

## Tuesday, September 27, 2022

8:30am-9:00am	<b>Continental Breakfast</b>
9:00am-9:30am	<i>Welcome</i> Lourdes Montez, Workforce Manager-AACHC <i>Arizona Alliance for Community Health Centers</i> Ana Roscetti, Director of Workforce/CAAHEC Director-AACHC
9:30am-11:00am	<i>Creating and Sustaining an Organizational Culture of Wellness</i> Suzanne Speer, Senior Director of Workforce Development & Helen Rhea Vernier, Training Specialists-Association of Clinicians for the Underserved (ACU), STAR2 Center
11:00am-11:15am	<b>Networking Break</b>
11:15am-12:15pm	<b>Break out Sessions</b> <ul style="list-style-type: none"><li>• <b>Human Resources/Staff Development – <i>The Role of AHEC Centers in Building our Workforce:</i></b> Ana Roscetti, Director of Workforce/CAAHEC Director-AACHC</li><li>• <b>Recruitment/Marketing – <i>Recruitment Tips for Rural &amp; Underserved Sites: The Role HPSA's Play in Recruitment:</i></b> Tracy Lenartz, Shortage Designations Contractor, Bureau of Women and Children's Health-ADHS</li></ul>
12:15pm-1:00pm	<b>Lunch &amp; Workforce Awards Ceremony</b>
1:00pm-1:45pm	<i>Workforce Spotlight: Community Health Workers – Voluntary Certification &amp; Reimbursement Updates</i> Carin Watts, Health Disparities Program Manager Bureau of Chronic Disease and Health Promotion-ADHS
1:45pm-2:00pm	<b>Evaluation, Certificates &amp; Closing</b>



## 2022 Workforce Recruitment & Retention Conference

Ana Roscetti, MPH  
Director of Workforce

# Background Information

## Arizona Alliance for Community Health Centers

- HRSA designated Primary Care Association for Arizona
- Arizona's largest primary care network
- Membership of 23 Federally Qualified Health Centers (FQHCs) operating in over 200 sites in Arizona's rural and urban areas

## FQHCs

- Serve 1 in every 10 Arizonans
- Serve everyone regardless of ability to pay or insurance status
- Contribute \$8.35 for every \$1 federal investment in the State's economy

## **AACHC Vision**

Equitable access to quality healthcare for everyone

## **AACHC Mission**

Advance the work of Community Health Centers

AACHC is committed to serving as a resource for organizations providing primary healthcare to the underserved through training and education, technical assistance, and advocacy.

✓ Members

24 Health Centers operating in over 200 sites in Arizona

2 RHCs

1 Urban Indian Program

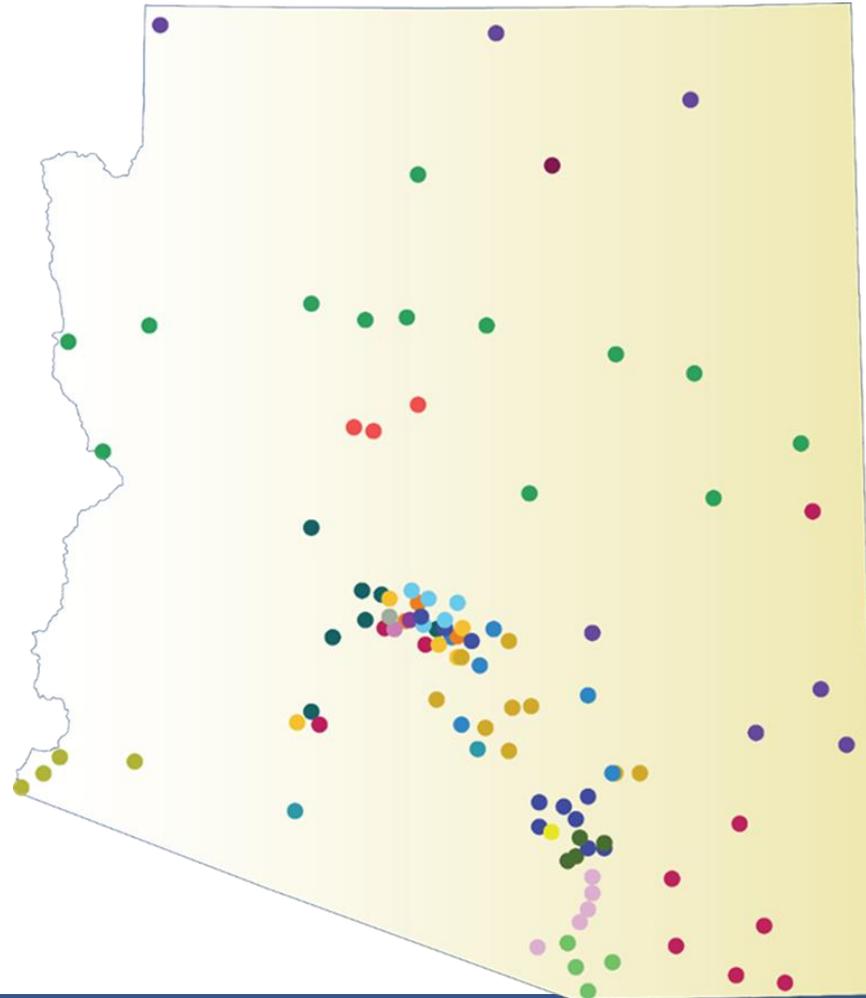
Full Members



Associate Members



# Statewide Access to Care



# Arizona Alliance For Community Health Centers (AACHC)



# AZ Community Health Centers – Community Impact (2019)

## Arizona's Largest Primary Care Network

**23** Health Center  
Program Grantees

**175+** Sites Across Arizona

**7,205** Staff FTEs (Full Time  
Equivalent)

## Serving ~1 in 10 Arizonans

**739,833** Total Patients Served

**3,134,715** Patient Visits



### GENDER

**59%** Female **41%** Male

### AGE\*

**28%** Under 18 **60%** 18 to 64 **12%** 65 and older

# AZ Community Health Centers – Community Impact (2019)

## SPECIAL POPULATIONS



**164,514**

Patients  
Best Served in  
Languages  
Other than  
English



**160,847**

Individuals in  
or adjacent to  
Public Housing



**33,367**

Individuals  
Experiencing  
Homelessness



**18,711**

Gender and  
Sexual Minorities



**14,064**

Veterans

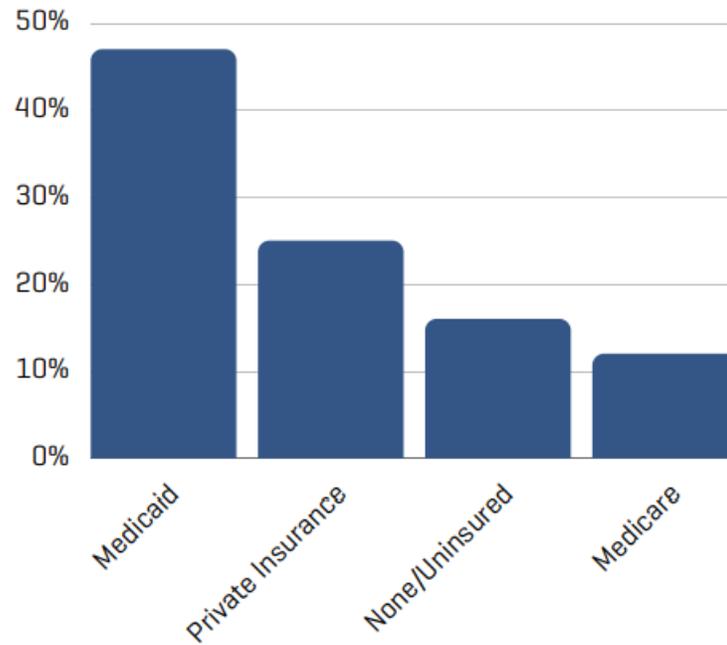


**10,459**

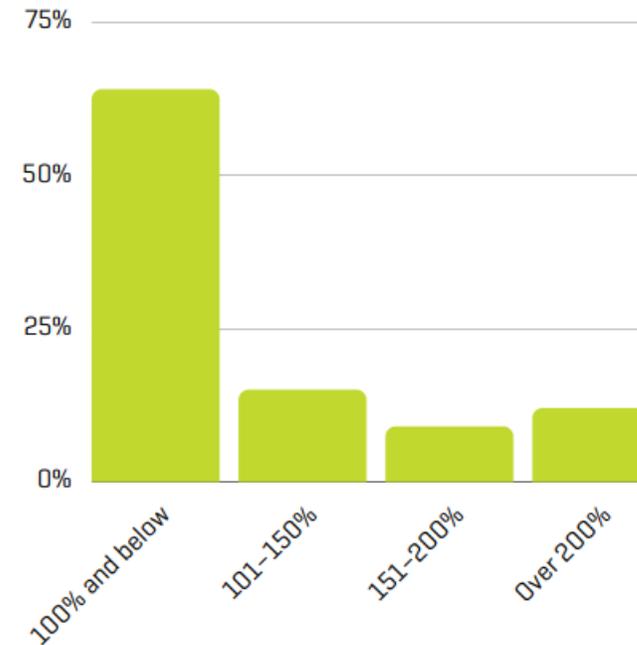
Agricultural  
Workers or  
Dependents

# AZ Community Health Centers – Community Impact (2019)

**PAYOR MIX**



**FEDERAL POVERTY LEVEL \*\***



# Overview of Workforce Development

- Recruitment & Retention Activities
- Health Professions Education and Training (HP-ET) Initiative
  - Strategic Workforce Planning
- Comprehensive Workforce Planning
- HRSA Health Center Workforce Well-Being Initiative
- Addressing Health Equity and Disparities in Arizona (AHEAD-AZ)
- Central Arizona Area Health Education (CAAHEC)
- Arizona Health Improvement Plan (AzHIP)

# Workforce Development: Key Highlights

Program/Project	Primary activities	CHC Value & Impact
Workforce Development	<ul style="list-style-type: none"> <li>Recruitment &amp; Retention Programs/Events</li> <li>HRSA's Health Professions Education and Training Initiative (HP-ET)</li> <li>Comprehensive Workforce Planning</li> </ul>	<ul style="list-style-type: none"> <li>Enhances CHCs' capabilities to recruit, develop, and retain their workforce</li> </ul>
AHEAD-AZ Grant	<ul style="list-style-type: none"> <li>Fast-Track Online Medical Assistant Pilot Program - 39 students enrolled in 9 health centers with expected graduation/certification between December 2022 and February 2023</li> </ul>	<ul style="list-style-type: none"> <li>Fulfills Medical Assistant (MA) needs at CHCs by upskilling incumbent staff to certified MAs</li> </ul>
CAAHEC	<ul style="list-style-type: none"> <li>Community-Based Experiential Training (CBET) – clinical rotations/internships</li> <li>Pipeline Programs – K-12<sup>th</sup> and undergraduate health career exposure and preparation</li> <li>Interprofessional and Continuing Education</li> </ul>	<ul style="list-style-type: none"> <li>Creates opportunities for CHCs to recruit students rotating/interning at their centers</li> <li>Creates a healthcare workforce pipeline for CHCs through students' exposure to various health care career paths</li> <li>Improves the delivery and quality of care and transforms practice through evidence based, team-based, patient-centered models and approaches</li> </ul>
Health Center Workforce Well-Being Initiative	<ul style="list-style-type: none"> <li>Health Center Workforce Well-Being Survey (Launched in Fall 2022)</li> </ul>	<ul style="list-style-type: none"> <li>Aims to identify factors that could be examined, enhanced, and addressed to promote workforce well-being and satisfaction, and prevent burn-out</li> </ul>

# Central Arizona Area Health Education Center

(CAAHEC)

- Mission: Improve the supply, distribution, and diversity of our health care workforce through academic and community partnerships
- Core Services: Pipeline Programs, Community Based Experiential Training, and Continuing Education
- 1 of 6 Regional AHEC Centers in Arizona
- Established in 2019
- Serves Maricopa, West Pinal, and South Yavapai Counties

# AHEC Regional Centers



# Video

- <https://app.frame.io/reviews/f060cbcc-f616-441a-bd4a-9f0644ccca8a/623264a4-772f-44f8-88db-794f471a0ee8>

# Workforce AACHC - CAAHEC Staff:

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[www.caahec.org](http://www.caahec.org)



[www.aachc.org](http://www.aachc.org)



Questions?

[anar@aachc.org](mailto:anar@aachc.org)





# Creating and Sustaining an Organizational Culture of Wellness

*Tuesday, September 27, 2022*

Suzanne Speer  
Senior Director of Workforce Development

Helen Rhea Vernier  
Training Specialist

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# YOUR SPEAKERS



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*(she/her)*

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# ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



Access to Care & Clinician  
Support

Recruitment & Retention

National  
Health  
Service Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

[www.chcworkforce.org](http://www.chcworkforce.org)

Contact us: [info@chcworkforce.org](mailto:info@chcworkforce.org)

# LEARNING OBJECTIVES



- Understand what a culture of wellness means and how it addresses employee well-being
- Identify the fundamental connection between JEDI work and a culture of wellness
- Understand the role a culture of wellness plays in advancing a health center's retention and recruitment goals
- Identify ways to gain leadership buy-in for developing a culture of wellness



# WORKFORCE IS THE FUEL

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A health center with a **full tank** identifies workforce as an essential organizational issue, invests in appropriate operational and staffing resources, and has some key features...



# Core Components

Data-Informed  
Workforce Plan

Equitable &  
Effective  
Compensation  
Structure

Positive Culture  
Focused on  
Engagement

Tested  
Recruitment &  
Retention  
Strategies

Health  
Professions  
Training Program

Chief Workforce  
Officer

High-Functioning  
Managers

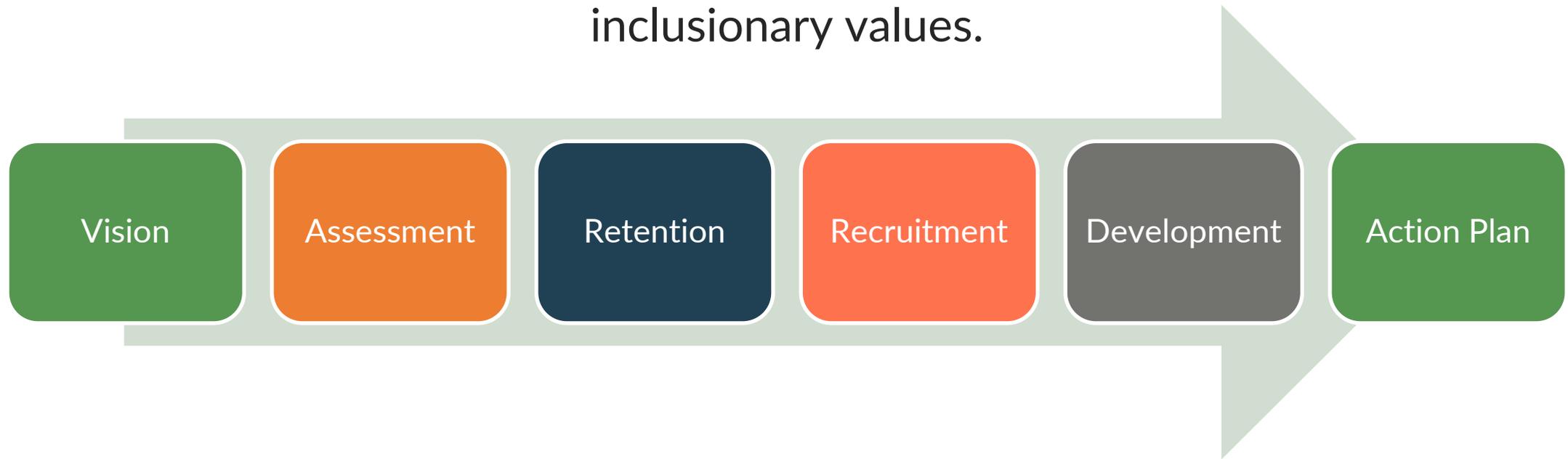
Policies that  
Support Diversity  
& Cultural  
Respect

# COMPREHENSIVE WORKFORCE PLAN

## Definition & Components



A comprehensive workforce plan describes the process for which a health center assesses the needs of its patients and community while identifying strategies for building and sustaining its capacity to support those needs through qualified personnel that embody mission-driven, equitable, and inclusionary values.



Click [here](#) to access the Comprehensive Workforce Plan Definition document.

menti.com

1827 1998

Tell us about  
yourself!

What is your role at  
your organization?



menti.com

1827 1998

Does your  
organization have a  
staff wellness  
program?

- Yes
- No
- Unsure
- Sort of



menti.com  
1827 1998

Where would you place  
your health center's  
progress in diversity,  
equity, and inclusion?

- We haven't started at all
- We have just begun
- We are well on our way
- We are exemplary





**A CULTURE OF WELLNESS**

# WHAT IS A CULTURE OF WELLNESS?



There is no magic solution to keep every employee and team member well and happy. What is important is offering a variety of services that will benefit *them the most*. Some areas of focus include:

- Physical;
- Emotional; and
- Financial Wellness

Creating a culture of wellness means fostering a workplace that encourages and promotes the well-being of your employees. It means implementing ways for employees to be healthier at the workplace and helping them create healthy habits in both their personal and professional lives.

