

# Case Study: Recruitment and Retention of premedical Students and Public Housing Residents in PHPC Health Centers

This case study describes how four Public Housing Primary Care health center programs have implemented staff recruitment and retention strategies targeting premedical students and public housing residents in order to reduce staff turnover.

*Recruitment and Retention Strategies*



# Case Study: Recruitment and Retention of Premedical Students and Public Housing Residents in PHPC Health Centers

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**NCHPH**

National Center for Health in Public Housing  
*a project of North American Management*

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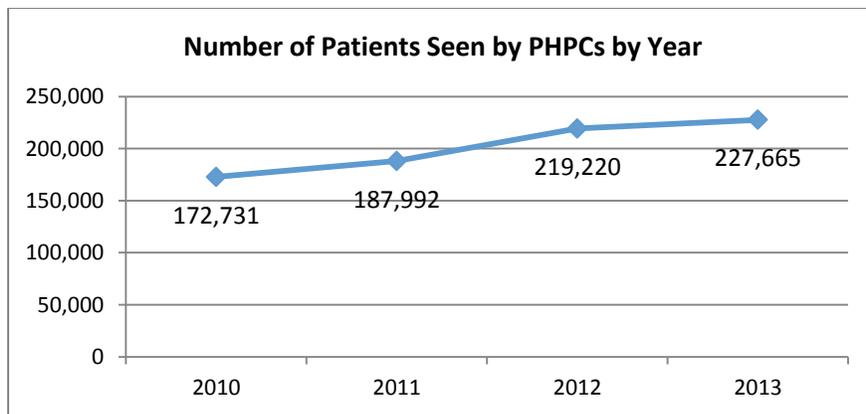
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## EXECUTIVE SUMMARY

According to the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), health center program grantees employ approximately 157,000 staff throughout the country<sup>1</sup>. In 2013, health center staff included over 10,700 physicians, more than 5100 nurse practitioners, almost 2500 physicians assistants, and over 580 certified nurse midwives<sup>2</sup>. The number of patients seen in community health centers has continued to increase significantly over the last several years. For example, in 2012 public housing primary care health center programs (hereafter PHPCs)<sup>3</sup> served over 219,000 patients, whereas in 2013 the reported number of patients seen in PHPCs was over 227,000<sup>4</sup>.



Source: HRSA Website "2013 Health Center Data"

<http://bphc.hrsa.gov/healthcenterdatastatistics/nationaldata/index.html>

As new programs and services are established, the community health centers' workforce is growing and becoming more diverse. In addition to clinical staff, the demand of new services has created new job opportunities for those working in enabling services or administrative positions. In 2013, health centers had a total of 77,506 support and non-clinical full-time employees<sup>5</sup> which included workers such as IT specialists, fiscal and billing analysts, interpreters, education specialists and outreach workers.

<sup>1</sup> Table 5- Staffing and Utilization

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=t5&year=2013&state=>

<sup>2</sup> Ibid

<sup>3</sup> The Public Housing Primary Care Program (PHPC) provides residents of public housing with increased access to comprehensive primary health care services. Services are provided on the premises of public housing developments or at other locations immediately accessible to residents.

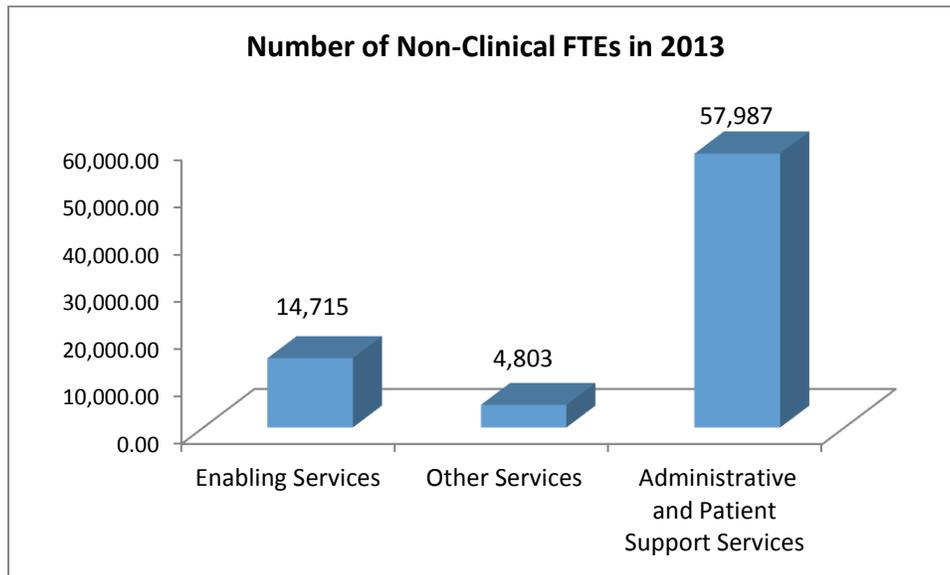
<sup>4</sup> 2012 and 2013 Health Center Data: Public Housing Primary Care Program Data

<http://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph&year=2012>

<http://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph&year=2013>

<sup>5</sup> Table 5 – Staffing and Utilization

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Source: HRSA Website “2013 Staffing and Utilization” <http://bphc.hrsa.gov/uds/datacenter.aspx?q=t5&year=2013&state=>

It is estimated that if the system for delivering primary care in 2020 were to remain fundamentally the same as today, there will be a projected shortage of 20,400 primary care physicians in the United States<sup>6</sup>. Literature suggests that access to primary care has progressively weakened across the United States. The primary care physician shortage is due to several factors, including the aging of the U.S. population<sup>7</sup>. Additionally, the number of medical graduate students accepting placements in primary care residency programs continues to decline, and many current physicians are nearing retirement (in 2010, four in 10 active physicians were age 55 or older)<sup>8</sup>. Thus, the primary care workforce is shrinking as demand for primary care increases. As a means of recruiting primary care professionals to provide care for their patients, PHPC health center program grantees participate in a variety of staff recruitment and retention strategies at all levels, including the hiring of premedical students who can volunteer at community health centers while simultaneously obtaining an opportunity for hands-on training. Undergraduate medical students, for instance, can act as interpreters, patient advocates, or receptionists and, in turn, PHPCs offer valuable and unique training opportunities given their range of services and the diverse, complex patient populations they serve. In addition to hiring undergraduate medical students, PHPCs also hire public housing residents for administrative positions. Appropriate persons can be selected as community health workers, receptionists, interpreters, or similar positions. The Promotora model, used by several health centers serving Hispanic or other immigrant populations, encourages the hiring of people within the community to communicate health messages in ways that

<sup>6</sup> Projecting the Supply and Demand for Primary Care Practitioners through 2020. <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/index.html>

<sup>7</sup> Ibid

<sup>8</sup> 2012 Physician Specialty Data Book <https://www.aamc.org/download/313228/data/2012physicianspecialtydatabook.pdf>

are culturally acceptable to the intended audience. Culturally and linguistically sensitive recruitment strategies not only lead to effective identification and use of people within the community but also guard PHPCs' reputation in the community.

