



# KEY FINDINGS

## **CALIFORNIA NON-PROFIT HEALTH CLINIC SURVEY**

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**Funded by a grant to Fenton Communications  
from The California Wellness Foundation**

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## INTRODUCTION AND METHODOLOGY

Funded by a grant from The California Wellness Foundation, Fenton Communications worked with Goodwin Simon Victoria Research to conduct an online survey of California non-profit health care clinics. The purpose of the survey was to assess views of key clinic staff regarding the allied health workforce.

To conduct this survey, we collected 108 on-line surveys during the period from November 25 to December 8, 2008. The sample was drawn from a list of 700 nonprofit health care clinics in California provided by the California Primary Care Association (CPCA).

The margin of error for a sample size of 108 is approximately plus or minus 9 percent at a 95 percent confidence level. That is, if this survey were to be repeated exactly as it was originally conducted, then 95 out of 100 times the responses from the sample (expressed as proportions) would be within 9.0 percent of the actual population proportions.

This report presents results broken out by subgroups of the total sample (e.g., by inland versus coastal counties) if the differences are statistically significant using standard significance testing and are of relevance. The margin of error for subgroups of the sample is larger than for the overall sample. In questions with more than one item, items were asked in a randomized order to prevent order bias from having an impact on responses.

Please note that due to rounding, a sum may appear to be one point more or less than its parts. For example, 25.4 percent will round down in the text to 25 percent, and 13.3 percent will round down to 13 percent. However, when added together, their sum is 38.7 percent, which rounds up to 39 percent, not to the 38 percent you would expect from looking at the component parts of the sum.

## EXECUTIVE SUMMARY

### OVERALL FINDINGS

The survey results demonstrate that many of California's non-profit health care clinics face serious challenges in recruiting, training, and retaining staff in order to run their clinic and meet the health care needs of the communities they serve.

The survey results also clearly show that many non-profit health care clinics face a shortage of qualified, trained allied health care personnel, with 76 percent of clinics reporting a staffing shortage of allied health workers at their clinic.

Moreover, most clinics feel that recruiting, training, and retaining such employees is a challenge. More than eight in ten (81%) say it is a challenge to keep allied health positions filled at their clinic, and more than four in ten (41%) agree that the time they spend on recruiting, training, and hiring allied health workers takes away from their ability to directly provide health care services.

The allied health care worker shortage has a wide range of negative impacts on clinics and the communities they serve, including that existing staff is overworked (60% serious problem), that the clinic's ability to serve more patients is limited (57% serious problem), and that the clinic's ability to monitor and follow up with chronically ill patients is limited (50% serious problem). Within the last few years, 41 percent of clinics say they have had to limit the number of patients served as a result of the allied health care worker shortage, and 33 percent say they have had to limit the types of health care services they provide.

These clinics are clearly eager for solutions to the problem, with between 62 percent and 84 percent of respondents rating seven different potential policy approaches as important in helping to increase the pool of allied health workers in their area and help solve the staff shortage.

## KEY FINDINGS

- The challenges of recruiting allied health workers generates more concern from those with fewer Medi-Cal patients (63% total problem among those with 30% or fewer Medi-Cal patients, compared to 45% among those with a larger Medi-Cal population).
- **STAFFING CHALLENGES FOR NON-PROFIT HEALTH CARE CLINICS**

### Seriousness of Staffing Challenges

The results demonstrate that many non-profit clinics in California have at least “somewhat” of a problem recruiting, retaining, and training staff in order to run their clinic and meet the health care needs of the communities they serve. While these issues do not generate a strong intensity of concern, overall, four in ten to half of survey respondents report at least a modest problem in each of these areas.

Respondents were asked to rate the seriousness of four different staffing-related challenges when it comes to successfully running their clinic and meeting the health care needs of the communities that they serve. They were asked to evaluate each issue on a 5-point scale, where a “1” indicates they do not think the issue is a problem at all and a “5” indicates that they feel it is a major problem. Therefore, a “5” or “4” rating would indicate the issue is a significant problem, a “3” rating would suggest a neutral view, and a “2” or “1” rating would indicate the issue is of minimal or no concern.

When it comes to successfully running their clinics and meeting the health care needs of the communities they serve, 53 percent of respondents say “recruiting allied health workers” is a problem, based on a “4” (29%) or “5” (24%) rating on the 5-point scale (making it the most mentioned concern). Just five percent consider this issue to be not a problem at all and, overall, 18 percent give a “1” or “2” rating, indicating little concern (26% give a neutral “3” rating). This issue generates the most intensity of concern, with one in four (24%) calling it a “major problem” (a 5 rating).

- It is also a greater problem for clinics with 100 or less full-time staff (62% total problem) than to those with more (37% total problem).

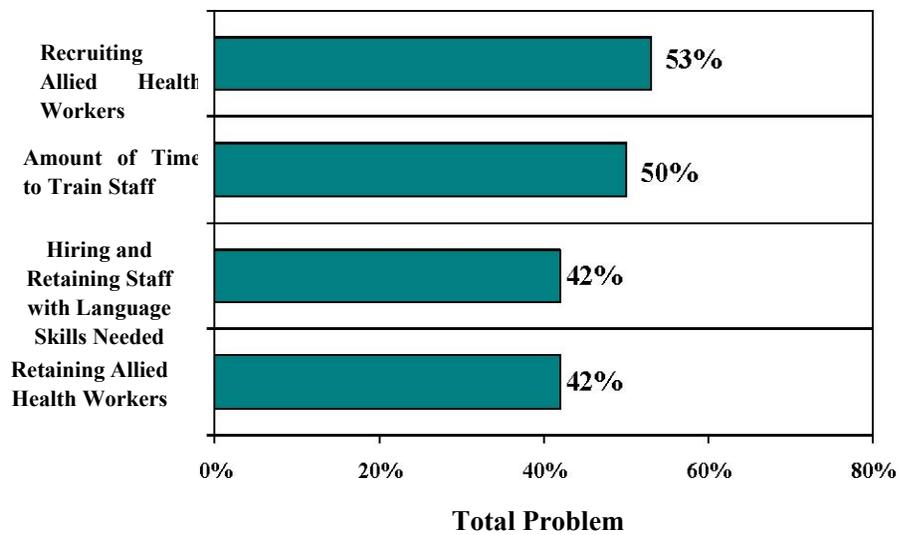
The “amount of time required to train staff” ranks second with 50 percent saying it is a problem overall, again based on a “4” or “5” rating (20% *major problem*). Seventeen percent (17%) say it is not a significant problem (based on a “1” or “2” rating), with just two percent saying it is not a problem at all (“1”).

- There is little notable variation in response to the issue among the subgroups analyzed. However, those clinics in which more than 40 percent of their patients are uninsured are more likely to call this a problem (59% total problem) than those with a lower proportion of uninsured patients (48%).

Both “retaining allied health workers” and “hiring and retaining staff with the language skills needed to communicate with your patients” are considered to be problems overall by 42 percent of respondents. Twenty-nine percent (29%) also say neither of these are significant problems (a “1” or “2” rating), with just six percent saying it is not a problem at all (“1”).