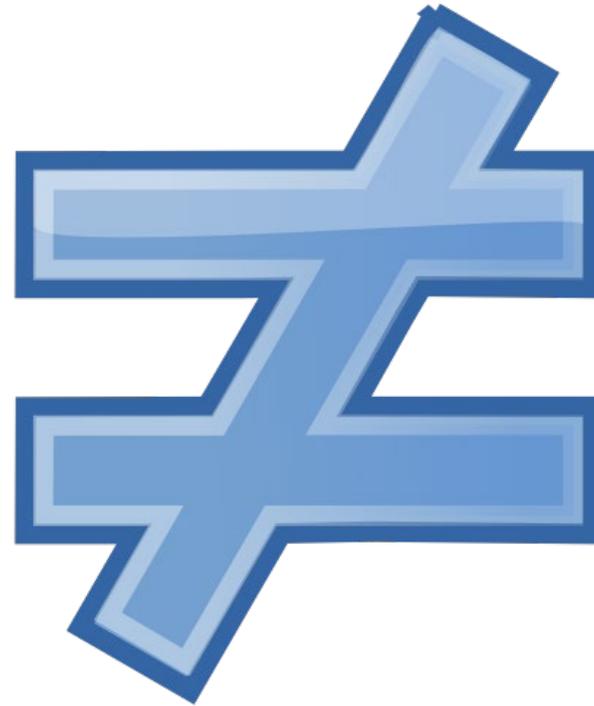


Sources: [Open Source Workplace](#) & [Forbes](#)

# WHAT IS A CULTURE OF WELLNESS?



**WELLNESS**



**HEALTHISM**

# WHY WORK TO CREATE A CULTURE OF WELLNESS?



Source: [Open Source Workplace](#)

# WHY RETENTION MATTERS

Define the Value of Retention with Data



## Turnover is **EXPENSIVE!**

\*Calculate your health center's turnover costs by using the [STAR<sup>2</sup> Center Financial Assessment Tool](#)

Therefore, use data to make a business case for retention:

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your organization losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

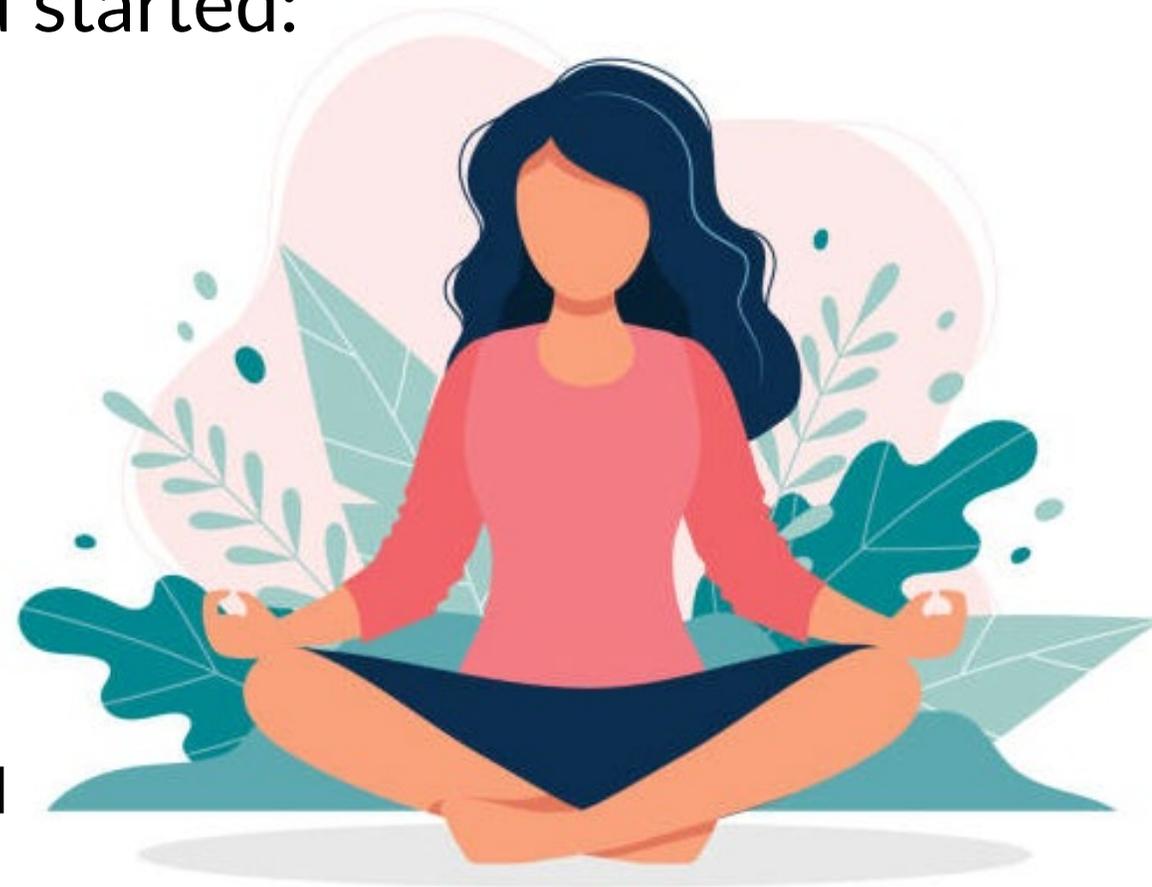
# HOW TO CREATE A CULTURE OF WELLNESS



Ready to develop a culture of wellness at your organization?  
Here are some ideas to help get you started:

- Encourage movement;
- Offer healthy choices;
- Encourage healthy habits;
- Provide opportunities for social engagement;
- Be flexible;
- Encourage comradery;
- Lessen stress;
- Foster a sense of belonging;
- Focus on Justice, Equity, Diversity, and Inclusion (JEDI).

Source: [Forbes](#)



# HOW TO CREATE A CULTURE OF WELLNESS

## Physical

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- Having a wide variety of offerings that benefit physical wellness is a great start.
- Potentially offerings:
  - Free wellness screenings and health risk assessments;
  - Hosting speakers onsite or via video call – utilize your own staff if they are interested!
  - Host a learning session with your health insurance provider (especially around open enrollment);
  - Having flyers, posters, TV monitor announcements, intranet articles about seasonal wellness topics can inspire and remind your team to stay active and safe;
  - Onsite gym or discount to local fitness centers;
  - Schedule walking meetings when possible or just offer space/time to get the blood moving a bit.

# HOW TO CREATE A CULTURE OF WELLNESS

## Emotional



- Put **work-life balance** programs into place.
- Offer flexible work schedules and hybrid work when possible;
- Consider inclusive, creative benefits and leave packages;
- Provide an Employee Assistance Program (EAP);
- Work to **end mental health stigma** and offer emotional wellness tips and strategies visibly;
- Create a **culture that doesn't demand overtime work** in a high-pressure environment.

Source: [Open Source Workplace](#)

# HOW TO CREATE A CULTURE OF WELLNESS

## Financial



- Provide **financial literacy classes** either online or onsite;
- Host speakers and training opportunities for employees on some of the major financial considerations that they may be facing;
- Offer solutions to ease your employee's financial stress;
- Hold annual workshops for retirement planning help and setting long-term financial goals;
- Pay employees a **thriving** wage.



**Group Activity:**

**What does your organization's wellness plan currently contain and/or what do you want to incorporate into it?**



## A CULTURE OF WELLNESS

**Instructions:** Take a moment to write in each box what your health center is currently doing to support its staff in each of the following wellness areas. If your health center does not have any wellness activities for the following topics, please write what your health center can do or should be doing. Discuss the ideas with your group.

Physical

Emotional

Financial

Communication



**JUSTICE, EQUITY, DIVERSITY, & INCLUSION**

# DEFINITIONS



**(Social) Justice:** An analysis of **how power, privilege, and oppression impact the experience of our social identities.** It reflects a society, community, and institution mutually shaped to meet the needs of all groups through full and equal participation and creates physically and psychologically safe and secure spaces for all.

**Equity:** The notion of being fair and impartial as an individual engages with an organization or system. It reflects processes and practices that both acknowledge that we live in a world where **everyone has not been afforded the same resources and treatment while also working to remedy this fact.**

**Diversity:** Having a **variety of social identities** (sex, race, gender, class, religion, ability, health, ethnicity, migration history and many others) that spend time in shared spaces, communities, institutions or society.

**Inclusion:** The notion that an organization or system is welcoming to new populations and/or identities. This new **presence is not merely tolerated but expected to contribute meaningfully** into the system in a positive, mutually beneficial way.

# WHY JEDI MATTERS

## The Wellness Case



- Improved wellbeing and productivity
- Addressing systemic injustices exacerbated by the COVID-19 pandemic
- Enhance feelings of inclusion and belonging
- Increase staff longevity, mental health, and engagement



# A CULTURE OF WELLNESS

The JEDI Lens



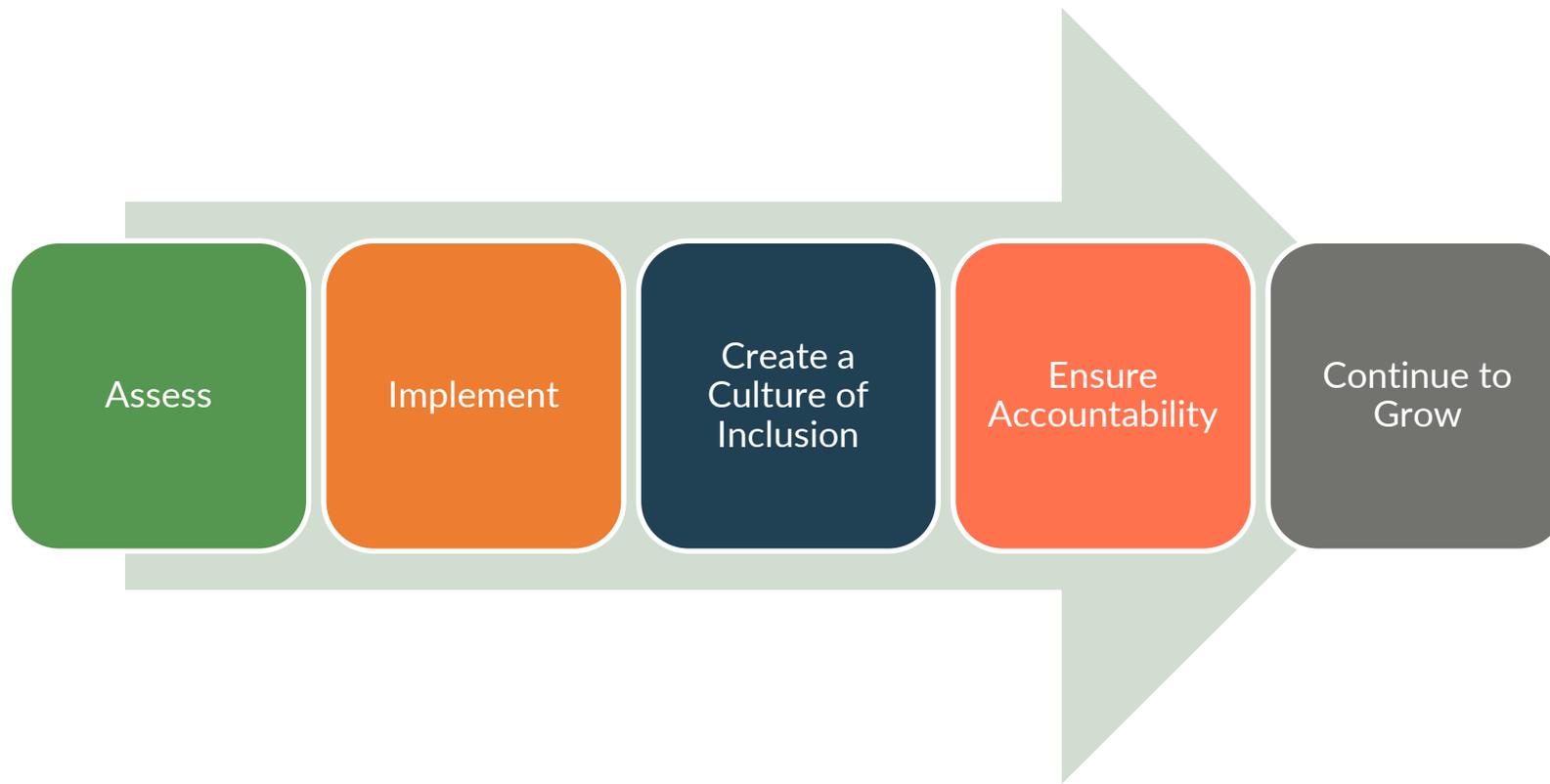
Inclusive and diverse recruiting, hiring, training, engagement, and promotion

Move beyond a one-size-fits-all solution

Consider the impacts of microaggressions and homogenous internal work culture

Talk to your staff!

# THE PROCESS





# RETENTION & RECRUITMENT

# POSITIVE CULTURE FOCUSED ON **ENGAGEMENT**

Core Component



Focus on a culture of **two-way communication** to continually improve the practice experience, reduce burnout, and support transdisciplinary teams in a consistent way.





A CULTURE OF...

# RETENTION

- Engaged
- Consistent
- Positive
- Transparent

# EMPLOYEE SATISFACTION

## Issues to Address



- **Staffing**: most commonly mentioned factors are a lack of training and a lack of partnership between support staff and providers
- **Work load**: often exacerbated by staffing issues
- **Management**: need for better “facility flow” and infrastructure, lack of power to make improvements, not heard by management
- **Financial considerations**: salaries not competitive
- **Scheduling/vacation**: inflexible schedules, lack of work/life balance



# INVEST IN YOUR EMPLOYEES

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- Provide professional development, continuing education, and mentorship
  - Ensure it meets the needs of BIPOC individuals and other underrepresented/diverse groups
- Remember, experience is as important as education
- Invest in career ladders that train a diverse and inclusive group of employees for the successful and equitable achievement of leadership positions



# COMMUNICATION IS ESSENTIAL

Words and Actions of Leadership Matter

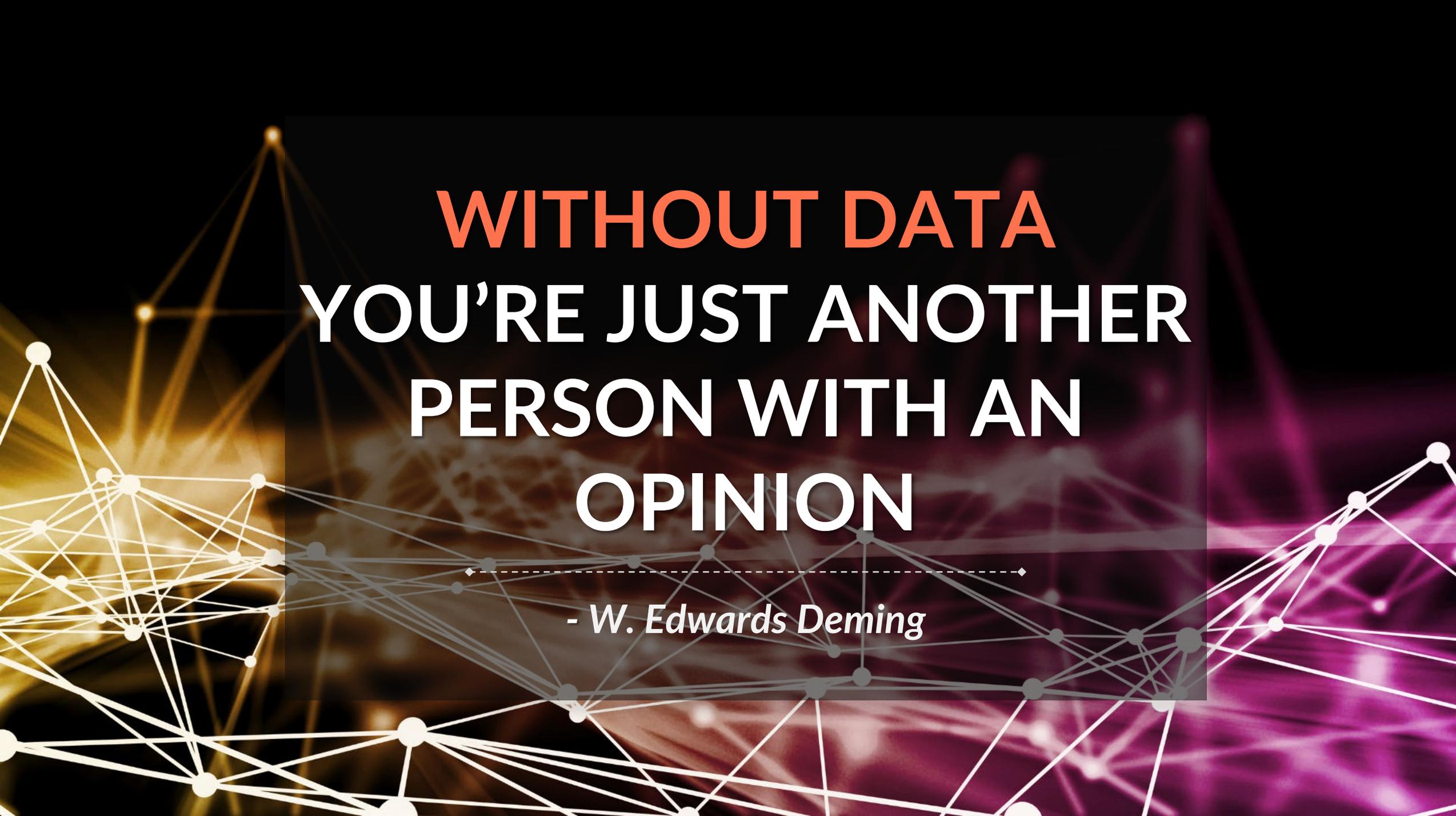


- What you say and what you do matters
- How you say it and the actions you take matter
- Practice bi-directional communication
  - Create a dialogue
  - Don't be dismissive
  - Be open – listen, learn, adapt
- Take a strengths-based perspective
- Appreciation goes a long way!





# LEADERSHIP BUY-IN



**WITHOUT DATA**  
**YOU'RE JUST ANOTHER**  
**PERSON WITH AN**  
**OPINION**

*- W. Edwards Deming*

“Data storytelling [is] the ability to convey data not just in numbers or charts, but as a **narrative** that humans can comprehend. Just as with any good story, a data tale has to have a beginning, a middle, and an end. It needs to be presented **without bias** and with the **proper empathy** and context...”



Beth Stackpole <https://mitsloan.mit.edu/ideas-made-to-matter/next-chapter-analytics-data-storytelling>



# TYPES OF DATA

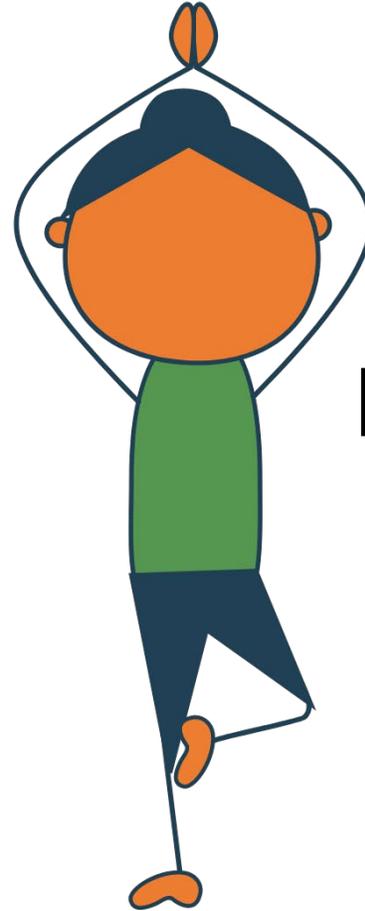
Quantitative & Qualitative



## Quantitative

Expressed by **numbers**

counted, measurable



## Qualitative

Expressed by **language**

descriptive, conceptual

# BUILD A BUSINESS CASE

Define the Value of Retention



## Turnover is **EXPENSIVE!**

\*Calculate your health center's turnover costs by using the [STAR<sup>2</sup> Center Financial Assessment Tool](#)

Therefore, use data to make a business case for retention:

- What's the actual cost of turnover?
- What's the cost of a provider vacancy?
- How much does it cost to recruit?
- How much money is your organization losing to these workforce issues?
- How can you better invest money to retain staff and minimize losses?