This case study provides innovative ideas and best practices used by PHPCs and describes how four PHPC health center program grantees across the nation have recruited and retained premedical students and public housing residents as staff members to serve their diverse patient populations. The four health centers are: : **Med Centro in Puerto Rico, La Maestra Community Health Centers in California, Charles Drew Health Centers in Nebraska, and Montefiore Medical Center in New York.**

## Major findings:

- a. PHPCs offer a work environment where pre medical students and public housing residents work collaboratively with administrative/management teams and primary care providers. They are able to recognize the unique organizational and financial structure of health center programs serving public housing residents.
- b. PHPCs offer an opportunity for medical students and public housing residents to participate in community-based health care initiatives, networks, and cooperative agreements. They also have the opportunity to develop affiliations with other health care entities for the purpose of continued personal, professional and/or academic growth and development.
- c. Variables such as location, budget, and partnerships with community-based organizations influence recruitment strategies. PHPCs consider a great variety of recruitment approaches including word of mouth, partnerships with universities/colleges, local newspaper advertisements, etc. Due to budget constraints, PHPCs seldom use professional recruitment services, professional journals, or the Internet.
- d. Retention depends a great deal on instilling a "team" atmosphere for the new employee. It is important that newly-hired medical students and public housing residents become a part of the organization as quickly as possible. This process is facilitated by a planned approach to involving the new staff members in health center functions. Retention strategies incorporate teaching the history, traditions, and customs of the clinics and the community.
- e. Salary and Benefit policies and procedures are particularly important for the retention of community health center staff members, as well as the recruitment of new personnel, including public housing residents and medical students. Compensation packages are reviewed periodically and contracts updated on regular basis to remain competitive in the market place.

## INTRODUCTION

Recruitment and retention issues are especially important for health center programs serving public housing residents, which are located in resource-poor, medically underserved, and at-risk communities. According to the United States Department of Housing and Urban Development (HUD), as of September 30, 2014, there were almost 2.1 million people living in public housing facilities, and around 5 million residents living in section 8 housing across the nation<sup>9</sup>. Public Housing Residents face several barriers to health. For example, safety concerns cause residents to spend more time indoors, reducing activity levels, and amplifying obesity and related issues. Additionally, public housing facilities are typically located in isolated areas and public housing residents have poor access to healthcare, social services, and high-quality fresh foods, which are contributors to substandard health<sup>10</sup>. Public housing residents also face health promotion barriers such as lack of resident engagement, inconsistency in programming, and lack of knowledge of actions to prevent chronic disease<sup>11</sup>.

PHPCs provide primary care and other preventive services to more than 227,000 Americans regardless of their insurance status or ability to pay<sup>12</sup>. Recruiting the right workforce is critical to the day-to-day operations of PHPCs. Attracting highly-skilled workers can be a slow process, but with proper planning and support from local organizations and key community leaders, a successful recruitment plan can be implemented. The creation of innovative recruitment and retention strategies will be a major focus for PHPCs as a shortage of employees and staff turnover becomes a problem. Effective recruitment and retention approaches are needed to address issues such as educational preparation, incentives, enhanced total compensation and benefit packages. This case study is not intended to be representative of all PHPCs. Our goal is to offer lessons learned for other PHPCs, who may be considering developing similar initiatives, so to help them recruit, train, and retain a skillful workforce.

## BACKGROUND INFORMATION: WORKFORCE CHALLENGES IN PUBLIC HOUSING HEALTH CENTER PROGRAMS

The type of staff needed in a health center has changed significantly over the past few decades. PHPCs that were once solely staffed with physicians and nurses now include midlevel providers, quality assurance specialists, lawyers, and information technology developers. Finding and retaining competent staff continues to be a challenge for many PHPC health center programs, especially as most health centers are competing with local hospitals, healthcare organizations, and private practices. According to the 2012 United States Registered Nurse Workforce Report Card and Shortage Forecast published in the American Journal of Medical Quality, a shortage of registered nurses is projected to spread across the

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<sup>9</sup> U.S. Department of Housing and Urban Development, Resident Characteristic Report:  
<https://pic.hud.gov/pic/RCRPublic/rcrmain.asp>

<sup>10</sup> Kathie Culhand-Pera, MD, Dillard Ellmore, DO, & Lois A. Wessel, RN, CFNP, Primary Care in Public Housing: Voices of Clinicians, Journal of Health Care for the Poor and Underserved No. 18, November 2007, 4.

<sup>11</sup> Bowen, D., Battaglia, T., Murrell, S., Bhosrekar, S., Caron, S., Smith, E., ... Goodman, R. (n.d.). What Do Public Housing Residents Say About Their Health? Progress in Community Health Partnerships: Research, Education, and Action, 39-47.

<sup>12</sup> 2012 and 2013 Health Center Data: Public Housing Primary Care Program Data  
<http://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph&year=2012>  
<http://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph&year=2013>

country in the next 15 years. In this state-by-state analysis, the authors forecast the RN shortage to be more intense in the south and west. The Affordable Care Act (ACA), which was passed in 2010, will expand access to healthcare coverage for more than 32 million Americans by 2019<sup>13</sup>. These expansions in coverage are predicted to increase the shortage of primary care physicians from 25,000 to 45,000 by 2020, according to the AAMC report “The Impact of Health Care Reform on the Future Supply and Demand for Physicians: Updated Projections through 2025<sup>14</sup>.” This gap between supply and demand will increase the challenges of recruiting, as more PHPCs will presumably be competing for a limited supply of providers. In order to prepare for these workforce challenges, PHPCs are exploring innovative ideas for recruiting undergraduate students interested in a medical career. Internships offer qualified undergraduate students the unique opportunity to gain meaningful experiences in public health settings. Undergraduate medical students in PHPCs can start building their medical knowledge, interpersonal and communication skills, principles of disease prevention, and medical information technology knowledge. On the other hand, joblessness and poverty plague many inner-city communities and are particularly acute in public housing facilities. The primary source of income for 34% of public housing resident households and 25% of residents of section 8 housing is through wages<sup>15</sup>. In a 2011 study conducted in New York by The Community Service Society estimated that the unemployment rate for public housing and voucher-assisted residents in New York City had tripled from 10 to 27 percent<sup>16</sup>. Despite the efforts of this working population, more than two-thirds of public housing residents and half of residents of section 8 housing fall into HUD’s “Very Low Income” category with an income of less than 50% of the national median<sup>17</sup>. Economic challenges are ubiquitous for this population. In an era of scarce resources, PHPCs offer a unique opportunity for public housing residents to be employed in their own community. Employment-focused programs based in public housing developments are effective strategies for PHPCs to meet the job demand. PHPCs can recruit and select appropriate persons from the community to fill vacant administrative positions. With proper culturally and linguistically competence training, not only undergraduate medical students, but also public housing residents are invaluable human resources to PHPCs.