- The issue of retaining allied health workers is a larger problem in clinics with more than 15,000 patients annually (53%) than smaller clinics (26%). Related, it is also a bigger problem in clinics with more staff, including larger full-time staffs (49% where there are more than 100 full-time staff members, compared to 33% in clinics with smaller full-time staffs) and larger part-time staffs (57% in clinics with 20 or more part-time staffers compared to 29% where the part-time staff is smaller).
- The clinics with fewer Medi-Cal patients (54% of those with 30% or fewer Medi-Cal patients compared to 37% of those with more) and more uninsured patients (56% of those with more than 40% uninsured patients compared to 35% of those with fewer uninsured patients) are more likely to call “hiring and retaining staff with the language skills needed to communicate with your patients” a significant problem.

## Problems to Successfully Running Clinic and Meeting Health Care Needs of Community



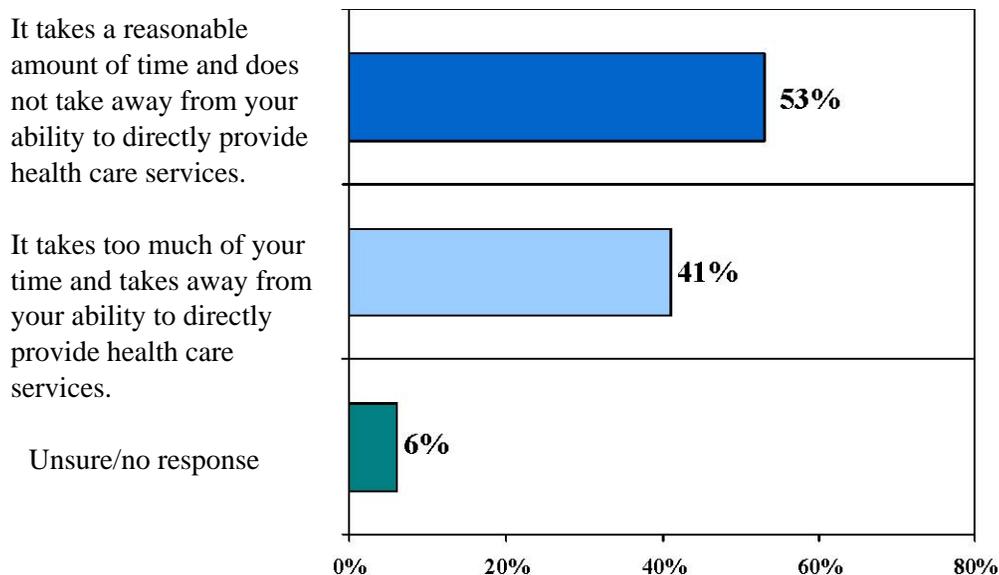
### Time Impact of Staffing Challenges

Further showing the challenges of hiring, retaining, and training allied health workers, is that four in ten respondents feel that these efforts take too much of their time and detract from time they can spend providing health care services.

Forty-one percent (41%) of respondents agree with the statement that the time spent on recruiting, training, and retaining allied health workers “takes too much of your time and takes away from your ability to directly provide health care services.” Just over half (53%) agree more with the statement that “it takes a reasonable amount of time and does not take away from your ability to directly provide health care services.” Six percent (6%) were unsure.

- Those with 30 percent or fewer Medi-Cal patients (54%), with 41 percent or more uninsured patients (54%), with more than 15,000 patients annually (53%), and those in suburban areas (69%), are all more likely to say they spend too much time in this area.

## Agreement with Statements on Amount of Time to Recruit, Train, and Retain Allied Health Workers

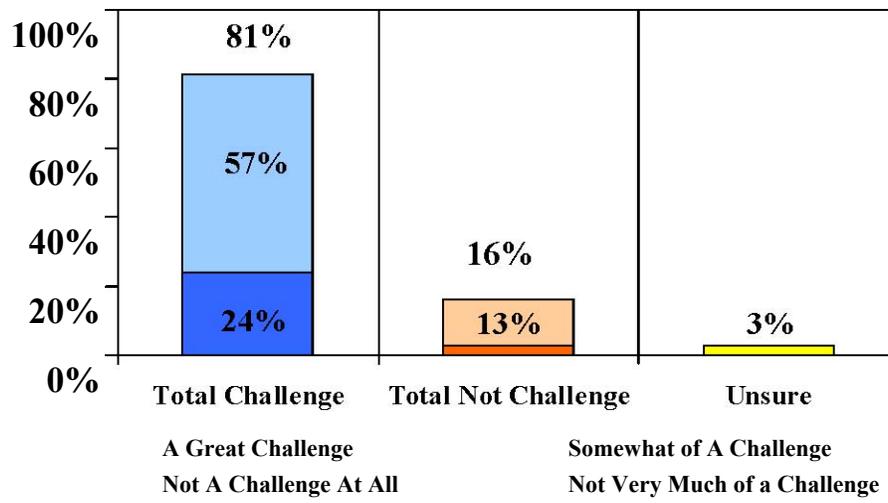


### RECRUITMENT AND RETENTION ISSUES

#### Challenge in Keeping Allied Health Positions Filled

When thinking about all of the work involved in hiring, training, and retaining qualified allied health workers, more than eight in ten (81%) acknowledge that it is a challenge. In fact, one in four respondents (24%) says it is *a great challenge*, while another 57 percent say it is *somewhat of a challenge*. Just 16 percent report that keeping allied health positions filled is not a challenge (13% *not very much of a challenge* and 3% *not a challenge at all*). Three percent (3%) are uncertain.

## How great of a challenge is it to keep allied health positions in your clinic filled?



- Those clinics with significant problems with language barriers between their staff and their patient populations are more likely to say that keeping allied health positions filled with qualified, trained personnel is a challenge. While a nearly unanimous 95 percent give this response, a lower (albeit still high) 74 percent of those in clinics where language barriers present little to no issue do so.
- Clinics serving more than 15,000 patients a year are more likely to consider it a challenge to keep allied positions filled (90% challenge) than are those serving fewer patients (77%).
- Clinics in inland counties almost universally see keeping allied positions filled with qualified, trained personnel to be a challenge, with 96 percent giving this response. This response is greater than the 77 percent of coastal county clinic respondents who feel this way.

### Difficulties Filling Specific Positions

Respondents were also asked to use a 5-point scale to evaluate how difficult they consider it to be to keep specific positions filled with qualified, trained personnel. A “1” indicated that it is *not difficult at all* and a “5” indicated that it is *extremely difficult*, and they could choose any number on the 5-point scale (a three is neutral; neither difficult nor easy). It is important to note that not all clinics employ each position tested. In fact, 96 percent do not hire a respiratory technician (or for some other reason they are unable to rate how difficult it is to fill that position). The table below shows how many clinics do, and do not, hire for each type of position. While a medical assistant is almost universally hired, just four percent of respondents appear to employ a respiratory technician at their clinic.

<b>Difficulty of Keeping Positions Filled with Qualified, Trained Personnel</b> <i>Ranked by Total Rated</i>					
	TOTAL DIFFICULT	TOTAL NEUTRAL	TOTAL NOT DIFFICULT	TOTAL RATED	UNSURE/ DOES NOT APPLY
Medical assistant	31%	28%	38%	<b>96%</b>	4%
Medical records clerk	16	22	44	<b>81</b>	19
Case manager	25	23	19	<b>68</b>	32
Licensed vocational nurse (LVN)	42	12	13	<b>67</b>	33
Dental assistant	22	19	22	<b>64</b>	36
Phlebotomist	7	15	20	<b>43</b>	57
Dental hygienist	21	12	8	<b>42</b>	58
Pharmacy technician	13	17	10	<b>40</b>	60
Medical laboratory technician	10	17	9	<b>36</b>	64
Radiology technician	13	3	8	<b>24</b>	76
Respiratory technician	2	2	--	<b>4</b>	96

After medical assistant, the next most frequent position is medical records clerk (81% hire), followed by case manager (68%), LVN (67%), and dental assistant (64%). In the next tier are phlebotomist (43%), dental hygienist (42%), pharmacy technician (40%), and medical laboratory technician (36%). Hired by just one-quarter of clinics (24%) is a radiology technician.