# THE GREAT RESIGNATION

High Loss, High Cost



According to the U.S. Bureau of Labor Statistics, **four million** Americans quit their jobs in July 2021

- Resignation rates are highest among mid-career professionals
- Resignations rates are highest in the healthcare and tech industries

Address the problem by:

- Taking a **data-driven approach** and quantify the problem
- **Identify root causes** and make needed changes
- **Develop comprehensive workforce plans** tailored to your health centers needs

Sources: [Harvard Business Review](#) & [U.S. Bureau of Labor Statistics](#)

# THE CHANGING WORKFORCE LANDSCAPE

## Meeting the Need



**ACU**  
ASSOCIATION OF CLINICIANS  
FOR THE UNDERSERVED



**STAR<sup>2</sup>CENTER**  
SOLUTIONS TRAINING AND ASSISTANCE  
FOR RECRUITMENT & RETENTION

- **Hybrid Workspaces** – no longer an option, but an expectation
  - Think about policies, legal requirements, stipends
- **Multi-generational staff** – Millennials and Gen Z (understand their needs)
  - Succession planning
  - Baby boomers retiring/others leaving healthcare
- **Compensation Equity** – not just a living wage, BUT a thriving wage
  - Think about regular pay audits, not using salary histories, posting salary ranges
- **Inclusive Benefits** – be creative and use a JEDI lens
  - Think about transgender care, family paid leave, continuing education, flexible policies
- **Work/Life Balance** – the pandemic further highlighted this necessity
  - Essential for the next generation of mission-driven staff

And, so much more...

# THE FUTURE OF WORKFORCE

Change is Essential, Inevitable, & Constant



The COVID-19 pandemic and social justice movements changed the workforce landscape. Health centers need to **embrace change and adapt** to the workforce of the future in order to succeed in their workforce strategies.





## STAR<sup>2</sup> CENTER RESOURCES

- Self-Assessment Tool
- Health Center Provider Retention and Recruitment Template
- Financial Assessment Tool
- Strategic Workforce Planning Workbook
- Chief Workforce Officer Toolkit
- Building an Inclusive Organization Toolkit
- Pay Equity Checklist

You can find all of these resources and more by visiting: [chcworkforce.org/bundle/star%20b2-center-original-resources](https://chcworkforce.org/bundle/star%20b2-center-original-resources)



## OTHER RESOURCES

- [A Toolkit for Recruiting and Hiring a More Diverse Workforce](#) UC Hastings College of the Law. University Health Services, UC Berkeley
- [AWAKE to WOKE to WORK: Building a Race Equity Culture](#) - ProInspire. Equity in the Center.
- [Bias Interrupters: Tools for Organizations](#) -The Center for Work Life Law
- [Countering Bias in Hiring](#) - King County.
- [Cultural Humility: A Concept Paper](#) - Foronda, C., Baptiste, D., Reinholdt, M., and Ousman, K. (2016).. *Journal of Transcultural Nursing*, 27(3), 210-217
- [Diversity, Equity & Inclusion](#) – Society for Human Resource Management (SHRM)
- [Emotional Wellness Toolkit](#) – National Institutes of Health (NIH)
- [Equity & Social Justice Strategic Plan Racial Equity Tools](#) - King County (Seattle)
- [On-Demand Webinars](#) - JustLead Washington

# QUESTIONS



**STAY IN TOUCH!**

**Chcworkforce.org**

**info@chcworkforce.org**

**844-ACU-HIRE**



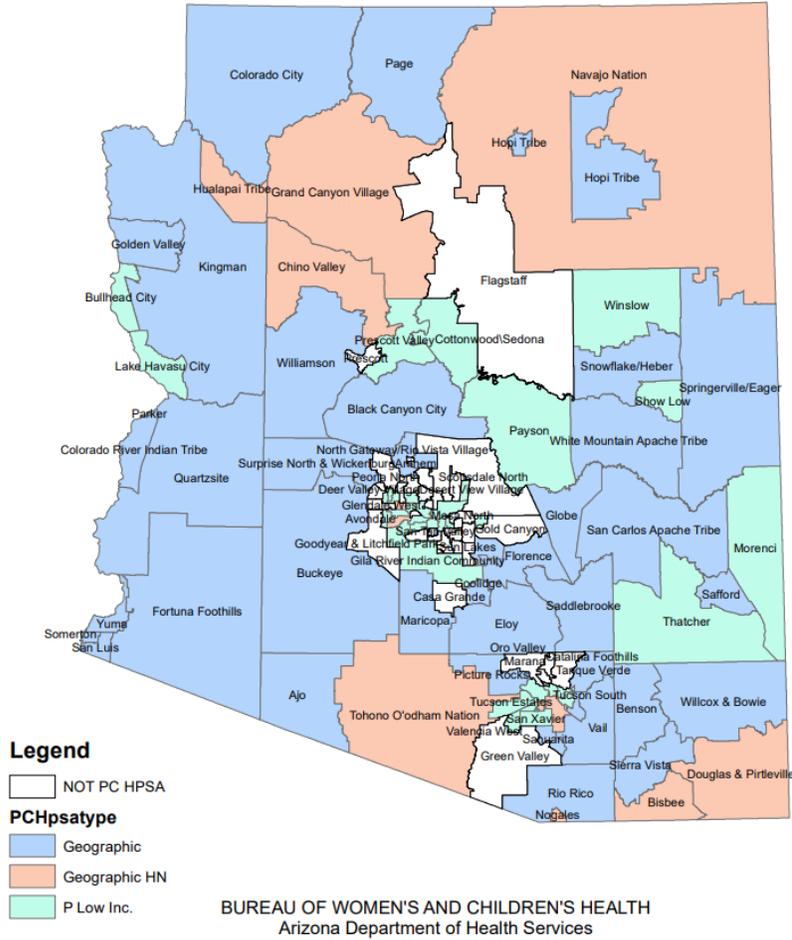


# The Role AHEC Centers Play in Building the Workforce

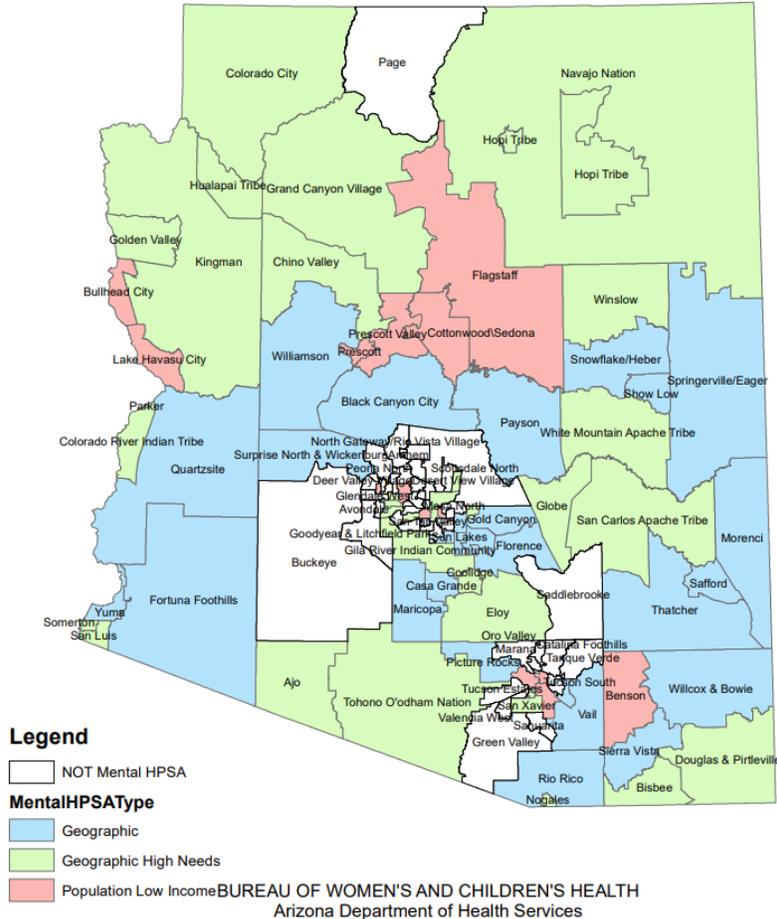
Ana Roscetti, MPH  
Director of Workforce  
Arizona Alliance for Community Health Centers



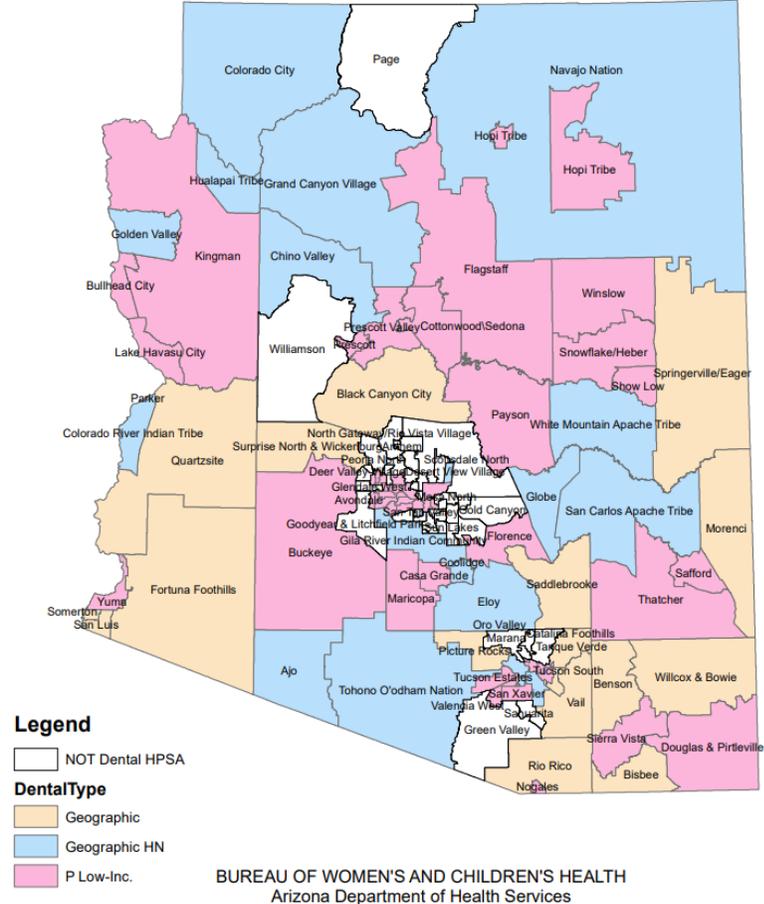
# Workforce Shortages



Primary Care



Mental Health



Dental

# Current Shortages - Arizona

653 Primary Care Physicians  
217 Psychiatrists  
406 Dentists

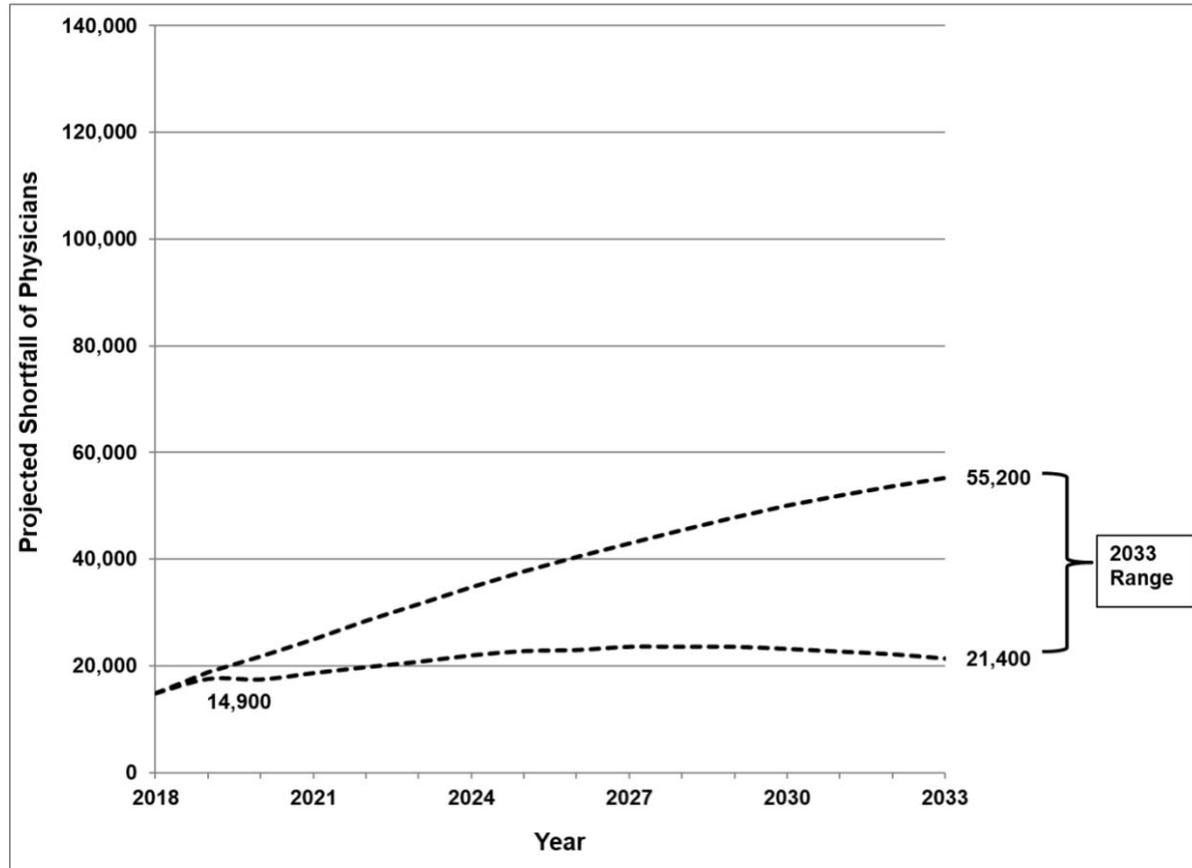


# Why Is It Important?

- Population growth – growth of about 10% by 2033
- Aging – Growth of about 45% by 2033
- Physician Retirement – 2 of 5 currently active physicians will be 65 or older within the next decade
- Shortage projections could be higher if we were to account for underserved demand for health care

# Projected National Shortages of Primary Care Physicians

Exhibit 4: Projected Primary Care Physician Shortfall Range, 2018-2033



Source: Association of American Medical Colleges, [The Complexities of Physician Supply and Demand: Projections from 2018 to 2033](#)

# Projected National Shortages of Dentists

**Exhibit 1. Projected Supply and Demand for Dentists in the United States, 2017-2030**

	Total Dentists	General	Pediatric	Endo-dontists	Oral Surgeons	Ortho-dontists	Perio-dontists	Other Dentists <sup>d</sup>
<b>Supply (Status Quo scenario)</b>								
Estimated supply, 2017	190,510	151,170	7,320	5,390	7,070	9,990	5,480	4,090
New entrants, 2017-2030	81,860	60,060	5,650	2,780	3,520	4,920	2,260	2,670
Changing work patterns	-9,970	-7,570	-470	-290	-430	-540	-330	-340
Attrition <sup>a</sup> , 2017-2030	-54,470	-42,980	-1,530	-1,580	-2,200	-2,760	-1,920	-1,500
Projected supply, 2030	207,930	160,680	10,970	6,300	7,960	11,610	5,490	4,920
Net growth, 2017-2030	17,420	9,510	3,650 <sup>c</sup>	910	890	1,620	10	830
% growth, 2017-2030	9%	6%	50%	17%	13%	16%	0%	20%
<b>Demand (Status Quo scenario)<sup>b</sup></b>								
Estimated demand, 2017	190,510	151,170	7,320	5,390	7,070	9,990	5,480	4,090
Projected demand, 2030	206,850	165,490	7,470	5,750	7,590	9,890	6,080	4,580
Total growth, 2017-2030	16,340	14,320	150	360	520	-100	600	490
% growth, 2017-2030	9%	9%	2%	7%	7%	-1%	11%	12%
<b>Adequacy of supply, 2030</b>								
Supply-demand	1,080	-4,810	3,500	550	370	1,720	-590	340
Percent adequacy (supply/demand)	101%	97%	147%	110%	105%	117%	90%	107%



Data Sources: <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

# Projected National Shortages of Psychiatrists and Behavioral Health Providers

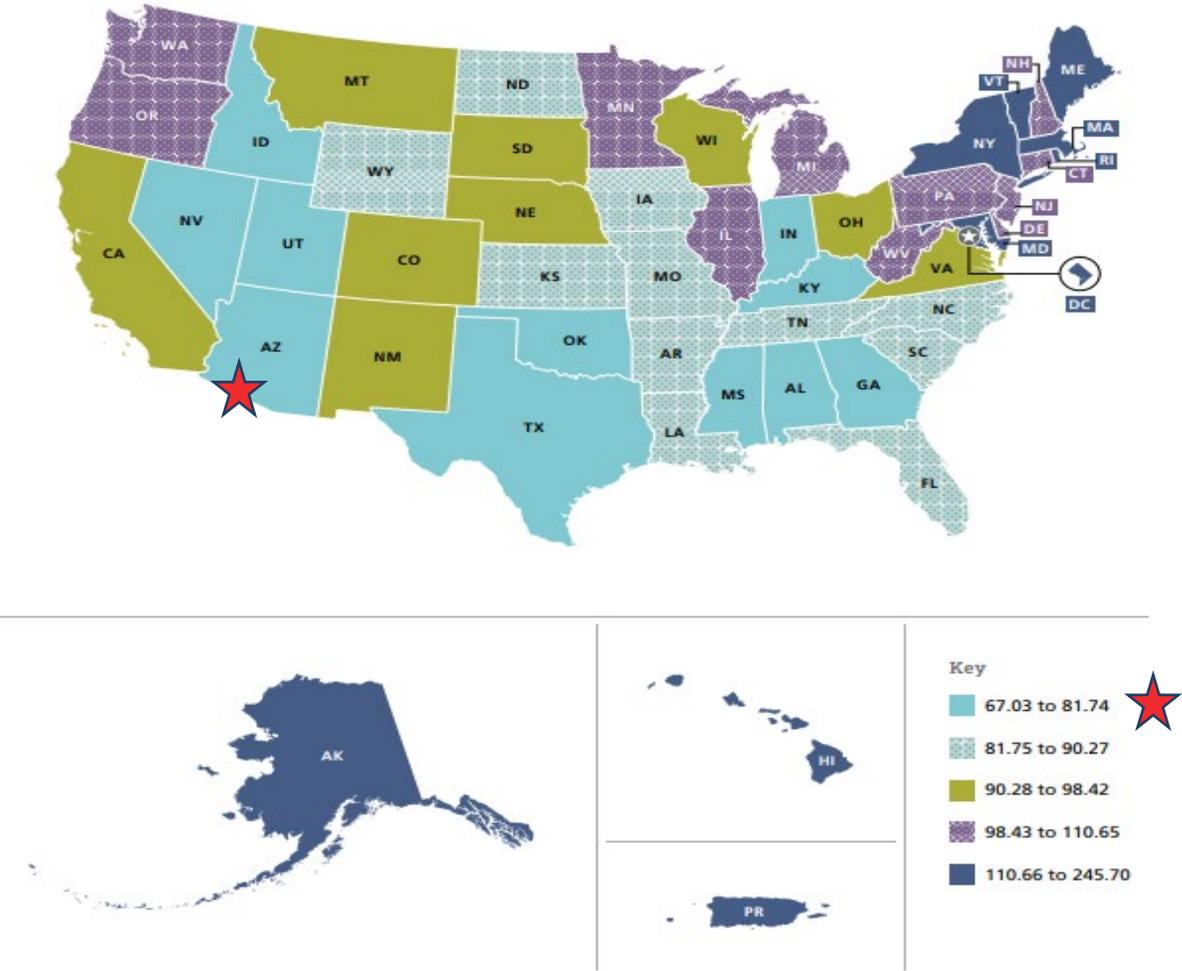
Exhibit 1. Projected Supply and Demand for Behavioral Health Occupations in the U.S., 2017-2030