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<sup>13</sup> American Journal of Medical Quality

<http://ajm.sagepub.com/content/27/3/241.short?rss=1&ssource=mfr>

<sup>14</sup> American Journal of Medical Quality

[https://www.aamc.org/download/158076/data/updated\\_projections\\_through\\_2025.pdf](https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf)

<sup>15</sup> S. Department of Housing and Urban Development, Resident Characteristic Report:

<https://pic.hud.gov/pic/RCRPublic/rcrmain.asp>

<sup>16</sup> CSS Report Urges NYCHA and City Agencies to Expand Job and Training Opportunities

<http://www.cssny.org/news/entry/css-report-urges-nycha-and-city-agencies-to-expand-job-and-training-opportu>

<sup>17</sup> Ibid

## Case Study Methodology

We conducted in-depth, semi-structured, open-ended interviews with four PHPC health center program grantees within a 2-month data collection window (September to November 2014). PHPCs were chosen based on how well they responded to the staff recruitment and retention questions included in the 2014 PHPC needs assessment conducted in January and February 2014 by North American Management and Community Health Partners for Sustainability. Once we determined those PHPC grantees with the highest staff recruitment and retention scores, we established contact with four PHPC health center programs' Chief Executive Officers (CEOs) via email. Follow up calls were done to set up an interview date and time. Two CEOs were unable to participate so they referred us to alternate staff members who could represent the health center.

We conducted our interviews with a guide created specifically for this case study (Workforce Recruitment and Retention Guide is attached as appendix 2). The interviews were done over the telephone and lasted an average of 60 minutes. Each interview was audio recorded with participant consent. The interviewer took detailed notes during the interview and then immediately summarized and made copies of each interview. We later listened to the audio-recorded interviews to review notes and summaries. We attached labels to lines of text in the responses to identify common themes: workforce challenges, strengths, and strategies used by PHPCs to recruit premedical students and public housing residents. (Common themes are summarized as strategies to recruit public housing residents and medical students in the [Summary and Recommendations section](#)).

**Participants:** Over the 2-month data collection period, we conducted four (4) conference calls with two PHPC Chief Executive Officers, one (1) human resources director, and one (1) director of community pediatric programs. On one occasion, one of the CEOs was accompanied by his Chief Medical Director, and his executive assistant. NAM Clinical Quality Manager invited Association of Clinicians for the Underserved Director of Training and Technical Assistance and North American Management Training and Technical Assistance Manager to attend the interviews. They were able to attend three of the four interviews.

## FINDINGS:

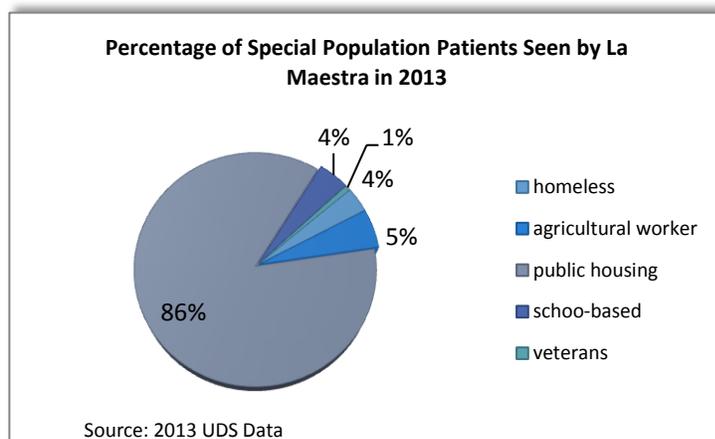
### La Maestra Community Health Centers

#### About la Maestra Community Health Centers:

La Maestra Community Health Centers (LMCHC) is a Federally Qualified Health Center (FQHC) located in San Diego, California. La Maestra Center began in 1986. Since its inception, La Maestra has been an educational facility for underserved populations. In its early years, this PHPC health center program taught English as a second language courses and helped thousands of immigrants with their immigration and naturalization processes. They provided civics classes to prepare residents for citizenship exams. Volunteers from the Center also went to homes to photograph and fingerprint disabled applicants as well as assist them with resident and citizenship applications.



For the past 24 years, LMCHC has provided culturally and linguistically competent primary care services such as the utilization of bilingual providers and medical interpreters, the use of easy-to-understand print materials in the languages commonly used by the populations in their service area, provision of cultural sensitivity and diversity training for medical and nonmedical staff, etc.; specialty services, including behavioral and mental health; and chronic disease management and essential support services to men, women and children in San Diego's most culturally diverse and lowest income communities. Services are provided at four medical clinics, including mental/behavioral health; eight full service general dentistry sites; four school-based clinics; a mobile and dental clinic; and an imaging unit



complete with four modalities of digital mammography, full field digital X-ray, dexascan, and ultrasound. Breast and thyroid biopsies are also conducted onsite. LMCHC's main health center is located in City Heights, a community that is home to more than 90,000 residents, many of whom are recently settled refugees and immigrants from more than 60 countries with unique health and wellness needs. Additional health center locations include the

underserved communities of El Cajon, National City, and Lemon Grove where the majority of patients are also refugees and immigrants in need of affordable, quality health care and social services<sup>18</sup>. In 2013, La Maestra Community Health Centers serviced a total of 43,219 patients, which represents a 7.1 % increase when compared to the number of patients seen in 2011. LMCHC serves a variety of special

<sup>18</sup> La Maestra Community Health Centers  
<http://www.lamaestra.org/about-us/default.html>

populations. In 2013, La Maestra served 38,568 public housing residents, 2,453 agricultural workers, 1,920 school-based patients, 1,531 homeless people, and 319 veterans<sup>19</sup>.

La Maestra also serves vulnerable population such as refugees, immigrants, victims of violent crime - including domestic violence, human trafficking, and prostitution - and those who suffer with mental illness, substance abuse and trauma.