Findings among subgroups include the following:

- Larger clinics, meaning those serving more than 15,000 patients annually, are more likely to say filling a number of positions is difficult than those in smaller clinics, including LVNs, dental assistants, pharmacy technicians, and radiology

- technicians. However, this reflects that these positions are less likely to apply (or the respondent is more uncertain) in smaller clinics than that the problem is less significant. A greater concern about these positions also emerges in clinics with more than 100 full-time staff and, to some degree, with more part-time staff. This is in line with the finding among clinics serving larger patient populations. Inland clinics express more challenges with filling a number of positions, other than case manager. However, the only statistically significant difference is with LVNs and dental assistants. Again, coastal clinics were unable to give a rating (or said it did not apply) in higher numbers.

To understand how hard it is to hire for these different positions, we analyze the responses among those who actually hire for those positions, and look at the portion of those who rate it as difficult or not. In seven of 11 cases, more respondents say that a position is difficult to fill than say it is not difficult, and for one position respondents are evenly split. The table below shows these proportions. Again, this table reflects the percentage only among those who rate a position as either difficult or not difficult to fill.

<b>Difficulty of Keeping Position Filled with Qualified, Trained Personnel</b> <i>Ranked by Total Difficult Only Among Clinics That Hire for that Position</i>		
	TOTAL DIFFICULT	TOTAL NOT DIFFICULT*
Respiratory technician	100%	--
Licensed vocational nurse (LVN)	76	24
Dental hygienist	72	28
Radiology technician	61	39
Case manager	56	44
Pharmacy technician	56	44
Medical laboratory technician	52	48
Dental assistant	50	50
Medical assistant	45	55
Phlebotomist	27	73
Medical records clerk	27	73

*\*this table excludes those who hire but rate position as neither easy nor difficult to fill*

Of the allied health positions tested, the most difficult to keep filled with qualified, trained personnel is that of respiratory technician, which 100 percent of those who hire and rate it as hard or difficult, rate as *extremely difficult*.

Next is the much more frequently hired licensed vocational nurse (LVN), which 76 percent say is difficult (a “4” or “5” rating), and just one-quarter (24%) say is not difficult overall (a “1” or “2” rating). In the same tier of difficulty is dental hygienist, which 72 percent say is difficult to fill.

In the next tier are three positions – radiology technician (61%), case manager (56%), and pharmacy technician (56%). Followed closely behind are medical laboratory technician (52%), dental assistant (50%), and medical assistant (45%).

Just over one-quarter (27%) each say that phlebotomist and medical records clerks are difficult positions to keep filled.

### **Potential Reasons for Recruiting and Retention Challenges**

“Competition in hiring from other health agencies or health employers” is seen as the most important factor of 12 tested in making it difficult to recruit and retain allied health staff. Overall, three out of four respondents (76%) give this response, with 44 percent saying it is *one of the most important factors*. Twenty-two percent (22%) say competition in hiring is not an important factor overall, with just six percent saying it is *not a factor at all*.

- There is little difference in opinion on this factor by the subgroups analyzed, with high proportions considering it an important factor. Those in clinics where more than 40 percent of their patients are uninsured consider this important in higher numbers than those with fewer uninsured patients (87% to 69%).

The second most important factor overall is “salary and benefits are not competitive” (68% important overall, 31% *one of the most important factors*). Thirty percent (30%) say this is not an important factor overall, with 15 percent saying it is *not a factor at all*.

- Eight in ten (80%) respondents from larger clinics (with 15,000 or more patients annually) consider this an important factor in terms of why it may be difficult to recruit and retain allied health staff. A lower 63 percent of those in smaller clinics feel this way.

- A high cost of living where a clinic is located is also an important factor in the difficulties of recruiting and retaining allied health workers. The “cost of living in community where clinic is located is prohibitively high” is considered important overall to 59 percent of respondents, with 31 percent saying it is *one of the most important factors*. Thirty-nine percent (39%) say it is not important overall, with 21 percent saying it is *not a factor at all*. This factor is important to higher proportions of those with more uninsured patients (74% calling it important among those with more than 40% uninsured compared to 52% of those with less uninsured). It also impacts smaller clinics more than larger ones (70% of those with fewer than 15,000 patients annually compared to 58% of those with more) and those with smaller full-time staffs (71% of those with 100 or less compared to 49% with more). The issue is of greater concern in suburban (69%) and urban (74%) areas than rural areas (42%), as well as coastal areas (74%) much more than inland areas (21%).

Other factors ranking as more important than not, if only by a slight margin, are:

- ⌚ Lack of career ladder or advancement opportunities (52% important overall, 46% not important overall)
- ⌚ Applicants lack the language and/or cultural competence skills required (51% important, 47% not important)
- ⌚ Not enough people are getting training for these positions (51% important, 44% not important)

Factors rated as important by four in ten or more are:

- ⌚ Heavy workloads lead to staff burnout and high rate of job turnover (45% important overall, 51% not important overall)
- ⌚ Training programs available are too expensive for most potential applicants (41% important, 48% not important)

Factors rated as important by about three ten are:

- ⌚ Community where clinic is located is not considered a desirable place to live or work (35% important overall, 62% not important overall)
- ⌚ Patient population is considered difficult to work with (31% important, 66% not important)
- ⌚ Training programs are too far away for local people in your community to attend (30% important, 64% not important)

⌚ Lack of flexibility in scheduling working hours (28% important, 70% not important)

Other results among subgroups include the following:

- “Community where clinic is located is not considered a desirable place to live or work” is an important factor in higher proportions among respondents from larger clinics (48% of those with 15,000 patients or more annually) than those smaller (33%), and for inland clinics (54%) more than for coastal ones (28%).
- Larger clinics also consider “training programs available are too expensive for most potential applicants” to be a problem more than smaller clinics (53% to 40%) and “not enough people are getting training for these positions” (63% to 49%).
- Among those clinics that collaborate in training programs, 58 percent say a reason it is hard to fill these positions is that “not enough people are getting training for these positions” (58%), compared to just 35 percent among those clinics that do not collaborate. Also, clinics that collaborate are more likely (46%) to say that “training programs available are too expensive for most potential applicants”, compared to clinics that do not collaborate (29%).
- “A lack of flexibility in scheduling working hours” is a bigger factor in rural areas (39%) than suburban (19%) or urban (20%) areas and in inland (46%) areas than coastal areas (21%). Those in rural areas (50%) and inland areas (46%) are more likely to say that a problem is “training programs are too far away for local people in your community to attend” than those outside the rural areas (13%) or in coastal areas (24%).
- Those with 40 percent or fewer uninsured patients consider “training programs are too far away for local people in your community to attend” an important factor (41%) in higher numbers than those with more uninsured patients (15%).
- “Heavy workloads lead to staff burnout and high rate of job turnover” is considered a greater factor in those clinics without a significant language barrier problem (51%) compared to clinics that have a language barrier challenge (34%). It is also a greater factor in clinics with more than 40 percent uninsured (59%) compared to those with fewer uninsured patients (41%), and for suburban clinics (63%) more than those in rural (47%) or urban (35%) areas.