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
<b>Supply <sup>a</sup></b>										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
<i>New entrants, 2017-2030</i>	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
<i>Attrition <sup>b</sup>, 2017-2030</i>	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
<i>Change in work patterns <sup>c</sup></i>	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
<b>Demand</b>										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 <sup>d</sup>	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
<b>Adequacy of Supply, 2030</b>										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990



Data Sources: <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

Active Primary Care Physicians per 100,000 Population by Degree Type, 2020



Source: Association of American Medical Colleges: [2021 State Physician Workforce Data Report](#)

# Arizona Physician Workforce Profile

<b>2019-2020</b>	State Population:	7,278,717	Total Female Physicians:	6,003
	Population ≤ age 24	2,334,177	Total MD or DO Students:	2,366
	Total Active Physicians:	18,343	Total Residents:	2,071
	Primary Care Physicians:	5,835		

For additional data, including maps and tables, please see the 2021 State Physician Workforce Data Report online at [www.aamc.org/workforce](http://www.aamc.org/workforce)

		AZ	AZ Rank	State Median
<b>Physician Supply</b>	Active Physicians per 100,000 Population, 2020	252.0	31	272.0
	Total Active Patient Care Physicians per 100,000 Population, 2020	230.6	29	239.8
	Active Primary Care Physicians per 100,000 Population, 2020	80.2	42	94.7
	Active Patient Care Primary Care Physicians per 100,000 Population, 2020	74.9	40	84.5
	Active General Surgeons per 100,000 Population, 2020	6.9	43	7.7
	Active Patient Care General Surgeons per 100,000 Population, 2020	6.1	40	7.0
	Percentage of Active Physicians Who Are Female, 2020	33.2%	32	36.1%
	Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2020	24.6%	15	19.7%
	Percentage of Active Physicians Who Are Age 60 or Older, 2020	34.3%	20	32.9%
	Percent of Active Physicians Who Identify as Asian, 2020	19.3%	11	13.7%
	Percent of Active Physicians Who Identify as Black or African American, 2020	3.8%	24	3.8%
	Percent of Active Physicians Who Identify as Hispanic, Latino or of Spanish Origin, 2020	6.7%	4	3.2%
	Percent of Active Physicians Who Identify as American Indian or Alaska Native, 2020	0.9%	8	0.4%
	Percent of Active Physicians Who Identify as Native Hawaiian or Other Pacific Islander, 2020	0.2%	12	0.1%
	Percent of Active Physicians Who Identify as Other Race/Ethnicity, 2020	2.1%	9	1.4%
Percent of Active Physicians Who Identify as White, 2020	58.6%	40	67.3%	



# Current Supply: Patient Care Primary Care Physicians

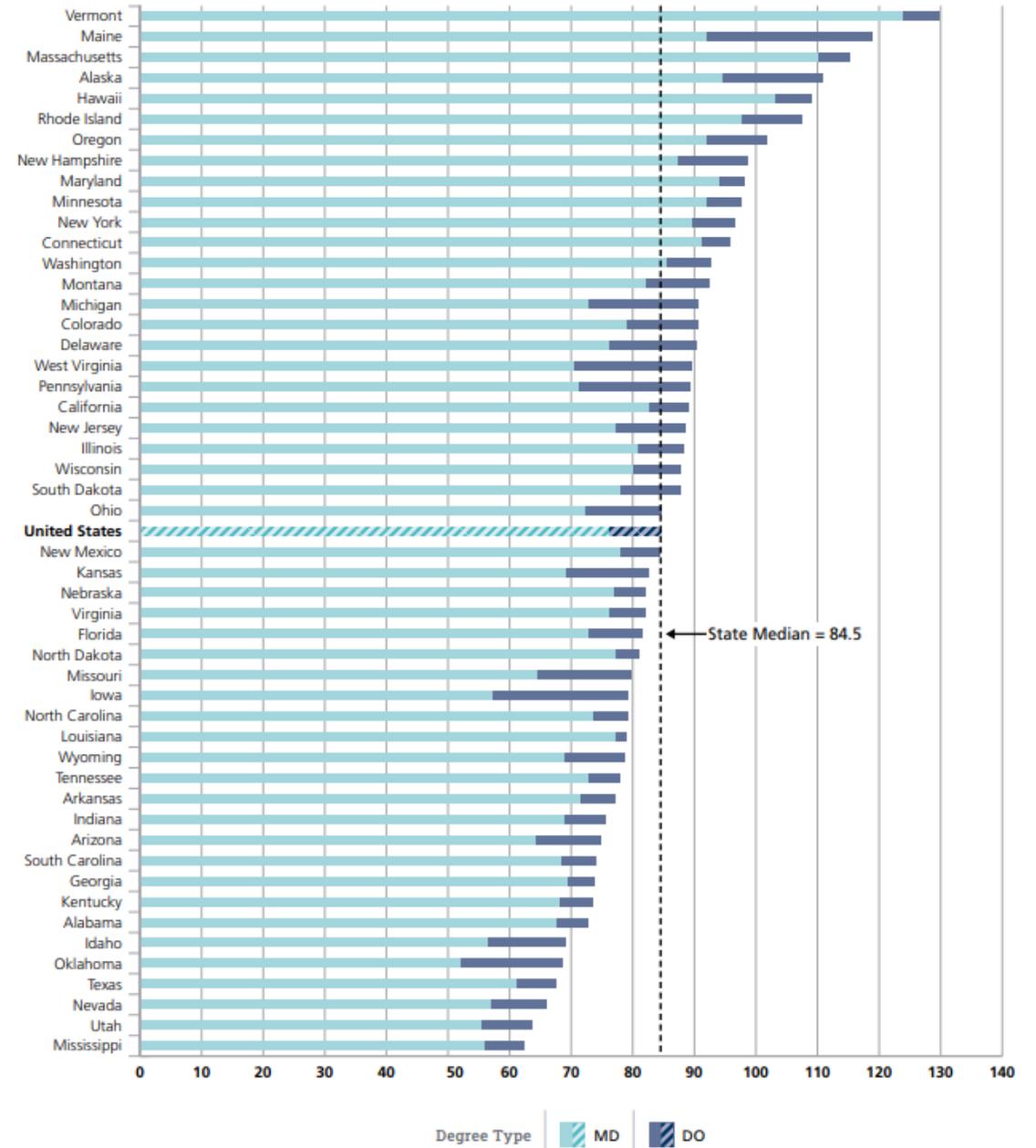
Arizona is ranked 40<sup>th</sup> in the number of patient care primary care physicians:

84.5 per 100,000 populations (US)

74.9 per 100,000 populations (AZ)

US →

AZ →



Source: Association of American Medical Colleges:  
[2021 State Physician Workforce Data Report](#)

# Current Supply: Undergraduate Medical Education

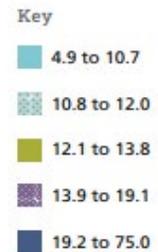
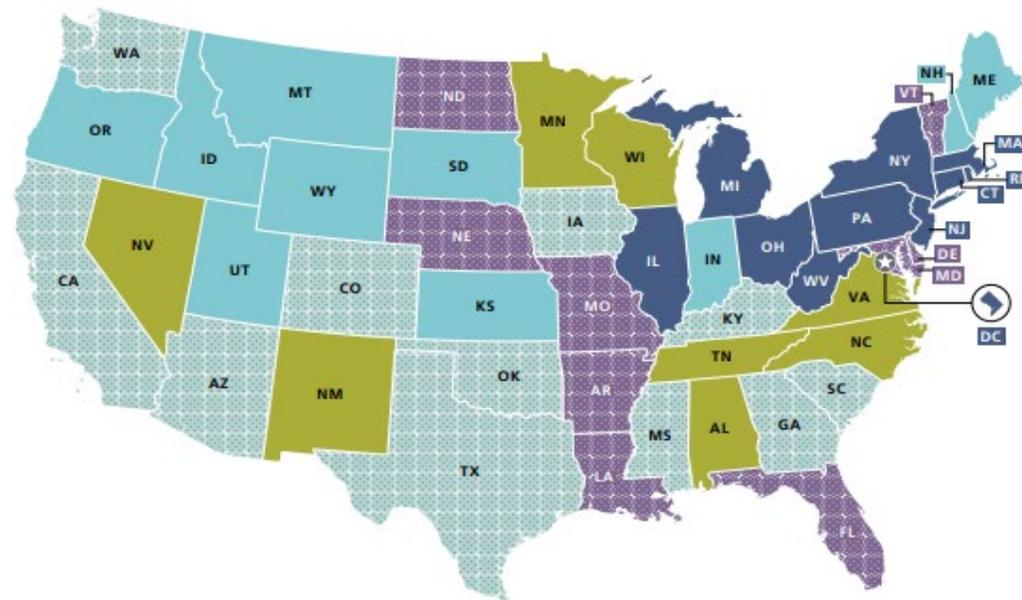
	Enrollment (2018-2019)	Enrollment (2020-2021)	Increase	% Increase
MD	841	867	26	3%
DO	1,433	1,499	66	5%
<b>TOTAL</b>	<b>2,274</b>	<b>2,366</b>	<b>92</b>	<b>4%</b>

	Enrollment (2010-2011)	Enrollment (2020-2021)	Increase	% Increase
MD	650	867	217	33%
DO	1,322	1,499	177	13%
<b>TOTAL</b>	<b>1,972</b>	<b>2,366</b>	<b>394</b>	<b>20%</b>

Sources: Association of American Medical Colleges:

[2021 State Physician Workforce Data Report](#), [2011 State Physician Workforce Data Report](#)

Residents and Fellows on Duty as of Dec. 31, 2020, in ACGME-Accredited Primary Care Programs per 100,000 Population by Degree Type



# Current Supply: Residents and Fellows in ACGME Accredited Primary Care Programs

	PCP Residents (As of Dec 2010)	PCP Residents (As of Dec 2020)	Increase	% Increase
MD	494	566	72	14%
DO	99	217	118	119%
<b>TOTAL</b>	<b>593</b>	<b>783</b>	<b>190</b>	<b>32%</b>

Sources: Association of American Medical Colleges:  
[2021 State Physician Workforce Data Report](#), [2011 State Physician Workforce Data Report](#)



# Retention of UME and GME Graduates

## Arizona

Active Physician UME Graduates in AZ	UME Retained in Arizona	Percent Retention
5,622	2,473	44%

Active Physician GME Graduates in AZ	UME Retained in Arizona	Percent Retention
9,239	4,538	49.1%

Sources: Association of American Medical Colleges:  
[2021 State Physician Workforce Data Report](#), [2011 State Physician Workforce Data Report](#)

# Annual Survey of Medical School Enrollment

Nov 2019

- Survey went out to 154 Deans of MD-granting schools in the US
- Survey Response Rate: 91%
- Questions of Clinical Rotations
  - *Rate concerns about the number of clinical training sites, the supply of qualified primary care preceptors, and the supply of qualified specialty preceptors*
- Questions on Graduate Medical Education:
  - *What is your level of concern about your incoming students' ability to find a residency training position of their choice upon completion of medical school?*
  - *What is your level of concern that the overall expansion in medical school enrollment could produce more graduates than graduate medical education can accommodate?*

# Concerns on Clinical Training Opportunities

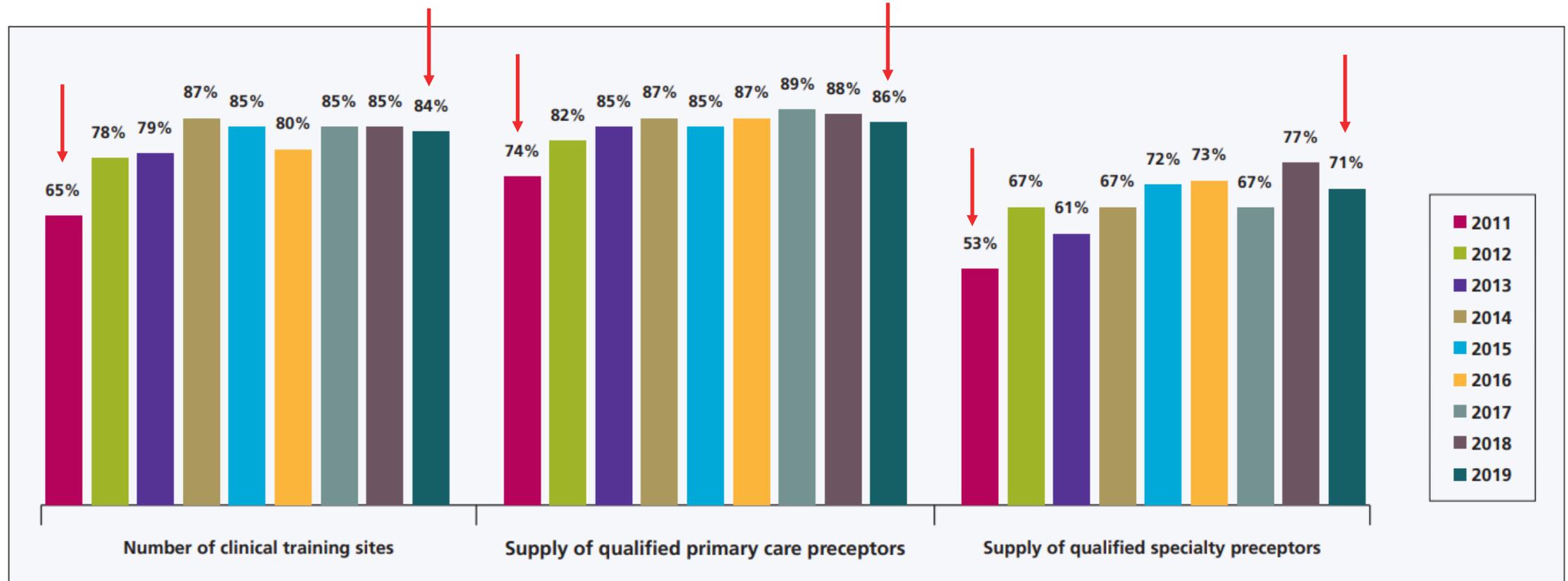
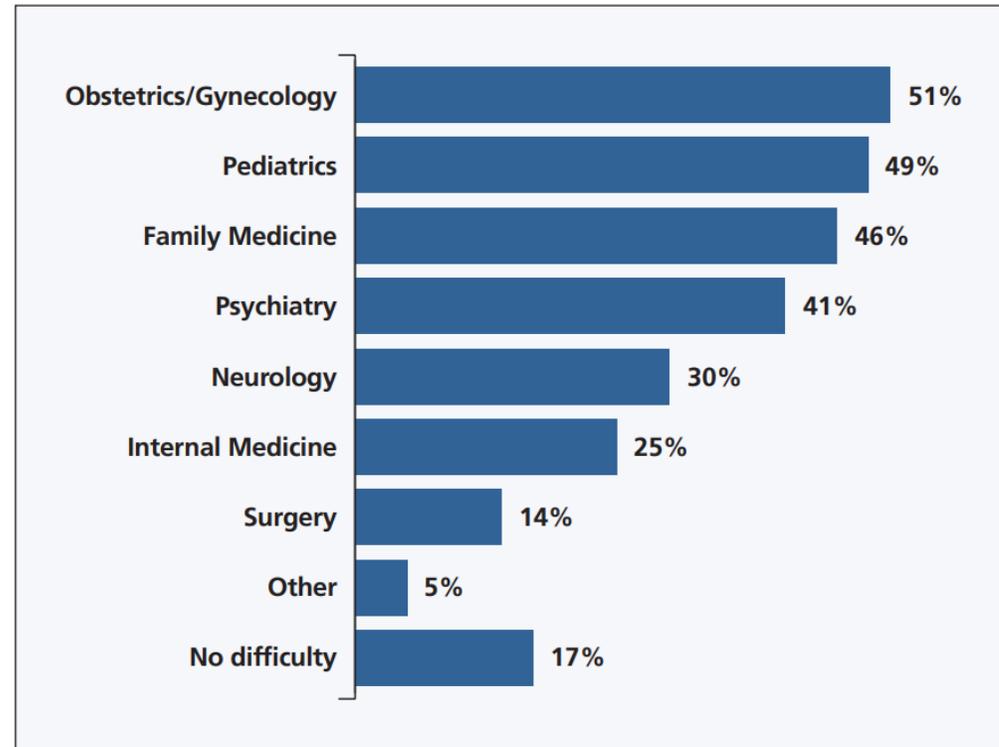


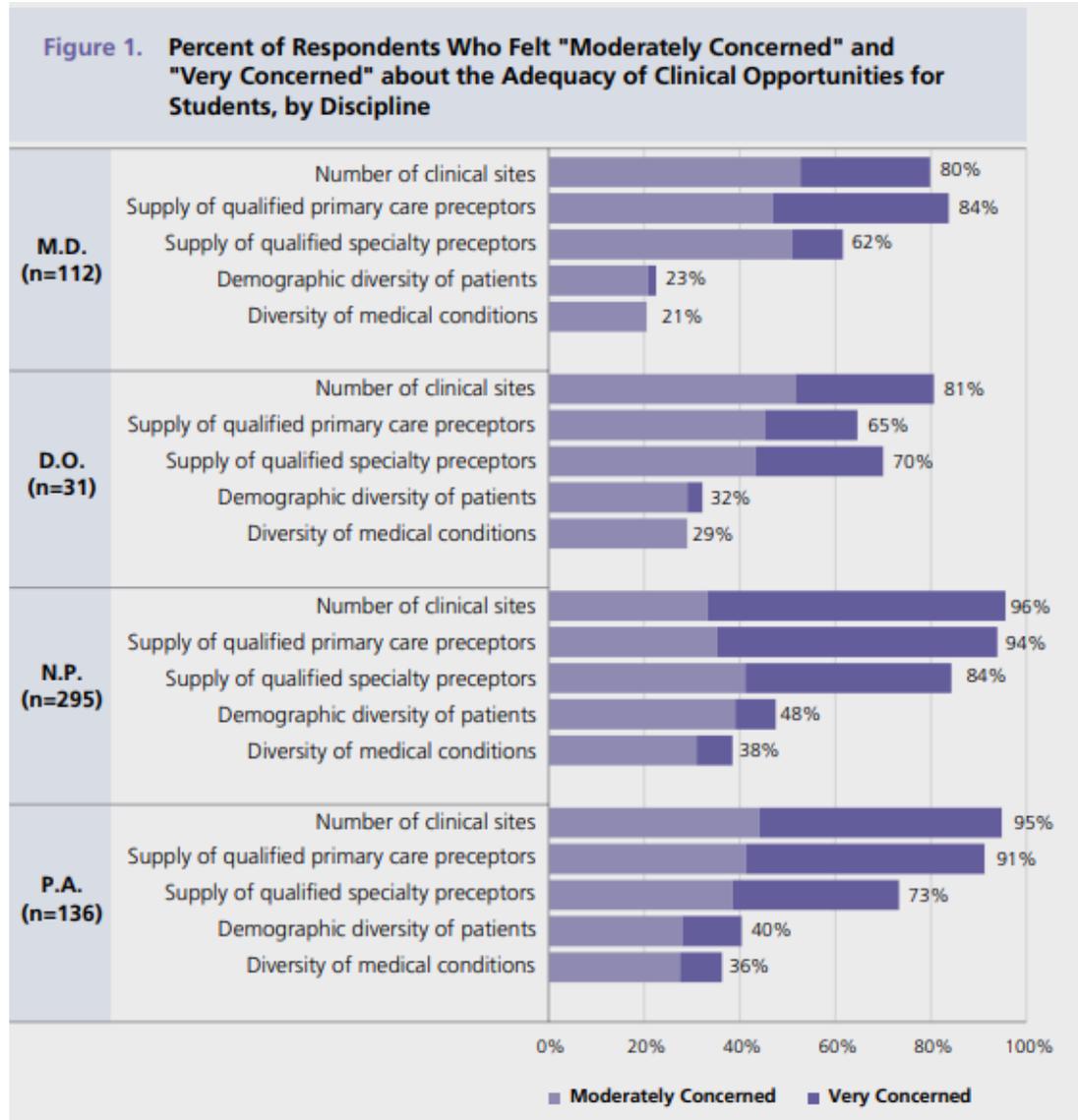
Figure 5. Percentage of MD-granting schools concerned about clinical training opportunities, 2011-2019.