#### Strategies for Recruitment and Retention of Medical Students and Public Housing Residents:

LMCHC has established relationships with Universities and Colleges in San Diego, thus premedical students can apply for part-time or full-time positions. Premedical and medical students can work on referrals, case management, health education, and health outreach and promotion. Depending on their experience and whether they are graduate students, selected students can do clinical rotations at LMCHC. Zara Marsellian, CEO of La Maestra, sees these collaborations as a great opportunity for premedical students because of the wealth of knowledge they acquire when they work with underserved communities. LMCHC also reaches out to state medical associations and advertises positions in local newspapers. On the other hand, La Maestra does not search for candidates via health and medical Internet sites or recruitment agencies because of high fees and a limited budget.

La Maestra has collaborated for many years with the adult school system, community colleges and high schools in San Diego. LMCHC works closely with vocational training schools and medical, dental, and mental health residency programs. They have provided internships in administrative positions and other areas. These students in training are from low income or public housing communities. This PHPC grantee has always made an effort to employ and train new employees from within the communities they serve. Because of their holistic, solution-based Circle of Care approach to health, LMCHC makes a conscious effort to offer this type of training and "priority hiring" as part of their economic development programs. (More information about this model is available at La Maestra Circle of Care Model

<http://www.lamaestra.org/circle-of-care/default.html>)

La Maestra provides services to migrants coming from different parts of the world. LMCHC serves populations from Mexico and Central America, Africa, Asia, and Eastern Europe. Because of this diversity, La Maestra has implemented a program where public housing residents receive basic health training and become "medically-trained cultural liaisons." Once the training has been completed, public housing residents can apply for full-time positions. Also they can opt for additional cross training, so they can choose a full-time position based on their skills and preferences. Public housing residents can work as interpreters, patient advocates, receptionists, health educators, and outreach workers. They are also hired to do other enabling services such transportation, eligibility assistance, and environmental health risk reductions.

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<sup>19</sup> 2013 Health Center Profile – La Maestra Family Clinic, Inc. San Diego, California  
<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=095440&state=CA&year=2013>

La Maestra maintains an open communication policy, which is one of its retention strategies. In addition to offering a competitive benefit and compensation plan, LMCHC believes that open communication and team building is crucial for their staff retention. These strategies make staff members feel like a family, and decreases employee turnover in the long run. La Maestra also offers on-site training. Medical students have the opportunity to learn about culturally and linguistically-appropriate standards, ICD 9/10 coding, electronic health records and meaningful use, and the Patient-Centered Medical Home (PCMH) model. LMCHC is always looking for scholarship program opportunities to encourage youth from the community to pursue higher education, especially in the field of health and wellness. According to its CEO, “professional development opportunities lead to employee retention.”

### Recruitment of Medical Students and Public Housing Residents Challenges and Benefits

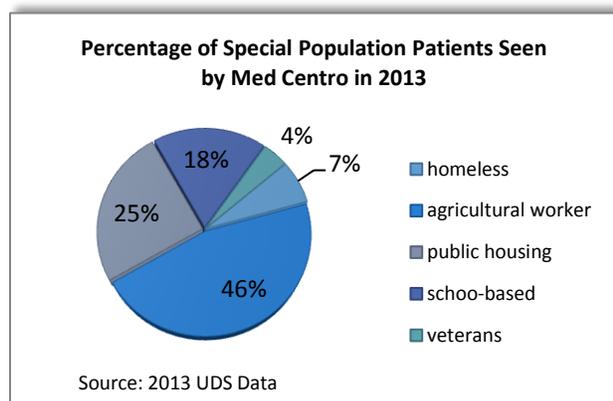
One of the biggest challenges for La Maestra when recruiting and retaining medical students and public housing residents is keeping up with the salaries and benefits offered by larger health organizations in the San Diego area (e.g. hospitals, Kaiser Permanente, and VA clinics/facilities). These organizations offer better benefit and compensation plans, and people who want to make a career in public health select these health facilities for economic reasons. In addition, some graduate medical students prefer hospital settings to continue their medical training because they are considering working in a private practice instead of working in community-based health organizations.

La Maestra prefers to hire employees who come from the community because they know the needs, languages, health practices, traditions, and medical beliefs of the diverse populations served by LMCHC. By offering to be medical liaisons, public housing residents feel that they are doing something for their communities, families, and themselves. Medical students also are of great benefit for this health center program grantee. Medical students who have contact with underserved populations in the early years of their careers, tend to work for LMCHC either full-time or part-time once they graduate. As interns they acquired the knowledge and understanding of the health care needs of the communities served by La Maestra Community Health Centers.

## Consejo de Salud de Puerto Rico/Med Centro

### About Med Centro

Med Centro was established in 1971 by a group of citizens of the Beach of Ponce community to provide primary health services to the population, which was below the poverty level and lacked adequate health care services. In 1972 the health center began to provide primary health services. The main health center opened its doors in January 1973 and years later expanded services to the neighborhood of el Tuque, Tallaboa in Peñuelas, and the sectors of Singapur/Capitanejo in Juana Diaz. Today, this PHPC has achieved one of the highest recognitions in the health care industry in the United States: Patient-Centered Medical Home (Level 3). Med Centro offers a wide range of clinical services and special programs, and provides medical assistance<sup>20</sup> to more than 54,000 registered patients<sup>20</sup>. In 2013 Med Centro produced around 320 full-time jobs, which is obviously a considerable contribution to the local economy and a great job source for the underserved populations served by this PHPC. Currently, Med Centro hosts 14 infrastructure projects through its network of services, with a self-financed budget



envelope of \$10 million<sup>21</sup>. Med Centro provides medical and ancillary services to underserved populations including public housing residents, rural and migrant workers, people living with HIV/AIDS, and the aging population. They also offer school-based services. In 2013, Med Centro provided services to 43,859 patients. Med Centro provided medical services to 191 homeless patients, 1,288 agricultural workers, 705 public housing residents, 502 school-based and 115 veterans<sup>22</sup>.

### Strategies for Recruitment and Retention of Medical Students and Public Housing residents

Med Centro maintains a retention and recruitment plan that provides a comprehensive package designed to employ medical students and public housing residents committed to the mission of the community-based health center and dedicated to meeting the health care needs of its patients. Med Centro has five clinic sites and four mobile units all of which have a work environment that supports the

<sup>20</sup> Med Centro Reseña Institucional

<http://www.medcentro.org/15/index.php/home/nuestra-historia>

<sup>21</sup> Ibid

<sup>22</sup> 2013 Health Center Profile – Consejo de Salud de Puerto Rico

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=020680&state=PR&year=2013>

personal and professional needs of its staff, thus encouraging long-term employment commitments to the health center.