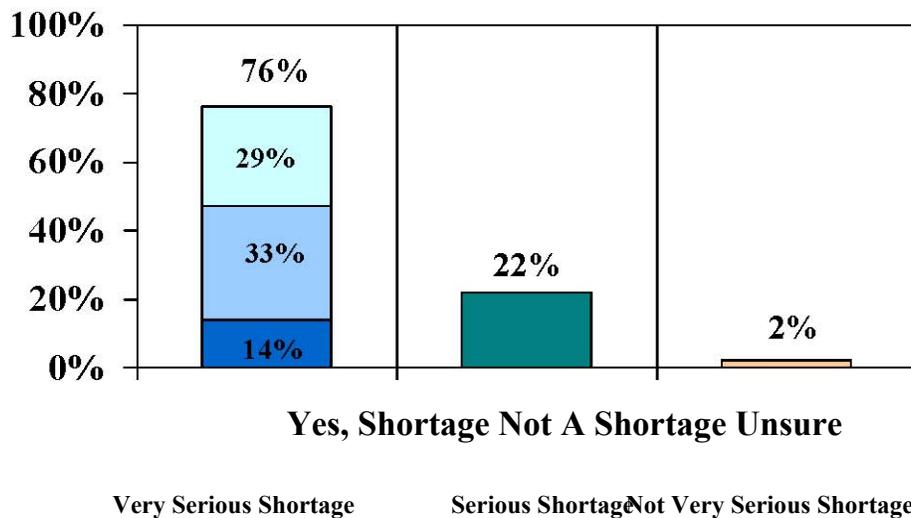
<b>Importance of Factors in Difficulty Recruiting and Retaining Staff for Allied Health Positions</b> <i>Ranked by Total Important Factors</i>				
	TOTAL IMPORTANT FACTOR	ONE OF MOST IMPORTANT FACTORS	TOTAL NOT IMPORTANT FACTOR	NOT A FACTOR AT ALL
Competition in hiring from other health agencies or health employers	76%	44%	22%	6%
Salary and benefits are not competitive	68	31	30	15
Cost of living in community where clinic is located is prohibitively high	59	31	39	21
Lack of career ladder or advancement opportunities	52	9	46	14
Not enough people are getting training for these positions	51	17	44	16
Applicants lack the language and/or cultural competence skills required	51	14	47	19
Heavy workloads lead to staff burnout and high rate of job turnover	45	14	51	16
Training programs available are too expensive for most potential applicants	41	8	48	24
Community where clinic is located is not considered a desirable place to live or work	35	16	62	35
Patient population considered difficult to work with	31	11	66	33
Training programs are too far away for local people in your community to attend	30	8	64	32
Lack of flexibility in scheduling working hours	28	4	70	32

## ALLIED HEALTH STAFF SHORTAGE

### Concern about a Shortage of Allied Health Care Staff

Given that 81 percent say it is a challenge to keep allied health positions filled, it is not surprising that 76 percent report a staffing shortage for these positions. Almost half (47%) say this staffing shortage at their clinics is *very serious* (14%) or *serious* (33%). Just 29 percent say there is a staff shortage but it is *not very serious*. Twenty-two percent (22%) say there is not a staffing shortage for allied health positions at their clinics. Two percent are unsure.

### **In your clinic, is there a staffing shortage for allied health positions?**



- The same subgroups who express concern about filling allied health positions also acknowledge a staffing shortage for these positions, including those clinics facing language barriers and clinics serving more than 15,000 patients. While there is no difference between coastal and inland clinics when looking at the total who say there is a shortage, coastal clinics (52% serious) are more likely to say that the shortage is serious than inland clinics (35%).

### Specific Problems Resulting from Staffing Shortages

A majority or more of respondents acknowledge that staffing shortages lead to overworked and less productive staff, too much time spent by senior staff on training, and limited ability to serve more patients and monitor the chronically ill.

We asked respondents to rate the seriousness of problems that may result from allied health staffing shortages at their clinics. None of the problems are considered “very serious” by more than 16 percent of respondents. However, most are considered at least *somewhat* serious to half or more respondents.

“Existing staff is overworked” is a serious problem resulting from the staff shortage to 60 percent of respondents. Fourteen percent (14%) say it is a *very serious problem* and 46 percent say it is a *somewhat serious problem*.

Following closely behind is that the shortage “decreases productivity of existing staff,” which 59 percent say is a serious problem overall (13% *very serious problem*, 46% *somewhat serious problem*). That the shortage results in “too much senior staff time required to recruit and train new staff” is considered to be a serious problem overall resulting from the shortage by 58 percent of respondents and a *very serious problem* by 13 percent (45% *somewhat serious problem*).

Fifty-seven percent (57%) consider it a serious problem that the shortage “limits (a) clinic’s ability to serve more patients,” with 16 percent saying it is a *very serious problem* and 42 percent saying it is a *somewhat serious problem*.

In the next tier of concerns are that the shortage limits the ability of a clinic to monitor and follow up with chronically ill patients (50% serious problem overall), limits the ability to improve quality of care (46% serious overall), increases patient back log (44% serious overall), and that high staff turnover limits the ability of the clinic to build strong relationships with patients (41%). Just 25 percent consider it a serious problem that a shortage makes staff work outside of their usual scope of practice. Complete results are listed on the following page.

<b>Seriousness of Problems Resulting from Allied Health Staffing Shortages</b> <i>Ranked by Total Serious Problem</i>				
	TOTAL SERIOUS PROBLEM	VERY SERIOUS PROBLEM	TOTAL NOT SERIOUS PROBLEM	NOT A PROBLEM AT ALL
Existing staff is overworked	60%	14%	39%	10%
Decreases productivity of existing staff	59	13	37	15
Too much senior staff time is required to recruit and train new staff	58	13	39	13
Limits clinic's ability to serve more patients	57	16	42	17
Limits ability of clinic to monitor and follow up with chronically ill patients	50	14	43	17
Limits ability to improve quality of care	46	12	50	15
Increased patient back log	44	12	53	17
High staff turnover limits ability of clinic to build strong relationships with patients	41	10	56	24
Staff has to work outside of their usual				
<b>Results among subgroups</b>	25	5	69	33

- Clinics with 30 percent or fewer patients on Medi-Cal are less likely to consider “limits ability to improve quality of care” to be a serious concern than those with more patients on Medi-Cal (34% to 53%).
- Those where 41 percent or more of their patients are uninsured are more likely to say a serious impact of the staffing shortage is “too much senior staff time is required to recruit and train new staff” (72% to 54%).
- Clinics with more than 15,000 patients annually say the shortage leads to serious problems in higher numbers than clinics with fewer patients with decreased productivity of existing staff (73% to 49% for smaller clinics) and increased patient back up (58% to 28%), and turnover limits building strong patient relationships (53% to 23%). In general, those from clinics serving more than 15,000 patients a year believe nearly every item tested is a serious problem in higher numbers than those from smaller clinics, although the difference is not statistically significant because of the sample size.

