Examining Enabling Service Workforce Composition at Federally Qualified Health Centers

Brianna Lombardi, PhD MSW[1,2,3]; Todd Jensen, PhD MSW[3,4]; Lisa de Saxe Zerden, PhD MSW[1,3]

[1]Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill; [2]Department of Family Medicine, University of North Carolina at Chapel Hill; [3]School of Social Work, University of North Carolina at Chapel Hill; [4]School of Education, University of North Carolina at Chapel Hill

THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

BACKGROUND

Federally funded Community Health Centers (CHCs) play a critical role in addressing the health and social needs of underserved populations in the United States. Enabling services—non-clinical supports such as case management and community health—are essential to CHCs' mission, yet little is known about the workforce composition delivering these services.

OBJECTIVE

1. Describe the composition of the enabling service workforce at CHCs;
2. Identify if enabling service team composition varies by CHC characteristics; and
3. Examine if CHCs that screen for social risk factors have different composition of enabling service team members

METHODS

Data were drawn from the Uniform Data System which represents administrative data from all CHCs that were HRSA funded and operational in 2022 (n=1,291). The enabling service workforce included eight roles: Case Mangers; Patient/Community Education Specialists; Outreach Workers; Transportation Personnel; Eligibility Assistance Workers; Interpretation Personnel; Community Health Workers; and "Other enabling service". We conducted descriptive analyses examining the proportion of CHCs with enabling service personnel and composition of teams. We conducted bivariate analyses examining if team composition varied by CHC characteristics. Finally, we conducted a multivariate logistic regression where the dependent variable was "CHC conducts social risk screening yes/no" and the main independent variables were enabling personnel composition controlling for CHC and patient-level characteristics including age, race/ethnicity, and poverty level.

Table 1. Prevalence of Enabling Service Roles by Count of Total Number of Roles in a FQHC

	0	1	2	3	4	5	6	7	8
n	*10*	*84*	*178*	*309*	*292*	*240*	*128*	*43*	*7*
	%	%	%	%	%	%	%	%	%
Case Managers	0.00	0.32	0.69	0.88	0.94	0.94	1.00	1.00	1.00
Patient/Community Education Specialists	0.00	0.07	0.08	0.25	0.54	0.83	0.89	0.95	1.00
Outreach Workers	0.00	0.18	0.37	0.53	0.76	0.88	0.89	1.00	1.00
Transportation Personnel	0.00	0.01	0.08	0.13	0.23	0.43	0.59	0.93	1.00
Eligibility Assistance Workers	0.00	0.35	0.56	0.75	0.78	0.91	0.98	1.00	1.00
Interpretation Personnel	0.00	0.00	0.07	0.13	0.29	0.36	0.59	0.79	1.00
Community Health Workers	0.00	0.04	0.13	0.26	0.36	0.50	0.80	0.93	1.00
Other Enabling Services	0.00	0.04	0.02	0.07	0.09	0.15	0.26	0.40	1.00

