Housekeeping

- **Audio and Video:** Your microphone and camera are disabled for this webinar.

- **Join Flexibly:** Feel free to join and leave as your schedule permits. You're welcome to re-join at any time.

- **Ask Questions:** We encourage your participation! Please use the Q&A feature in the toolbar at the bottom of your Zoom screen to submit questions.
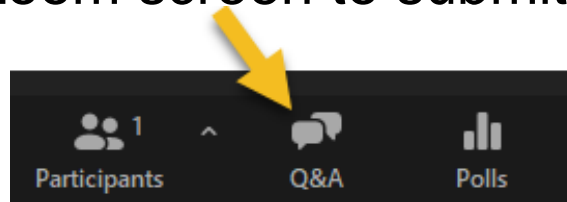
- **Breakout Groups:** Please note that you will need to switch Zoom links to join breakout groups.

- **Feedback:** Please remember to complete the session evaluations at the end of each session and at the end of the day. We appreciate your feedback!

- **Follow-Up Materials:** Slides and a recording of the Workforce Summit will be emailed to all registrants one week after the event concludes.

2025 Workforce Summit Overview

- The 2025 Health Center Workforce Summit, ***Building a Workforce for 2025 and Beyond***, is an opportunity for health centers, look-alikes, health center-controlled networks (HCCNs), primary care associations (PCAs), and other partners to come together to share and elevate best practices that address workforce challenges and needs.

- The focus of the 2025 Health Center Workforce Summit will seek to improve workforce well-being; support recruitment, and retention; enhance and implement sustainable workforce pathways to train the next generation of professionals; and strengthen emergency preparedness.

- A combination of presentations, large group discussions, and breakout groups will be used to share innovative workforce models and practices, build community, and leverage resources that contribute to successful workforce strategies.

- **Full agenda:** Building a Workforce for 2025 and Beyond

Day 2 Overview

- 12:00-12:15pm Welcome and Opening Remarks

- 12:15-1:15pm Leadership and Mid-Level Management Training

- 1:15-1:45pm Breakout Groups

- 1:45-2:00pm Break

- 2:00-3:00pm Navigating and Enhancing Effective Intergenerational Communication

- 3:00-3:15pm Break

- 3:15-4:15pm Building Training Programs in Health Centers

- 4:15-4:50pm Strengthening Emergency Preparedness for the Community Within Health Centers

- 4:50-5:00pm Closing Remarks

Note: All session times are provided in Eastern Time.

Word Cloud: What motivated you to attend the 2025 Workforce Summit?

Word Cloud: What is one word that captures your biggest takeaway from Day 1?

Instructions

Go to

www.menti.com

Enter the code

2271 0744

Or use QR code

Word Cloud: What is one word that captures your biggest takeaway from Day 1?

Word Cloud: What's one thing you hope to gain from today's sessions?

Instructions

Go to

www.menti.com

Enter the code

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Or use QR code

Word Cloud: What's one thing you hope to gain from today's sessions?

Thank You!
2025 Workforce Summit Advisory Group

- Alexander Cordoba, Human Resources Manager, Bay Area Community Health

- Roxana Cruz, Chief Innovation Officer, Texas Association of Community Health Centers

- Tinamarie Fioroni, Senior Director, Workforce Optimization, Massachusetts League of Community Health Centers

- Ja'Queta Gatling, Workforce Development Coordinator, Roanoke Chowan Community Health Center

- Pam Grindley, Chief People Officer, Seattle Indian Health Board

- Stephen Lytle, Assistant Vice President, People and Culture, Evara Health

- Chessa Quenzer, Director, Recruitment Membership Community Care Network of Kansas

Thank You!
2025 Workforce Summit Advisory Group

- Di Riley, Chief Director of Clinical Services Shawnee Health Service and Development Corporation

- Twiggy Rodriguez, C-Suite Executive, ICL

- Suzanne Roelof, Chief Operating Officer, Community Health Centers of Lane County

- Pamela Tripp, Chief Executive Officer, CommWell Health

- Jessica Wallace, Lead Advanced Practice Provider for Family Medicine, Denver Health

- CDR Jayne Berube, Lead, Care Integration and Workforce Team, HRSA - Bureau of Primary Health Care

- Jason Steele, RRPD Program Coordinator, Policy Research Division, HRSA - Federal Office of Rural Health Policy

Thank You!
2025 Workforce Summit Planning Team

ACU STAR² Center

- Michelle Fernández Gabilondo, Director of Workforce Development

- Mariah Blake, Associate Director, Workforce Operations & Compliance

- Sydney Axelrod, Associate Director of Workforce Development

Community Health Center, Inc. (CHCI)

- Meaghan Angers, Senior Program Manager

- Bianca Flowers, Project Manager

Thank You!
2025 Workforce Summit Planning Team

National Association of Community Health Centers (NACHC)

- Gerrard Jolly, Director, Career Advancement Strategies

- Katja Laepke, Director, Clinical Trainings and Workforce

- Megan Ward, Manager, Leadership, Workforce, and Career Development

- Pamela Ferguson, Manager, Clinical Workforce

- Sarah Price, Director, Public Health Integration

Thank You!
Federal Partners

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards totaling $7,725,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Leadership & Mid Level Management Training

Pamela M. Tripp
President and Founder,
Corporate Transcendence

Regina Gainey
Senior Executive – Education
Corporate Transcendence

Christopher R. Vann
Senior Executive – Development
Corporate Transcendence

Leading with Purpose

Building People, Quality, Finance, and Governance from Within

Corporate Transcendence

Agenda

- *Introduction to LEOS*
- *State of the Workforce (Healthcare)*
- *Best Practice Demonstration*

Corporate Transcendence

Workforce Culture Transformation

Objectives

- Highlight an example of a health center-developed and implemented leadership training
- Increase knowledge of 4 key areas to focus leadership development
- Build awareness of how good leadership development supports health center organizational success
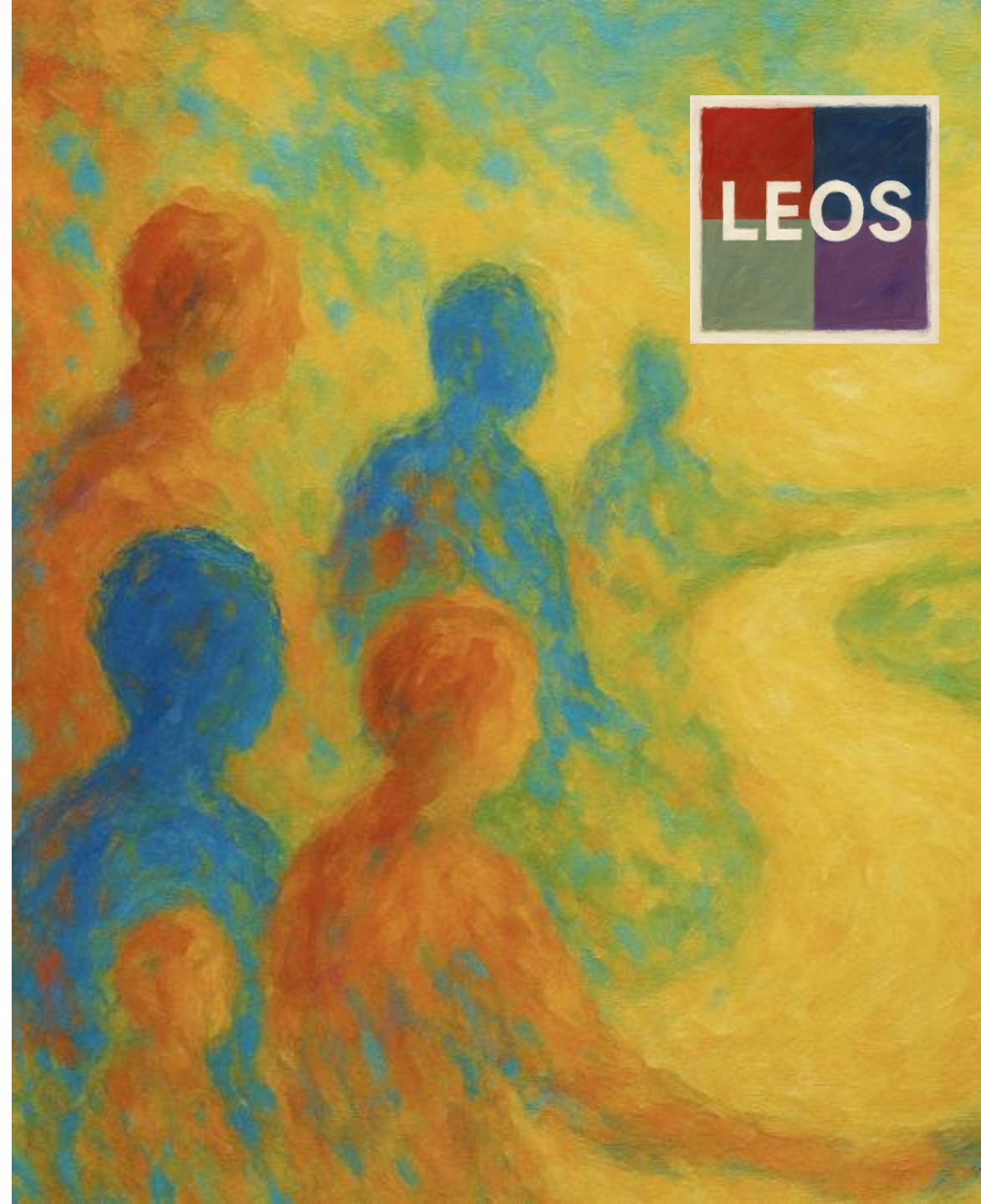
Introduction LEOS

- **L**eadership **E**xcellence **O**perational **S**ystem
- Four Pillars:
  - People
  - Quality (Systems)
  - Finance (Resources)
  - Governance (Accountability)

Why LEOS Matters

- Sustainable Leadership model
- Creates operational alignment
- Empowers workforce growth
- Anchors leadership in systems

(People) 30%

Goal:
To be the provider of choice and employer of choice.

Key Outcomes:
- Provider of Choice
  - Patient engagement / satisfaction surveys
  - Marketshare (Unique Patients)
- Employer of Choice
  - Colleague and provider engagement surveys
  - Leadership development / internal promotions

People Excellence Operation System (PEOS)

PEOS drives leadership and colleague engagement to foster a dynamic organization, aligned with the mission, vision, and values, ensuring sustained improvement and delivering consistent, predictable outcomes.

LEOS

Quality (Systems) 30%

Commitment to best practice models of care in a safe environment.