# Percentage of MD schools Experiencing Difficulty in Finding Clinical Rotations



**Figure 9.** Percentage of MD-granting schools having difficulty finding clinical training sites by selected specialties.

## Concern about adequacy of clerkships/clinical training sites



Source: [Recruiting and Maintaining U.S. Clinical Training Sites, Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey](#)

# AREA HEALTH EDUCATION CENTERS

Are they effective in addressing workforce shortages?

Are they effective in promoting Community Oriented Primary Care?

# History of AHEC

- Carnegie Commission on Higher Education's report *"Higher Education and the Nation's Health: Policies for Medical and Dental Education"*
  - Concerns about health manpower maldistribution and training
  - Recommended the restructuring of the "health manpower education"
- 1971, enactment of the Comprehensive Health Manpower Training Act, with authorizing language for the creation of the AHEC Program
- 1972, funding from the federal government to 11 Universities
- Between 1972 and 1979, 12 new awards to States were granted (\$160M of federal investment)
- Now, 56 AHEC programs and 236 regional centers exist in 47 states

# Evaluation of AHEC Programs

- 1978 report of the U.S. Government Accounting Office
- 1978 report of the U.S. House of Representatives, Appropriations Subcommittee on Health
- 1976 and 1979 reports of the Carnegie Council on Policy Studies in Higher Education
- 1980 report to the Congress by the Secretary of the Department of Health, Education, and Welfare
- 1980 report of the Graduate Medical Education National Advisory Committee (GMENAC)

# Evaluation Results

- A significant impact on the distribution of physicians in the areas served by AHECs
- Substantial increases in numbers of physicians compared to declines in physician numbers in the non-AHEC regions (California)
- 70 percent retention of family practice residents as a result of AHEC activity/support (Illinois)
- Dramatic increase in the number of North Carolina medical school graduates choosing to practice in the state since the beginning of the AHEC program
- During the first 5 years of the AHEC Program in North Dakota, the ratio of physicians per 100,000 population improved from 85.1 to 108
- A doubling of minority physicians practicing in the state, from 39 in 1979 to 84 in 1980 (South Carolina)
- Increase in the percentage of graduates remaining for residency training from 26 percent in 1978 to more than 40 percent in 1981 (Colorado)

# ARIZONA AREA HEALTH EDUCATION CENTERS

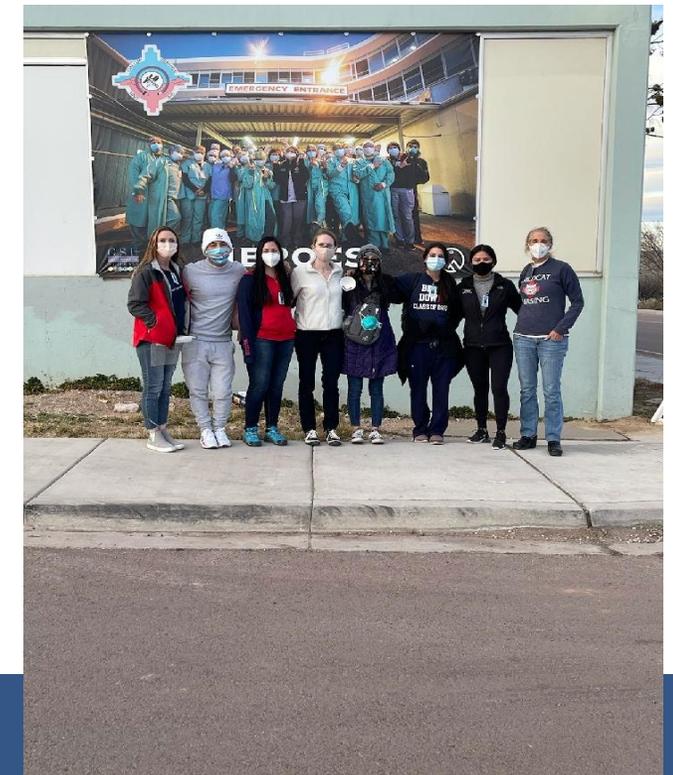
## MISSION STATEMENT

To improve the supply, diversity, and distribution of health care professionals in Arizona through academic and community partnerships.

# How do we do this

## Core Services

- K-12 and pre-health career preparation
- Community-based clinical/non-clinical rotations
- Interprofessional Education
- Continuing Education
- Community Health



# AHEC Regional Centers



- » Central Arizona AHEC (CAAHEC)
- » Eastern Arizona AHEC (EAHEC)
- » Colorado Plateau Center for Health Professions (CPCHP)
- » Southern Arizona AHEC (SAAHEC)
- » Western Arizona AHEC (WAHEC)
- » Tribal AHEC (**New**)

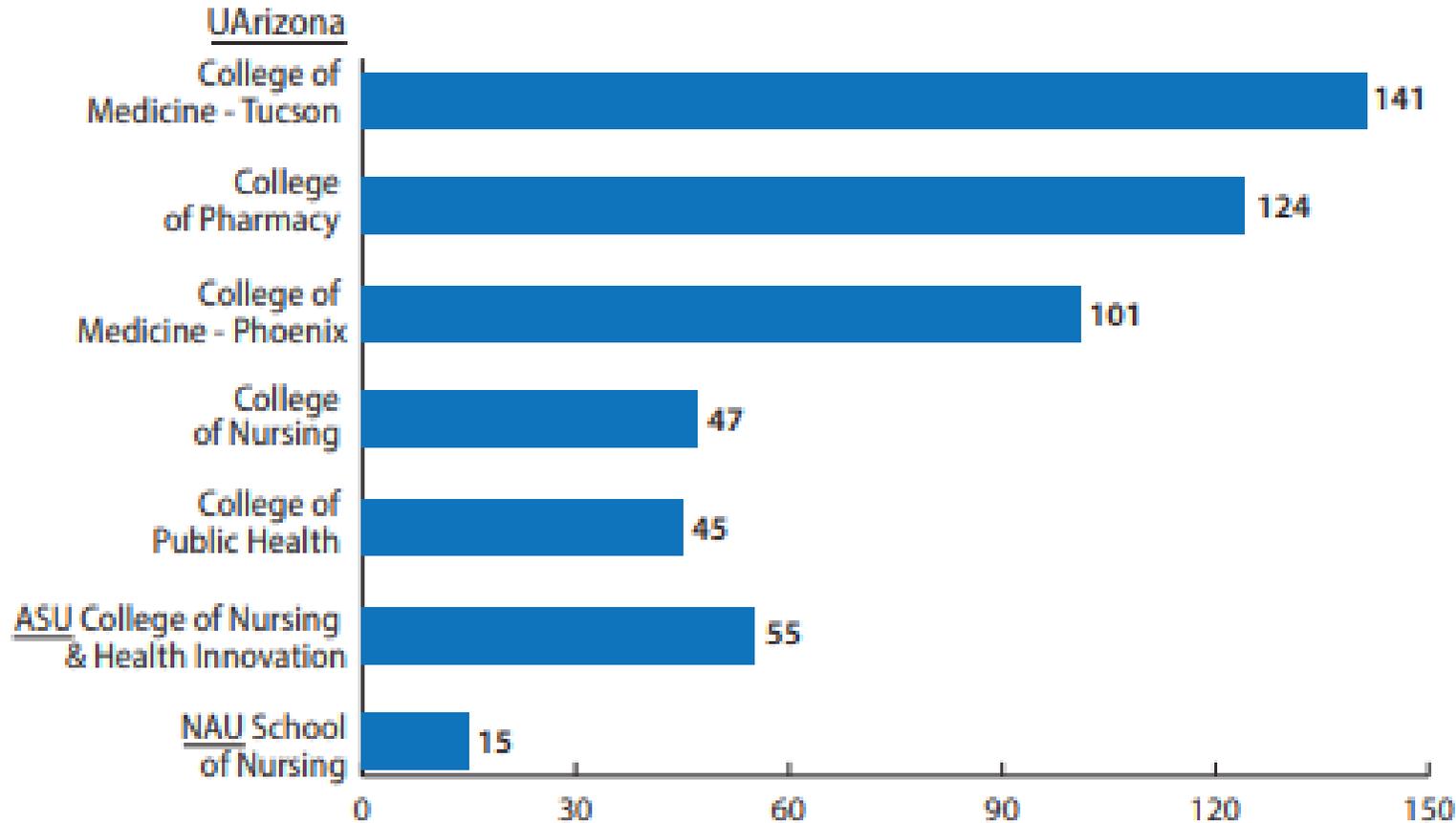
# Rural Health Professions Program

- Authorized by state statute in 2007 (A.R.S. § 15-1754)
- Core component of the Az AHEC Program to address shortages of health professionals in rural Arizona communities
- Provide rural and underserved training experiences for health professions students enrolled in the public universities under the Arizona Board of Regents.

## **There are currently eight RHPPs:**

- University of Arizona College of Nursing
- University of Arizona College of Pharmacy
- University of Arizona College of Medicine (COM-Tucson)
- University of Arizona College of Medicine (COM-Phoenix)
- University of Arizona College of Public Health
- Arizona State University (ASU) Edson College of Nursing and Health Innovation
- Northern Arizona University (NAU) School of Nursing
- Northern Arizona University (NAU) Department of Physician Assistant Studies
- Northern Arizona University (NAU) Doctor of Physical Therapy Program

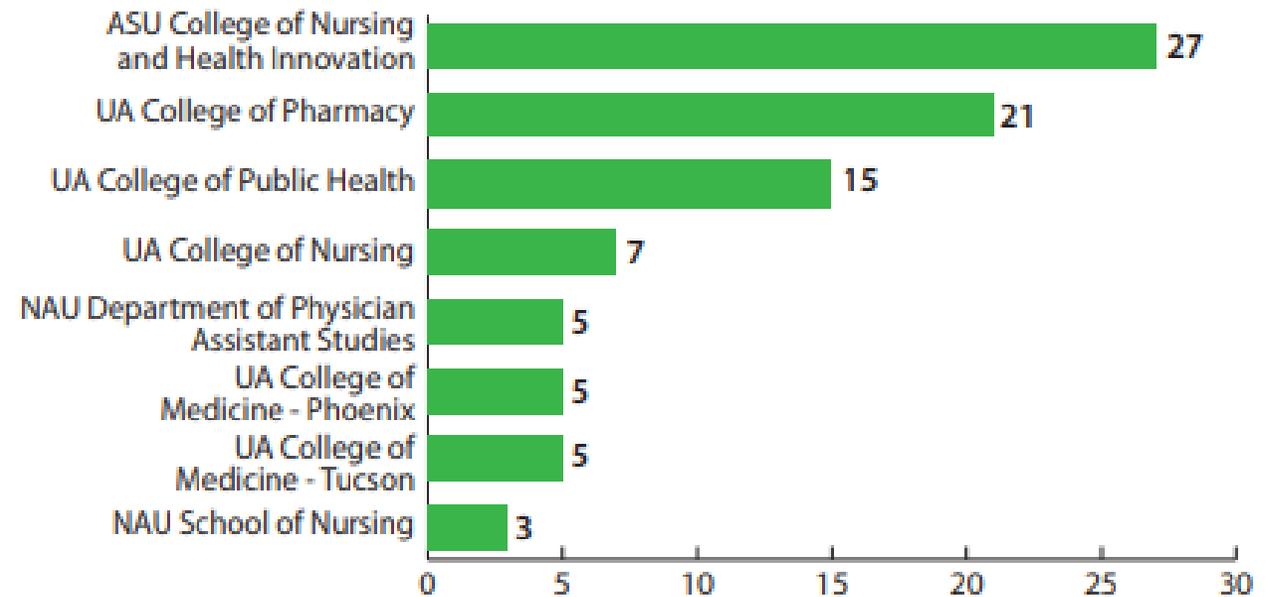
## AzAHEC RHPP Students 2019-20 by Participating Institution N = 528



## AHEC Scholars Program

- A two-year interprofessional program providing graduate-level health profession students with advanced community-based experiences in rural and underserved settings in the AHEC Regional Center services areas.
- Participants are selected from Arizona AHEC's RHPPs.

**AzAHEC Scholars 2019-2020 Cohort by University and Discipline N = 88**



## Rural & Urban Underserved Health Professions Trainee Field Experiences: 1,124 Trainees

Academic Discipline/Program	# of Trainees	# of Field Experiences
Medical Residency	38	50
Pharmacy School	89	160
Other Undergraduate Health-related Disciplines	46	55
Nursing or Medical Assistant	203	203
Dentistry and Dental Hygiene	32	33
Nurse Practitioner	115	206
Graduate - Psychology	1	1
Public Health	202	229
Graduate - Social Work	2	2
Medical School	233	591
Registered Nurse, Nurse Anesthetist or Other Nurse	78	158
Phlebotomy Technician	27	31
Physical Therapy	2	2
Physician Assistant	56	60
<b>Total</b>	<b>1,124</b>	<b>1,781</b>

➤ **Pre-College (K-16) Health Career Preparation Programs : 6,198 participants**

- 1,932 K-16 students in 60 health careers clubs
- 4,266 students and adults (parents, teachers and others) participated in 80 other health career events, including health career fairs

➤ **Health Professions Continuing Education: 198 events reaching 4,046 participants**

# Initiatives/Programs that AHECs Support

- HRSA Teaching Health Center (THC) Graduate Medical Education
- HRSA THC Planning and Development Grant
- THC Collaborative (AHEC Centers Partnership)
- Preceptor Development and Training
- HB2392 – Medicaid Funding for GME Residency Programs
- Federal and State Loan Repayment and Scholarship Programs
- HB 2863 (BH Loan Repayment Program)
- HB2691 (Nurse Education and Clinical Training Investments including Scholarships and Preceptor Incentives)
- Health Professions Education and Training Initiatives
- Comprehensive Workforce Planning
- Academic Medicine Consortium of Arizona (AMCA)
- Arizona SEARCH Program
- Grow our Own Programs
- Health Occupations Students of America (HOSA)
- National Rural and Recruitment Network

# Student Reflections

- *After this trip, I have learned a lot about myself and my current practice and how I will take more time to understand patients and their traditions. I hope many more students can go and experience and learn about the Native culture and see firsthand the disparity there is in Gallup. It is eye opening.*
- *I had no idea the impact this trip would have on my career as an advanced practice nurse and as a human being.*
- *It is experiences like this that can transform lives and perspectives and inspire others to give back. I will remember this experience as a highlight of my doctoral studies and always be grateful for the opportunity.*

Any  
Questions?





Thank you

[Anar@aachc.org](mailto:Anar@aachc.org)



# Recruitment Tips for Rural & Underserved Sites: The Role HPSA's and J1 Visa's Play in Recruitment



2022 Workforce Recruitment & Retention Conference

# Recruitment Tips for Rural & Underserved Sites: HPSA's and Recruitment



The NHSC 2023 class of Scholars and Student-to-Service participants are beginning their service site search. NHSC scholars and S2S clinicians are required to serve at an NHSC site between two to four years.



The table shows which community health centers in Arizona are eligible to meet these pipeline clinicians' service commitment based on discipline and HPSA score.

Class Year 2023 NHSC SCHOLARSHIP PROGRAM	
Discipline	HPSA Score Requirement
Primary Care MD, DO, NP	18
PA	5
CNM	14
DDS, DMD	18
Psychiatric (MD & DO)	18
Class Year 2023 STUDENT TO SERVICE (S2S)	
Discipline	HPSA Score Requirement
All	14

# Recruitment Tips for Rural & Underserved Sites: The Role HPSA's Play in Recruitment

**HRSA Health Workforce Connector** Physician Phoenix, AZ, United States Go! Site POC Log In Sign In

**Keyword**  
Physician

**Location**  
Phoenix, AZ, United States

Advanced Search Clear

**Distance**  
50 miles

**Site Name**

**Site Type**  
Federally Qualified H... +

**Site Status** ?  
Select all that apply... +

**Search Results (8)** Show 100

**Opportunities** **Sites (8)**

**NOAH - Midtown Health Center** NHSC/Nurse Corps/STAR Active  
Phoenix, AZ  
Opportunities (0)  
Medical Facility  
NHSC: Primary Care: 18 | Dental: NA | Mental Health: NA  
Nurse Corps: Primary Care: 18 | Mental Health: 18

**NOAH - Balsz Educare Arizona Center for Health** Nurse Corps/STAR Active  
Phoenix, AZ  
Opportunities (0)  
Medical Facility  
NHSC: Primary Care: 18 | Dental: 23 | Mental Health: 18  
Nurse Corps: Primary Care: 18 | Mental Health: 18

**NOAH - Desert Mission Community Healthcare Center** NHSC/Nurse Corps/STAR Active  
Phoenix, AZ  
Opportunities (0)  
Medical Facility  
NHSC: Primary Care: 18 | Dental: 23 | Mental Health: 18  
Nurse Corps: Primary Care: 18 | Mental Health: 18

Map Redo Search on Map Area

- Health Centers should update their site profiles and post vacancies to recruit NHSC's top scholars and S2S clinicians.
- HRSA encourages NHSC Scholars & Loan Repayment participants to create profiles on the [Health Workforce Connector](#) so NHSC Sites can search for them.

# Recruitment Tips for Rural & Underserved Sites: The Role J1 Visa's Play in Recruitment

- Immigration tools can strengthen your workforce and build employer-employee relationships.
- J1 Visa's focus on essential workers like physicians & nurses.
- Site Eligibility can be included as a recruitment tool.