Figure 1. Mean FTE of Enabling Service Workforce Employed by CHCs by State

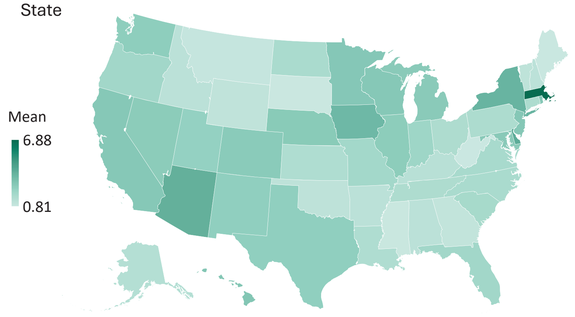


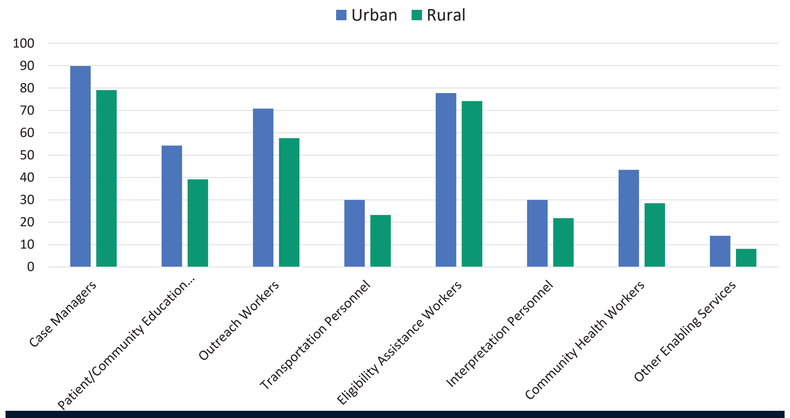
Table 2. Association of Enabling Service Workforce FTE with the Likelihood of Screening for Social Risks

	Odds Ratio	95% Conf. Interval	p-value
FTE per Clinic			
Case Managers	1.16	1.01 - 1.33	0.044
Patient/Community Education Specialists	1.20	0.90 - 1.64	0.262
Outreach Workers	0.90	0.69 - 1.16	0.405
Transportation Personnel	1.08	0.74 - 1.57	0.703
Eligibility Assistance Workers	0.89	0.70 - 1.12	0.326
Interpretation Personnel	1.90	1.15 - 3.16	0.013
Community Health Workers	1.99	1.25 - 3.20	0.004
Other Enabling Service Worker	0.85	0.55 - 1.32	0.477
CHC Characteristics			
Number of Patients (Per 5,000 patients)	0.95	0.87 - 1.04	0.235
Rural CHC (Compared to Urban CHC)	0.98	0.73 - 1.31	0.885
Number of Patients Over Age 65 (Per 5,000 Patients)	1.36	0.82 - 2.26	0.238
Number of White Patients (Per 5,000 patients)	1.03	0.94 - 1.12	0.549
Number of patients below the federal poverty line (Per 5,000 Patients)	1.14	1.02 - 1.27	0.016

RESULTS

Of the 1,291 CHCs, the vast majority (99%) employed at least one type of enabling service personnel with on average 3.8 different types of enabling personnel on the team (SD=1.5). The most common enabling service personnel employed was a case manager (85%), followed by an eligibility assistance worker (76%). In addition to being the most commonly employed enabling personnel, case managers and eligibility assistance workers also had the largest Full-time Equivalent (FTE) on average per CHC site (0.95, SD=1.37; 0.42, SD=0.80). Only 7 CHCs reported employing all eight enabling service personnel roles, whereas the most common were to employ three (n=309), four (n=292) or five roles (n=240) (Table 1). Staffing levels for certain enabling service roles were significantly associated with increased odds of screening for social risk factors. Specifically, three types of enabling service personnel were significantly associated with CHCs screening for social risks while controlling for CHC and patient characteristics: community health workers (AOR=1.99; CI= 1.25 - 3.20, p<.01), interpretation personnel (AOR=1.90; CI= 1.15 - 3.16, p<.05), and case managers (AOR=1.16, CI= 1.01 - 1.33, p<.05).

Figure 2. Proportion of CHCs with Enabling Service Workforce Type by Rurality



POLICY IMPLICATIONS

As the CHC population is likely to benefit from interventions that address social needs, understanding and supporting the workforce serving in roles that address these needs is critically important. Future work is needed to further understand facilitators and barriers to deploying the enabling service workforce in CHCs, including training and recruitment needs, potential regulation barriers, and payment issues.

FUNDING

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Cooperative Agreement #U81HP26495, Health Workforce Research Centers Program. The information, content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

UNC Sheps Program on Health Workforce

Visit our website!

Connect with us on LinkedIn!

Carolina HEALTH WORKFORCE Research Center