Key Outcomes:
- Quality Improvements/Increases
- Supports Patient-Centered, Integrated Care Model
- Patient Clinical Outcomes
- Continuous Process Improvement
- Best Practices paradigm
- Robust Process Improvements/Workflow Design

Quality Excellence Operation System (QEOS)

QEOS focuses on improving care in a safe environment through quality initiatives, process design, and strong workflow management, ensuring sustained improvement through regular evaluation and education, delivering consistent and predictable outcomes.

LEOS

Finance Excellence Operation System (FEOS)

FEOS drives strategic financial management through data-driven decision-making, financial dashboards, and ongoing oversight. Supported by business intelligence and data validation, the system ensures effective financial stewardship, delivering consistent and predictable outcomes.

LEOS

Finance (Resources) 30%

Goal:
To maintain unmatched stewardship of community resources.

Key Outcomes:
- Benchmark Dashboards
  - FQHC Financial Data
  - Banking Industry Data
  - Productivity
  - Revenue Cycle Management
  - Unique Patients
  - Value-Based Care
  - Grant Data

Governance Excellence Operation System (GEOS)

The Governance Excellence Operations System provides continuous leadership and board oversight in financial planning, compliance, and organizational strategy, driving accountability that ensures sustained improvement through regular evaluations and education, delivering consistent and predictable outcomes.

Governance (Accountability) 10%

Goal:
Ensures compliance with regulatory, certification and accrediting bodies; knowledgeable and engaged Board that is representative of communities and populations served.

Key Outcomes:
- Strategic Planning Model (SOAR)
- Accrediting, Regulatory, and Certification compliance
- Key Operational Dashboards (CQFG)
- Board Evaluation

LEOS

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

- James Baldwin
  No Name in the Street

Workforce Snapshot

± 8 million

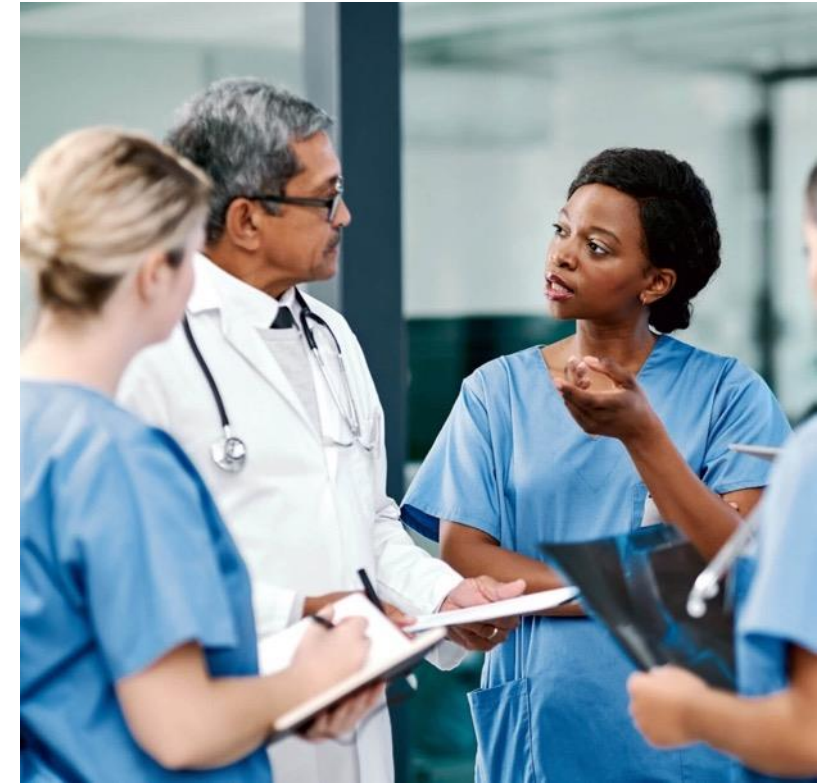72 million

47% / 73%   46% / 44%

The Workforce Landscape

Shrinking Workforce

Changing Attitude

Power of Choice

Core Beliefs About People

Desire to Feel Valued
Trustworthy / Integrity
Eager to Work
Responsible
Accountable
Grow Personally and Professionally

Prevailing Beliefs About Frontline Workers

Interchangeable

Not Strategic

Different "Class"

Not "Knowledgeable"

Respond to Penalties

Require Micromanagement

People in the Workforce

45%

Declining

Surviving

Growing

Thriving

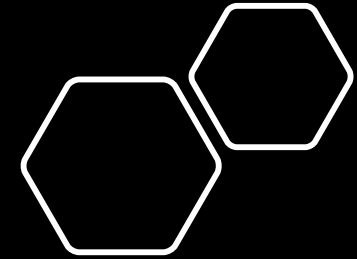Being Valued

Meaningful Work

Workforce Snapshot

160 million

50%

39%

The State of Employee Experience in Healthcare: Strengthening Workforce Engagement and Retention in 2025

PressGaney
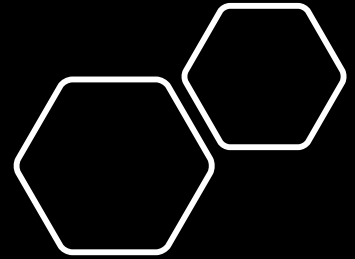
Findings

- Engagement is declining
- Turnover
- APP and Physicians
- Safety Concerns
- Teamwork Perceptions
- Gen Z / Millennials Perceptions
- Retention

Cost of Turnover - The Financial Case for Organizational Transformation

6-9 months
1-2x
213%

If you don't address this challenge the challenge will define you and your organization.

Corporate Transcendence Team

There's More To Me Than What You See.
The Picture Perfect You.

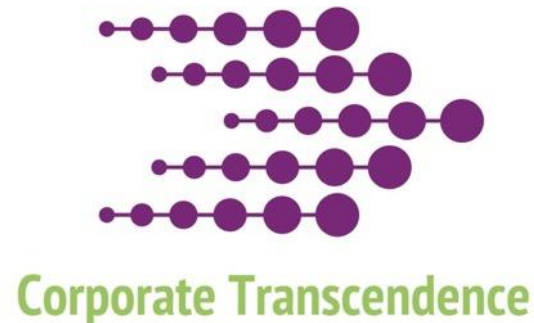Envision a workforce that hears, AND believes, this message.
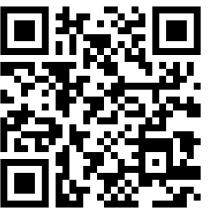
Questions and Conversation

Thank you!

Pam Tripp, Med, MSOM
CEO and Founder

Regina Gainey, PhD
Senior Executive
Education

Christopher Vann, MHA
Senior Executive
Development

Corporate Transcendence

THANK YOU!

NATIONAL ASSOCIATION OF
Community Health Centers ®

PLEASE VISIT US ONLINE nachc.org

Breakout Groups

You will be split into small groups for the next 30 minutes.

Please discuss the following questions amongst yourselves:

1. What promising leadership and mid-level manager trainings are you aware of or have implemented?

2. Which of the 4 highlighted key areas to focus leadership development (people, quality, finance, and governance) needs the most attention in your organization?

3. What are some ideas of ways your organization might be able to address that?

Zoom Link for Breakout Groups:

https://nachc.zoom.us/j/87555228083?pwd=9SpJbbhHooMGvYkT8aSL7QxEvwDV9G.1

Word Cloud: What is your top priority for your workforce?

Instructions

Go to
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Or use QR code

Navigating and Enhancing Effective Intergenerational Communication

Sydney Axelrod
Associate Director of Workforce Development

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps

Resources

Training

Networking

www.clinicians.org

STAR²
CENTER

- National Cooperative Agreement awarded in 2014

- Funded by the Bureau of Primary Healthcare

- One of 22 National Training and Technical Assistance Partners (NTTAPs)

- Produces **FREE** Resources, Training, and Technical Assistance

www.chcworkforce.org

Contact us: info@chcworkforce.org

STAR² CENTER TEAM

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LEARNING OBJECTIVES

- Increase awareness and understanding of generational traits and distinct needs in the workforce.

- Consider the context and preferences of an intergenerational workforce, and the impacts of these needs on workplace communication.

- Explore practical techniques and strategies for leading and communicating across generations.

WORKFORCE IS THE FUEL

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

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GENERATIONS IN THE WORKFORCE

GENERATIONS IN THE WORKFORCE

Traditionalist
- 79 to 96 years old

Baby Boomer
- 60 to 78 years old

Generation X
- 44 to 59 years old

Millennial
- 28 to 43 years old

Generation Z
- 27 years old or younger

What are some stereotypes you have heard about your generation?

Generational divides are more manufactured than real

"**Companies invest millions of dollars in training and development because of their beliefs about generational differences … They do it because they believe it's true, even though the evidence doesn't support those beliefs**."

-Jennifer C. Deal, senior research scientist at the Center for Creative Leadership

https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/how-to-manage-intergenerational-conflict-in-the-workplace.aspx

"We need to be careful about generational research because it puts people in a box."

"The key to understanding someone's behavior is to look at the individual, and the best way to find out how to motivate and engage is to ask them what matters to them."

https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/how-to-manage-intergenerational-conflict-in-the-workplace.aspx

Differences

- Nuanced
- Acknowledges and respects individuals
- Driven by more objective thinking

Stereotypes

- Harmful
- Generalizing
- Used to alienate and promote division
- All or nothing thinking

DEFINING GENERATIONAL EXPERIENCES

Baby Boomers (1946-1964)
- Postwar suburban boom and consumer culture
- Economic prosperity and Space Race

Generation X (1965-1980)
- Working parents and "latchkey" kids
- Rise of cable TV, video games, personal computers

