowan Counties Regional Data

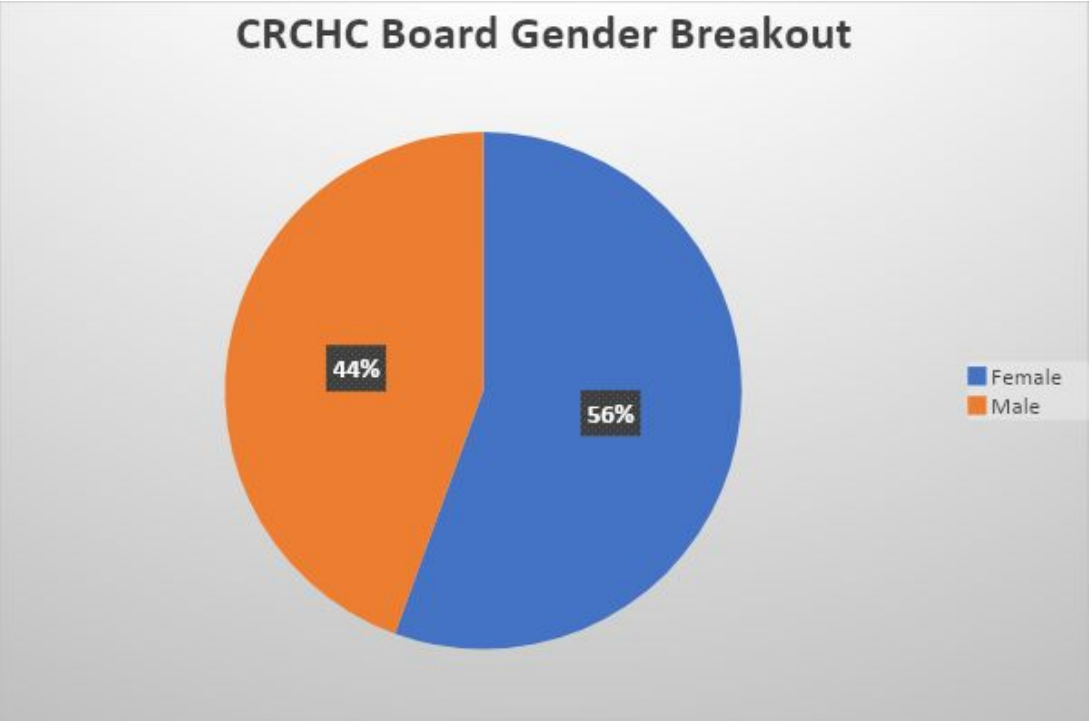
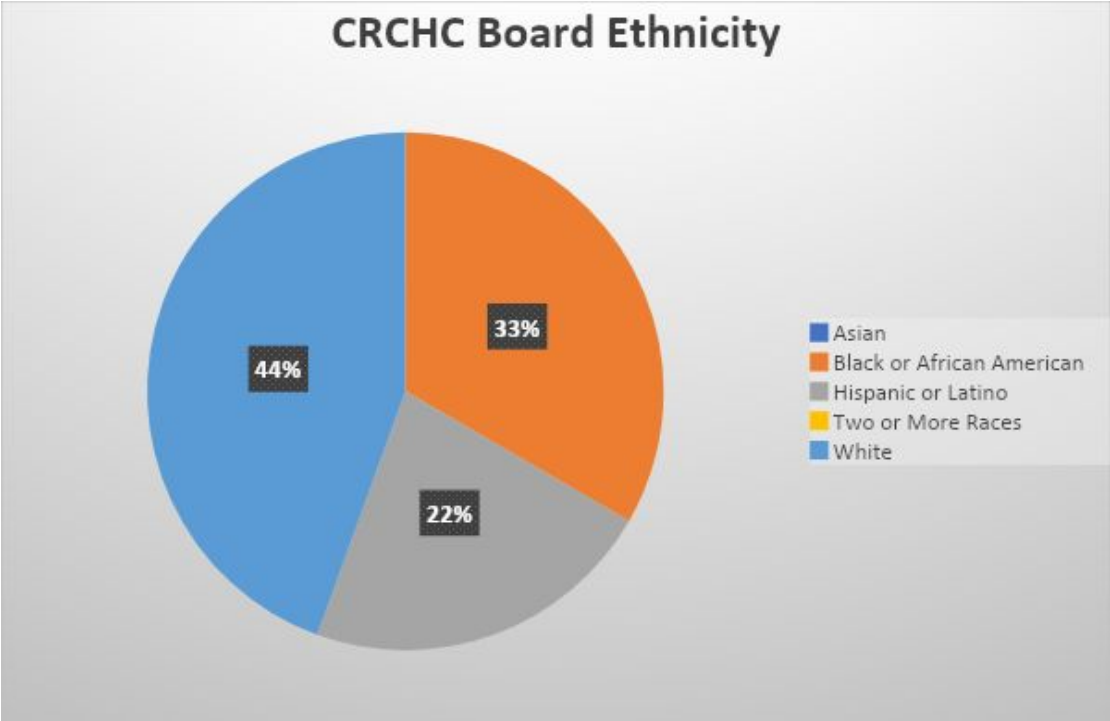


