

The COVID-19 Pandemic and the Health Center Workforce: Challenges and Solutions



ZOOM Housekeeping Instructions

- All participants will be muted when entering the platform
- Cameras on (if possible)
- Please participate in the chat
- Raise your hand if you want to connect to the audio/mic to participate
- Webinar is being recorded
- Presentation will be shared later with participants by E-mail





National Center for Health in Public Housing

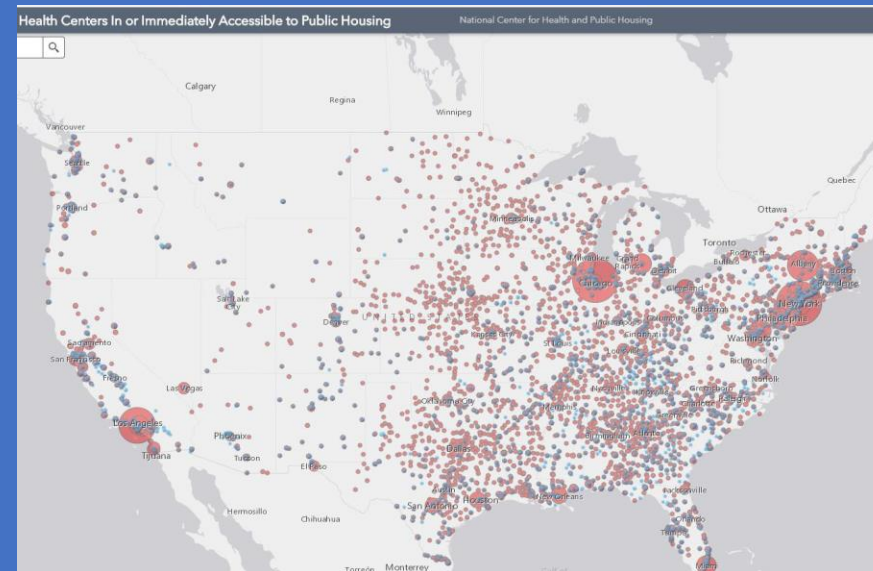
Strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees.

Training
and Technical
Assistance

Research and
Evaluation

Outreach and
Collaboration

info@nchph.org
www.nchph.org



- Webinars
- Monographs
- Provider and Resident-Centered Factsheets
- Interactive Maps
- Training Manuals
- Newsletters
- Collaboration Guides
- One-on-One Matching

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$684,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Recap: Learning to Live with COVID-19

- Provide an overview of La Maestra
- List lessons learned from a historical perspective
- Examine what La Maestra Health Centers has done to adapt to an endemic COVID-19
- Discuss the future of virtual and onsite visits for La Maestra Community Health Centers
- List Strategies to maintain and improve primary health services during COVID