Millennials (1981-1996)
- 9/11 and ensuing wars
- Pervasiveness of internet, social media, smartphones
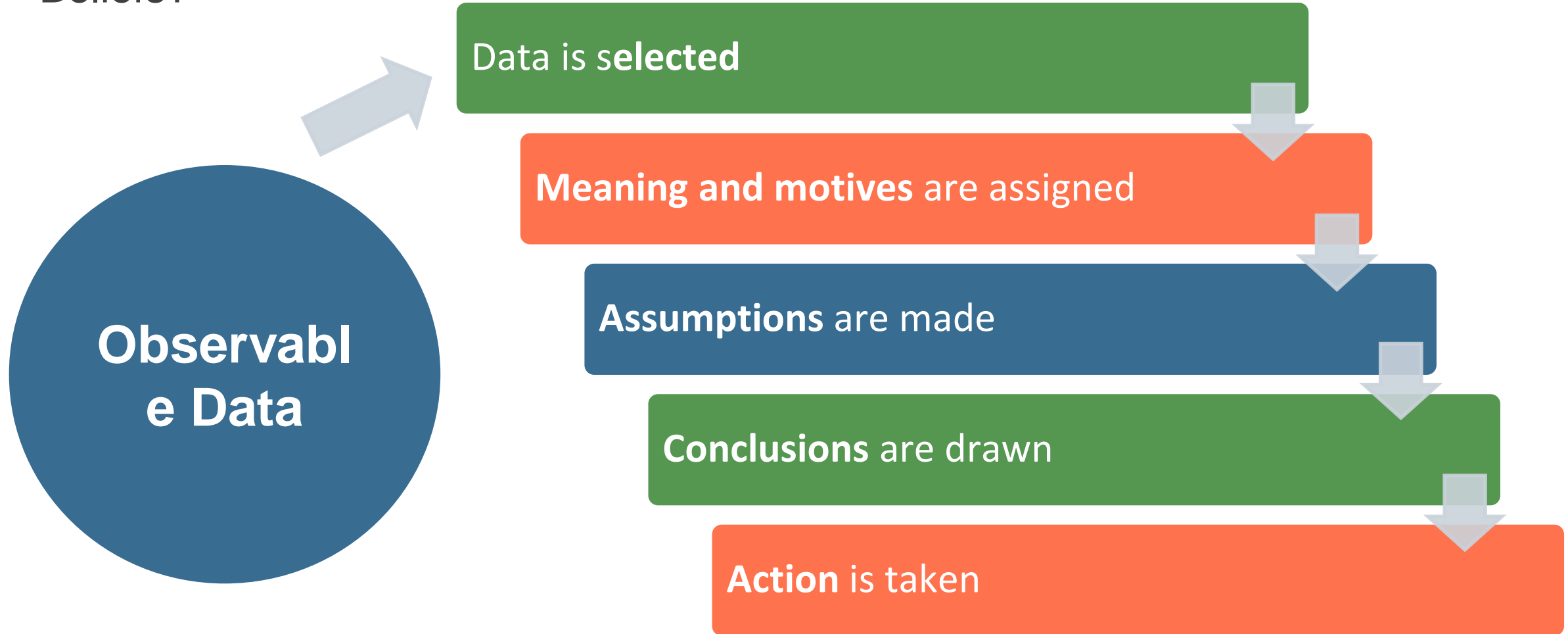
Generation Z (1997-2010)
- Digital Natives
- Growing awareness of mental health and self-care

Center for Creative Leadership: Generational Differences in Leadership, 2024, www.ccl.org

"What Is Gen Z?" *McKinsey & Company*, McKinsey & Company, 28 Aug. 2024, www.mckinsey.com/featured-insights/mckinsey-explainers/what-is-gen-z.

BRIDGING THE DIVIDE

What Informs Our Beliefs?

Observable Data

Data is **selected**

Meaning and motives are assigned

Assumptions are made

Conclusions are drawn

Action is taken

From Argyris, C., 'Overcoming Organizational Defenses: Facilitating Organizational Learning,' 1st Edition, © 1990.

TODAY'S INTERGENERATIONAL WORKFORCE HAS FAR MORE IN COMMON THAN NOT

Generally speaking, employees want:

- **Effective** compensation

- **Meaningful**, mission-driven work

- **Reliable and supportive** colleagues

- Career development **opportunities**

- Workplace **connections**

- **Secure** work environments

Guggenberger, P., Maor, D., Park, M., & Simon, P. (2023, April 26). The state of organizations 2023: Ten shifts transforming organizations. McKinsey & Company.

GENERATION OR CONTEXT?

The reality is that everyone wants pretty much the same thing, which is for their organizations to cultivate respect…some would argue this is really the secret to teamwork and leading across generations.

https://www.ccl.org/articles/leading-effectively-articles/the-secret-to-leading-across-generations/

GENERATIONAL DIFFERENCES AT WORK

Our generational differences at work tend to emerge most often around:

- Use of **technology**

- **Communication** (styles and modalities)

- Giving and receiving **feedback**

- **Time** management

- Work/life **balance**

- Organizational **structure**

https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/how-to-manage-intergenerational-conflict-in-the-workplace.aspx

THE CHANGING WORKFORCE LANDSCAPE

Meeting the Need

- **Multi-generational staff** – understand the various needs

  - Succession planning

  - Retirement/individuals leaving the field of healthcare

- **Effective Compensation** – assessing compensation

  - Pay audits, salary ranges

- **Comprehensive Benefits** – be creative and consider the needs of your staff

  - Medical care, paid family leave, continuing education, policies

- **Work/Life Balance** – essential for all staff

  - Scheduling, paid time off (PTO)

And, so much more…

NAVIGATING INTERGENERATIONAL COMMUNICATION AND CONFLICT

Why does conflict happen at work?

INTENTION ≠ IMPACT

CONFLICT IS NORMAL AND CAN BE AN OPPORTUNITY FOR GROWTH

WHAT KINDS OF NEEDS ARE NOT BEING MET THAT HAS LED TO THIS CONFLICT?

LEADING ACROSS GENERATIONS (6)

Tactics

|			
Learn from one another	Foster well-being	Share values and show respect	Be a trustworthy leader
Promote a supportive workplace	Communicate change	Break down silos	Do the right things to retain talent
	Prioritize workplace learning	Build teaching skills	

Source: Center for Creative Leadership

NAVIGATING GENERATIONAL DIFFERENCES

Acknowledge

Appreciate

Flex

Leverage

Resolve
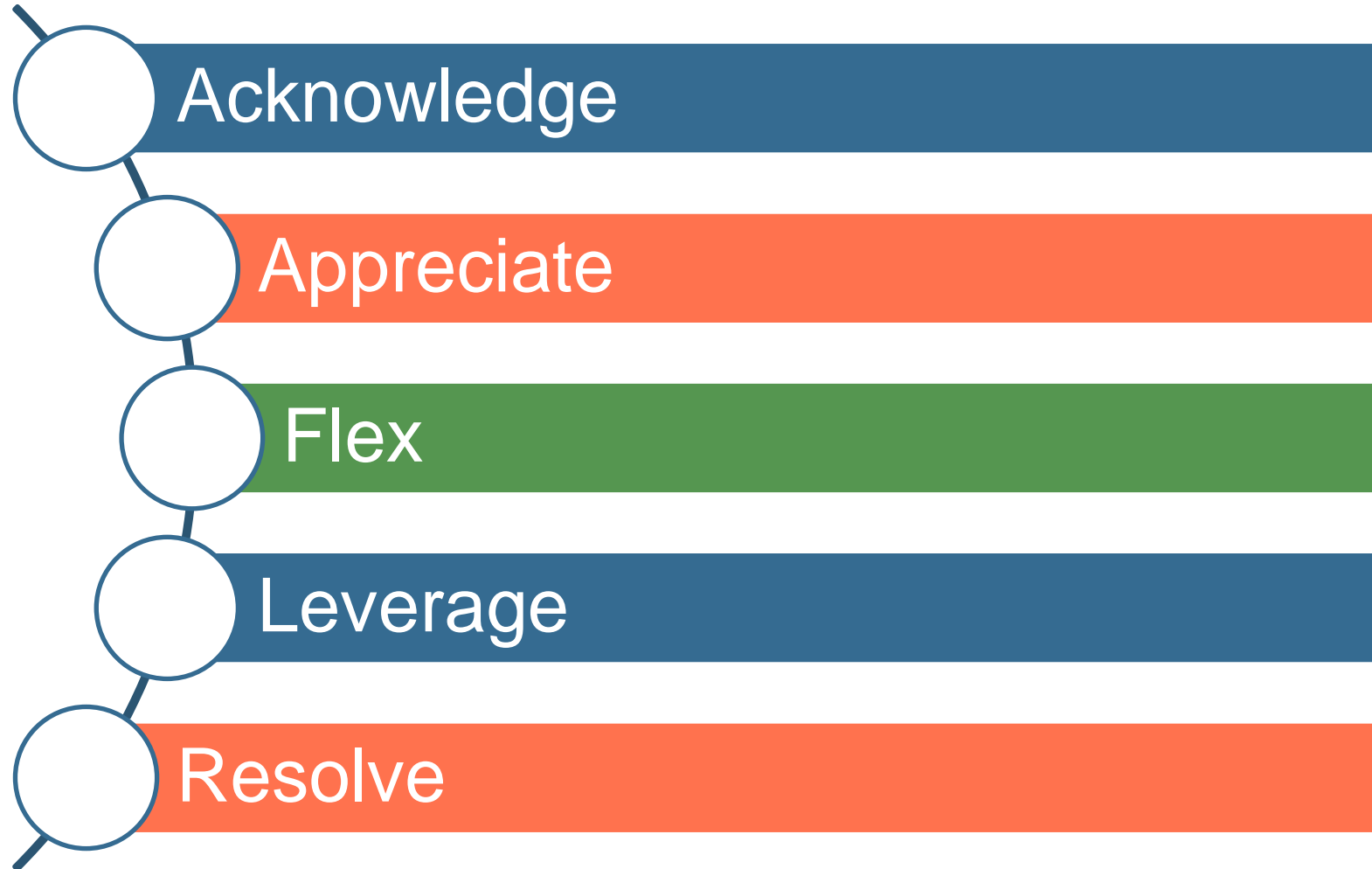
Haydn Shaw, author of *Sticking Points: How to Get 4 Generations Working Together in the 12 Places They Come Apart* (Tyndale Momentum, 2013).
https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/how-to-manage-intergenerational-conflict-in-the-workplace.aspx

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 needs to **reflect** the organization's goals in its day-to-day actions

Alignment of a health center's mission statement with the needs of its workforce is **critical**

QUESTIONS

SIGN UP FOR OUR NEWSLETTER!

tinyurl.com/3jttdtvv

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Chcworkforce.org

info@chcworkforce.org

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SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION

Word Cloud: What is your top priority for your workforce?

Instructions

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Enter the code

2271 0744

Or use QR code

Session Agenda

- 3:15-3:20pm Welcome and Introductions

- 3:20-3:30pm Medical Assistant Training

- 3:30-3:40pm Nursing Apprenticeship Program

- 3:40-3:50pm Apprenticeship Program in a Rural Health Center

- 3:50-4:00pm Postgraduate Advanced Practice Registered Nurse Residency

- 4:00-4:15pm Questions and Wrap-Up

Building Training Programs in Health Centers

- **Panelists:**
  - Anna Padeken, Director of Emergency Preparedness and Training, Wai'anae Coast Comprehensive Health Center in Hawaii

  - Heather Smith, Clinical Educator, Alluvion Health in Montana

  - Ja'Queta Gatling, Workforce Development Coordinator, Roanoke Chowan Community Health Center in North Carolina

  - Doug Spegman, MD, MSPH, FACP, Chief Clinical Officer, El Rio Community Health Center in Arizona

  - Jessica Smith, FNP, Program Director, APRN FM Residency Program, El Rio Community Health Center in Arizona

National Institute for Medical Assistant Advancement
&
Wai'anae Coast Comprehensive Health Center
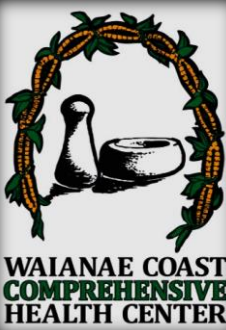
2025 Health Center Workforce Summit

"Building Training Programs in Health Centers"

Thursday, May 8, 2025

3:15 p.m. to 4:15 p.m.