Health	Rowan County, North Carolina	Cabarrus County, North Carolina
Population Estimates, July 1, 2022, (V2022)	149,645	235,797
PEOPLE		
Health		
With a disability, under age 65 years, percent, 2017-2021	11.7%	7.2%
Persons without health insurance, under age 65 years, percent	12.9%	11.6%
Age and Sex	Rowan County, North Carolina	Cabarrus County, North Carolina
Population Estimates, July 1, 2022, (V2022)	149,645	235,797
PEOPLE		
Age and Sex		
Persons under 5 years, percent	5.5%	6.0%
Persons under 18 years, percent	21.7%	24.8%
Persons 65 years and over, percent	18.1%	13.8%
Female persons, percent	50.4%	50.9%

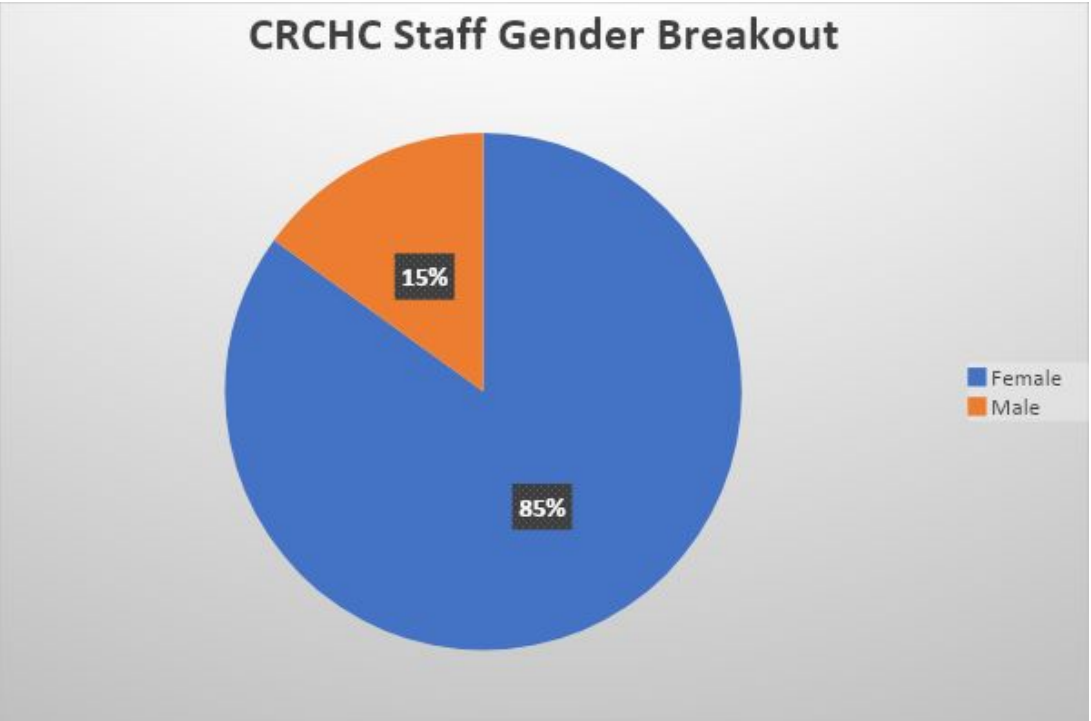
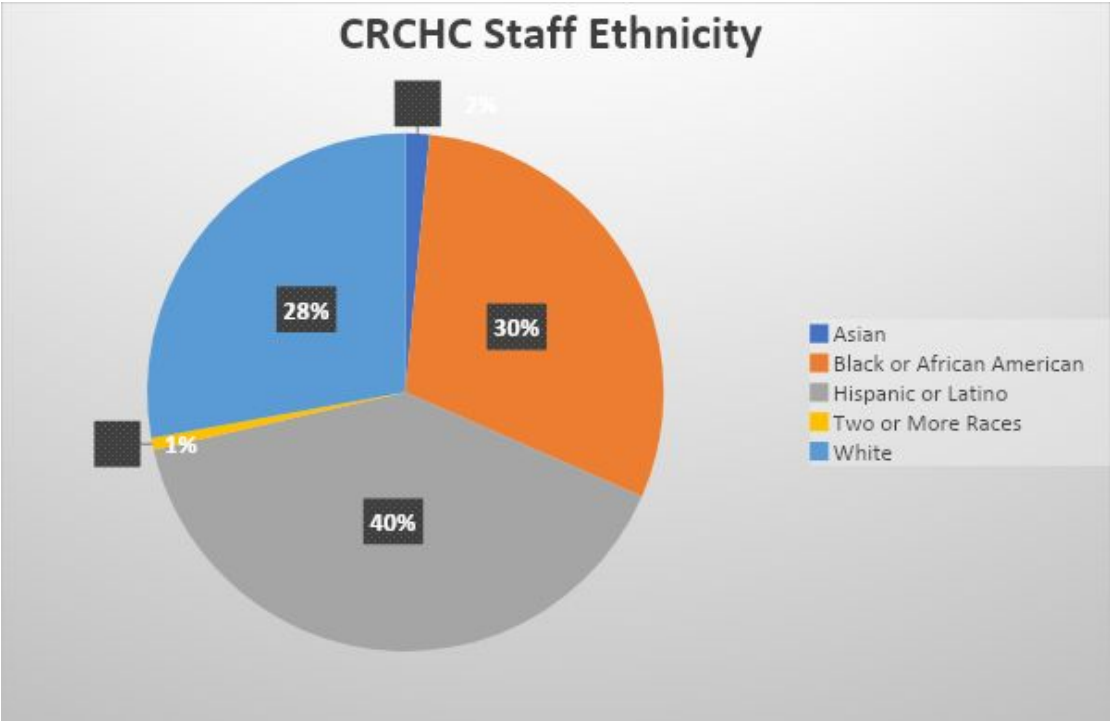
CRCHC REGION DIVERSITY DATA...