# Recruitment Tools: Signature Badges



# Shortage Designations 101:

## HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)



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# Shortage Designation Program

## **Purpose:**

- Identify areas or populations as having a shortage of dental, mental, and primary health care providers/services

## **Types of Federal Designations:**

- Medically Underserved Area (MUA) and Medically Underserved Population (MUP)
  - Primary Care only
- Health Professional Shortage Area (HPSA)
  - Primary Care, Dental, Mental Health; Maternity Care Target Areas (MCTA)



# Health Professional Shortage Areas

- HPSAs identify an area or population as having a shortage of providers.
  - Base requirement to qualify for state or federal programs aimed at increasing health workforce.
- HPSA scores (need) used for:
  - Funding Preference
  - Priority in Awards
  - Award Levels/ Amounts
  - Scholar Placement



# HPSAs

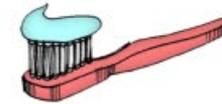
*A shortage of:*



Primary  
Care



Mental  
Health



Dental  
Health

*providers in a:*



Geographic Area



Population  
Group



Facility



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# Types of HPSAs

- Geographic
- Geographic with high needs (i.e. > 20% poverty)
- Population (i.e. Low Income)
- Facilities:
  - State and Federal Correctional Facilities
  - Some facility types are eligible for an **automatic** HPSA designation
    - Federally Qualified Health Centers (FQHCs) and Look-Alikes
    - Rural Health Clinics (RHCs) – must certify they see all regardless of ability to pay
    - Indian Health Service/Tribal

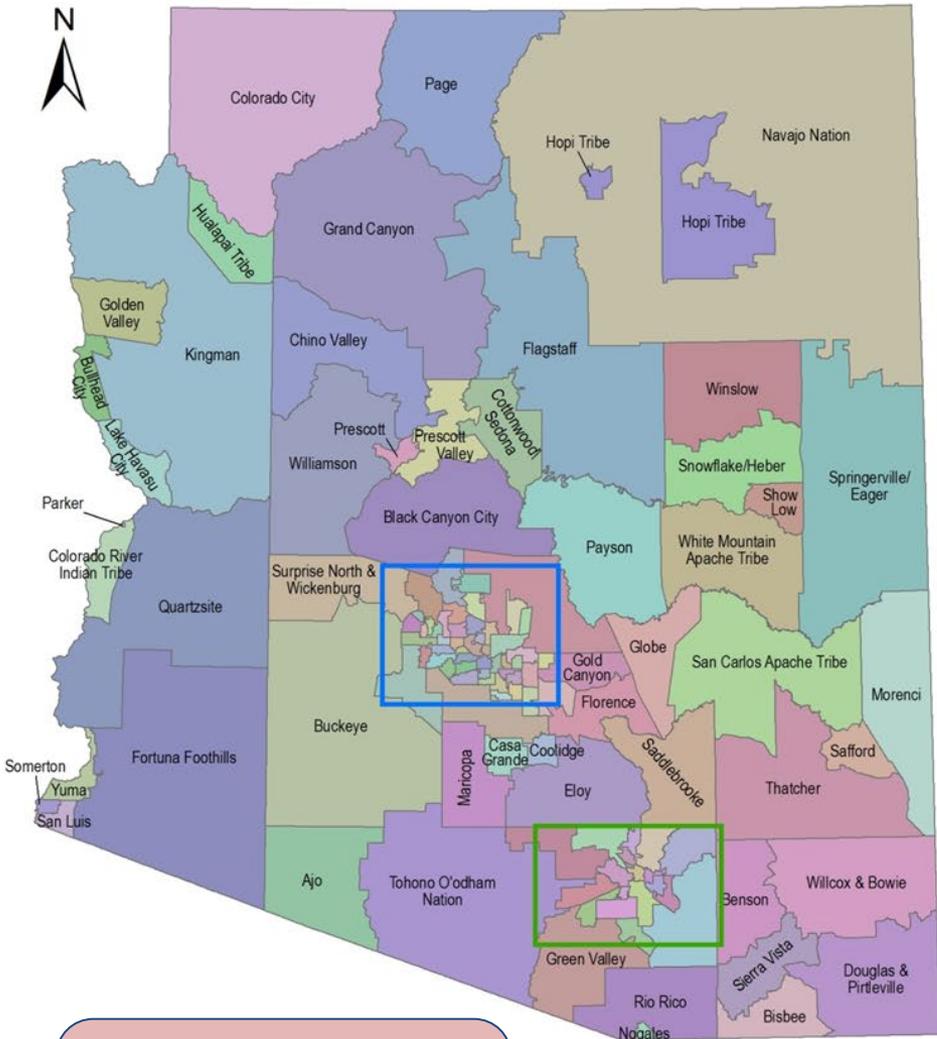


# Geographic Area

- A rational service area - in Arizona we use an established **Primary Care Area** plan
- Population to Provider Ratio Requirement:
  - 3,500:1 primary care (MDs and DOs, does not count PAs, NPs; family/general practice, internal medicine, pediatrics and OB/GYN)
  - 5,000:1 dental (incorporates dental hygienists and assistants, as well as dentist age)
  - 30,000:1 mental health (psychiatrists only)
  - Does not include obligated providers (NHSC, J-1, federal commissioned officers)



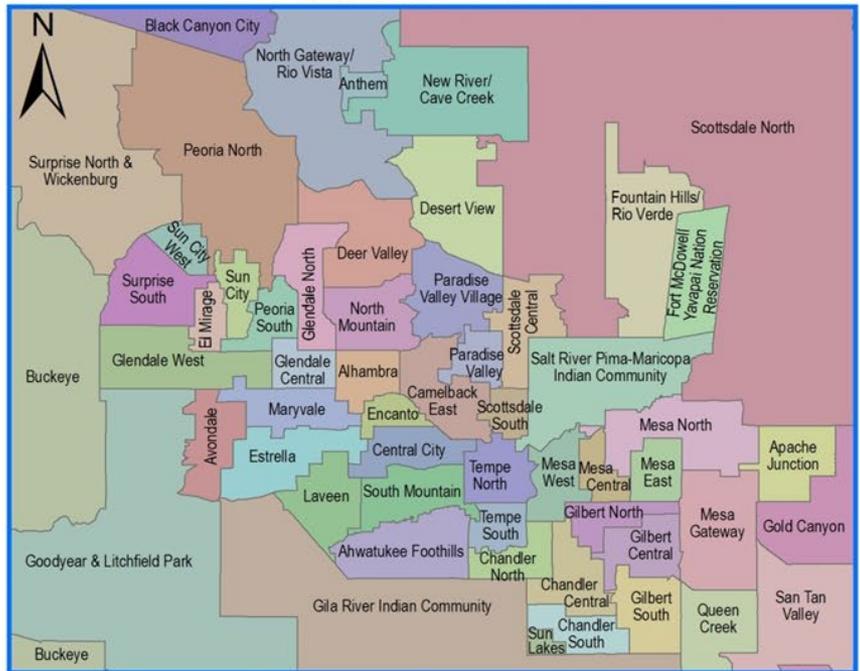
# Primary Care Areas



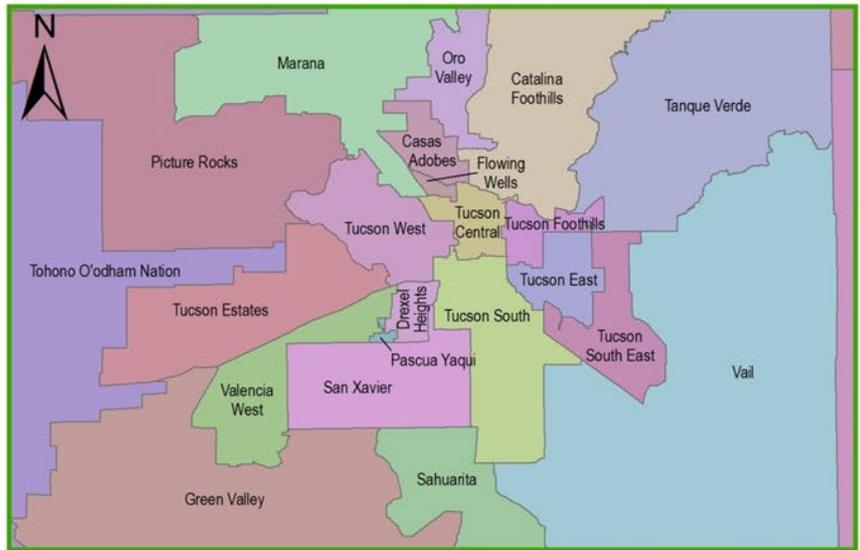
**PCA boundaries will be updated in 2023 using new Census data.**

Map Date: September 2013

# Metro Phoenix



# Metro Tucson



# Geographic Area with High Needs

- A rational service area that exhibits one of the following:
  - 20% or more of the population is @ 100 % of the poverty level
  - Infant mortality rate is greater than 20
- Population to Provider Ratio Requirement:
  - 3,000:1 primary care
  - 4,000: 1 dental
  - 20,000:1 mental health



# Population – Low Income

- Population = Those below 200% FPL in rational service area
- Providers = just those seeing patients on AHCCCS or a sliding fee scale
- Population to Provider Ratio Requirement:
  - 3,000:1 Primary Care
  - 4,000:1 Dental
  - 20,000:1 Mental Health
- Typically do this type of designation when area does not qualify for geographic HPSA



# Excluded from Provider FTE Count

- NHSC Federal Scholarship or Loan Repayment Providers
- Other Federal providers (e.g. Commissioned Officers)
- Physicians who are graduates of foreign schools who are not citizens or lawful permanent residents (including those with J-I or H1-B visas)
- Providers engaged solely in admin, research, or teaching
- Physicians involved exclusively in inpatient or ER care
- Providers full-time in correctional institutions
- Providers suspended under provisions of the Medicaid-Medicare-Anti-Fraud and Abuse Act for a period of 18 months or more



# Contiguous Areas

- Must show population of proposed HPSA cannot get services in surrounding service areas
- Can rule out contiguous areas due to:
  - Over-utilization (>2,000:1)
  - Excessive Distance (> 30 minutes)
  - Significant socioeconomic differences
  - Designated as HPSA
  - Inaccessible for other reasons (i.e. reservation – services only available to tribal populations)



# HPSA Score – Primary Care

- HRSA assigns each HPSA a score based on data we submit
- Higher score = higher need
- All clinics/providers in a geographic/population HPSA have same HPSA score and identification number

## I. Primary Care HPSA Scoring

Primary Care HPSAs can receive a score between 0-25.

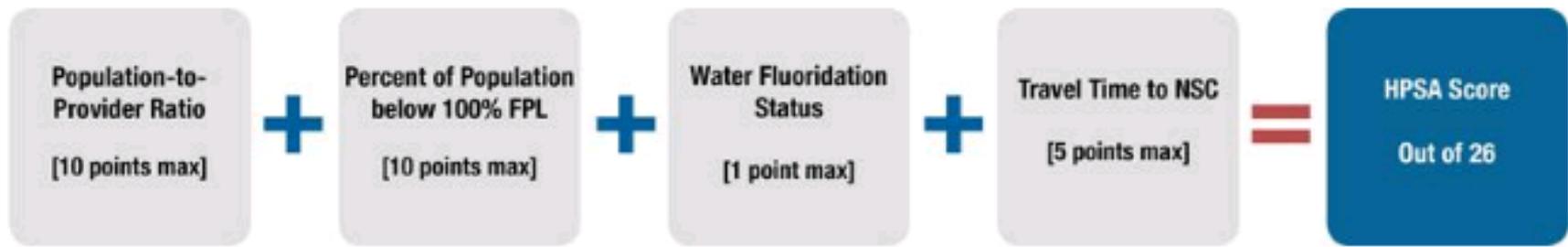
The following figure provides a broad overview of the four components used in Primary Care HPSA scoring:



# HPSA Score - Dental

## II. Dental Health HPSA Scoring

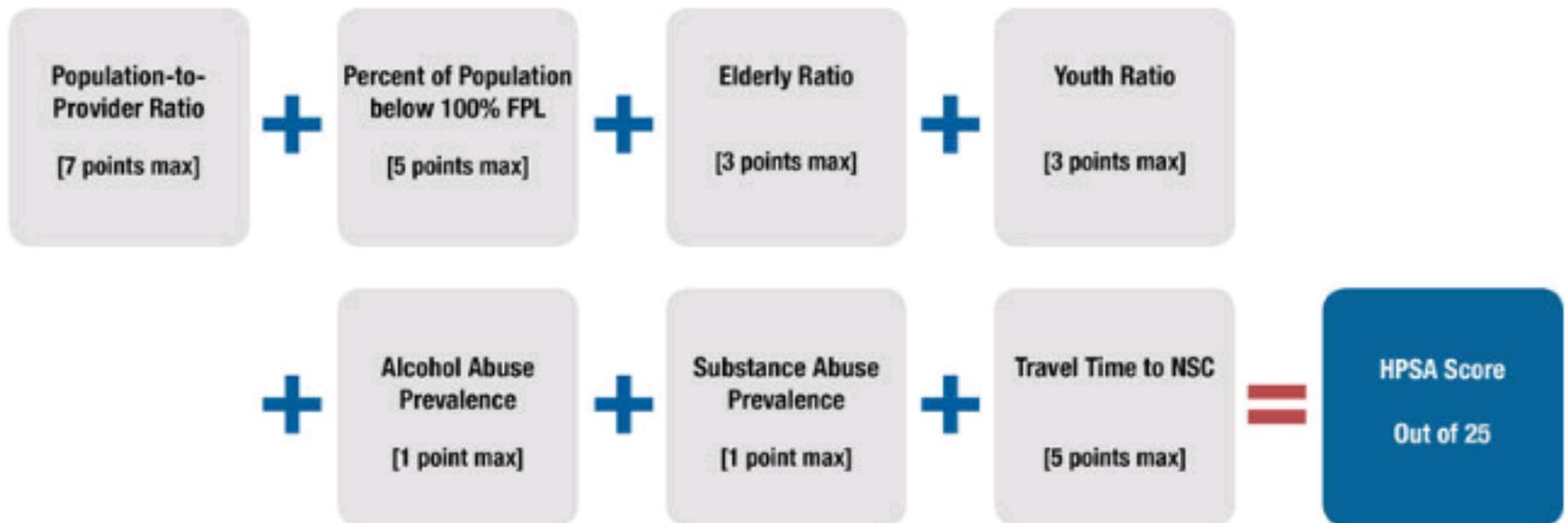
We calculate a score between 0-26 for Dental Health HPSAs. The following figure provides a broad overview of the four components used in Dental HPSA scoring:



# HPSA Score – Mental Health

## III. Mental Health Scoring

We calculate a score between 0-25 for Mental Health HPSAs. The following figure provides a broad overview of the seven components used in Mental Health HPSA scoring:



# HPSA Designation Process

- State Primary Care Office role is to ensure provider data is as accurate as possible (using required NPI dataset) in HRSA's Shortage Designation Management System (SDMS)
  - Phone surveys
  - Medicaid claims data
- HRSA conducts national HPSA updates with “push of the button” on regular intervals, typically every 3 years (last completed September 2021)
- PCO can continue to submit applications for new HPSAs



# Shortage Designations 101:

## **AUTOMATIC FACILITY HPSA**



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# Area vs. Facility HPSAs

## Area (geo or pop) HPSAs:

- Community-based (must follow AZ Primary Care Area boundaries)
- Must meet specific criteria regarding population-to-provider ratio
- Must eliminate all contiguous areas as potential sources of care
- Must be updated regularly

## Auto Facility HPSAs:

- Only applies to that facility
- No ratio or contiguous area requirements for designation
- Scores will now be regularly updated.
  - **National Shortage Designation Update of automatically designated HPSAs (Auto-HPSAs) last occurred September 2021**



# CHC Auto Facility HPSA Changes

- NO changes to scoring criteria (same as area HPSAs)
- Scoring is still at the organizational level
- Scores will be updated at regular intervals through National Shortage Designation Update
- Scoring is based on consistent data sources across country
- Scores may increase or decrease when updated
- PCO will continue to work with CHCs to ensure provider data is as accurate as possible in SDMS prior to national score updates



# Shortage Designations 101:

## DESIGNATION RESOURCES



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# HPSAs and Workforce Programs

HPSA designation is an eligibility requirement for:

- National Health Service Corps (NHSC) Loan Repayment
- NHSC Scholar Program
- Arizona State Loan Repayment
- J-1 Visa Waiver Program

**May use area or facility HPSA score when applying for these programs – use whichever is higher.**

- **NHSC no longer has a “HPSA Freeze” - scores will be utilized real-time.**



# Scholar HPSA Score Requirements

## What are HPSA score requirements by class year?

NHSC-approved sites must meet the HPSA score requirements\* by class year (CY):

Discipline	CY 2023	CY 2022	CY 2021	CY 2020	CY 2019
Primary Care Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), & Nurse Practitioner (NP)	18	20	20	19	18
Physician Assistant (PA)	5	14	20	19	18
Certified Nurse Midwives (CNM)	14	10	18	16	18
Dentists (DDS & DMD)	18	20	20	19	18
Psychiatric (MD & DO)	18	20	20	21	18

*\*Nurse practitioners and physician assistants were not broken out by specialty in this year's HPSA scoring for mental health.*

**Note:** An NHSC-approved site may no longer be available, or its HPSA score may change, by the time you are ready to serve.



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# Arizona's HPSAs and Unmet Need

Arizona	Total HPSAs	Geographic/ Area	Population	Facility	Population of Designated HPSAs	Percent of Need Met	# Practitioners Needed to Remove HPSAs
Primary Care	237	53	54	130	3,185,532	37.19%	653
Dental	217	41	52	124	2,370,070	30.49%	406
Mental	228	65	31	132	3,450,165	10.46%	218



# National Shortage Designation Update

All existing HPSA designations were updated nationally in September 2021.

