

A NEW APPROACH TO GROWING THE WORKFORCE PIPELINE INTO COMMUNITY HEALTH CENTERS: COMMUNITY-ORIENTED REGIONAL EDUCATION IN PRIMARY CARE (CORE-PC)

BACKGROUND

The California Future Health Workforce Commission's 2019 final report identified 10 priorities for action to address the state's growing shortage of health professionals. As health care demand outpaces provider supply, the Commission projects a shortfall of at least 4,100 primary care clinicians in the next decade—with underserved and rural areas likely to experience the largest impacts.

The Commission noted the need for providers is already dire in California's 1,370 community health center (CHC) sites, which provide comprehensive health care to more than seven million residents in California's medically underserved areas—two-thirds of whom are African-American, Latinx, American Indian/Alaska Native (AI/AN), or mixed race. In a recent survey, 70% of CHC respondents said recruiting providers is their top workforce priority—and yet only 9% of primary care physicians currently practice in CHCs or public health clinics. While communities of color are projected to represent 62% of the state's population by 2030, less than 7% of practicing physicians are Latino, only 3% are African American, and less than 1% are AI/AN.

To address this issue, the Commission proposed accelerating efforts to recruit and train students from underserved regions to ultimately provide care in CHCs in their home regions.

WHY COMMUNITY HEALTH CENTERS — AND WHY A REGIONAL APPROACH

Robust **partnerships** between CHCs and health professions schools can create a more equitably distributed and diverse healthcare workforce

» **7.2 million** Californians receive care in CHCs located in rural and urban medically underserved areas

» **70%** of students who grow up in rural areas—and train there—practice within 100 miles of their hometown

» Yet **38%** fewer rural students have applied to medical school since 2002

A TOP COMMISSION PRIORITY:

Recruiting and training students from rural areas and other under-resourced communities to practice in community health centers in their home region was one of the top recommendations in the Commission's 2019 final report.

A NEW APPROACH TO COMMUNITY HEALTH CARE

The Commission highlighted as a potential model the successful A.T. Still University Hometown Scholars Program, which has improved the alignment of recruitment, training, and retention to expand the workforce pipeline into CHCs. In California, a similar approach has been developed by the Center for a Diverse Healthcare Workforce at UC Davis—called Community-Oriented Regional Education in Primary Care (CORE-PC). Like A.T. Still, CORE-PC partners with CHCs to prepare, recruit, and educate medical and nursing students who have a demonstrated commitment to practicing primary care in their own rural and/or under-resourced community. The program is active in parts of the rural north and Central Valley—and could be scaled statewide.

THE CORE-PC MODEL

Supporting students bound for primary care—and the CHCs that train them

- **Endorsed Applicant Program:** CHC leaders endorse qualified local students for physician, nurse practitioner, or physician assistant education programs. CHC leaders serve on the admissions team, ensuring CORE-PC students represent the diversity of the region.
- **Community Medicine Tracks:** Health professions schools embed students in community-based training tracks with experienced educators who help them develop the knowledge and skills for successful primary care practice within CHCs.
- **CHC Stipends:** Participating CHCs receive an annual stipend for providing high-quality training to CORE-PC students.
- **CORE-PC Scholarships:** Students with financial need who commit to practicing in primary care in a CHC within a rural or under-resourced California community receive tuition relief in the form of scholarships.
- **Safety-Net Professionals Workforce Institute:** A new statewide institute could coordinate and provide necessary technical assistance across health professions schools to expand community-based primary care training.

CORE-PC'S POTENTIAL IMPACT:

» **280 to 560 graduates** could be trained with an investment of \$64.4 million over 10 years, beginning with \$3 million in year one.

» **Up to 1 million patients served** in California's medically underserved communities.

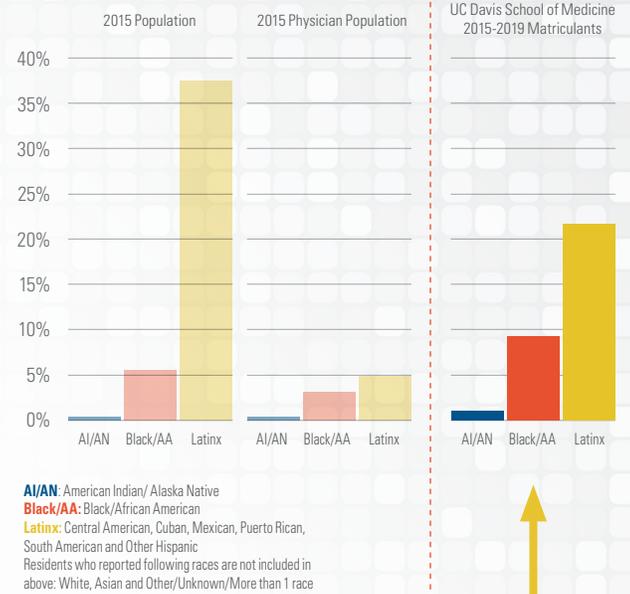
WHAT IT WILL TAKE TO SCALE UP THIS APPROACH

CORE-PC students recommended by partner CHCs enroll in a community medicine track at one school—UC Davis—but with additional funding, this model could be replicated across the state to include other medical and nursing programs (e.g. nurse practitioners, physician assistants). This expansion could be accomplished through new investments in existing state programs, public university systems, health workforce centers, or by funding this effort as a stand-alone initiative.

To support this scaled-up approach, a Safety-Net Professionals Workforce Institute could be established to assist development of statewide cross-sector partnerships including: ensuring student applicant eligibility; coordinating faculty training; providing technical assistance; and centralizing training schedules, distance education, recommendations, evaluations, and feedback.