Anna Padeken, RN DEPT

NIMAA Program Coordinator Site Facilitator

WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER

Wai'anae Coast Comprehensive Health Center Past and Present

- Founded in 1972 with one doctor and five staff providing primary care in Māʻili.

- WCCHC has grown…
  - Largest and oldest FQHC in Hawai'i
  - Second-largest out of 14 Hawai'i CHCs
  - Service over 34,000 annual users
  - Largest employer on the Wai'anae Coast
    - Main campus in Māʻili
    - Satellite clinics at Wai'anae Mall, Nānākuli, Kapolei, Ewa Beach, Waipahu
    - School-Based Health Clinics at six locations on the Wai'anae Coast

- There is still <u>more</u> growth to come!

First physician with a staff of 5

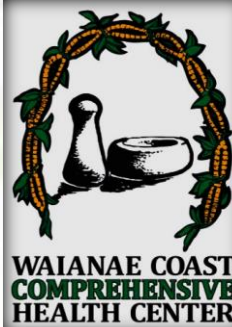# Wai'anae Coast Comprehensive Health Center Mission Statement

- WCCHC is a wellness and healing center that provides accessible and affordable medical and traditional healing services with aloha.

- WCCHC is a learning center that offers health career training and contributes to economic development to ensure a better future for our community.

- WCCHC is also an innovator, using leading edge technology to deliver the highest quality of medical services to our community

WAIANAE COAST COMPREHENSIVE HEALTH CENTER

Wai'anae Coast Comprehensive Health Center
Kīnā'ole Core Values

- "To do the *right thing* at the *right time* for the *right reason* the *first time* around."

- **Mālama**   To take care for, attend.

- **Lokahi**   To work together in unity with each other.

- **Ho'okipa**   Treat with hospitality, customer service.

- **Laulima**   Many hands working together to make the task easier.

- **Kuleana**   One's responsibility and role.

- *Leads to improving customer service, patient satisfaction, and quality of care.*

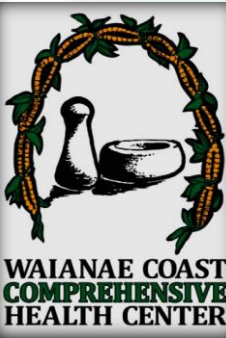# Wai'anae Coast Comprehensive Health Center NIMAA at WCCHC

- In the Beginning…

- Conditions and Requirements

- Perpetual Development

- The NIMAA/WCCHC Partnership
  - 2019 Fall   Inception; Three participants
  - 2022 Spring   Expansion; Cohort increased to eight participants

- In the Future…

Wai'anae Coast Comprehensive Health Center
Key Considerations for Health Centers

- Assessment Focus
  - What are the needs? (people, organization, community, etc.)

- Commitment
  - Board of Directors
  - Executive Leadership

- Support
  - Organization
  - Staff

- Location(s)
  - Clinic Sites
  - Skills Lab

- Preceptors
  - Training

WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER

Wai'anae Coast Comprehensive Health Center Key Considerations for Health Centers

- **Program Value**
  - Impact(s)
  - Longevity
  - Outcome(s)
  - Student to Alumni Ratio

- **Recruitment**
  - Participants
  - Externship Site(s)
  - Preceptors · Management

- **Retention**
  - Student—Transition to Employee
  - Preceptor—Training Incentive(s)
  - Career Advancement—Profession to Management

- **Workforce Investment**
  - 29-week OTJ learning
  - Organization specific training
  - In-clinic(s) experience
  - Employment assessment

- **Investment Return**
  - It is so much more than financial

Wai'anae Coast Comprehensive Health Center
"The" Conclusion

The Decision…The Journey…The Lives

The Direction…The Partnership…The Challenges

The Relationship…The Ability

The Outcomes…The Future

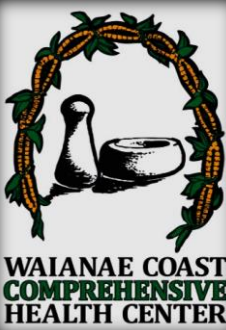|	
Mālama	To take care for, attend.
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Laulima	Many hands working together to make the task easier.
Ho'okipa	Treat with hospitality, customer service.

Mahalo

Anna Padeken, RN

Director of Emergency Preparedness and Training

APadeken@wcchc.com

(808) 697–3331

Introduction:

NEXT NURSE
A PROGRAM OF ALLUVION HEALTH

H1-B Nursing Expansion Grant from the US Dept. of Labor 2023 - 2028

ALLUVION HEALTH is a non-profit Federally Qualified Health Center (FQHC), focusing on providing high-quality, cost-effective, comprehensive primary and preventive medical, dental, and behavioral healthcare.

- 30-year history; started as part of the CCHD.
- Multiple locations in Great Falls, as well as Choteau.
- Mobile units for Primary Care and Dental services.
- Hosts over 100 students for clinical experience each year.
- Became a Registered Apprentice Site with 3 programs in 2023.

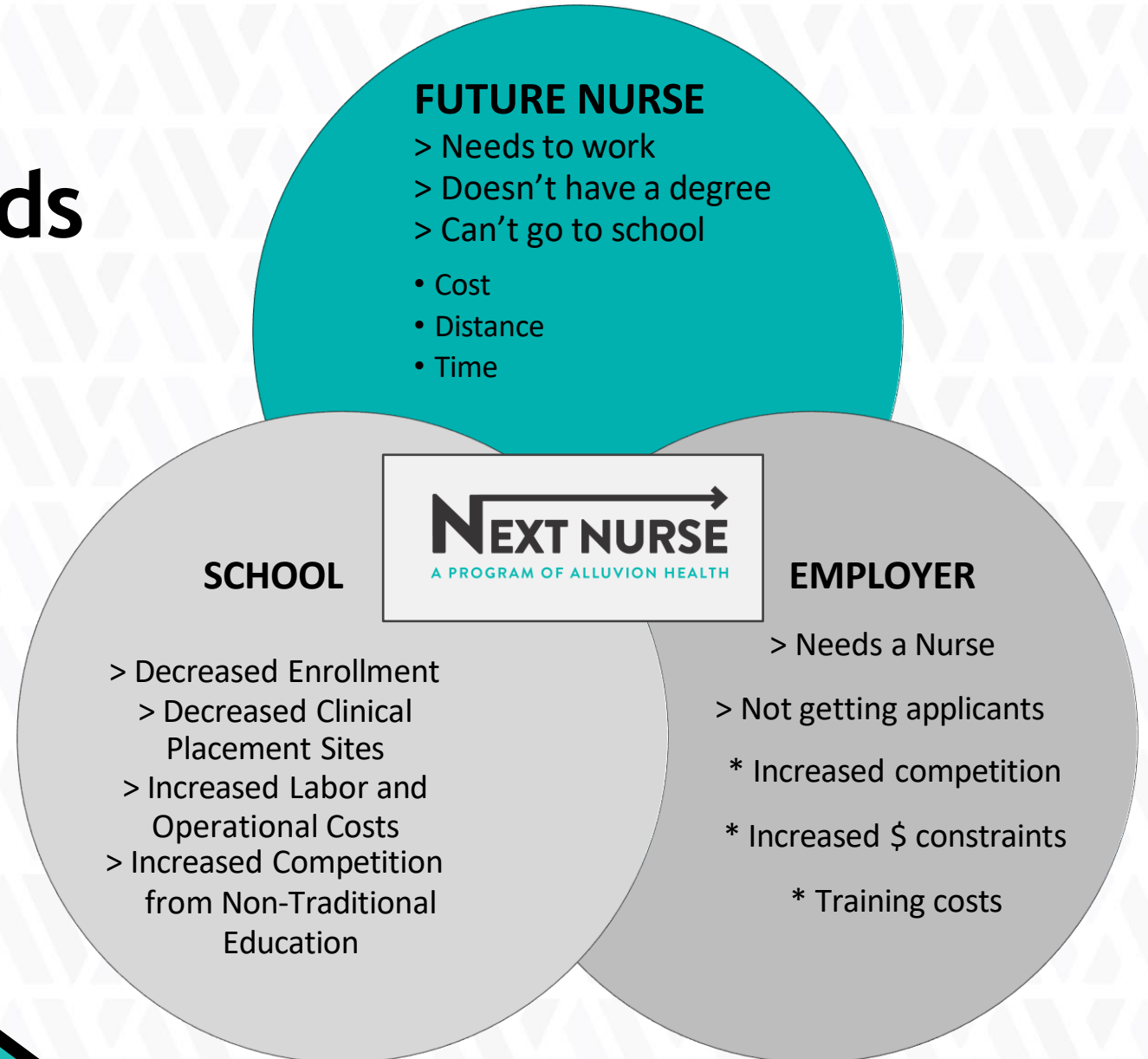| 7 | • Employer Partners |
| 28 | • Apprentices |
| 4 | • Registered Apprentice Tracks |

Challenges and Needs

Why Apprenticeships?

- Replicable
- Measurable
- Proven method of training a workforce
- Assistance in the recruitment and oversight
- Expanded Benefits (Veterans, WIOA)

FUTURE NURSE

> Needs to work
> Doesn't have a degree
> Can't go to school

- Cost
- Distance
- Time

SCHOOL

> Decreased Enrollment
> Decreased Clinical Placement Sites
> Increased Labor and Operational Costs
> Increased Competition from Non-Traditional Education

EMPLOYER

> Needs a Nurse

> Not getting applicants

* Increased competition

* Increased $ constraints

* Training costs

What

Apprentices are full time positions with full benefits

- The apprentice works 30 Hrs. per week and is paid for 10 hours of education time.
- They will have a dedicated Mentor/Educator throughout learning
- Eligible for Tuition and Fee payments

Apprenticeships are intended to be a replicable model

- available to partner FQHC programs in rural and underserved communities of Montana.
- Targets underrepresented persons

Alluvion Health provides operational and educational support to partner programs through the grant funding.

- Learning Labs
- Case Managers
- Educational Tutors
- Barrier Support

NEXT NURSE
A PROGRAM OF ALLUVION HEALTH

What is the Next Nurse Apprenticeship Program?

The **NEXT NURSE** program is a Registered Apprentice Program (RAP) that will assist Alluvion Health, and other partner organizations find and train healthcare workers in positions such as Certified Medical Assistant (CMA) Licensed Practical Nurses (LPN) and Registered Nurses (RN).