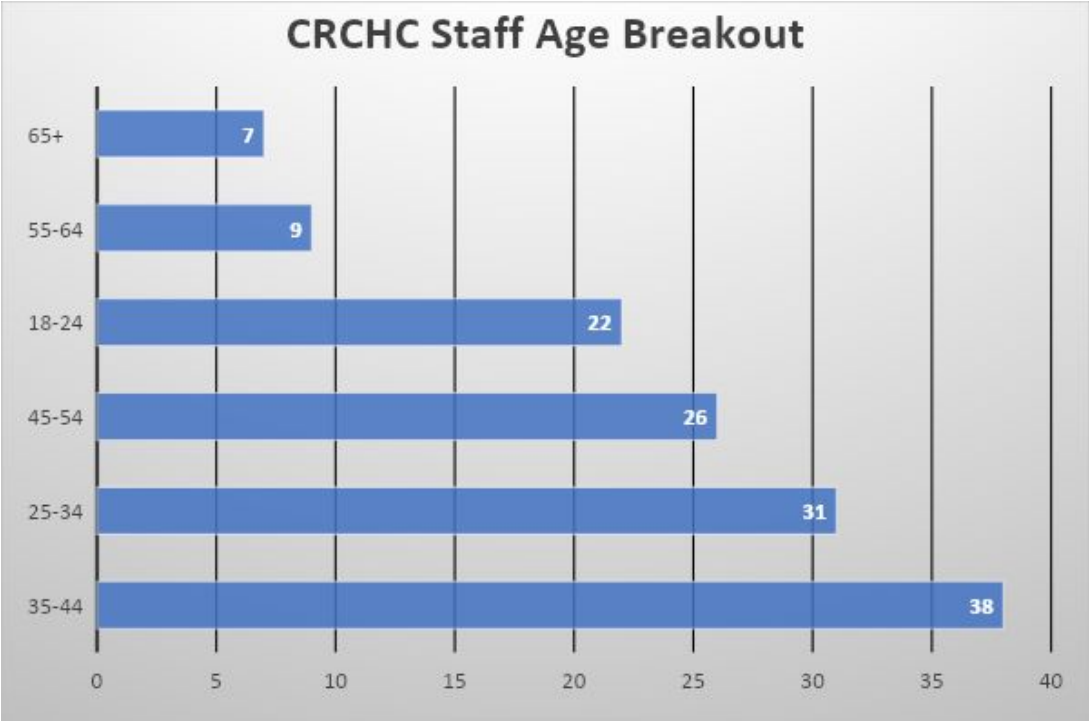
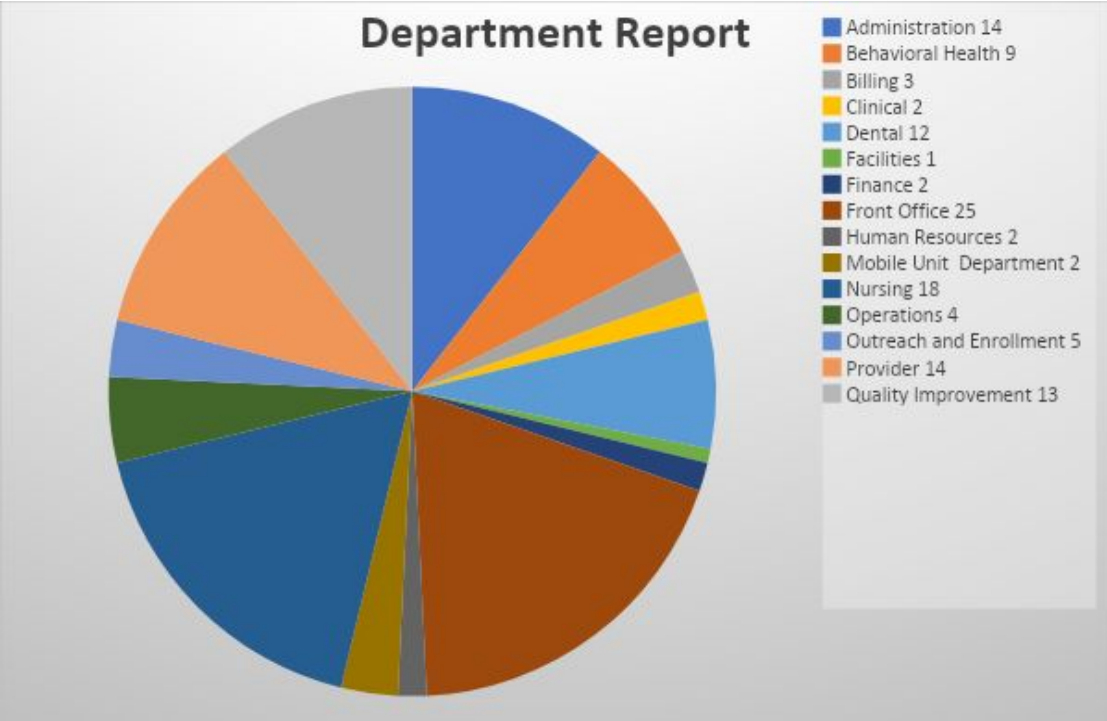
CRCHC BOARD DIVERSITY DATA...