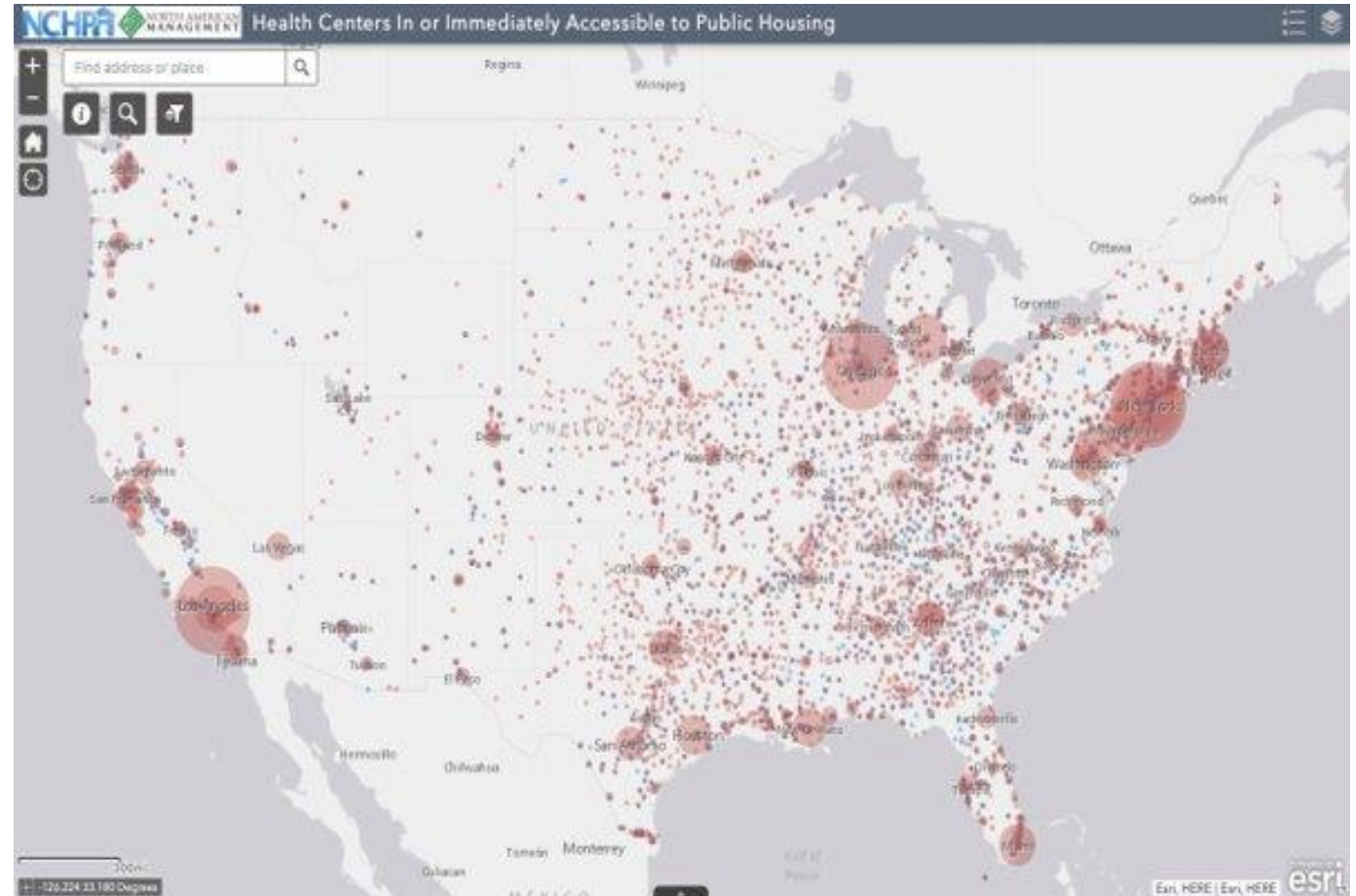


Agenda:

- **Provide an overview of La Maestra Workforce**
- **Discuss the pandemic's impact of health center workforce**
- **List strategies for supporting a healthy and resilient workforce**
- **Examine workforce planning for a rapidly changing primary care system**

Health Centers Close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients
- Source: [2020 National Health Center Data](#)



Public Housing Demographics

Public Housing Demographics:



1.7 Million Residents



2.1 Persons Per Household



33% Female Headed Household w/Children



55% Less than High School Diploma



43% African-American



25% Hispanic



37% Children



52% White



35% Elderly



38% Disabled



93% Low Income

COVID-19 PHPC Workforce Challenges as of 04/08/2022

- Challenges:
 - Staffing to administer vaccine:
 - “Staffing for community vaccination efforts exceeds currently available employed staff capacity both in the # of staff required and the ability of staff to work extended hours (evenings; weekends) as vaccine sites seek to increase access to meet the needs of expanding vaccine eligibility.”
 - Financial reimbursement for costs associated with vaccine administration:
 - “Primarily as relates to the added personnel costs for agency staff to meet the staffing needs above, current reimbursement does not offset related costs.”
 - Vaccine Confidence
 - Questions and concerns remain among staff on vaccine safety

Panelists



LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights · El Cajon · National City · Lemon Grove

- **Zara Marselian, PhD, President and CEO, La Maestra Health Centers**



La Maestra Overview

- La Maestra Overview
- Services
- Total Number of Facilities and Non-Clinical Support Staff



Workforce Lessons Learned from a Historical Perspective



Discuss the pandemic's impact of health center workforce

- Physical Health, Safety and Security
- Workload
- Stigma
- Ethical, Moral and Professional Dilemmas
- Personal and Professional Growth
- Support to and from Others

List strategies for supporting a healthy and resilient workforce

Tips to increase organizational resilience:

- Keep workgroups or project teams together for the rest of the pandemic (or for as long as possible) to increase work connection for employees.
- Encourage and support [work-life balance](#).^{*}
 - Limit work hours to no more than 12 hours per day.
 - Limit work schedule to no more than two weeks without a break of at least 36 to 48 hours.
- Develop work plans and set clear expectations about productivity given the problems caused by the pandemic.⁶
- Develop communication guidelines that are responsive and clear.
 - Set boundaries around communication, noting the changes in workflow due to COVID-19.⁶
 - Consider “offline” days that allow employees to work without having to be responsive to digital communication.
- Rotate employees between high and low stress work or job tasks if possible.
- Encourage the use of the organizational Employee Assistance Program (EAP) when available, as well as other outside support trainings or resources.
- Encourage employees to keep track of and talk about their exposure to very high stress events when possible.
- Encourage employees to develop personal coping plans to follow during times of high stress.
- Develop clear definitions of roles because duties and workflows may have changed as a result of the pandemic.⁶
- When offering feedback, comment on positives before giving criticism.⁶
- Encourage employees to stay in touch with their close social supports, such as family and friends. Communicate the importance of having connection with others during times of stress.
- Provide the opportunity for, but do not require, employees to share their experiences with each other and with leadership throughout the pandemic.

^{*} <https://hbr.org/2019/08/better-work-life-balance-starts-with-managers>

The Future of Primary Care Workforce

Non-clinical positions will be crucial to support the whole patient.