> Apprentices will earn while they learn their positions.
> **NEXT NURSE** will pay for tuition, supplies, books and provide 10 hrs. of paid study/learning time each week for the length of the program.
> This is a full time, benefit eligible position.
> There is a wage schedule that provides wage increases as milestones are met.
> Apprentice will be enrolled in education leading to certification or licensure*.
> For degree seeking courses, acceptance into a nursing program is required.
> All educational courses will require some self-directed learning.
> Consistent progress in the chosen program of study is required, as well as maintaining excellent job performance.
> Weekly or Bi-weekly mentor meetings will be required of all apprentices during the program.

*Courses must not interfere with primary job and be approved by the apprentice manager.

To request a one-on-one meeting to ask questions specific to your situation or goals, please email Hannah at hdieterle@alluvionhealth.org

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Hannah Dieterle – Program Manager
Phone: 406.791.7974

Email: HDieterle@alluvionhealth.org

Who Are We?

➢ Roanoke Chowan Community Health Center (RCCHC) is a mission-driven, non-profit Federally Qualified Health Center (FQHC) dedicated to providing high-quality, affordable healthcare to rural and underserved communities.

➢ RCCHC offers comprehensive medical, dental, pharmacy, and behavioral health services with a patient-centered approach that prioritizes accessibility in care.

Our Facilities

AHOSKIE COMPREHENSIVE CARE (ACC)

CRESWELL PRIMARY CARE (CPC-W)

MURFREESBORO PRIMARY CARE (MPC)
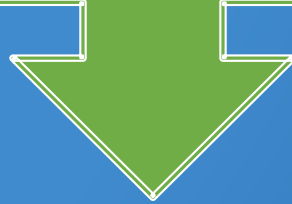
WOODLAND PRIMARY CARE (WPC)

COLERAIN PRIMARY CARE (CPC)

Our Commitment

RCCHC is committed to fostering workforce development and advancing innovative healthcare solutions to improve overall community well-being.

Through strategic partnerships, RCCHC not only enhances patient care but also plays a pivotal role in growing and sustaining a skilled healthcare workforce.

The Value of Apprenticeships & Training

Apprenticeships create skilled professionals ready for the workforce

Employees gain hands-on experience with mentor guidance; staff is assigned to a preceptor

Career pathways improve retention and promote leadership growth

Registered Apprenticeship Program at RCCHC

Building the Future of Healthcare – One Apprentice at a Time!

At RCCHC, our Registered Apprenticeship Program isn't just about training; it's about transforming careers and training the next generation of healthcare professionals.

Through hands-on clinical experience, classroom instruction, and mentorship, we create skilled, confident, and dedicated employees ready to make an impact.

Our commitment to workforce development ensures a strong talent pipeline, improved patient care, and a thriving community."

Registered Apprenticeship Program at RCCHC

➢ Enrolled and successfully trained 60 apprentices with a 100% completion rate

➢ 10 registered occupations with plans for expansion

➢ New additions: Medical Administrative Assistant & Dental Assistant/Hygienist

Workforce Development (WD) & Return on Investment (ROI)

Defining Workforce Development at RCCHC:

➢ RCCHC believes in investing in people to build a strong, skilled workforce.

➢ Workforce development goes beyond hiring—it's about training, mentoring, and growing talent from within.

➢ Through structured programs, staff receive education, clinical experience, and career pathway opportunities.

Investing in Workforce Development

- RCCHC prioritizes building talent from within

  ➢ Currently have CNA to MA to LPN

- Classroom instruction + On-the-Job Training (OJT) enhance skills

- Structured programs provide educational time for staff and tuition reimbursement

Blending Classroom Education & On-The-Job Training (OJT)

➢ Apprentices receive a balanced learning experience, applying classroom knowledge directly to real-world healthcare settings.

➢ Hands-on clinical training allows staff to refine skills, improve patient care, and adapt to evolving healthcare demands.

➢ This approach ensures higher retention rates, employee satisfaction, and long-term career growth.

Return on Investment (ROI)

Reduced turnover: Employees stay longer with career growth opportunities

Cost savings: Internal training lowers hiring costs

Higher productivity: Skilled employees perform more efficiently

Stronger community impact: Well-trained staff improve healthcare access & quality

Long-Term Success

➢ Sustainable talent pipeline for future workforce needs

➢ Improved patient care and service delivery

➢ Organizational success through staff development

➢ RCCHC's commitment to continuous learning ensures growth and stability

Strong Community Partnerships

Roanoke-Chowan CC
- Medical Assistant
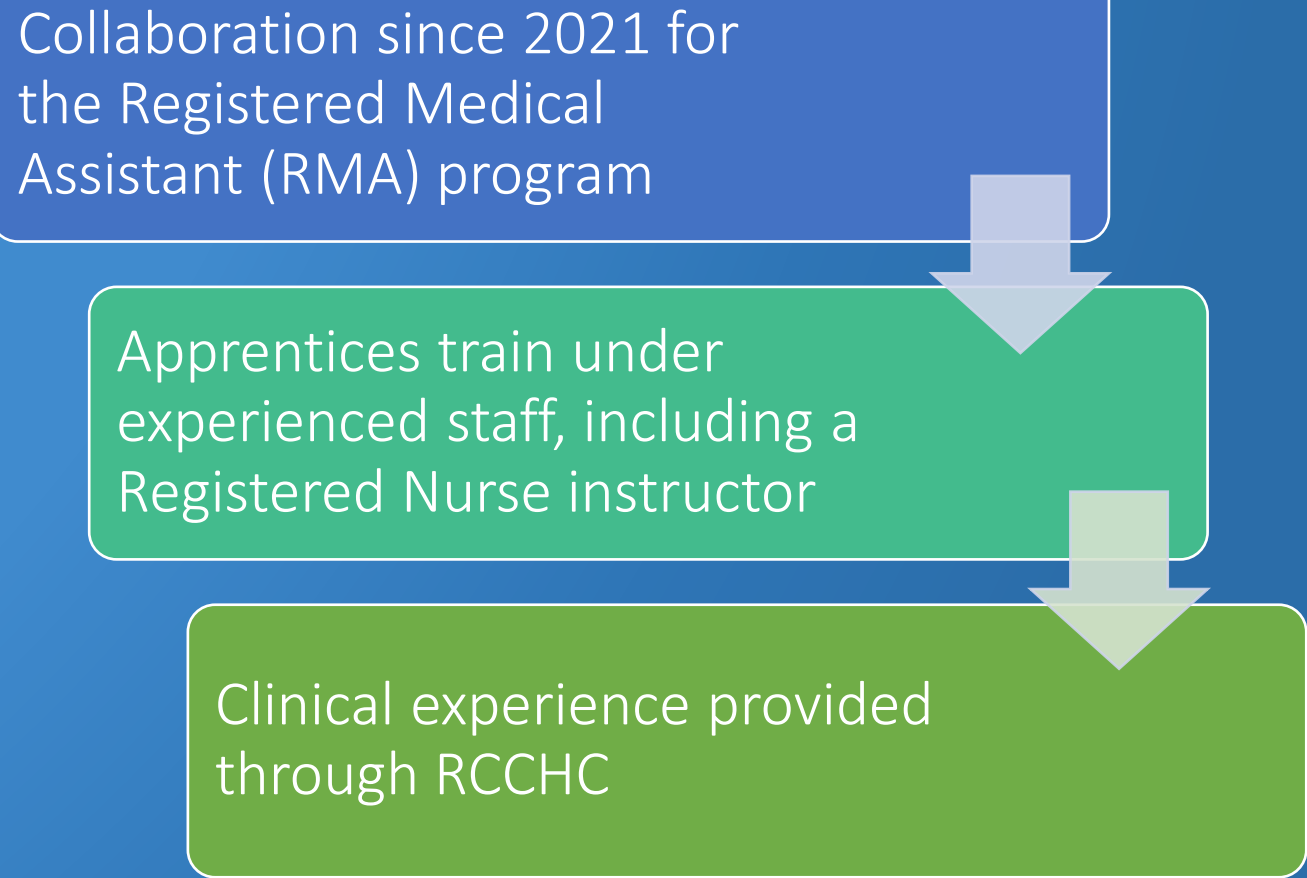- Phlebotomy
- Pharmacy Tech
- RN Program

Halifax CC
- LPN Program

NIMAA (Externship)
- Medical Assistant

Collaboration since 2021 for the Registered Medical Assistant (RMA) program

Apprentices train under experienced staff, including a Registered Nurse instructor

Clinical experience provided through RCCHC

Strong Partnerships –
Roanoke Chowan Community College (RCC)

➤ In Fall of 2021 RCCHC and RCCC partnered to create a Registered Medical Assistant program. Kimberly Canady the instructor was instrumental in developing the course to fit the needs of the student's while working with RCCHC to determine workforce needs.

➤ The first class of Medical Assistance started the spring semester 2022.

➤ August of 2022 was the first graduating class. 10 students successfully completed Part I and II. All ten students successfully passed the RMA national exam.

➤ Since that time RCCC has offered 7 Medical assistant cohorts. All of the students that successfully completed were also successful with the RMA national exam.

➤ New cohort in 2025, will include community members or external students

Strong Partnerships –
Roanoke Chowan Community College (RCC)

➢ Since that time RCCC has offered 7 Medical assistant cohorts. All of the students that successfully completed were also successful with the RMA national exam.

➢ New cohort will start May 2025, will include community members or external students

Strong Partnerships –
Halifax Chowan Community College (HCC)

➢ Halifax Community College offers a LPN program and has allowed us at least an offer of 2-3 seats for apprenticeship a cohort

➢ First cohort of RCCHC staff are 5 RMA apprentices that are in the LPN occupation.

➢ Received a grant to sponsor student's student tuition.

Strong Partnerships –
National Institute Of Medical Assistant Advancement (NIMAA)

➢ Serve as an externship organization

➢ Fully online program- 9 months of training

➢ Clinical training at RCCHC sites

"Our partnership strengthens the workforce and provides students with the tools to succeed in a growing field."

- Jamie Burns, Allied Health Director at RCCC

Celebrating Success

➤ Graduation ceremonies & media recognition

➤ Commitment to expanding access in apprenticeship opportunities

➤ Lifelong learning approach with continued education pathways

R-CCC Medical Assistant Graduation

join us on

Wednesday, August 17th, 2022
12:30 - 1:30 p.m.

Roanoke Chowan Community Health Center
Ahoskie Comprehensive Care
120 Health Center Drive
Ahoskie, NC 27910
2nd Floor Breakroom

RSVP:
Mikayla Morris
mmorris@rcchc.org

MEDICAL ASSISTANT APPRECIATION WEEK!

Success Stories

Congratulations!