- Related is that clinics with more than 100 full-time staffers believe the shortage results in decreased productivity for existing staff (70% to 51% for smaller clinics) and limited patient relationships (51% to 31%) as well.
- Clinics in suburban areas express greater concern about each impact of an allied health staffing shortage than those in rural or urban areas, including overworked existing staff (81% serious problem), too much senior staff time required to recruit and train new staff (81%), limits clinic's ability to serve more patients (75%), limited patient relationships caused by staff turnover (69%), and increased patient backup (63%).
- Clinics in inland regions express more concern about limited ability to monitor and follow up with chronically ill patients (68% to 44% for coastal clinics), increased patient backup (61% to 37%), and high turnover resulting in limited patient relationships (57% to 35%). In general, inland clinics express more concern in most areas, although the small sample size makes the results statistically insignificant.
- Clinics that collaborate in training are more likely to consider as a serious problem (65%) that the shortage decreases the productivity of their existing staff, compared to clinics that do not collaborate (47%). Clinics that do not collaborate are more likely to say that the shortage limits their ability to improve their quality of care (59%), compared to clinics that do not collaborate (41%).
- Clinics with a language barrier issue with their patients are more likely to say that the staffing shortage is a serious problem in limiting their ability to serve more patients (71%) than clinics without a language barrier.

### **Approaches to Addressing Staffing Shortages**

In response to these staffing shortages, far more clinics have increased overtime for existing staff (72%) or hired temporary workers or contracted out services (55%) than have cut back on days or hours of operation (19%).

Asked whether they have had to take certain actions in recent years to respond to the allied health staffing shortage, 72 percent of respondents say their clinics have had to "increase overtime for existing staff." Twenty-four percent (24%) have not increased overtime for existing staff (4% are uncertain).

- Those in clinics serving more than 15,000 patients annually have had to increase overtime in higher proportions than those with fewer patients (88% to 60%), as have those in clinics with more than 100 full-time employees than those with fewer (86% to 65%), those with 20 or more part-time staff than those with fewer (83% to 67%), those in rural areas (84%) than those in urban areas (63%), and those in inland regions (96%) than those in coastal regions (64%).

Fifty-five percent (55%) have “hired temporary workers or contracted services to an off-site provider” while 40 percent say they have not (6% are uncertain). This has been a particular need of those from clinics serving over 15,000 patients annually and for inland clinics, with 68 percent of each group giving this response.

Approximately four in ten (41%) have had to “further limit the number of patients served” because of the unfilled allied health staff positions, while 55 percent have not (5% are uncertain). Those in clinics serving more than 15,000 patients annually say they have had to limit the number of patients in the highest numbers (53% to 28% of smaller clinics). Those with full-time staffs of more than 100 also give this response in stronger numbers (49%) than those with smaller staffs (31%).

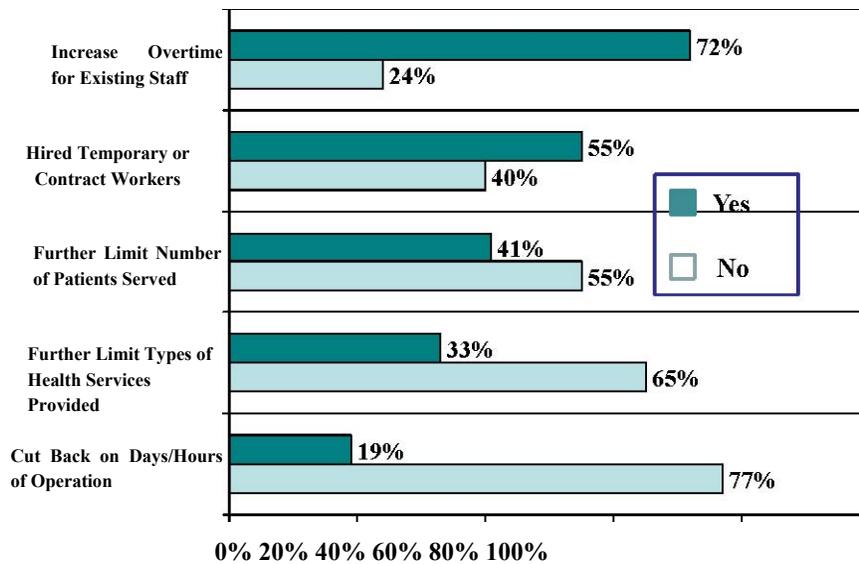
One-third (33%) have had to “further limit types of health services provided,” while 65 percent say they have not had to do so (2% are uncertain).

- The trend continues of larger clinics (40% of those with 15,000 or more patients annually compared to 19% of smaller clinics) and those with more full-time staff (44% of those with more than 100 full-time staff to 22% of those with less) and part-time staff (43% of those with more than 20 and 24% of those with less) having to take these actions in higher proportions.

Just two in ten (19%) clinics have had to “cut back on days or hours of operation,” while 77 percent have not had to do so (5% are uncertain).

- Those who serve fewer than 15,000 patients annually are the most likely to say they have had to cut back on days or hours of operation, with 28 percent giving this response, compared to 13 percent among larger clinics.
- In fact, larger clinics are more likely than smaller clinics to have done all of the five items tested, with the exception of cutting back days or hours of operations.

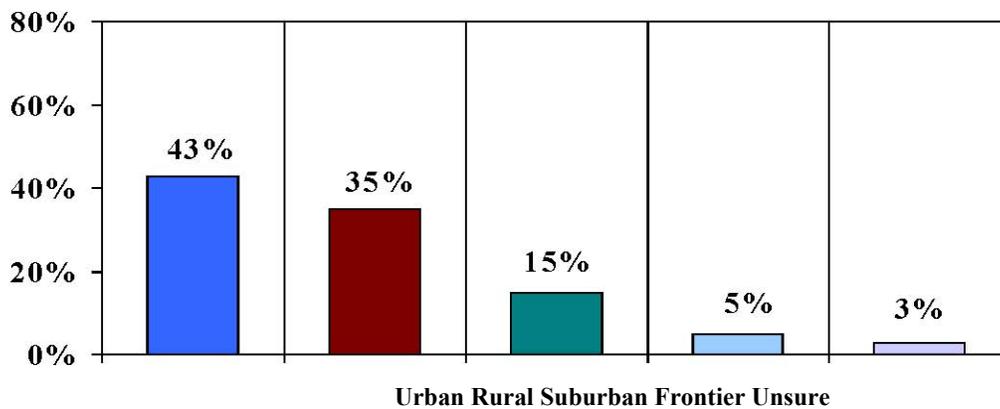
## In response to having unfilled allied health staff positions, have you had to...



### Area-Specific Staffing Challenges

Forty-three percent (43%) of respondents work in an urban clinic, 35 percent work in a rural area, and 15 percent work in a suburban clinic. Just five percent of respondents say their clinic is in a frontier area and three percent are unsure how to categorize their area.

### Clinic Area



- Those clinics where more than 40 percent of their patients are uninsured are more likely to be urban (62%). Half (50%) of the clinics with 40 percent or less uninsured patients are rural.
- 
- Among clinics with a language barrier problem, 55 percent are urban, compared to 36 percent urban among clinics without a language barrier.

When asked if there are any special problems in filling allied health positions as a result of being located in an urban, rural, suburban, or frontier area, 50 percent of respondents report there are problems specific to their area. Forty-one percent (41%) say there are no area-specific problems facing their clinic when it comes to filling allied health care positions. Ten percent (10%) are unsure.