CRCHC STAFF DIVERSITY DATA...



CRCHC STAFF DIVERSITY DATA...



DATA USAGE...

- To ensure our talent meets the needs of the community we serve and effectively lesson cultural biases, build trust in our communities and decrease barriers to quality healthcare.
- To allow our organizations to implement effective strategies to respond to the unique needs of diverse patient populations and to bring different backgrounds and perspectives to the table.
- To ensure we increase representation in underrepresented groups, thereby promoting cultural competence, reduction in health disparities and increased patient satisfaction.



Get to Know Valley-Wide Health Systems

Presented by:

Jania Arnoldi, PhD

President & Chief Executive Officer

Valley-Wide Health Systems, Inc.



Valley-Wide
Health Systems, Inc.

Your Health. Our Priority!

Follow us on:



valley-widehealth.org

Valley-Wide Health Systems was established in 1976 by a team of locals who wanted to improve the quality and the availability of healthcare in the San Luis Valley

<https://www.youtube.com/watch?v=k71umvOyy0>



Our Mission

“Valley-Wide Health Systems is committed to providing high-quality, safe, effective and integrated healthcare services in a respectful and inclusive manner for all with special consideration for medically underserved populations”

Our Vision

“To be the innovative community leader in advancing the highest level of whole-person health for all.”



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Valley-Wide Health Systems, Inc. 2023 Service Area