This level of partnership between CHCs and health professions schools would create a more equitably distributed and diverse healthcare workforce that is deeply connected and prepared to reduce health disparities in California's underserved communities.

A WORKFORCE IN NEED OF DIVERSITY: CALIFORNIA'S PHYSICIAN POPULATION



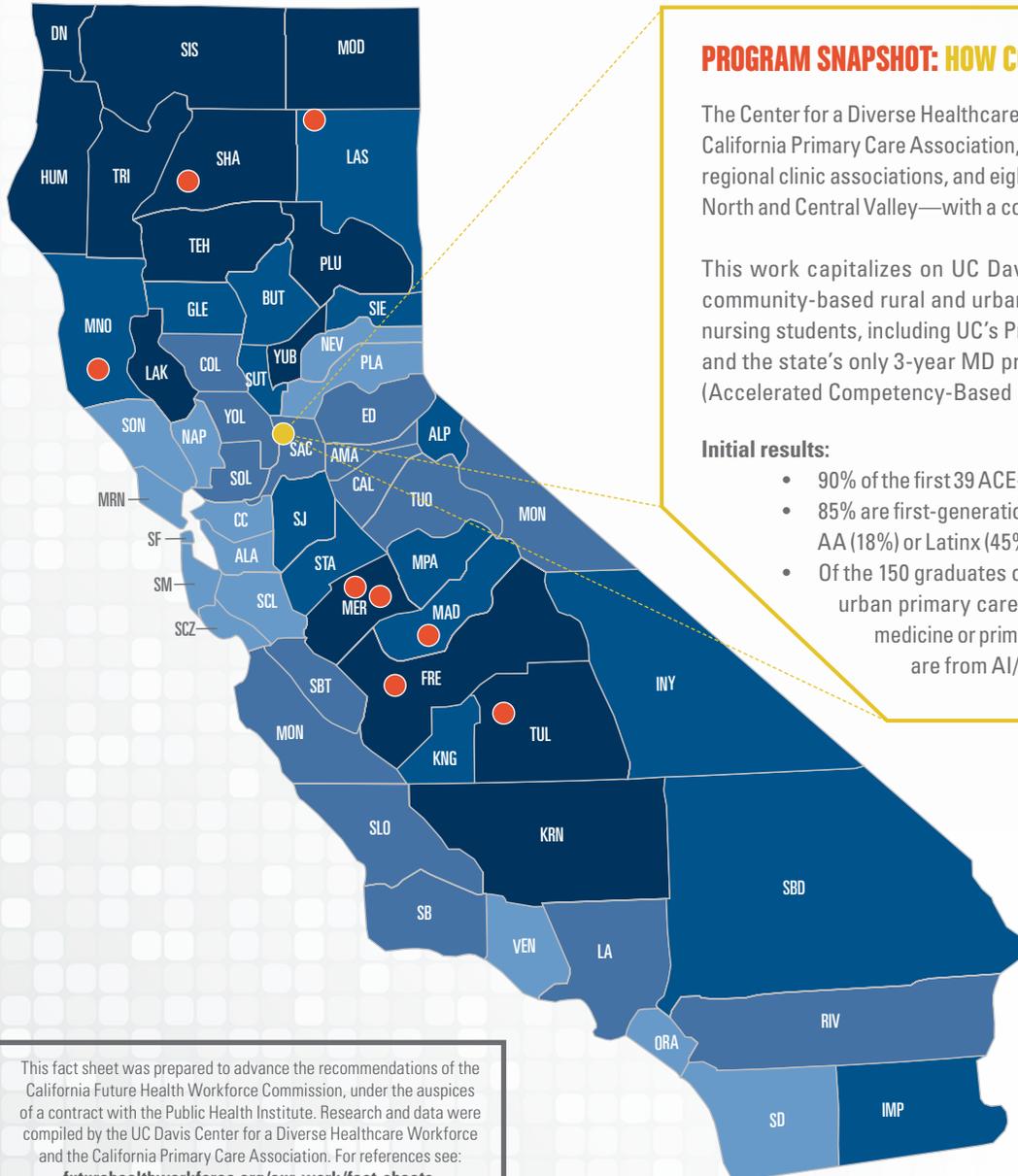
PROGRAM SNAPSHOT: HOW CORE-PC WORKS AT UC DAVIS

The Center for a Diverse Healthcare Workforce is piloting CORE-PC with the California Primary Care Association, UC Davis School of Medicine (UC Davis), regional clinic associations, and eight community health centers in the Rural North and Central Valley—with a combined 64 clinic sites across the region.

This work capitalizes on UC Davis's diverse student population and community-based rural and urban primary care tracks for medical and nursing students, including UC's Programs in Medical Education (PRIME) and the state's only 3-year MD program tied to primary care residency (Accelerated Competency-Based Education in Primary Care or ACE-PC).

Initial results:

- 90% of the first 39 ACE-PC enrollees are pursuing primary care.
- 85% are first-generation college students; 63% are from Black/AA (18%) or Latinx (45%) backgrounds.
- Of the 150 graduates of UC Davis community-based rural and urban primary care tracks, 45% have matched into family medicine or primary care internal medicine residency; half are from AI/AN, Black/AA, or Latinx backgrounds.



This fact sheet was prepared to advance the recommendations of the California Future Health Workforce Commission, under the auspices of a contract with the Public Health Institute. Research and data were compiled by the UC Davis Center for a Diverse Healthcare Workforce and the California Primary Care Association. For references see: futurehealthworkforce.org/our-work/fact-sheets.

COUNTY RANKINGS IN HEALTH OUTCOMES

- Counties ranked 1-14
- Counties ranked 15-29
- Counties ranked 30-44
- Counties ranked 45-58

CORE-PC PILOT PARTICIPANTS

- Center for a Diverse Healthcare Workforce
- Community Health Centers