- Those with fewer than 30 percent of their patients on Medi-Cal (68% yes) and those with more than 40 percent uninsured patients (62%) are more likely to say they have special problems and challenges in filling their allied health positions because of their area. However, there is no significant difference among clinics in rural, suburban, or urban areas generally nor coastal or inland clinics. This suggests that the broad regional groupings are not the basis for problems – but potentially neighborhood or community issues more specifically.

We asked those who said there are area-specific challenges facing their clinics when it comes to filling allied health positions to tell us in their own words about those challenges. The most mentioned challenges include a lack of qualified candidates (13%), the cost of living (11%), the commute (11%), and funding or salary requirements (9%). Five percent each mention transportation costs or accessibility, competition from other employers, and an undesirable location (3% give some other response).

- Clinics with a lower proportion of Medi-Cal patients are more likely to say the cost of living (26%) and commute (18%) are challenges than those with more Medi-Cal patients. Those from clinics of 15,000 patients annually or less are more likely to mention the cost of living as well (21%). Cost of living is a more notable factor in the coastal region (14%) than inland (4%), as is the commute (14% to 4%).

## Recruiting Methods

Respondents were asked to say whether they use any of eight different potential means for recruiting allied health workers. The most commonly used recruitment method tested is Internet sources such as Craig’s List or other job posting sites (83% yes). Just 11 percent do not use Internet job posting sites to recruit allied health workers.

Seventy-three percent (73%) of respondents say their clinics recruit staff through local community colleges. Sixty-nine percent (69%) use local newspapers to recruit staff. Rounding out the top tier, 65 percent use local private colleges to recruit allied health personnel. Far fewer recruit through local bulletin boards or posters (46%), other agencies (30%), CPCA Community Career Center (27%), or local One-Stop Centers (26%).

<b>Clinic Methods of Recruiting Allied Health Personnel <i>Ranked by Yes</i></b>			
	YES	NO	UNSURE
Internet sources such as Craig’s List or other job posting sites	83%	11%	6%
Local community colleges	73	17	10
Local newspaper	69	26	6
Local private colleges	65	24	11
Local bulletin boards/posters	46	44	10
Through other agencies	30	23	47
CPCA Community Career Center	27	53	20
Local One-Stop Centers	26	56	19

Results among subgroups include the following:

- Clinics serving less than 15,000 patients a year are more likely to rely on other agencies (37%) than those serving more patients (15%). Also, larger clinics are more likely (33%) than smaller clinics (16%) to use local One-Stop Centers (16%).
- Those clinics with larger full-time staffs are more likely to recruit through local community colleges (88% to 65% of those with 100 or fewer full-time employees), local private colleges (79% to 53%), and local One-Stop Centers (37% to 16%).

- Those with more than 20 part-time staffers are also more likely to turn to local One-Stop Centers than those with fewer (37% to 18%) and to the CPCA Community Career Center (43% to 24%).
- Rural area clinics recruit through the local newspaper in the highest numbers, with 89 percent giving this response compared to suburban (56%) or urban (54%) area clinics. Urban area clinics recruit more through local private colleges (76%) than those in other areas. Rural (32%) and urban (30%) clinics are more likely to use the CPCA Community Career Center than those in suburban areas (13%).
- Inland county clinics recruit through local newspapers (86%) and private colleges (86%) more than those in coastal counties (63% and 59%, respectively). Inland clinics are also more likely to use local One-Stop Centers (39%) than coastal clinics (22%).
- Clinics with more than 30 percent of patients on Medi-Cal are more likely to use the Internet (92%) than clinics with fewer Medi-Cal patients (74%). Those with fewer Medi-Cal patients are more likely to recruit through other agencies (43%) than those with more Medi-Cal patients (22%).
- Clinics that collaborate with training programs are more likely to use Internet sources (88%, compared to 74% among those that do not collaborate), local community colleges (81%, compared to 51%), local private colleges (72%, compared to 50%), the CPCA Community Career Center (32%, compared to 15%), and local One-Stop Centers (31%, compared to 15%).

We then asked respondents to rank the importance of each recruitment method their clinic uses. Internet sources, such as Craig's List, is *one of the most important* recruiting methods for 61 percent of the respondents whose clinics use that method (83% overall).

Other agencies are *one of the most important* methods for 50 percent of those employing that method, with 88 percent saying other agencies are important overall.

Below is a table detailing the ranked importance of each recruiting method tested.

<b>Importance of Recruiting Method by Clinics Using Each Method</b> <i>Ranked by One of Most Important</i>				
	ONE OF MOST IMPORTANT	TOTAL IMPORTANT	NOT IMPORTANT AT ALL	TOTAL NOT IMPORTANT
Internet sources such as Craig's List or other job posting sites <b>n=90</b>	61%	83%	1%	14%
Through other agencies <b>n=32</b>	50	88	--	13
Local newspaper <b>n=74</b>	42	80	4	19
Local community colleges <b>n=79</b>	28	80	--	19
Local private colleges <b>n=70</b>	27	77	--	23
Local One-Stop Centers <b>n=28</b>	21	57	--	39
Local bulletin boards/posters <b>n=50</b>	20	58	6	32
CPCA Community Career Center <b>n=29</b>	14	52	7	41

### **Policy Approaches to Increasing Number of Allied Health Workers**

We tested reactions to seven different policy approaches for increasing the number of allied health workers in California. We asked respondents how important each approach would be to increasing the pool of allied health workers available to their clinic. Between 62 percent and 84 percent call each proposal tested important.

The approach to “develop more or better loan forgiveness or loan repayment programs” is *one of the most important* for 59 percent of respondents (82% important overall) – the strongest intensity shown for any of the approaches we tested. There is little variation in subgroups in reaction to this policy approach. However, those from clinics seeing more than 15,000 patients annually are more likely to call this important (90%) than those from smaller clinics (77%). This is also true of those with full-time staff of more than 100 (91%) more than those with smaller full-time staffs (78%), and of rural (87%) and urban (89%) clinics compared to suburban ones (63%).

With an identical percentage of respondents saying it is important overall (82%), the idea to “develop more health training programs in certain underserved parts of the state” is *one of the most important* potential policy approaches for 42 percent of respondents. This approach is considered important to more inland respondents (93%) than coastal respondents (79%), to those with 40 percent or less uninsured (89%, compared to 74% among those with more uninsured patients), and to clinics that collaborate in training programs (89%, compared to 68% among those that do not collaborate).

“Increase use of clinics as clinical training sites” is *one of the most important* policy approaches for 37 percent of respondents, while 76 percent say it is important overall. There is no difference among the subgroups analyzed in overall importance of this approach. However, those from clinics seeing more than 15,000 patients annually are more likely to call this *one of the most important* approaches than those from clinics with smaller patient populations (50% to 33%).

The approach to “increase the number of training programs for allied health workers” is important to 84 percent of respondents – the highest overall importance rating of all the approaches tested – but is *one of the most important* to 33 percent. This approach is more important overall to those with full-time staff numbering more than 100 (98%), inland area clinics (93%), those with 40 percent or less of their patients uninsured (93%), those who see more than 15,000 patients annually (93%), and those with more than 30 percent of their patients on Medi-Cal (92%).

Just over three out of four respondents (78%) consider it important overall to “increase the number of training slots available at existing training programs for allied health workers,” with this *one of the most important* to 31 percent. This approach is also more important to those from clinics serving more than 15,000 patients a year (90% overall, 43% *one of the most important*), to inland clinics (89%), and to clinics with a language barrier with their patients (92%).