Success Story – Steve Duncan

➢ From Intern to IT Specialist Apprentice

➢ Demonstrated strong technical skills, adaptability, and leadership

➢ Enrolled in the Apprenticeship Program for IT Specialist

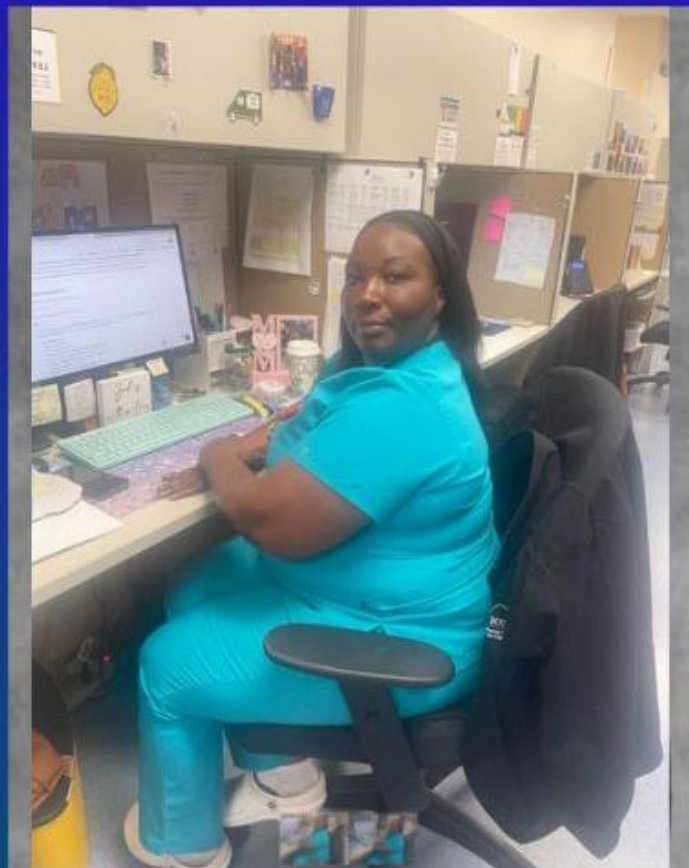➢ Will graduate with an Associate Degree in May 2025; plans to pursue a Bachelor's Degree

Success Story – Steve Duncan

Supervisor Bill Sparks' Quote:

"Steve Duncan has shown remarkable growth in both his skills and leadership abilities. His dedication, innovative thinking, and collaborative spirit will serve him well in his future career."

"The Apprenticeship Program has been a life-changing opportunity for me as a single working mom. I have always been passionate about helping people in my community and dreamed of working in the healthcare field. However, the reality of providing for my family made it impossible to cut back on work hours or quit my job to pursue certification. Thanks to the apprenticeship program, I was able to go to school, earn my certification, and continue working full-time.

LaShanna Taylor
Certified Medical Assistant
Apprenticeship

NATIONAL APPRENTICESHIP WEEK

RCCHC

> *I am beyond excited to be the first in my family to complete a Bachelor's degree, and this would not have been possible without the Apprenticeship program here at RCCHC. I encourage anyone who wants to learn and grow to apply to the Apprenticeship program to achieve their dreams.*

Lindsey Ferguson
Electronic Health Record Support Specialist Apprenticeship

NATIONAL APPRENTICESHIP **WEEK**

> "This apprenticeship offers a distinct opportunity to earn while gaining hands-on experience, allowing me to build a solid foundation in the medical field. It enables me to develop crucial skills while working in a supportive and educational setting, ensuring both personal and professional growth."

Brittany Vinson
Certified Medical Coder and now pursuing the Medical Assisting program

NATIONAL APPRENTICESHIP WEEK

RCCHC

> My apprenticeship at RCCHC has been one of the best experiences anyone in my career field could ask for. I've had the privilege of working alongside amazing providers and clinical staff who were always willing to go out of their way to teach me valuable skills essential to patient care. If I had the chance to relive this experience, I would do it again in an instant

April Vinson
Certified Medical Assistant Apprentice

NATIONAL APPRENTICESHIP WEEK

RCCHC

> "RCCHC has provided me with hands-on experience, skill development and valuable mentorship, boosting my confidence and job readiness. They helped me build a professional network, gain financial independence and develop a stronger work ethic. These experiences have shaped my career path, increased job satisfaction and given me a sense of achievement that continues to inspire me."

Radasia Sessoms
Certified Medical Assistant Apprentice

NATIONAL APPRENTICESHIP WEEK

"Absolutely love this! Apprenticeships truly are a game-changer, providing invaluable hands-on experience and opening up so many opportunities. It's inspiring to hear the success stories of those who have benefited from these programs."
-Feyer Ford of Ahoskie

RCCHC

Roanoke Chowan Community Health Center

Mobile Clinic / Clínica Móvil

www.rcchc.org

(252) 332-3548

Se Habla Español

HRSA
a Health Resources and Services Administration (H
ciario del subsidio 330 del Health Resources and Ser

Future Expansion & Innovation

➢ Plans for program growth & scalability

➢ Replicable apprenticeship models for other industries

➢ Enhancing accessibility to underrepresented groups

Recognition & Award

➢ Outstanding Registered Apprenticeship Program Award

➢ Highlighting our commitment to workforce development

➢ Significance of this recognition in advancing talent pipelines

Call to Action & Closing Remarks

➢ Investing in apprenticeships is more than just workforce development—it's about shaping the future.

➢ When we create pathways for learning, mentorship, and career growth, we don't just fill positions; we train individuals, strengthen industries, and build thriving communities.

Call to Action & Closing Remarks

➢ The success of an apprenticeship program isn't just measured by numbers, but by the lives changed and the lasting impact on the workforce.

➢ Let's continue to invest in people, innovate in training, and create sustainable opportunities for generations to come.

Learn More:

https://www.youtube.com/watch?v=NxxxXlgaAxA

El Rio Community Health Center Tucson, AZ

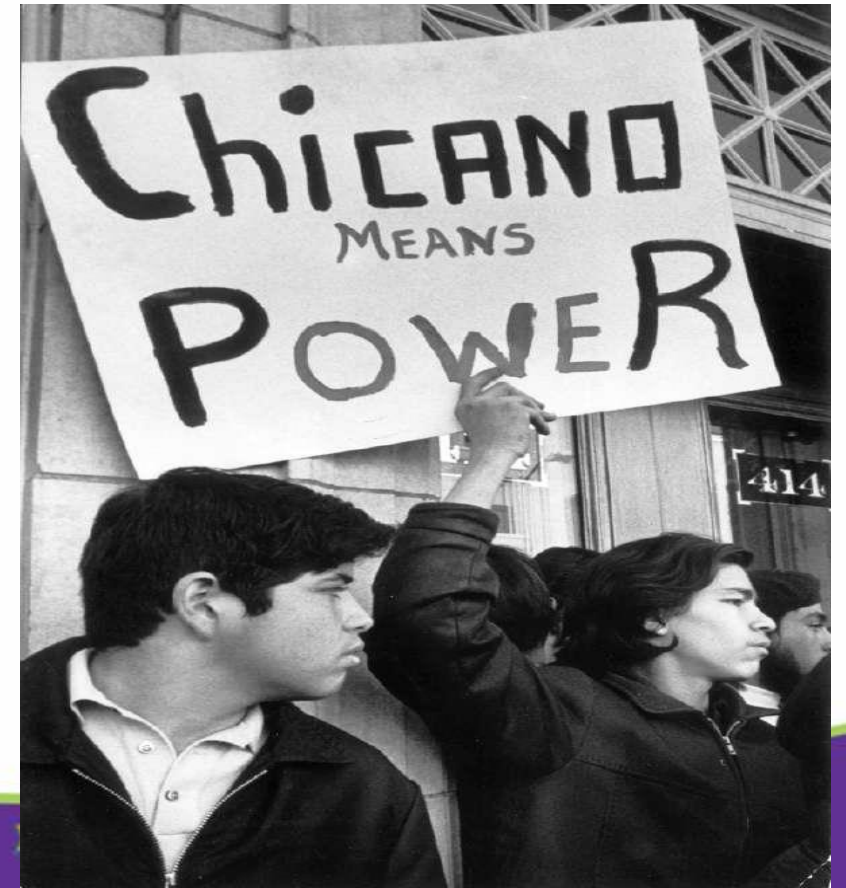**Doug Spegman MD, MSPH, FACP**
Chief Clinical Officer
Jessica Smith FNP
Program Director, APRN FNP Residency Program

El Rio Our History

- 1970: El Rio Beginnings as a Federally Qualified Community Health Center
- The Legacy Continues: 14 Clinic Sites, 336 Providers, Serving ~ 130,000 patients

EL RIO
HEALTH

The Patients We Serve

El Rio Patients by Race/Ethnicity

2023 UDS Data

❖ **Total # of Patients Served**: Approx.- 128,493

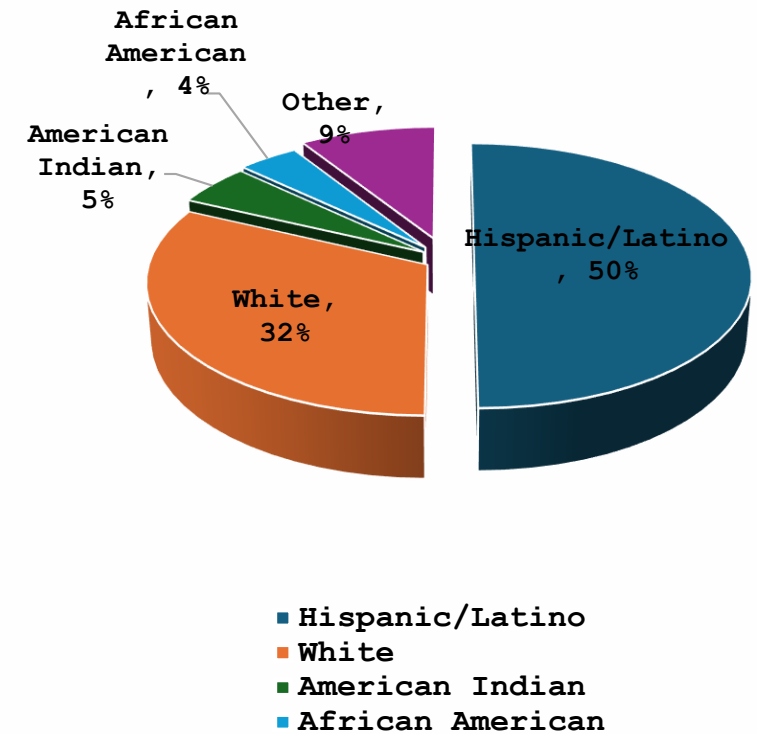❖ **Total Patient Visits**: Approx- 545,707 (Virtual 85,330)

Budget 2022

❖ Revenue = $250M
❖ Expense = $192M
❖ Projected Operating Margin = 4% (2024)