Med Centro provides an opportunity for premedical and medical students to participate in community-based health care initiatives, networks, and cooperative agreements. Med Centro also helps premedical students develop affiliations with other health care entities for the purpose of continued personal, professional, and academic growth and development. This PHPC invites medical students to visit its facilities, so they can see firsthand the meaning of working with underserved communities. Med Centro has established partnerships with two universities in Puerto Rico – The Lutheran University and the Recinto de Ciencias Medicas. Students can sign up to work part-time at any of its clinical locations. In addition to the partnerships with these universities in Puerto Rico, Med Centro has also developed a job-sourcing action plan that includes partnerships with the Colegio Medico –the most important medical association on the island – and residency programs. Med Centro also uses local newspapers to attract young people who are interested in a public health career. Very rarely, Med Centro utilizes the Internet, professional recruitment services, or medical journals to post job opportunities as recruitment tools.

According to its CEO, Allan Cintron, premedical students can act as patient advocates, health educators and community health outreach workers. Depending on the job requirements and how advanced these students are in their professional careers, they are allowed to work closely with attending physicians.

Med Centro also employs staff members from the communities they serve. Public housing residents are hired as receptionists, community health outreach workers, office assistants, etc. This PHPC recruits eligible public housing residents for jobs through advertisements in the local newspaper and word of mouth. Candidates who best fit the qualifications are invited to visit the clinic and a candidate screening is done before making an offer. Public housing residents are also invited to be part of the health center board. For instance, Med Centro provides services to two underserved populations (migrant/rural workers and public housing residents) and a member of the board is a public housing resident. “Med Centro offers job opportunities at all levels from janitorial to governing board member positions,” according to Mr. Cintron.

#### Recruitment of Medical Students and Public Housing Residents Challenges and Benefits:

Medical students have a variety of responsibilities and academic activities during their early years in school, making it difficult and challenging to have them full-time. Generally, activities performed by premedical students are done as part-time or seasonal job opportunities. Recent graduate students, on the other hand, do residency rotations at Med Centro’s clinical sites; however, it is also difficult to establish a schedule for them due to their multiple job duties and limited time. Nonetheless, once a schedule is established for these medical students, they do clinical rotations in areas such as pediatrics, internal medicine and family services.

Puerto Rico is facing a sustained, long-term downturn in economic activity, and people, including medical students, are migrating to the continental U.S. This recession makes staff recruitment and retention more difficult.

Med Centro offers competitive salary and benefits to retain its workforce. This health center program grantee provides bonuses through a quality incentive program and makes salary adjustments every year. Med Centro also makes available a loan repayment program to its medical employees and gives medical malpractice coverage for its health professionals. However, what they consider their best strategy to retain public housing residents and medical students is a positive work environment because it creates a team spirit, fosters group communication, and builds relationships among its employees.

## Charles Drew Health Center

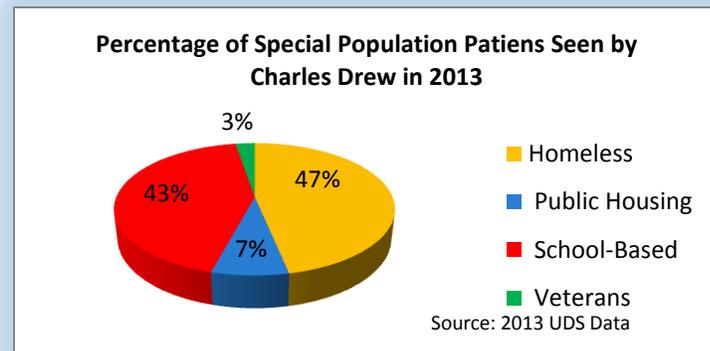
### About Charles Drew Health Center

Charles Drew Health Center, Inc. (CDHC) has provided needed health care to families in Metropolitan Omaha since 1983. Over the years, the number of patients served by this community health center has steadily grown. Charles Drew Health Center served 12,977 patients and had 41,644 patient visits in 2011. Charles Drew Health Center provides care for the entire family. Their services include family practice, internal medicine, pediatrics, OB/GYN, pharmacy, radiology, ophthalmology, minor surgery, behavioral health,



nutrition, cardiology and podiatry.

Health services of the clinic are tailored to meet the needs of the community. The areas of focus include obesity, asthma, infant mortality, cardiovascular disease and diabetes. These health problems are far more prevalent in the African-American community served by CDHC<sup>23</sup>. In 2013, Charles Drew Health Center served a total of 10,541 patients. In the same year, Charles Drew Health Center



provided services to 1,568 homeless patients, 250 public housing residents, 1,449 school-based patients and 89 veterans<sup>24</sup>.

### Strategies for Recruitment and Retention of Medical Students and Public Housing Residents:

Charles Drew Health Center offers a work environment where administrative, enabling, and management teams, as well as healthcare providers understand the unique organizational and financial structure of the community health center. They work cooperatively in the planning, management, and evaluation of Charles Drew Health Center.

CDHC has established connections with two universities in Omaha, Nebraska: Creighton University and University of Nebraska Medical Center. Medical students from both universities are invited to work and perform administrative activities at the health center clinical sites. In addition, Charles Drew also utilizes

<sup>23</sup> Charles Drew Health Center, Inc.

<http://www.charlesdrewhcomaha.org/>

<sup>24</sup> 2013 Health Center Profile – Charles Drew Health Center, Inc.

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=072110&state=NE&year=2013>

word of mouth and Internet sites such as Craig List and LinkedIn to recruit pre-medical or medical students who want to be part of their health center team. CDHC makes sure that the activities performed by medical students do not violate any of the Health Insurance and Accountability Act laws. Once that has been clearly established and defined, medical students can perform medical, administrative, and enabling services tasks such as translation, outreach, and patient's reception.

Charles Drew also hires public housing residents. Generally, this PHPC uses word of mouth and advertisements in local newspapers when they need to hire a new employee from within the community. In addition, they use a local Internet site, Careerlink, to recruit applicants. CDHC also advertises some of its position on Craigslist and LinkedIn. Public housing residents perform different activities and most of the time they are hired as receptionists, drivers, maintenance workers, etc. depending on their skills and qualifications.

#### Recruitment of Medical Students and Public Housing Residents Challenges and Benefits:

The biggest challenge cited by Charles Drew is finding individuals who want to work for a community-based organization and in the neighborhoods where the clinical sites are located. Another challenge is that staff members are asked to keep goals, and sometimes they get discouraged when they cannot reach their goals and objectives.