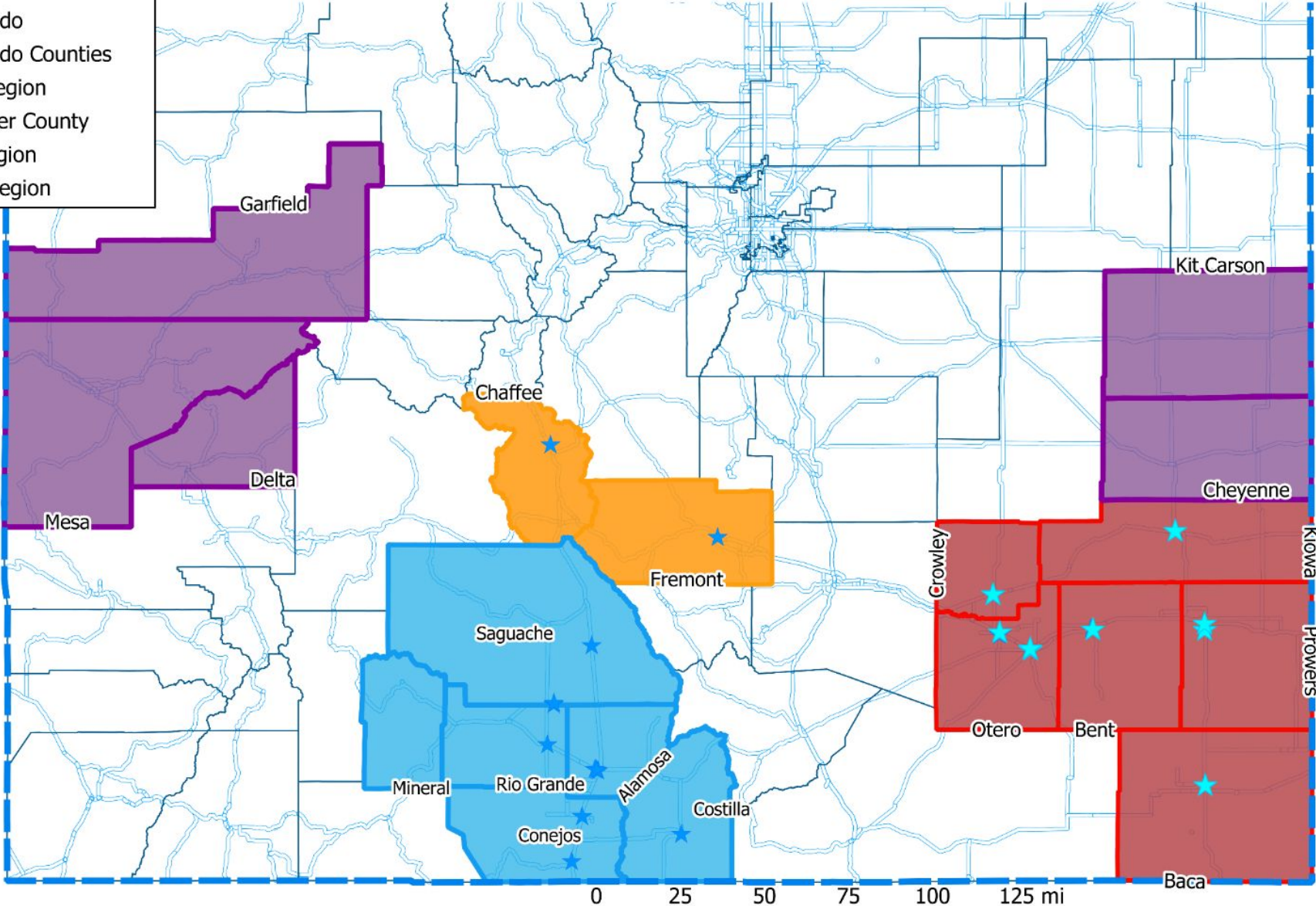


Locations

- ★ New (SEHG) Facilities
- ★ Valley-Wide 2023

Regions

- Colorado
- Colorado Counties
- SLV Region
- Voucher County
- AV Region
- UAV Region



Valley-Wide By the Numbers

34 Locations

- Medical
- Dental
- Behavioral Health
 - Outpatient and Integrated
- Pharmacy
- Physical Therapy
- School-Based Services
- Peer Houses
- Regional Assessment Center
- Detox, Transitional Housing
- Mobile Units
- Care Coordination and Case Management

Patients	37,602
Visits	146,358

Income	
Below 100%	29%
101% - 150%	9%
151% - 200%	6%
Greater than 200%	9%
Unknown	47%

Payer Mix	
Medicaid	45%
Medicare	17%
Dual	7%
Private	27%
None/Uninsured	3%

Age	
Under 18	22%
18 - 49	39%
50 +	39%

Special Populations	
Farmworkers	11%
Homeless	4%
Veterans	4%



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Health Systems, Inc.

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Valley-Wide By the Numbers

605
Employee
FTE

114 Provider
FTE

Departments	FTE	%
Medical	128	21%
Behavioral Health	89	15%
Dental	48	8%
Pharmacy	7	1%
Physical Therapy	14	2%
Special Programs	22	4%
Support	128	21%
Admin	169	28%

Patients best served in another language	Staff able to communicate proficiently in Spanish*
6%	20%

Gender	Patients	Staff
Male	37%	19%
Female	62%	79%
Other	1%	2%

Ethnicity	Patients	Staff
Hispanic	50%	60%
Non-Hispanic	50%	40%



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Alamosa Rural Training Track – Family Medicine Residency Program



Valley-Wide Health Systems, Inc.

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QUESTIONS?



Your Participation Is Needed!

A Link to the Research Tool is Coming in Early August

- The first 200 health centers to participate will receive a personalized report with your baseline diversity performance data.
- All participating health centers will receive a summary report with promising practices for building a workforce that is reflective of the communities you serve.
- PCAs with 5 or more participating health centers will receive an aggregated report of state-specific data.
- **TO RECEIVE THE LINK TO THE SURVEY WHEN IT IS RELEASED**, send an email with the subject line “Diversity Data Survey Link” to GJolly@nachc.org.

THANK YOU!

This project is supported by Johnson & Johnson. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by Johnson & Johnson.



NATIONAL ASSOCIATION OF
Community Health Centers®

PLEASE VISIT US ONLINE

nachc.org