Patients by Payer Source

❖ Medicaid: 50%
❖ Private: 26%
❖ Uninsured: 10-%
❖ Medicare: 14%

❖ 55% of patients 100% and below the Federal Poverty Line

African American, 4%
Other, 9%
American Indian, 5%
White, 32%
Hispanic/Latino, 50%

- Hispanic/Latino
- White
- American Indian
- African American

EL RIO HEALTH

EL RIO TEACHING HEALTH CENTER PROGRAMS:

Mixed Models of Collaboration/Funding

National Consortium Model
ATSU-SOMA Medical School
NYU Langone Dental Residency Programs
National Family Medicine Residency Program - The Wright Center
Local Collaborative Model
Clinical Pharmacy Residency Program - University of Arizona
Pediatric Residency Program - Tucson Medical Center
Family Medicine Residency Embedded within El Rio Clinic – University of Arizona
Autonomous Collaborative Model
Family Medicine Nurse Practitioner Residency Program Community Health Center, Inc. NCA
Sponsoring Institution
General Psychiatry Residency to begin in July 2025
Family Medicine Residency Program Transfer in July 2025

Owning More of the Pipeline:
Area Health Education Centers in FQHC's

Enhancing access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community & academic educational partnerships

- Arizona's AHEC model divided into 6 regions; 2 of those regions were awarded to FQHCs (El Rio & North Country); 1 region was awarded to AZ PCA (AZ Alliance of Community Health Centers)

- Alignment of mission and vision for service to underserved populations (rural & urban) & enhancing workforce development of individuals from the communities served (state-funded workforce pipeline activities)

- Partnering with sponsoring institutions, community partners & programs; Leveraging community health experience & expertise; Build expectations of community based faculty development, clinical training & healthcare advocacy

- Leveraging local AHECs & stakeholder map of community partners

- AHEC is the engine to understand clinical learning environments, collaborative training platform & how to expand educational capacity

Area Health Education Centers

Strengthening the Nation's Healthcare Workforce

CONNECTING

STUDENTS TO CAREERS   PROFESSIONALS TO COMMUNITIES   AND COMMUNITIES TO BETTER HEALTH

Foundational Elements to Building Our Clinician Workforce

➤ **Training Clinicians to Succeed in Community Based Medicine**

➤ **Team Based Care/Inter-Professional Learning**

➤ **Clinical Decision Support/Workflow Efficiencies**

➤ **Providing Work Experience**

➤ **Workforce Resiliency Training/Peer Counseling**

El RIO APRN FNP Residency Design Considerations

- Community Health Medicine- Primary Care Focus (established in 2019)

- Pediatric Care Training Needs

- Population Health Training: Closing Gaps of Care, Value Based Care, AWV's, Medicare Advantage 360 annual evaluations, CCM, HCC coding, RAF scores

- Training Program for 1 Urban and 2 Rural FQHC's in Southern AZ

- Interprofessional Education within the Teaching Health Center Model

El RIO APRN FNP Residency Outcomes

- 5th Residency Class started September 9, 2025

- 30 Residents have completed our program, 4 Residents are in our current class

- Current Attrition Rate is 15.4%

- 93% retention Rate to Date for Those Completing Residency
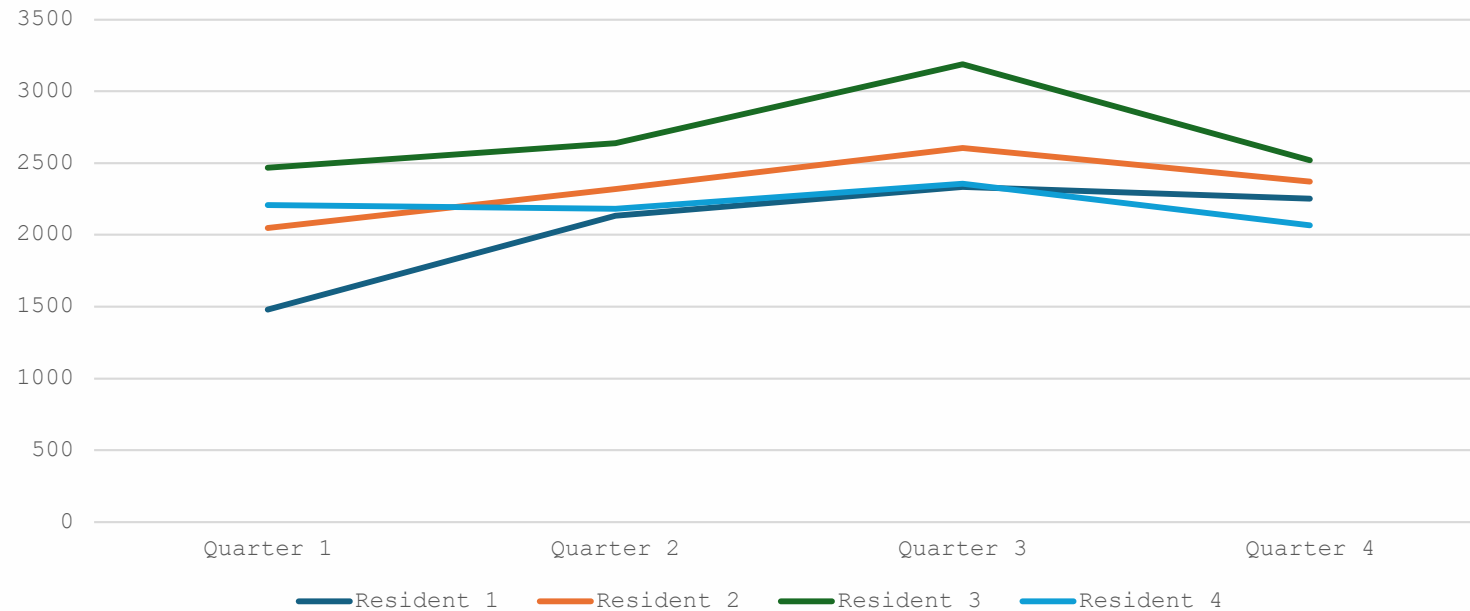
COST CONSIDERATIONS

Assumptions

- 7665 Patient Visits

- Average $ per Encounter $306

- HRSA ANE-NPRF Grant to expire July 31, 2027

APRN Residency Program	2025 Budget
Resident FTEs	8.00
Other FTEs	8.20
Total FTEs	**16.2**
Resident Visits	**7,665**
Avg Visits per Resident	**958**
Revenue	
Net Patient Revenue	$ 2,349,067
Grant Revenue	$ 511,843
Other Non-Patent Revenue	$ 12,310
Total Revenue	**$ 2,873,220**
Expenses	
Total Employee Expense	$ 1,352,617
Supplies Expense	$ 9,160
Contracted Services Expense	$ 19,425
Facilities & Infrastrucure Expense	$ 18,785
Other Expense	$ 80,565
Travel & Education Expense	$ 26,135
Depreciation Expense	$ 3,165
Total Direct Expense	**$ 1,509,852**
Direct Operating Margin	**$ 1,363,368**
Indirect Admin Expense	$ 260,178
Indirect Clinical Expense	$ 176,445
Total Indirect Expense	**$ 436,623**
Indirect Operating Margin	**$ 926,745**

EL RIO HEALTH

Retention/Sustainability Considerations

- FNP workforce adequately trained in community medicine

- ROI of P4P population health training

- Teaching Programs as a Clinician Satisfier

- ROI of training in Continuous Quality Improvement during Residency

- Partnering with AHEC (Area Health Education Centers)

- Emerging role of APRN FNP's in Clinical Leadership

EL RIO
HEALTH

Presenters

- Matthew Griswold, Facilities Director, Community Health Center, Inc. (CHCI)

- Taina Lopez, Director of Emergency Management, National Association of Community Health Centers (NACHC)

What is Emergency Preparedness?

- Preparedness is defined as:

"A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response."

U.S. Department of Homeland Security. (2024, September 17). Plan and Prepare for Disasters. Retrieved from https://www.dhs.gov/plan-and-prepare-disasters

Principles of Emergency Management

Recovery: Activities that occur following a response to a disaster that are designed to help an organization and community return to a pre-disaster level of function.
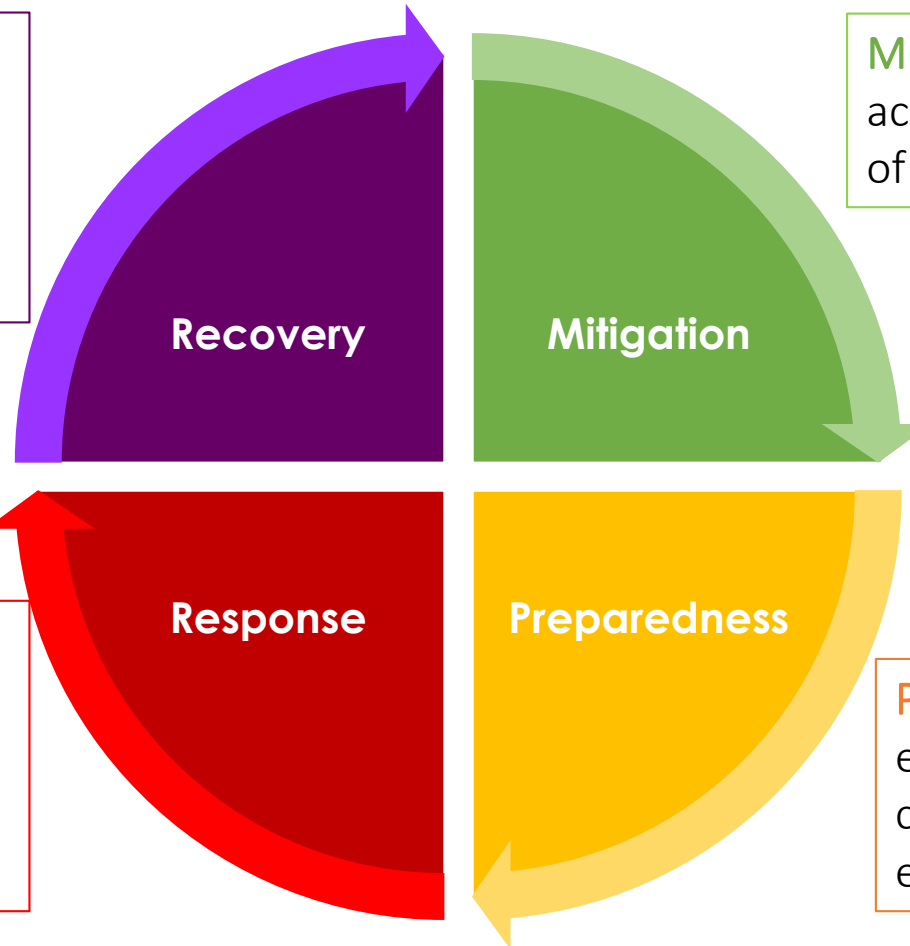
Mitigation: Pre-event planning and actions which aims to lessen the effects of potential disaster.