As part of its retention strategies, CDHC offers health center orientation training and provides information about responsibilities, expectations, and other protocols, which creates a sense of belonging to the organization. In addition, Charles Drew has found that team-building activities can be a powerful way to unite a group, develop strengths, and address weaknesses. CDHC has an open communication policy, which helps to prevent misunderstandings and conflicts among its employees. Finally, Charles Drew Health Center offers competitive salaries and benefits and a loan repayment program. Their competitive salary and benefits are reviewed periodically and updated to remain competitive in the market place.

## Montefiore Medical Center

### About Montefiore Medical Center:

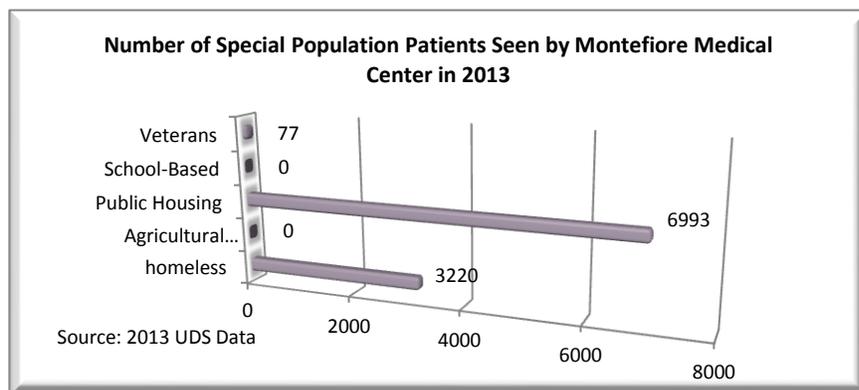
As the academic medical center and University Hospital for Albert Einstein College of Medicine, Montefiore Medical Center is nationally recognized for



clinical excellence—breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care.

The mission of Montefiore is to heal, to teach, to discover and to advance the health of the communities they serve. From its beginning in 1884, as a facility for the care of patients with tuberculosis and other chronic illnesses, to the new millennium, Montefiore has been at the forefront of patient care, research and education. Montefiore has steadfast commitment to its community.

With nearly 50 primary care locations throughout the New York metropolitan area, Montefiore Medical Center focuses on accessible, patient-centered primary and preventive care provided by leading physicians in the areas of family and internal medicine, pediatrics, and obstetrics and gynecology. They



also have a team of experts in nursing, health education, nutrition and pharmacy<sup>25</sup>. Montefiore Medical Center provides medical services to more than two million people in the Bronx and Westchester County, as well as to many others from across the New York

metropolitan area and the nation. In 2013 Montefiore Health Center served 10,213 patients. Their patient mix in 2013 included 3,220 homeless people, 6,993 public housing residents, and 77 veterans. None of its patients identified as an agricultural worker or as part of a school-based program<sup>26</sup>.

<sup>25</sup> Montefiore Medical Center

<http://www.montefiore.org/about>

<sup>26</sup> 2013 Health Center Profile- Montefiore Medical Center

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=020800&state=NY&year=2013>

### Strategies for Recruitment and Retention of Medical Students and Public Housing Residents:

Montefiore, the University Hospital for Albert Einstein College of Medicine, is one of the largest and most prestigious academic medical centers in the nation. Because the Bronx is a melting pot of culture, Montefiore's staff is just as diverse and inclusive, offering diversity of race, culture, language, education, and ethnicity. Compensation is competitive across all disciplines. Montefiore offers benefit packages for union and non-union employees and provides a range of programs, including supplemental benefits, which can be purchased at preferred rates. They also offer investment programs to assist employees in retirement planning.

Because of its relation with the University Hospital, Montefiore Medical Center does not contact medical programs or look for additional resources to generate a pool of candidates. Montefiore offers internships to Albert Einstein College of Medicine pre-medical and medical students, so they can start having hands-on experience in community health care settings. These opportunities allow them to interact with medically underserved populations. The experiences give students a different perspective on the benefits and drawbacks of modern medicine today. Students can work as interpreters, patient advocates, and health educators, and help with community health outreach and case management. Advanced medical students are allowed to do internships at Montefiore's clinical sites. Montefiore offers residency programs for graduate students, including a rotation in social medicine.

Montefiore reaches out to public housing residents and offers job opportunities based on its staffing needs. Montefiore uses Internet sites such as LinkedIn or community newspapers (bilingual or Hispanic newspapers) to reach out to public housing residents. They also contact professional organizations and use word of mouth. Public housing residents can work as interpreters, community health workers, receptionists, drivers, handymen etc. For those positions that require additional training –IT or ancillary services, Montefiore offers appropriate orientation and/or training. They provide information about responsibilities, expectations and other pertinent protocols and guidelines. Montefiore has mentored public housing residents who completed their medical training and now are part of their medical staff.

### Recruitment of Medical Students and Public Housing Residents Challenges and Benefits:

The greatest advantage Montefiore has is being part of Albert Einstein University and having direct contact with pre medical and medical students on a regular basis. However, it is always a challenge for them to keep up with their recruitment needs. Retention is always a challenge because students and medical staff face long hours of operation, and medical students always try to move up and have more responsibilities. In addition, some medical students do not like the data analysis and research responsibilities, which are part of their medical training in community health settings, and are more prone to continue their medical experience in a hospital facility.

In regards to public housing residents, Montefiore enjoys hiring and working with public housing residents because they are respected by peers in the community, have a commitment to serving others,

and share the same values and experiences of the population they represent. The challenge with retaining public housing residents is that some of them migrate to another communities, find a better job, or in the case of female workers, they have babies and decide to leave the workforce to take care of their children.

Montefiore's compensation is competitive across all disciplines, and their benefits packages reflect both the staff member's changing lifestyle needs and the unique role and responsibilities they provide to Montefiore. This PHPC grantee helps all its employees realize their career goals by providing ongoing education and training.

## SUMMARY AND RECOMMENDATIONS

Public housing residents must have certain qualities and skills to properly serve PHPC patients. Identifying the qualities and skills needed to be a community health center worker is perhaps the most important aspect of the recruitment and hiring process. Public housing residents working in PHPC settings must have a commitment to serving the community, be respected by their peers, desire to grow, change, and learn. In addition, they need to have good communication skills, be friendly, respectful, outgoing, sociable, culturally competent, open-minded, nonjudgmental, and constructive in interpersonal relationships. As a result, identifying public housing residents who can work in a healthcare facility can take several months. Time invested in recruitment ensures a good match among public housing residents, the community, and job roles and responsibilities. Spending extra time on recruitment can help prevent staff turnover.