## Overall In Arizona - Primary Care

- Average Primary Care HPSA score in Arizona = 15
- Average change in score overall from previous PC HPSAs = +1.2 points

## Overall In Arizona - Dental

- Average Dental HPSA score in Arizona = 16
- Average change in score overall from previous Dental HPSAs = -0.2 points

## Overall In Arizona - Mental Health

- Average Mental Health HPSA score in Arizona = 16.5
- Average change in score overall from previous MH HPSAs = -0.2 points

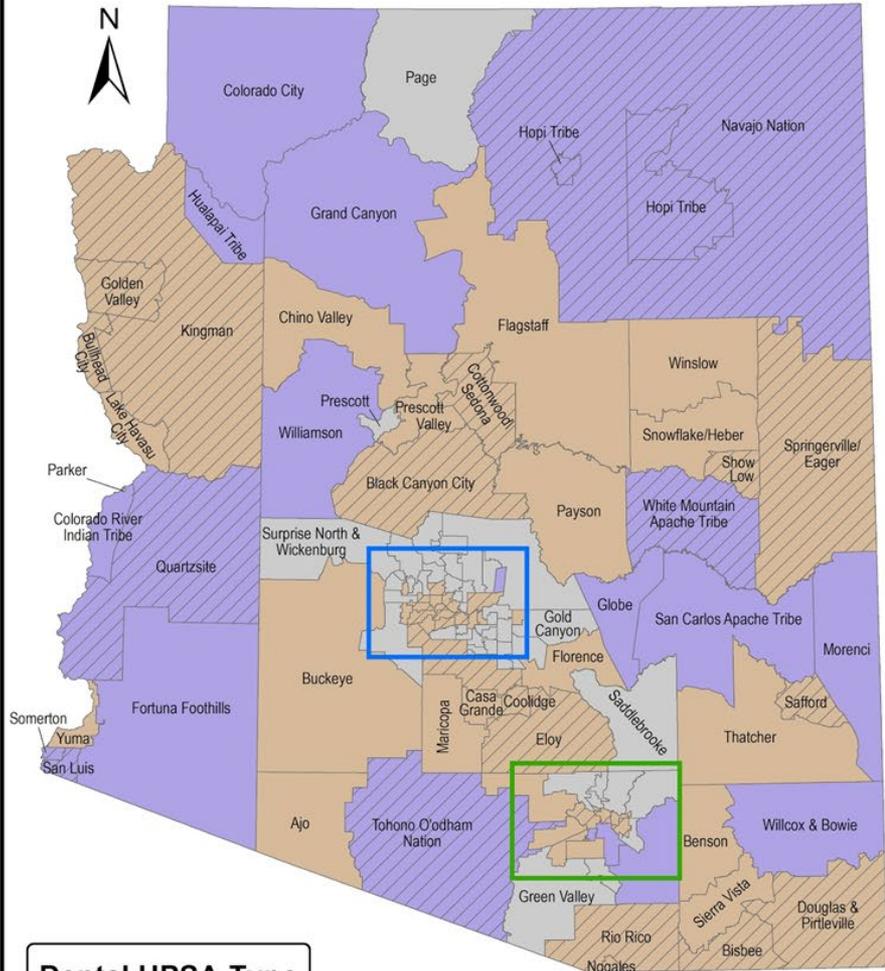


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# Dental HPSAs



## Dental HPSA Type

- Geographic
- Not Designated
- Population

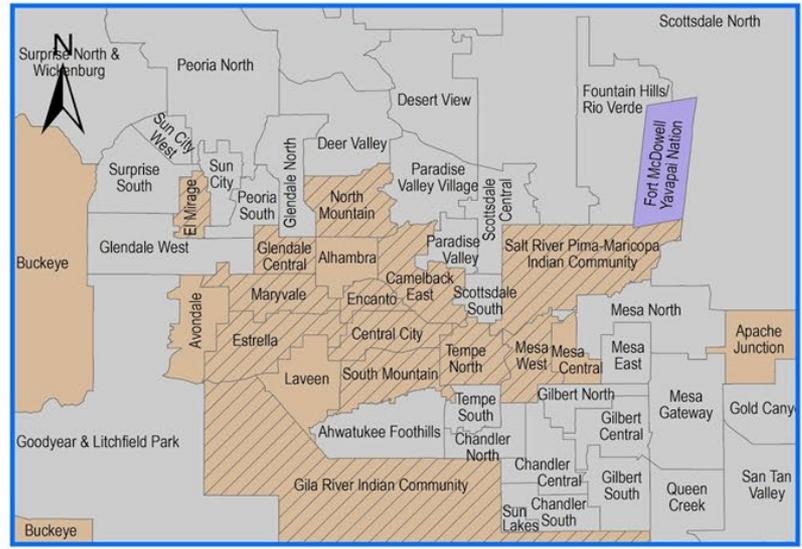
HPSA Score 16+

Map Date: August 2022

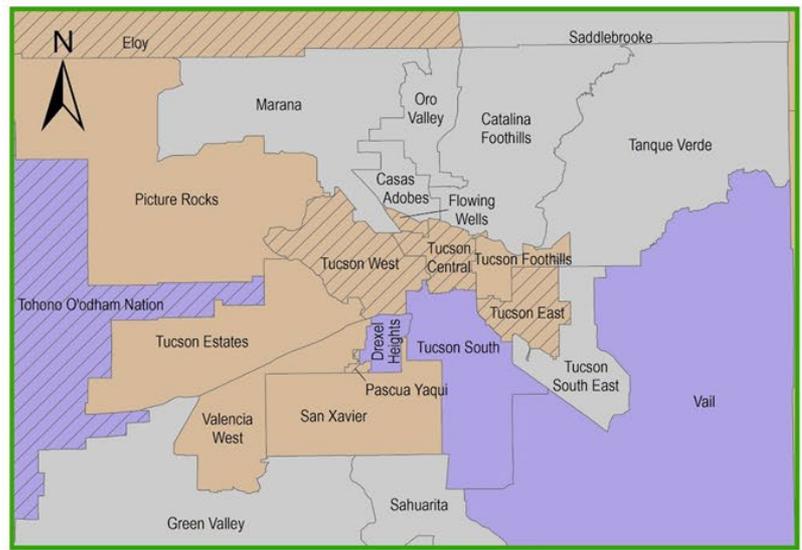


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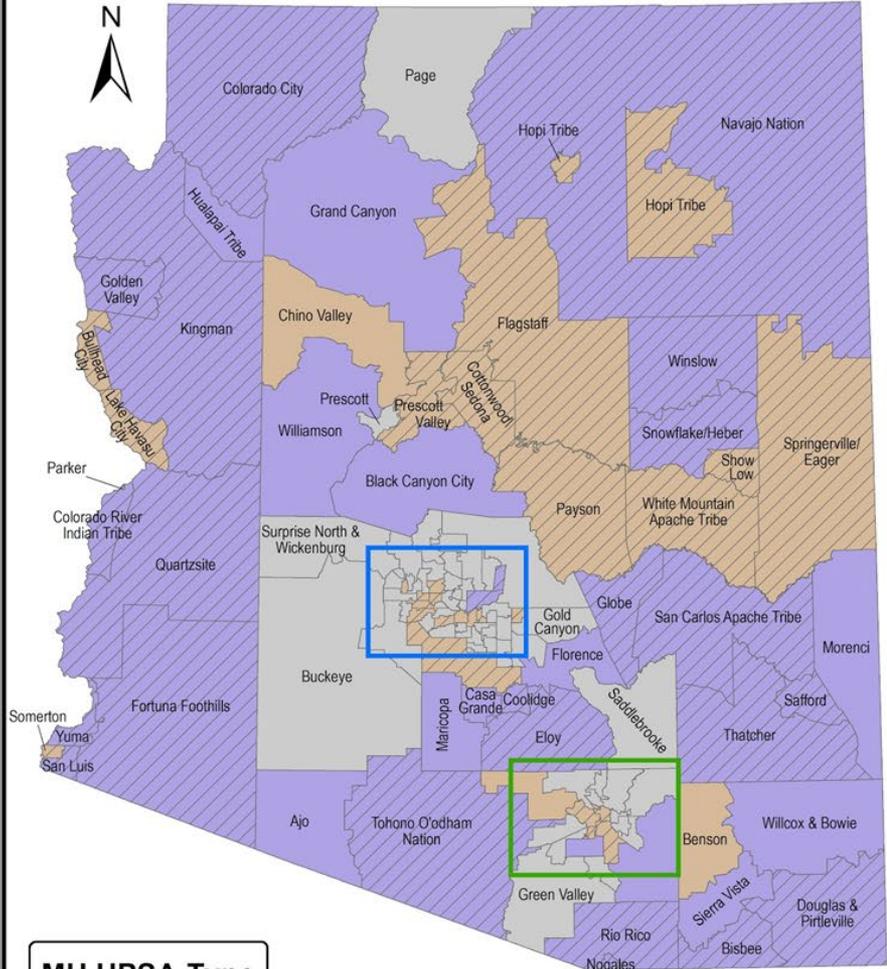
# Metro Phoenix



# Metro Tucson



# Mental Health HPSA



## MH HPSA Type

- Geographic
- Not Designated
- Population

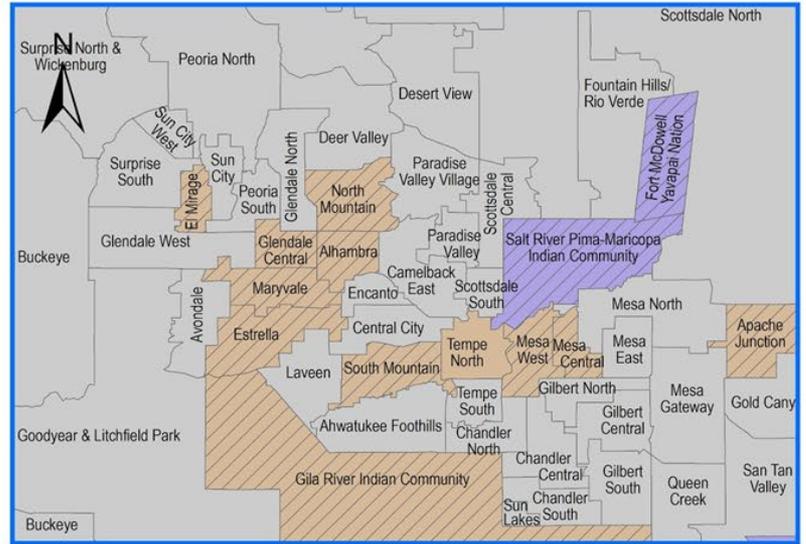
HPSA Score 16+

Map Date: August 2022

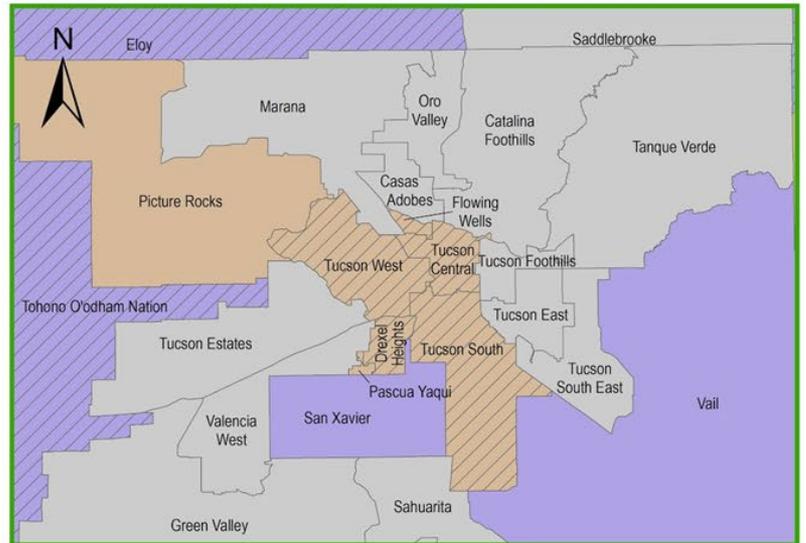


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## Metro Phoenix



## Metro Tucson



# FQHC Primary Care Facility HPSA Scores

County Name	HPSA Facility Name	HPSA Score	County Name	HPSA Facility Name	HPSA Score
Cochise County	Chiricahua Community Health Center	19	Mohave County	Creek Valley Health Clinic	20
Coconino County	Canyonlands Community Health Center	21	Pima County	Ajo CHC (Desert Senita)	17
Coconino County	North Country Healthcare	19	Pima County	El Rio Health	21
Coconino County	Tuba City Regional Health Care Corp	21	Pima County	Marana Health Center (MHC Healthcare)	19
Maricopa County	Adelante Healthcare	19	Pima County	United CHC	19
Maricopa County	Circle the City	21	Pinal County	Horizon Health and Wellness	19
Maricopa County	Mountain Park Health Center	21	Pinal County	Sun Life Family Health Center	19
Maricopa County	Native Health	19	Santa Cruz County	Mariposa Community Health Center	21
Maricopa County	Neighborhood Outreach Access to Health	18	Yavapai County	Community Health Center of Yavapai	17
Maricopa County	Terros	19	Yuma County	Sunset Community Health Center	16
Maricopa County	Valle del Sol	19			
Maricopa County	Wesley Community Center	21			
Maricopa County	Valleywise	21			



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# FQHC Dental Facility HPSA Scores

County Name	HPSA Facility Name	HPSA Score	County Name	HPSA Facility Name	HPSA Score
Cochise County	Chiricahua Community Health Center	25	Mohave County	Creek Valley Health Clinic	25
Coconino County	Canyonlands Community Health Center	25	Pima County	Ajo CHC (Desert Senita)	17
Coconino County	North Country Healthcare	25	Pima County	El Rio Health	25
Coconino County	Tuba City Regional Health Care Corp	21	Pima County	Marana Health Center (MHC Healthcare)	25
Maricopa County	Adelante Healthcare	25	Pima County	United CHC	21
Maricopa County	Circle the City	25	Pinal County	Horizon Health and Wellness	25
Maricopa County	Mountain Park Health Center	25	Pinal County	Sun Life Family Health Center	25
Maricopa County	Native Health	25	Santa Cruz County	Mariposa Community Health Center	23
Maricopa County	Neighborhood Outreach Access to Health	23	Yavapai County	Community Health Center of Yavapai	23
Maricopa County	Terros	25	Yuma County	Sunset Community Health Center	25
Maricopa County	Valle del Sol	25			
Maricopa County	Wesley Community Center	25			
Maricopa County	Valleywise	25			



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# FQHC Mental Health Facility HPSA Scores

County Name	HPSA Facility Name	HPSA Score	County Name	HPSA Facility Name	HPSA Score
Cochise County	Chiricahua Community Health Center	23	Mohave County	Creek Valley Health Clinic	17
Coconino County	Canyonlands Community Health Center	22	Pima County	Ajo CHC (Desert Senita)	13
Coconino County	North Country Healthcare	21	Pima County	El Rio Health	21
Coconino County	Tuba City Regional Health Care Corp	21	Pima County	Marana Health Center (MHC Healthcare)	20
Maricopa County	Adelante Healthcare	20	Pima County	United CHC	21
Maricopa County	Circle the City	17	Pinal County	Horizon Health and Wellness	19
Maricopa County	Mountain Park Health Center	21	Pinal County	Sun Life Family Health Center	22
Maricopa County	Native Health	18	Santa Cruz County	Mariposa Community Health Center	23
Maricopa County	Neighborhood Outreach Access to Health	18	Yavapai County	Community Health Center of Yavapai	20
Maricopa County	Terros	17	Yuma County	Sunset Community Health Center	23
Maricopa County	Valle del Sol	21			
Maricopa County	Wesley Community Center	17			
Maricopa County	Valleywise	21			



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# HPSA Find - Search by County

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

**Search** HPSA ID Search

Select a State/Territory (required)  
Arizona

Select County(s) (required)

- All Counties
- Apache County
- Cochise County
- Cocopine County**
- Gila County
- Graham County
- Greenlee County
- La Paz County
- Maricopa County
- Mohave County

**Submit**

Apply Filters (Optional)

HPSA Discipline

- Primary Care
- Dental Health
- Mental Health

HPSA Status

- Designated
- Proposed for Withdrawal
- Withdrawn

HPSA Designation/Population Types

- All Geographic HPSAs
  - Geographic HPSA
  - High Needs Geographic HPSA
- All Population HPSAs
  - Homeless Population HPSA
  - Low Income Homeless Migrant Farmworker Population HPSA
  - Low Income Homeless Migrant Seasonal Worker Population HPSA
  - Low Income Homeless Population HPSA

	Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status			
+	Primary Care	1043505319	Page	Geographic HPSA	Arizona	2	13	Designated			
+	Primary Care	1049052994	Grand Canyon Village	High Needs Geographic HPSA	Arizona	3	8	Designated			
+	Primary Care	1042563507	Navajo Nation	High Needs Geographic HPSA	Arizona	1	20	Designated			
+	Primary Care	1042360693	Low Income-Cottonwood/Sedona	Low Income Population HPSA	Arizona	5.65	13	Designated	Rural		
	Primary Care	10499904A8	Canyonlands Community Health Center	Federally Qualified Health Center	Arizona	0	18	Designated	Rural	07/05/2016	
	Primary Care	10499904C3	North Country Community Health Center	Federally Qualified Health Center	Arizona	0	17	Designated	Non-Rural	08/27/2003	07/23/2013
	Primary Care	10499904K4	Tuba City Regional Health Care Corporation	Federally Qualified Health Center	Arizona	0	19	Designated	Rural	10/25/2002	09/18/2012
	Primary Care	10499904H1	Kaibab-Paiute Tribe	Native American/Tribal Facility/Population	Arizona	0	15	Designated	Rural	10/25/2002	12/11/2016
	Primary Care	10499904D1	Naca Family Health Center	Native American/Tribal Facility/Population	Arizona	0	15	Designated	Non-Rural	10/01/2002	10/01/2002
	Primary Care	10499904Q7	Native Americans for Community Action	Native American/Tribal Facility/Population	Arizona	0	16	Designated	Non-Rural	10/20/2002	07/05/2012
	Primary Care	10499904QT	Sacred Peaks Health Center	Native American/Tribal Facility/Population	Arizona	0	16	Designated	Non-Rural	12/30/2012	12/30/2012
	Primary Care	10499904K3	San Juan Southern Paiute Tribe	Native American/Tribal Facility/Population	Arizona	0	19	Designated	Rural	10/25/2002	12/12/2016
	Primary Care	10499904QX	Supai Clinic	Native American/Tribal Facility/Population	Arizona	0	17	Designated	Rural	08/25/2015	08/25/2015

**Will give all HPSAs in county, including facilities**

**Tip: FQHCs are listed only by parent site and county that site is located in.**

# HPSA Find Search Options

## Apply Filters (Optional)

### HPSA Discipline

- Primary Care
- Dental Health
- Mental Health

### HPSA Status

- Designated ←
- Proposed for Withdrawal
- Withdrawn

### HPSA Designation/Population Types

- All Geographic HPSAs
  - Geographic HPSA
  - High Needs Geographic HPSA
- All Population HPSAs
  - Homeless Population HPSA
  - Low Income Homeless Migrant Farmworker Population HPSA
  - Low Income Homeless Migrant Seasonal Worker Population HPSA
  - Low Income Homeless Population HPSA
  - Low Income Migrant Farmworker Population HPSA
  - Low Income Migrant Seasonal Worker Population HPSA
  - Low Income Population HPSA
  - Medicaid Eligible Population HPSA
  - Migrant Farmworker Population HPSA
  - Migrant Seasonal Worker Population HPSA
  - Other Population HPSA
- All HPSA Facilities
  - Alaskan Native Tribal Population
  - Correctional Facility
  - Federally Qualified Health Center
  - Federally Qualified Health Center Look-alike
  - Indian Health Service Facility
  - Native American Population HPSA
  - Native American/Tribal Facility/Population
  - Other Facility
  - Rural Health Clinic
  - State Mental Hospital

### HPSA Score



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# HPSA Find - Search by Address

<https://data.hrsa.gov/tools/shortage-area/by-address>



## Find Shortage Areas by Address

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.

**Note:** This search will not identify facility HPSAs. To find these HPSAs, use the [HPSA Find](#) tool.

### Search Criteria

Please provide a street address, city, and state or a street address and ZIP Code.

Street Address:

Address

City:

City

State/Territory:

ZIP Code:

ZIP Code

Include geographic (FIPS) codes ⓘ

Search

Reset

**Note that this will NOT give you Facility HPSAs – only Area HPSAs**

... have been  
... proposed for withdrawal" status since  
... 1, 2018, will remain in that status until the  
publication of the next *Federal Register* notice. If  
there are any questions about the status of a  
particular HPSA or area, we recommend that you  
contact the state primary care office in your state;  
a listing can be obtained at  
[https://bhwh.hrsa.gov/shortage-  
designation/hpsa/primary-care-offices](https://bhwh.hrsa.gov/shortage-designation/hpsa/primary-care-offices).

