The Composition of the Health Workforce Team Supporting Clinical Care in Community Health Centers

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Federally funded Community Health Centers (CHCs) play a critical role in addressing the health and social needs of populations in the United States. Enabling services—non-clinical supports such as case management and community health—are essential to this mission, yet little is known about the workforce composition delivering these services. This study examines the workforce delivering enabling services at CHCs using 2022 Uniform Data System (UDS) restricted data from 1,291 HRSA-funded CHCs. We conducted descriptive analyses to assess the composition of enabling service teams, bivariate analyses to explore variation by CHC characteristics, and multivariate logistic regression to evaluate associations between workforce composition and social risk screening practices. Findings indicate that 99% of CHCs employed at least one enabling service role, with an average of 3.8 distinct personnel types. Case managers (85%) and eligibility assistance workers (76%) were the most commonly employed. Workforce composition varied by CHC size and patient demographics, with urban CHCs more likely to employ a broader range of enabling personnel. Notably, employment of community health workers (AOR=2.00; 95% CI: 1.25–3.20), interpretation personnel (AOR=1.90; 95% CI: 1.15–3.2), and case managers (AOR=1.16, CI: 1.00-1.33) was significantly associated with CHCs conducting standardized social risk screenings. These findings underscore the importance of enabling service personnel in supporting social risk interventions and highlight the need for policies that strengthen and sustain this workforce to meet the complex needs of CHC populations.

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