As volunteers, medical students make significant contributions to health centers serving underserved populations. PHPCs clinical sites train students in delivering primary care services while simultaneously improving access to care in underserved communities. In return, medical students who staff the PHPC clinics can receive course credits. Many volunteers in PHPCs health centers are planning for careers in health care and volunteering provides an early opportunity for hands-on training that would otherwise not be available to them. For medical students, volunteering at these clinics keeps them grounded as to why they decided to pursue careers in medicine in the first place, and medical students who serve community clinics generally choose primary care specialties when entering residency training.

### Strategies to Recruit Public Housing Residents

**A. Using Word of mouth.** It is the oldest form of advertising, public relations, and spreading information and, according to the Business Week magazine, the best way to land a job is still word of mouth<sup>27</sup>. All community health centers that participated in this case study mentioned that word of mouth is one of the most important strategies they use to hire public housing residents. These PHPC health centers prefer to hire a candidate who is recommended by someone they know and trust. Word of mouth recruiting comes with some disadvantages because it limits the number of applicants for consideration and discriminates against those candidates who do not have a personal connection to the community health center. However, consulting previously trained and retired community health center workers help PHPCs identify potential community health workers and personnel for administrative positions.

**B. Interviewing other community members to identify candidates.** PHPCs have developed relationships with the communities they serve. Community health centers serving public housing residents can turn community members into their “emissaries”, who can identify other members with the desired qualifications, skills, and aptitudes for open positions and, more importantly, they can recognize those with a commitment to serving the community.

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<sup>27</sup> The Best Way to Land a Job? It's Still Word of Mouth  
<http://www.businessweek.com/articles/2012-05-31/the-best-way-to-land-a-job-its-still-word-of-mouth>

**C. Obtaining ideas from well-established and well-connected community-based organizations to help identify applicants.** Identifying and enlisting the support of community-based organizations is crucial for health center programs. One place to start looking for candidates for open positions at PHPCs is by surveying educational, cultural, faith-based, and social organizations in the community. Partnering with community-based organizations helps to increase diversity in hiring. These organizations are the best liaisons to the community.

**D. Contacting employment offices, local job agencies, or social services offices to identify candidates.** PHPCs who participated in this study mentioned that they have contacted employment offices and local job banks to look for potential candidates for administrative positions in community health centers. However, due to slim budgets, seldom do they use this resource.

**E. Planning community meetings (informal interviews) for all interested or recommended persons.** PHPCs can interact with potential candidates in a group setting, which is an excellent way to see their character, level of interest, working knowledge, and communication skills. It also lets PHPCs see if candidates are a good fit with the health center culture. Interactive interviews can be conducted in different ways, but the fundamental feature is inviting selected candidates for a group session where PHPCs and current employees can engage with applicants in informal meetings. Potential candidates are given the opportunity to meet members of staff informally prior to a more formal interview, and such informal meetings should be designed to allow candidates to obtain general information about the post and its context (both physical and organizational).

**F. Use of media to recruit new employees.** Even though the use of social media for hiring purposes is at an all-time high, some of the community health centers interviewed did not mention the use of platforms such as Twitter, Facebook, and LinkedIn, as tools to recruit premedical students and residents of public housing. Although they are commonly thought of as effective strategies, advertising and use of media are not suggested ways to recruit premedical students and public housing residents because community health centers look for candidates that represent the community they serve and are familiar with the needs of underserved populations. However, social media is an option that should be considered in the future by PHPCs because every year more people have access to social media regardless of their economic status. As stated by a Pew Research Internet Project “74% of online adults used social networking site in 2014.”<sup>28</sup>

## Strategies to Recruit Medical Students:

- A. **Develop Relationships with University Programs.** Building relationships with university programs increases the likelihood that medical students, at some point in their career, consider working for PHPC health center program grantees. Medical students will consider employment opportunities that might include working on a full-time basis, during a sabbatical year, or during some breaks. It takes a

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<sup>28</sup> Social Networking Fact Sheet <http://www.pewinternet.org/fact-sheets/social-networking-fact-sheet/>

significant period of time to build close relationships with university programs; however, once universities know about PHPC health centers and their best practices, they are more likely to use them as an example during class lectures. This can have a profound impact on the branding of PHPCs' employment program.

- B. **Mentoring Pre Medical Students.** For medical students, having a mentor may be one of the most valuable resources on the path to becoming a health care professional. Mentoring ignites, cultivates, and prepares students to become health care professionals. Hiring prospective medical students allows the students to interact with established expert health care professionals in community health settings. Mentor sees benefit as well through greater productivity, career satisfaction, and personal gratification.
- C. **Offer Opportunities to Volunteer.** Volunteer opportunities allow medical students to not only provide beneficial aid and services to underserved communities but also gain new insight into the needs of underserved populations. The work assigned to a volunteer typically includes: outreach, case management, research, and related tasks. This opportunity allows volunteers to better understand their career options and gain valuable work experience directly related to their academic field of study.
- D. **Develop Research Partnerships.** Some universities and college students are interested in doing research in community health settings. As interest in community-based participatory research (CBPR) grows, there is a growing need and demand for educational resources that help medical students build the knowledge and skills needed to develop and sustain effective CBPR. Successful CBPR partnerships among PHPCs, housing authorities, and universities demonstrate tangible benefits to all of the partners involved. All partners enhance their capacity and learn from their involvement.
- E. **Participate in University Job Fairs.** This strategy offers PHPC health centers a recruiting tool that helps them target medical students and increases visibility of their recruiting initiatives across one or more college sites. Job fairs offer students the opportunity to speak with PHPC health centers and learn about internships and career paths. University job fairs offer PHPCs the opportunity to interact with potential candidates in a group setting, which is an excellent way to see their character, level of interest, working knowledge, and communication skills. It also lets PHPC health centers see if students are a good fit with their corporate culture.

## CONCLUSION

There are unique challenges that come with working in PHPC health centers. The workload may be more diverse in terms of the number of patients, patients' age, medical conditions, and needs, and may require developing competencies in areas such as outreach and enrollment, IT, and enabling services. PHPCs face great recruitment and retention challenges – keeping up with competitive salaries, high productivity requirements, paperwork, insufficient resources to respond to diversity, etc. Premedical students and public housing residents offer a new candidate pool to PHPCs. They also help to alleviate the burden of staff turnover. PHPCs can enhance their recruitment and retention strategies by participating in community professional activities, developing a relationship with university programs, and mentoring students or public housing residents. In addition, PHPCs need to offer continuing professional development, resources and equipment, and provide advancement opportunities to promote retention through recognition. No matter how well-managed and happy a staff is at any PHPC health center, vacancies will open and new staff members need to be recruited. PHPC management needs to plan how to reach a broad pool of candidates. This strategy of recruiting medical students and public housing residents who may be interested in working in community health care settings is noteworthy and worth incorporating into a sound recruitment and retention plan.