County and county equivalent listing –  
Primary Care (approx. 1547 KB) [PDF](#)

County and county equivalent listing –  
Dental Health (approx. 800 KB) [PDF](#)



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# THANK YOU!

Tracy Lenartz, MPH | Shortage Designations Contractor

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# Conrad 30 J-1 Visa Waiver Program

A Recruitment Tool



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# What is a J-1 Visa?

- Temporary, Nonimmigrant Status
- Clinical Resident or Fellow
- Duration limited to seven years
- Limited exclusively to Graduate Medical Education (i.e., no moonlighting)
- Spouse is able to work
- Mandatory, across-the-board, two-year home residence obligation
- If an exchange visitor is working on a project for or of interest to a U.S. Federal Government agency, and that agency has determined that the visitor's departure for two years to fulfill the INA 212(e) requirement will be detrimental to its interest, that agency may request an interested government agency waiver on behalf of the exchange visitor for the sake of public interest.



# J-1 Waiver Options

- J-1 visa waivers for clinical practice are available through the following programs:
  - Interested Government Agency (IGA):
    - Federal Health and Human Services (HHS)
    - Veterans Affairs (VA)
    - Appalachian Regional Commission
    - Delta Regional Authority
  - Conrad 30 J-1 Visa Waiver Program
    - 55 programs in states and territories, plus DC
    - ADHS Primary Care Office administers the Arizona Program



# General Requirements

- Provide full-time patient care
- Agree to start service within 90 days of waiver approval
- Have a contract with an eligible service site for at least 3 years
- Health Professional Shortage Area (HPSA)
  - Primary Care or Mental Health
  - Geographic, Special Population, or Facility
- Medically Underserved Area (MUA)



# AZ J-1 Visa Waiver Program

## Requirements and Priorities



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# Physician Eligibility

- Must be Arizona licensed or eligible for an Arizona medical license in one of the listed disciplines
- Must provide services in a federally designated HPSA, MUA or MUP
- The program does not support waivers for J-1 physicians in research positions or practicing in long-term care facilities, chronic care facilities, or rehabilitation facilities.

## Primary Care Physicians

- Family/General Practice
- General Internal Medicine
- Obstetrics
- Pediatrics
- Hospitalists

## Mental Health Care & Specialists

- **Psychiatrists** in mental health HPSAs
- **Specialists**, when an exceptional need for the specialty is demonstrated



# Waiver Slots

30 available slots for AZ

22- Reserved for primary care physicians and psychiatrists

7- Available for specialists

1- Flex, discretionary slot



# Service Site Eligibility

- Be located in a federally designated Health Professional Shortage Area (HPSA) or federally designated Medically Underserved Area or Population (MUA/P)
- Accept all patients regardless of their ability to pay
- Accept State Medicaid (AHCCCS) and Medicare assignments
- Charge patients at the usual and prevailing rates in the area
- Provide services to those who have no health insurance coverage
- Use a [sliding fee schedule](#) for all patients at the facility who are uninsured and at or below 200% of Federal Poverty Guidelines. The sliding-fee schedule must be based on current [Federal Poverty Guidelines](#)
- Have policy and procedures for implementing the sliding fee schedule
- Post a sliding fee schedule notice of discount in a clearly visible location such as a patient waiting room



# Service Site Eligibility cont.

- Have proof of unsuccessful recruitment efforts of a US based physician (defined as “physicians who are able to legally work in the United States”) for at least six months prior to the J-1 application submission (recruitment dates must be documented).
- Have been operational and providing care for at least six months as of the date of the request for an ADHS J-1 waiver recommendation.
- Have the financial means to support the J-1 physician including salary, benefits, and malpractice insurance expenses, for a minimum of 3 years.
- If a service site does not meet all the requirements listed above, the site is not eligible, and the application **will not** be processed.
- The J-1 Visa Waiver Program allows a J-1 physician to work at multiple service sites as long as those sites meet the service site eligibility requirements of the program.



# Employment Contract

- Must include a statement that the physician will provide patient care for a minimum of 40 hours per week for three years at the eligible site or sites
- Must be signed and dated by the head of the health care facility and the physician
- Additional requirements are listed in the Policy Manual



# Benefits of Employing a J-1 Physician

- Can be used as a tool for recruitment. Employers of eligible service sites can display J-1 eligibility on employment websites when posting openings
- Three-year commitment as required by the waiver
- Possible two-year extension to a total of 5 year commitment if pursuing National Interest Waiver
- Two J-1 physicians are allowed per site per year
- Improved retention of physicians at their workplace



# What is Required of a J-1 Employer?

- Site administrator must work with the physician to submit an encounter report, with notarized signatures, to the PCO portal, quarterly within 10 days of each 90 days of completed service.
- Must report the official start date of the J-1 physician within 7 calendar days of their start.
- Must notify the ADHS if the physician fails to report to the service site or the employment agreement is severed at any time during the J-1 physician's obligation.
- Will notify the ADHS in writing and submit a completed transfer packet (provided by the program) before transferring the physician to another service site.
- Any violations of the conditions of sponsorship may result in ineligibility to participate in the J-1 Visa Waiver Program for a period of two years.



# Employment Resources

- The J-1 physician is responsible to find an eligible service site/employer that will sponsor their J-1 visa waiver petition. The ADHS provides the following employment resources to assist J-1 physicians find qualified employment in Arizona:
- List of service sites that offer a sliding discount-to-fee scale:
  - [Sliding Fee Schedule Clinics](#)
- For additional information on the federal program:
  - [Exchange Visitor Program](#)
  - [Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement](#)
- Other sources for job search are:
  - [The Arizona Alliance of Community Health Centers](#)
  - [University of Arizona Center for Rural Health](#)
  - [Rural Recruitment and Retention Network \(3Rnet\)](#)



# National Interest Waiver Program

- Granted by the United States Citizenship and Immigration Services (USCIS) of the Department of Homeland Security.
- Allows certain foreign workers with advanced degrees, including foreign physicians (MDs), or exceptional abilities, to work in the United States. A national interest waiver granted to a foreign physician by the USCIS exempts the foreign physician from the labor certification process administered by the United States Department of Labor.
- ADHS provides NIW support letters for physicians who have obtained a J-1 visa waiver from the USCIS based on a waiver recommendation from the ADHS.



# NIW Service Site Eligibility

- Located in a federally designated primary care or mental health HPSA or MUA/P
- Accept all patients regardless of their ability to pay
- Accept State Medicaid (AHCCCS) and Medicare assignments, and other public health insurance options.
- Charge patients at the usual and prevailing rates in the area.
- Use a sliding fee schedule for all patients at the facility who are uninsured and at or below 200% of Federal Poverty Guidelines. The sliding-fee schedule must be based on current Federal Poverty Guidelines.
- Post a notice of Sliding Fee Scale discount in a clearly visible location
- Examples of service sites that may qualify for NIW: FQHC or FQHC Look-A-Likes, Rural Health Clinics, Federal or State correctional facility, Community Outpatient Facility, Community Mental Health Facility, Hospitals



# For More Information

- [ADHS J-1 Visa Waiver homepage](#)
- [ADHS National Interest Waiver Program homepage](#)
- [Exchange Visitor Program](#)
- [Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement](#)



# Contact Information

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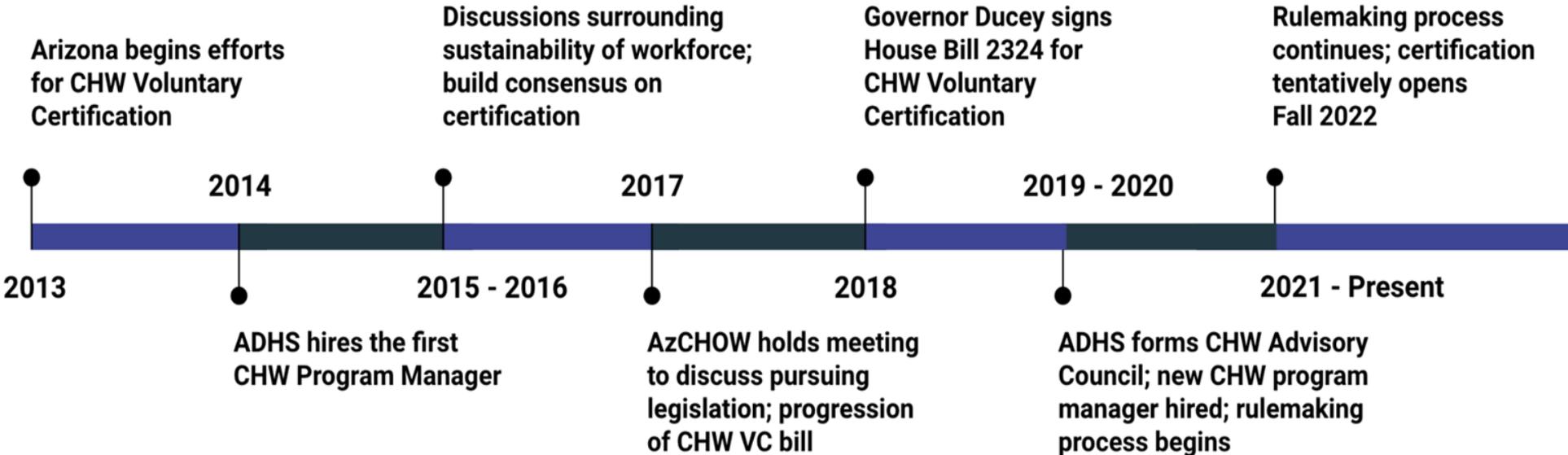
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# Arizona Community Health Worker Voluntary Certification Updates

Workforce Recruitment & Retention Conference  
9.27.2022

Carin Watts, MPH(c)  
Health Disparities Program Manager  
Arizona Department of Health Services

# History of CHW Voluntary Certification in Arizona



(Ingram et al., 2020)

# Certification - A National Trend

## Status of state-level CHW certification:

- **State operated certification program:** Arizona, Massachusetts, Connecticut, New York, Maryland, Ohio, Indiana, Kentucky, Texas, New Mexico, Nevada, and Oregon
- **Privately operated certification program:** Rhode Island, Pennsylvania, Virginia, South Carolina, Florida, Michigan, and Missouri
- **Certification program under development:** Minnesota, and Illinois
- **Certification program under consideration:** New Hampshire, District of Columbia, West Virginia, North Carolina, Georgia, Iowa, Arkansas, Louisiana, Nebraska, Kansas, Oklahoma, Montana, Colorado, Utah, and Alaska

# Status of CHW Voluntary Certification

- All drafts of the rules are located on the [ADHS Administrative Rules webpage](#)
- The Governor's Regulatory Review Council (GRRC) approved the rules on September 7, 2022.
- The rules will now be filed with the Secretary of State and will go into effect November 7, 2022.
- Special licensing plans to begin accepting applications through an online portal starting **November 7, 2022**.



# Certification Eligibility

An individual is eligible to practice as a certified CHW, if (R9-16-802):

- 18 years of age or older
- High school diploma or equivalent diploma
- Documentation of training and/or paid or volunteer experience (next slide)
- Completion of initial CHW certification application (R9-16-084)
- Submission of nonrefundable fees
- No examination/testing requirement to obtain certification



# Certification Eligibility Continued

Documentation of training and/or paid or volunteer experience:

- 960 hours of paid or volunteer experience providing CHR or CHW services in the core competencies specified in the draft rules (next slide) and completed during the previous three-year time period; **OR**
- Completion of a CHW certificate program, including core competencies, provided by an accredited college and 480 hours of paid or volunteer experience completed during the previous three-years; **OR**
- Completion of a CHW training program provided by an organization (approved through the AzCHOW Training Approval Process) or certified CHW trainer(s), including core competencies, and 480 hours of paid or volunteer experience completed during the previous three-years; **OR**
- Completion of a Community Health Representative National Training Program:
  - Basic training program and 480 hours of paid or volunteer experience completed during the previous three-years, or
  - Advanced training program and 380 hours of paid or volunteer experience completed during the previous three-years

**A CHW only needs to provide documentation of one of the four options above to be eligible for certification.**

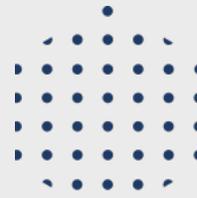
# Application/Documentation

- Applications will be fully electronic - applicants will complete the application using the ADHS Individual Licensing Portal and MUST use a personal email account.
- Once the application opens there will be sample forms, check lists, quick guides, videos, and other materials available on the certification webpage to assist individuals with their application and documentation requirements.
- During completion of the online application, a CHW will be required to submit documentation of training and/or paid or volunteer experience, OR documentation of certification in another state(s).
- Documentation must be submitted in electronic format (PDF, jpeg, etc); a picture of each document can also be uploaded.

# Core Competencies



- Communication skills
- Interpersonal and relationship-building
- Service coordination and navigation
- Capacity building
- Advocacy
- Education and facilitation
- Individual and community assessment
- Outreach
- Professional skills and conduct
- Evaluation and research skills
- Knowledge base



# Certified CHW Scope of Practice

- Providing cultural mediation among individuals, communities, and health and social systems
- Providing culturally appropriate health education and information
- Providing care coordination, case coordination and system navigation;
- Providing coaching and social support
- Advocating for individuals and communities
- Building individual and community capacity
- Providing direct services
- Implementing individual and community assessments
- Conducting outreach
- Participating in evaluation and research

# Other Role & Activities

- Diabetes education
- Disease intervention
- Nutrition, specifically food prep and purchasing
- Parenting education
- Community wellness partner
- Connect clients to health education and community resources
- Blood pressure education
- Delivery of medical supplies and equipment
- Outreach to clients who are out of care
- Hearing and vision screenings
- Other similar health and social services provided on behalf of health and behavioral health service providers

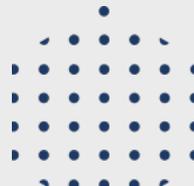
# CHWs Certified in Another State

In lieu of documentation of training and/or paid or volunteer hours (on slide 4) an applicant can provide the following ([R9-16-804 - B](#)):

- Name of each state that issued the applicant a current certificate
- A copy of the certificate
- A statement, signed and dated, attesting that the applicant:
  - Has been certified for at least one year, with a scope of practice consistent with that of Arizona
  - Has met minimum education requirements
  - Has not voluntarily surrendered their certificate
  - Does not have a compliant, allegation, or investigation pending



# Requirements to Maintain Certification

- Certification is valid for two years ([R9-16-805](#))
  - Submit a renewal application and fees at least 30 days before the expiration date of certification (valid for two years).
  - Complete a minimum of 24 hours of continuing education hours within the two years prior to renewal.
  - Notify the department of updates to name or contact information.
- 



# Certification Fees

- Following an additional cost analysis, the fees outlined in the posted Notice of Proposed Rulemaking (page 22) will remain in place to ensure coverage of costs incurred by the certification process/maintenance.
- The fees are as follows:
  - \$100 nonrefundable initial application fee (one time)
  - \$200 initial certification fee (for the two year certification period)
  - Renewal fee (every two years): \$200
- ADHS is looking at strategies to use current and future grant funding to help support those fees for those individuals that do not meet the criteria for the 200% FPL waiver.
- Working with funded partners, employers, health plans, and other stakeholders on strategies to cover fees for their employees and/or other qualifying individuals.

# ADHS Fee Waivers

- AZ Statute 41-1080.01 Licensing fees; waiver; definitions: The agency shall waive any fee charged for an initial license for any individual applicant whose family income does not exceed two hundred percent of the federal poverty guidelines.
  - Both the application and certification fees will be waived for qualifying individuals who are applying for certification for the first time
- Subject to the availability of Department funding, an applicant may receive a discounted fee for an initial application, an initial certification, and renewal certification.
  - These discounted fees/waivers will be for those that do not qualify for the first 200% FPL waiver.
  - The first 180 individuals to apply for certification in the first year will receive a discounted fee and be required to pay only \$1.00. This waiver will be given on a first come basis.



# Benefits of CHW Certification

- Provides a pathway for further professionalization of the CHW workforce
- Certified CHWs will be issued a certification and have their education, work experience, and other qualifications verified by the state health department
- Increase in reimbursement opportunities for CHW services
- Important step in the sustainability of the CHW workforce
- Many other valuable benefits for the communities served, employers, and the workforce as a whole.

# Medicaid Reimbursement

- As of 2014, CMS changed a rule that expanded reimbursement of preventive services and helped facilitate reimbursement for CHW services through state Medicaid programs.
- In order to make CHWs reimbursable under Title XIX/XXI, states must submit a state plan amendment (SPA) that describes:
  - Education, training or credentialing the state will require of CHWs, and
  - Define which services CHWs will provide and how they will be reimbursed.
- April 2020 AHCCCS convened a CHW/CHR workgroup to explore a path for Medicaid reimbursement.
- AHCCCS has been meeting with a group of stakeholders to gather input and share progress on Arizona's SPA.

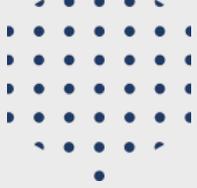
# Medicaid Reimbursement

- With the finalization of the rules AHCCCS is working to complete the draft of the SPA, which will then need to go through a 45-day public comment period and be presented at a tribal consultation meeting before being submitted to CMS.
- SPA language: “Certified Community Health Workers (CHW) acting within their scope of practice as defined in state law may provide AHCCCS-covered patient education and preventive services.”
- Two pathways for reimbursement have been identified:
  - CHWs can bill under enrolled/registered Medicaid providers
  - CHW organizations can enroll with AHCCCS and bill for approved services (group billing entity)
- AHCCCS Billing Codes:
  - 98960 – Self-management education & training, face-to-face, 1 patient
  - 98961 – Self-management education & training, face-to-face, 2–4 patients
  - 98962 – Self-management education & training, face-to-face, 5–8 patients
  - Additional Codes are being considered in collaboration with stakeholders.



## **ADHS Future Plans**

- Continue to integrate CHWs into our plans to grow the public health workforce and initiatives to support our communities.
- Continue to identify funding opportunities to advance and develop CHWs/CHRs and expand the capacity of those that support the workforce
- Promote CHW Voluntary Certification as a vital step to ensuring sustainability of the workforce.
- Advocate for reimbursement of CHW services through Medicaid and other reimbursement programs



# Websites and Resources

- **ADHS CHW Webpage:**  
<https://www.azdhs.gov/prevention/tobacco-chronic-disease/community-health-workers>
- **Administrative Rules CHW Voluntary Certification Rulemaking Webpage:**  
<https://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-community-healthworkers>
- **Special Licensing CHW Licensing Page:**  
<https://www.azdhs.gov/licensing/special/index.php#community-health-workers>
- **AzCHOW CHW Training Approval Process:**  
<https://azchow.org/training-program-approval>
- **AHCCCS CHW/CHR Page:**  
<https://www.azahcccs.gov/PlansProviders/OtherProviderProgramsAndInitiatives/CHW.html>

An aerial photograph of a river winding through a deep canyon. A large, prominent rock formation sits in the middle of the river, creating a sharp U-turn. The canyon walls are rugged and layered, with some greenery along the riverbanks. The sky is hazy and overcast.

# Thank you!

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