- Reassess capabilities and roles
- Cultivate strong leaders
- Promote diversity, equity, and inclusion
- Investing today to prepare for tomorrow

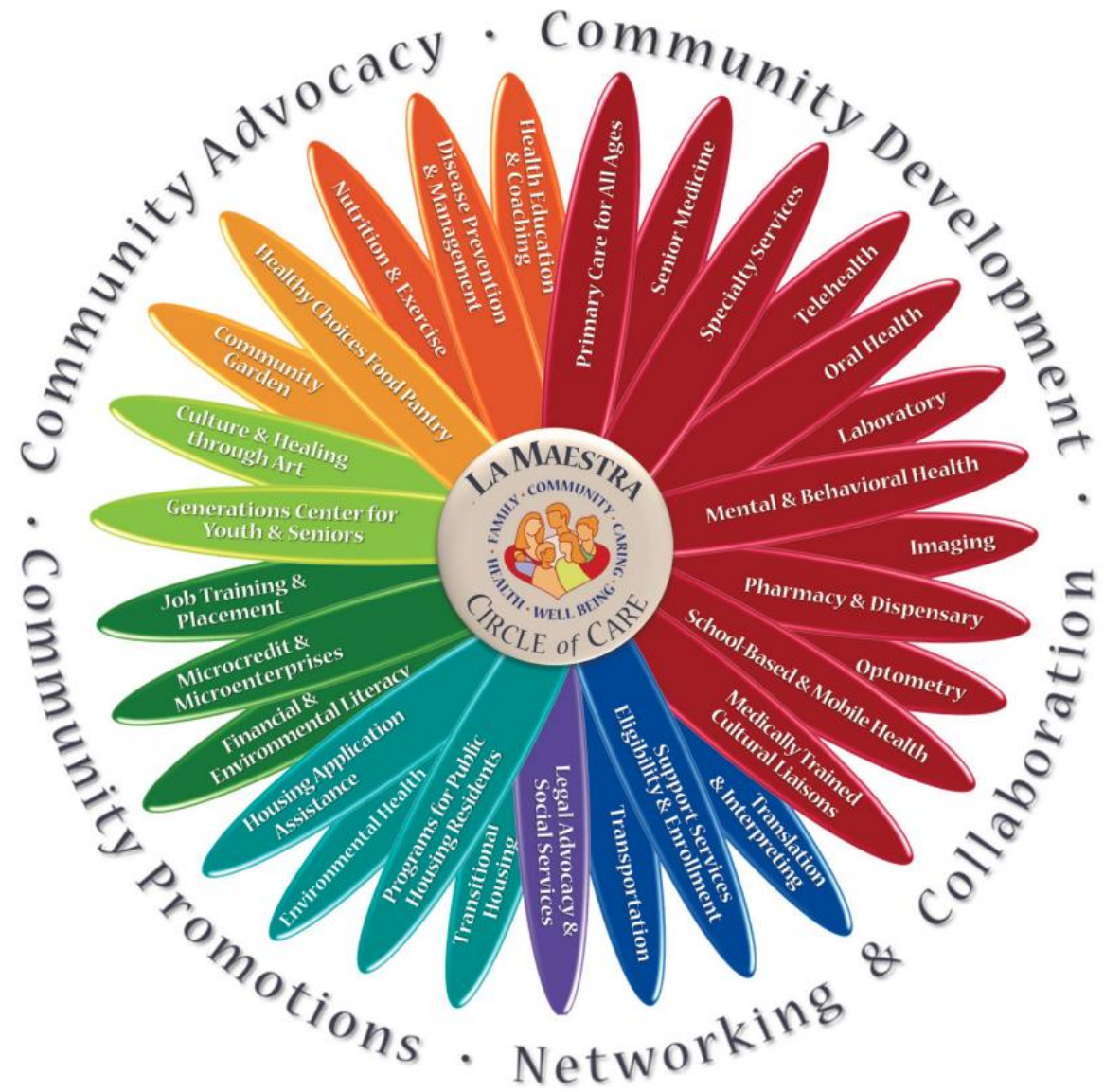
Examine workforce planning for a rapidly changing primary care system

- Current system is not sustainable—cost pressures will drive change
- Increased emphasis on population health requires expanded definition of health workforce
- Nursing workforce is critical to transformation. Need to shift dialogue from numbers to retooling
- Ditto for physicians—big issue is maldistribution by specialty and geography
- Workforce planning for rapidly changing health care system requires better connections between education and practice and a more flexible workforce

Population health requires us to:

- Expand workforce planning efforts to include workers in community and home-based settings
- Embrace the role of social workers, patient navigators, community health workers, home health workers, community paramedics, dieticians and other community-based workers
- Plan for workforce needs of patients and communities, **not** for needs of professions
- Determine how to integrate the public health workforce into health workforce planning

La Maestra Circle of Care



Questions & Answers



Complete Post- Evaluation Survey



Contact Us

Robert Burns
Director of Health
Bobburns@namgt.com

Dr. Jose Leon
Chief Medical Officer
jose.leon@namgt.com

Chantel Moore
Communications Specialist
Cmoore@namgt.com

Fide Pineda Sandoval, CHES
Health Research Assistant
Fide@namgt.com

Please contact our team
for Training and Technical
Support
703-812-8822

Thank you!