## Appendix 1: PHPC Interview List

Name	Organization	Title
<b>Zara Marselian</b>	La Maestra Community Health Centers	President & CEO
<b>Allan Cintron</b>	Med Centro/ Consejo de Salud de Puerto Rico	President & CEO
<b>Dr. Awilda Garcia</b>	Med Centro/ Consejo de Salud de Puerto Rico	Chief Medical Officer
<b>Lydia Figueroa</b>	Med Centro/ Consejo de Salud de Puerto Rico	Executive Secretary & Corporate Relations
<b>Anita McGaugh</b>	Charles Drew Health Centers	Human Resources Director
<b>Deborah Snider</b>	Montefiore Medical Center	Director, Community Pediatric Programs

## Appendix 2: Workforce Recruitment and Retention Interview Guide

Recruiting and retaining an adequate workforce continue to be a challenge for many community health centers (CHCs). High turnover has been reported by health centers and continues to be a problem. CHCs require a stable, highly trained and fully engaged staff to provide effective levels of patient care. Competitive disadvantages not only result in significant vacancies, but also results in a growing number of health facilities that deny or delay services, which may worsen health care disparities in medically underserved communities. As the nation grows more diverse, the disparity between the racial and ethnic composition of the health care workforce and that of the U.S. population widens as well. The purpose of this survey is to identify workforce recruitment and retention of health center staff with HRSA/BPHC grantee organizations. Specifically, [The National Center for Health in Public Housing](#) is looking for PHPC grantees that have successfully recruited and retained medical students and residents of public housing for administrative positions. The findings of this survey will be used to develop workforce recruitment and retention resources for PHPC grantees.

This survey will take about 10-15 minutes to complete. If you have any questions about this investigation, please contact Dr. Jose Leon, Clinical Quality Manager for the National Center for Health in Public Housing, directly by phone (703) 812-8822 ext. 250 or by email: [jose.leon@namgt.com](mailto:jose.leon@namgt.com)

Remember our training and technical assistance is FREE! Please visit our website: [www.nchph.org](http://www.nchph.org) or call us at (703) 812-8822. We will be happy to assist you.

### 1. Please fill out the following information about you and your center.

Name: [Click here to enter text.](#)  
Organization: [Click here to enter text.](#)  
Address 1: [Click here to enter text.](#)  
Address 2: [Click here to enter text.](#)  
City/ Town: [Click here to enter text.](#)  
State/ Province: [Click here to enter text.](#)  
Zip/ Postal Code: [Click here to enter text.](#)  
Email Address: [Click here to enter text.](#)

### 2. What populations do you serve? Please choose all that apply.

- Homeless
- Migrant/agricultural worker
- Public Housing Residents

- Lesbian, Gay, Bisexual, and Transgender
- HIV/AIDS
- Senior
- Children
- Veterans
- Other. Please explain: [Click here to enter text.](#)

3. How many clinical sites do you operate? [Click here to enter text.](#)

4. Are the health center(s) located in urban or rural areas?

- Urban
- Rural
- Both

5. Is your health center located on public housing property?

- Yes
- No

**I. Premed Students: (nurses, physicians, counselors, medical assistants, audiologist, etc.)**

6. How many people does your community health center employ?

7. Based on your workforce and the number of patients you serve, have you ever implemented strategies to identify and recruit medical students, so they can volunteer in your community health center(s)?

- Yes
- No

8. Have you ever contacted medical programs and inform them of your organization and professional opportunities?

- Yes
- No

9. Does your community health center have any partnerships with universities/colleges so medical students can volunteer at your clinic(s)?

- Yes
- No

10. If yes, what universities/colleges do you have partnerships with?

Please list: [Click here to enter text.](#)

11. In general, what resources do you use to search for and generate a pool of candidates?
- Clinical schools
  - State medical/dental/associations
  - Local/county Medical/Dental Associations
  - Advertising
  - Recruitment firms
  - Health and medical internet sites (ex. APHA, AMA, etc.)
12. Do you offer these job positions as regular part-time activities, summer-time opportunities, or both?  
Please explain: [Click here to enter text.](#)
13. What educational requirements/qualifications are needed?  
Please explain: [Click here to enter text.](#)
14. Do you offer on-site training? (ex. Culturally and linguistically appropriate standards, electronic health records, ICD 9/10, etc.)
- Yes
  - No
- Please explain: [Click here to enter text.](#)
15. Is prior experience required?
- Yes
  - No
- Please explain: [Click here to enter text.](#)
16. Do you offer any incentives?
- Yes
  - No
- If yes, please explain types of incentives. [Click here to enter text.](#)
17. Please list the activities that undergraduate medical students can do at your site
- Interpreter
  - Patient Advocate
  - Receptionist
  - Health Educator
  - Laboratory Worker
  - Community Health Outreach

- Case Management
- Other. Please specify: [Click here to enter text.](#)

18. Please briefly describe any benefits or challenges when hiring premed students:  
[Click here to enter text.](#)

19. What is your overall opinion in recruiting premedical students:
- Completely satisfied
  - Very satisfied
  - Satisfied
  - Somewhat satisfied
  - Not at all satisfied
- 

## II. PH Residents:

20. Do you recruit public housing residents for administrative positions?

- Yes
- No

21. If yes, what type of activities do they perform?

- Interpreter
- Patient advocate
- Receptionist
- Health educator
- Community health outreach
- Other. Please specify: [Click here to enter text.](#)

22. Is prior experience required?

- Yes
- No

20. What minimum education level or qualifications are needed?  
[Click here to enter text.](#)

23. Do you offer on-site training?

- Yes
- No

Please explain: [Click here to enter text.](#)

24. What resources do you use to search for and generate a pool of candidates?

- Advertising (journals or other media, such as the Internet)
- Recruitment firms
- Person-to-person recruitment, such as resident programs, job fairs
- Direct marketing (mailing lists, postage)
- Printing materials (display ads, brochures, flyers)
- Job search websites

25. How do you do your candidate screening?

- Phone interview
- Credential checks
- Reference checks

26. Please briefly describe any benefits/challenges when recruiting public housing residents

[Click here to enter text.](#)

27. What is your overall opinion in recruiting residents of public housing:

- Completely satisfied
  - Very satisfied
  - Satisfied
  - Somewhat satisfied
  - Not at all satisfied
-