Recovery

Mitigation

Response

Preparedness

Response: Responding to emergencies involves taking immediate actions to save lives, protect property, and meet basic human needs in the face of immediate and short-term effects.

Preparedness: Preparing ahead for emergencies by engaging with the community to ensure a thorough and effective response.

Plan for Staffing – Consider the following

Longer duration
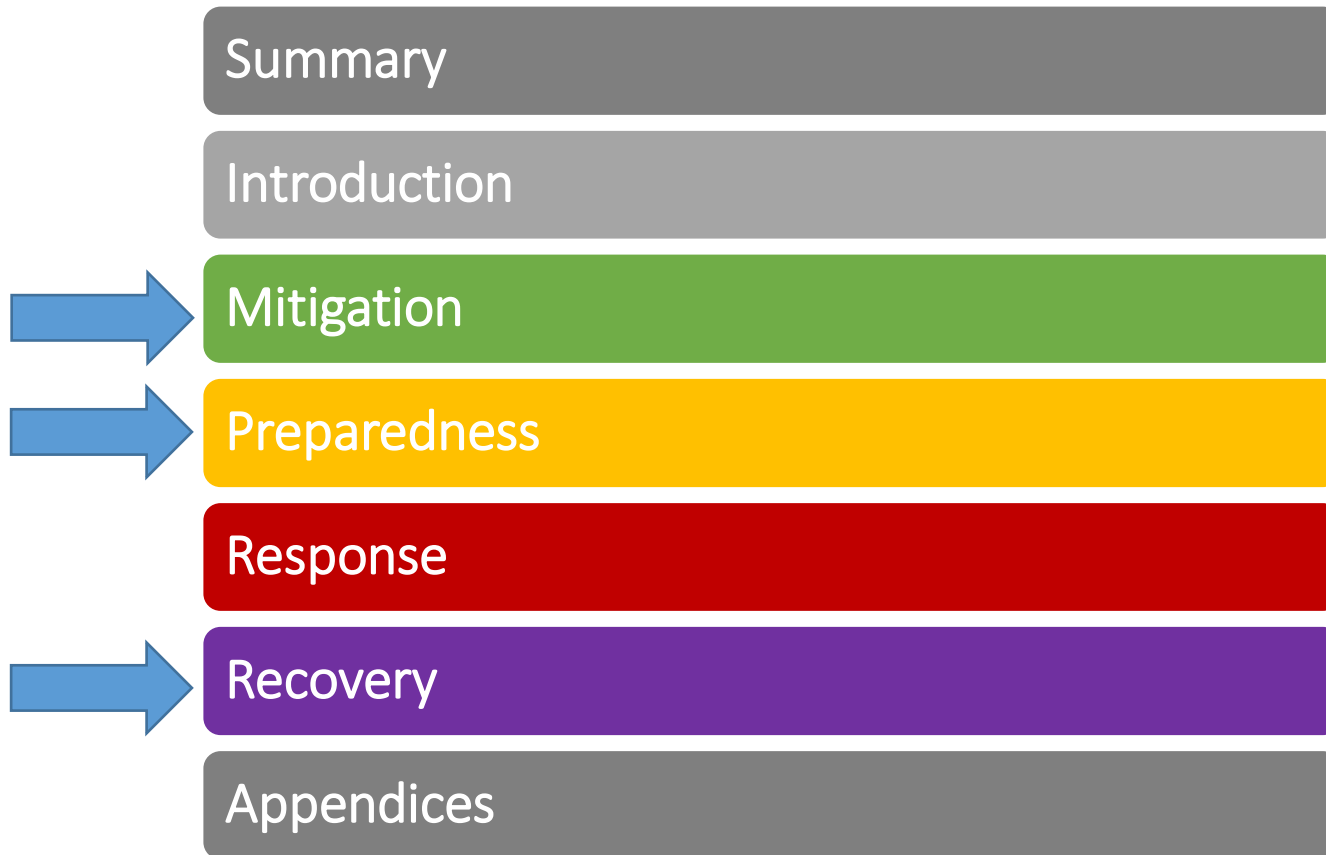
Beyond a normal work shift

Several Days Weeks Months

Food

Families

Homes

Emergency Preparedness Plan (EPP) Overview

Summary

Introduction

Mitigation

Preparedness

Response

Recovery

Appendices

Emergencies in Health Center Context

Health centers are vulnerable to a wide range of emergencies that can disrupt normal operations and compromise patient care.

Natural Disasters	Public Health Crises	Human-made Emergencies	Infrastructure Failures
Hurricanes	Pandemics	Power Outages	Water Supply Interruption
Earthquakes	Disease Outbreaks	Chemical Spills	Gas or Electrical System Malfunction
Wildfires	Biological Attack	Acts of Violence	Building Structural Issues

Developing Strategic Plans for Building Healthier Communities

Collaboration with Local Community Organizations:

- Engage with schools for health education workshops and emergency drills.
- Collaborate with food banks to establish emergency food distribution networks and provide nutritional education.
- Work with housing nonprofits to conduct home safety checks and install safety equipment.
- Involve faith-based groups in organizing vaccination drives and health screenings.

Participation in Community Health Initiatives:

- Partner with EMS to conduct community-wide health promotion campaigns and provide support for emergency medical services.

Establishment of Partnerships with Educational Institutions:

- Collaborate with schools and universities to integrate emergency preparedness education into curricula and provide resources for training.

Development of Tailored Strategies:

- Conduct community health assessments to identify specific needs.
- Customize emergency response plans to address prevalent health concerns and community needs.

Foundational EPP Review

Mitigation:	Preparedness:	Response:	Recovery:
• Conduct Hazard Vulnerability Analysis	• Form Emergency Preparedness Team • Develop basic Emergency Operations Plan • Gather resource materials	• Customize content for your Health Center • Provide Staff Training	• Implement basic communication strategies • Establish relationships with external partners • Commit to regular review and updates

Importance of Committees in Emergency Response

- Committees play a pivotal role in coordinating and executing effective and proactive emergency responses.

- Committees facilitate communication, decision-making, and resource allocation during emergencies.

- Committee members should bring together various expertise and perspectives to ensure a comprehensive approach to preparedness and response.

Quick Guide on Developing an Emergency Preparedness Committee

Identify key stakeholders, including representatives from various departments and community partners (HR, IT, risk management, community engagement)

Include participants who are passionate or experienced in the work

Encourage multiple perspectives within the committee to address the unique needs of all stakeholders.

Meet regularly to discuss:

- Training opportunities
- Grant funding
- Incidents
- Accreditation
- Check in with National Hurricane Center www.nhc.noaa.gov

Resources

- NTTAP on Clinical Workforce Development Archived Webinars:
  - [Understanding Emergency Preparedness within Health Centers: Foundational Principles, Financial Strategies, and Operational Continuity Webinar](#)
  - [Foundational Strategies for Emergency Preparedness within Health Centers Webinar](#)
- Federal Emergency Management Agency (FEMA) Courses
  - Please [click here](#) to register for valuable training opportunities, including free courses, and download certificates of completion.
  - The series of course trainings cater to all levels, from beginner to expert.

NACHC DISASTER SUPPORT:

Hurricane Helene/Milton-Regional Coordination with PCAs

LA Wildfires Support and Coordination with PCA and RAC

Hurricane Helene/Milton After Action Report Findings

Lessons Learned: Impacts to Staff

1. **Disaster Assistance:** lack of familiarity with FEMA grant programs, including individual assistance for staff and patients, made it challenging to seek assistance.

Recommendation:

- Conduct or coordinate an introduction to the FEMA assistance grant process, including how it applies for HCs/staff

- During each disaster identify a local/state FEMA/ technical expert available to health center staff around resources to support staff financial needs,

2. **Staff Wellbeing:** more should have been done to document and address staff needs during the emergency. Substantial impacts to the surrounding communities impacted staff significantly and hampered organizational recovery time.

Recommendation:

- Develop a staff support plan template, which PCAs can share with health centers. Include policies, practices, and other resources that may support staff during emergencies. That may include mental health resources, best practices for childcare during emergencies, and other recommendations.

LA County Wildfires

Lessons Learned/Planning Considerations: Health Center Staff

Before the Emergency (Preparedness Phase)

1. Develop a Staff-Centered Emergency Plan

2. Maintain Accurate Staff Contact and Location Data

3. Train Staff in Emergency Roles

4. Establish Internal Communication Channels

Image generated by AI- health center staff, EM lifecycle, preparedness

LA County Wildfires

Lessons Learned/Planning Considerations:

Health Center Staff

During the Emergency (Response Phase)

1. Prioritize Staff Safety and Wellbeing

2. Support Staff with Basic Needs

3. Maintain Transparent Communication

4. Coordinate Internal Volunteer Efforts

Image generated by AI- health center female staff, EM lifecycle, response

LA County Wildfires

Lessons Learned/Planning Consideration

Health Center Staff

After the Emergency (Recovery Phase)

1. Offer Mental Health Support

2. Support Long-Term Recovery for Staff

3. Recognize and Celebrate Staff Contributions

4. Document and Debrief

Image generated by AI- health center staff, EM lifecycle, recovery

Tools/Resources to Support Staff Needs

1. [Tips for Retaining and Caring for Staff after a Disaster](#)

2. ASPR Tracie [Topic Collection: Responder Safety and Health](#)

3. Federal Disaster Assistance Resources for Health Centers
   - includes FEMA individual assistance/SBA Disaster Loans (from NACHC coming soon)

4. NGO Partners
   - Direct Relief - USAPrograms@directrelief.org (enroll)
   - International Medical Corp –
     Shira Goldstein, Head of Programs, U.S & Territories
     E-mail: sgoldstein@internationalmedicalcorps.org
   - Americares -emergency@americares.org
   - Project Hope- contact NACHC to connect to Project Hope
   - Heart to Heart - disasterresponseteam@hearttoheart.org
   - Baby2Baby - disaster@baby2baby.org

NATIONAL ASSOCIATION OF
Community Health Centers

THANK YOU!

Contact Info:

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301-741-1459

NATIONAL ASSOCIATION OF
Community Health Centers®

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Word Cloud: What is your top priority for your workforce?

Word Cloud: What is one word that captures your biggest takeaway from the 2025 Workforce Summit?

Instructions

Go to
www.menti.com

Enter the code

2271 0744

Or use QR code

Word Cloud: What is one word that captures your biggest takeaway from the 2025 Workforce Summit?

Virtual 2025 Biennial
Health Center Workforce Summit

Stay in touch!

Community Health Center, Inc.: https://chc1.com/nca | nca@chc1.com

ACU STAR² Center: https://chcworkforce.org/ | info@chcworkforce.org

National Association of Community Health Centers (NACHC): http://nachc.org/