The final two approaches include “increasing data collection about the allied health care work force to better inform funding allocation” (67% important overall, 19% *one of the most important*) and “develop more distance-learning opportunities for training” (62% important, 21% *one of the most important*). Developing more distance learning opportunities is more important to clinics with a language barrier problem (74%) than to clinics without one (56%).

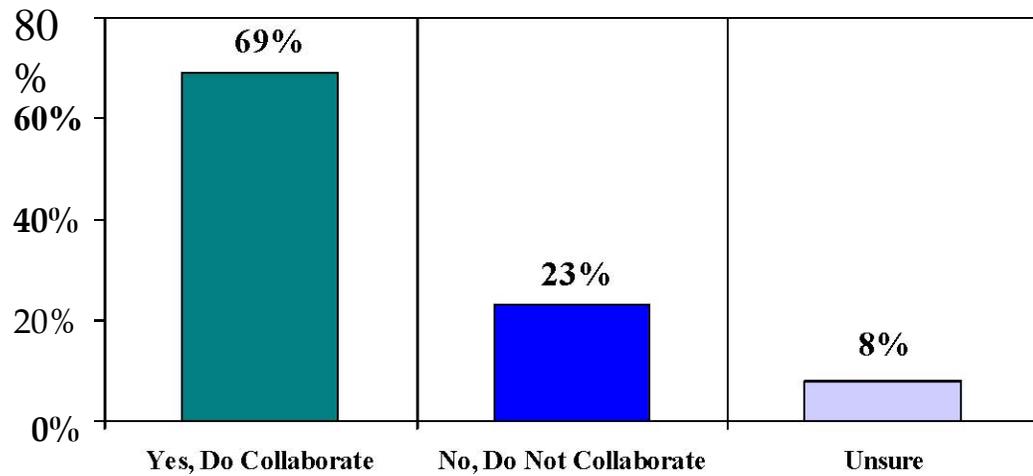
<b>Importance of Potential Approaches to Increasing Number of Allied Health Workers</b> <i>Ranked by One of Most Important</i>				
	ONE OF MOST IMPORTANT	TOTAL IMPORTANT	NOT IMPORTANT AT ALL	TOTAL NOT IMPORTANT
Develop more or better loan forgiveness or loan repayment programs	59%	82%	3%	11%
Develop more health training programs in certain underserved parts of the state	42	82	3	6
Increase use of clinics as clinical training sites	37	76	2	17
Increase the number of training programs for allied health workers	33	84	3	9
Increase the number of training slots available at existing training programs for allied health workers	31	78	2	12
Develop more distance-learning opportunities for training	21	62	6	26
Increase data collection about the allied health care work force to better inform funding allocation	19	67	4	24

**TRAINING**

**Training Program Collaboration**

Sixty-nine percent (69%) of respondents say their clinics currently collaborate with a training program or serve as a clinical training site for any allied health profession. Twenty-three percent (23%) report their clinics do not collaborate with any training program and eight percent are uncertain. Those with more staff are more likely to say they collaborate, including 81 percent of those with more than 100 full-time staff members compared to 62 percent of those with fewer, and 86 percent of those with 20 or more part-time staff members, compared to 59 percent of those with fewer.

## Collaboration with Training Programs



We asked those respondents who say their clinic does not collaborate with any training programs to tell us in their own words the top two reasons why. The top reasons given are:

- Time intensive/Don't have time for staff to train others (32% giving this response)
- Not available in our area/Distance to training program (28%)
- Were not aware of opportunity (28%)
- Have done some training in the past but no longer do (16%)
- Would like to train on-site (8%)
- Not happy with program in the past (8%)

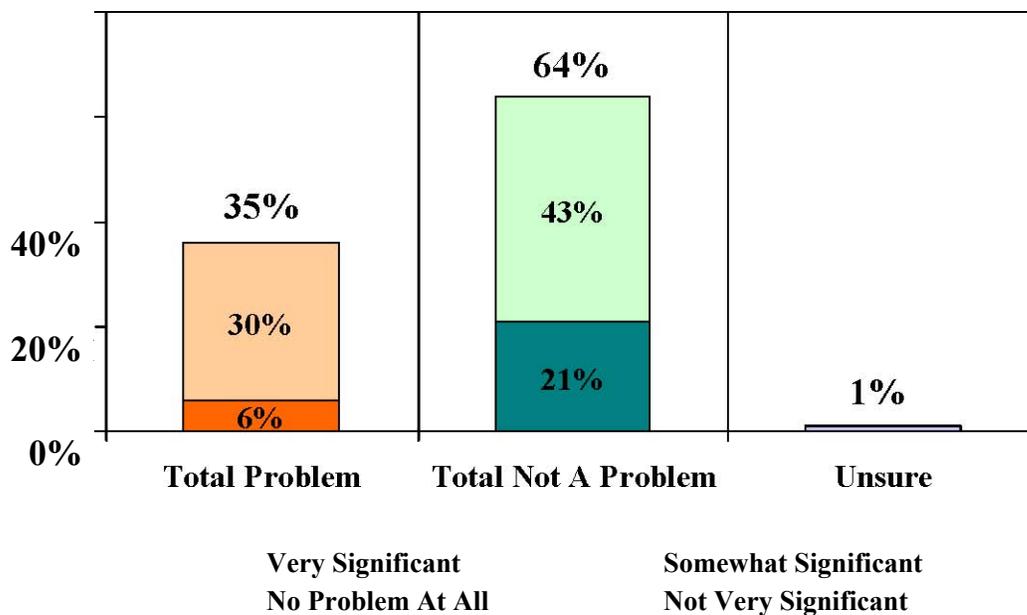
## LANGUAGE BARRIERS AND CULTURAL COMPETENCY

### Language Barriers

More than six in ten respondents (64%) say that language barriers between staff and patient populations at their clinics are not a problem (43% *not very significant problem*, 21% *no problem at all*). Thirty-five percent (35%) say language barriers are a problem, with 30 percent saying they are a *somewhat significant problem* and six percent saying they are a *very significant problem*. One percent (1%) is unsure.

- Clinics where 40 percent or less of the population is uninsured consider this a problem in higher numbers (44%) than those with more uninsured patients (26%). There is no other difference by the subgroups analyzed.

### **Significance of Problem – Language Barriers Between Staff and Patients 80% 64% 60%**

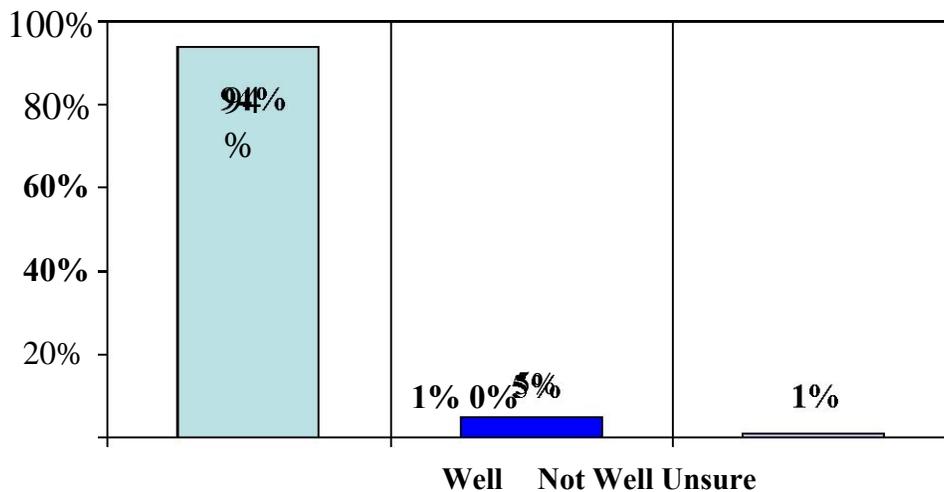


## Cultural Competency

Overall, 94 percent say the cultural competency of the staff at their clinics matches that of their patient populations. Forty-two percent (42%) say staff cultural competency skills match *somewhat well* and 53 percent say they match *very well*. Just five percent (5%) say the cultural competency skills of their staff do not match that of patient populations. One percent is unsure.

- High proportions of all subgroups analyzed feel the cultural competency of the staff at their clinics matches that of their patient populations. However, those who do not perceive a language barrier between patients and staff are more likely to believe it matches *very well* (63%) than those who perceive a language barrier (34%). Clinics where more than 40 percent of the patients are uninsured also say it matches *very well* in higher numbers than those with fewer uninsured patients (74% to 46%), as do those with 15,000 patients or less annually than those with more (65% to 43%). Those from urban (63%) and coastal (60%) regions also say the cultural competency skills of their staff match that of their patient populations *very well* in higher numbers.

### **How well would you say the cultural competency skills of your staff match that of your patient populations?**



## DEMOGRAPHICS

### **Race and Ethnicity of Patient Population**

#### *Non-Hispanic White/Anglo*

Four percent (4%) of respondents report their clinics do not serve any Anglo patients. Fifty-seven percent (57%) say that between one and 30 percent of their clients are Anglo, 14 percent say between 31 and 60 percent of their clients are Anglo, and 15 percent say between 61 and 100 percent of their clients are Anglo.

#### *African-American*

Seventeen percent (17%) of respondents say their clinic does not serve African-American patients, while 70 percent say that between one and 30 percent of their clientele is African-American. Three percent (3%) of respondents say between 31 and 60 percent of their clients are African-American, and no respondents say their clientele is between 61 and 100 percent African-American.

#### *Latino*

Just two percent of respondents say their clinics do not serve any Latino patients, while 22 percent say Latinos account for up to 30 percent of their clientele. Twenty-one percent (21%) say between 31 and 60 percent of their clients are Latino and 44 percent say between 61 and 100 percent of their patients are Latino.

#### *Native American*

A full 44 percent of respondents say their clinics do not serve any Native American patients, while 42 percent say up to 30 percent of their patients are Native American. One percent of respondents say between 31 and 60 percent of their patients are Native American and three percent say between 61 and 100 percent of their patients are Native American.

#### *Asian*

Twenty-two percent (22%) of respondents estimate that none of the clients at their clinics are Asian. Sixty-five percent (65%) say that up to 30 percent of their patients are Asian and three percent say that between 61 and 100 percent are Asian.

### *Other Ethnicities*

Sixty-four percent (64%) of respondents say that they do not provide services at their clinics to any patient who is not Anglo, African-American, Latino, Native American, or Asian. However, 26 percent say that up to 30 percent of their clientele are of a race or ethnicity not specified in our survey.

Ten percent (10%) of all respondents are unsure of the ethnic or racial make-up of the clientele at their clinic.

<b>Racial and Ethnic Composition of Client Populations</b>					
	<b>Approximate Percentage of Patient Population</b>				
	<b>0%</b>	<b>1-30%</b>	<b>31-60%</b>	<b>61-100%</b>	<b>Unsure</b>
Anglo	4%	57%	14%	15%	10%
African-American	17	70	3	--	10
Latino	2	22	21	44	10
Native American	44	42	1	3	10
Asian	22	65	--	3	10
Other	64	26	--	--	10

### **Population-Specific Clinics**

We asked respondents if there are any specific populations served by their clinics. Fifty-six percent (56%) say yes, their clinics cater to specific populations and 35 percent say no. Nine percent (9%) did not answer the question.

Among those whose clinics do serve specific populations, 25 percent say their clinic serves those who are homeless and 20 percent say their clinic serves those who are HIV-positive. Additional client populations specifically mentioned are listed on the following page. Please note that the sum of all populations served in the chart exceeds the 56 percent who serve a special population, because some clinics serve more than one special population and multiple responses were accepted.

<b>Specific Client Populations Served?</b>	
<b>No</b>	<b>35%</b>
<b>Yes (n=60)</b>	<b>56</b>
Homeless	25
HIV Positive	20
Hispanic	9
Native American	9
Vietnamese Hmong	6
Migrants	6
Uninsured/Underinsured	4
Asian	4
Low Income	2
Seniors/Elderly	2
Other	6
<b>Unsure</b>	<b>9</b>

- Clinics serving more than 15,000 patients per year are more likely to specially serve HIV-positive patients than those with smaller patient populations (35% to 14%). Those with full-time staff greater than 100 are also more likely to do so than those with smaller staff (35% to 11%), as are those with 20 or more part-time staff than those with fewer (34% to 14%). Although patient size is not an indicator, clinics with larger staff are also more likely to specially serve the homeless (37% to 18%).

### **Medi-Cal and Uninsured**

Three percent (3%) of respondents report that none of the patients at their clinics are on Medi-Cal, while 30 percent say up to 30 percent of their patients are on Medi-Cal. Forty-four percent (44%) of respondents say between 31 and 60 percent of their clients are on Medi-Cal, while 12 percent of respondents say between 61 and 100 percent are on Medi-Cal. Twelve percent (12%) are unsure.

There are uninsured patients at every clinic where respondents work. Forty percent (40%) say that up to 30 percent of the patients at their clinics are uninsured, while 21 percent say between 31 and 60 percent of patients are uninsured. Twenty-five

percent (25%) say that between 61 and 100 percent of their patients are uninsured, while 14 percent of respondents are unsure.

<b>Percentage of Patients on Medi-Cal or Uninsured</b>					
	<b>0</b>	<b>1-30%</b>	<b>31-60%</b>	<b>61-100%</b>	<b>Unsure</b>
Patients on Medi-Cal	3%	30%	44%	12%	12%
Uninsured Patients	--	40	21	25	14

**Patients Served Annually**

Forty percent (40%) of respondents estimate the number of patients their clinics serve annually to be 15,000 or fewer, while 37 percent estimate the number of patients served at their clinic to be more than 15,000. Twenty-three percent (23%) are unsure how many patients are seen at their clinics every year.

<b>Approximate Number of Patients Served Annually</b>	
15,000 or fewer	40%
15,001 or more	37
Unsure	23

**Full-Time and Part-Time Staff**

Fifty-one percent (51%) of respondents say their clinics have approximately 100 or fewer full-time workers on staff, while 40 percent say they have more than 100 full-timers at their clinics. Nine percent (9%) are unsure.

<b>Number of Full-Time Staff</b>	
100 or fewer	51%
More than 100	40
Unsure	9

Fifty-four percent (54%) of respondents report that their clinics have fewer than 20 part-time staff workers. Thirty-two percent (32%) say their clinic has 20 or more part-timers and 14 percent are unsure.

<b>Number of Part-Time Staff</b>	
Less than 20	54%
20 or more	32
Unsure	14

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