



Caring for the Vulnerable Populations: The Vital Role of Physician Assistants/Associates in Community Health Centers

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Background/Objective

- Community health centers (CHCs) are vital in providing accessible and affordable healthcare to under-resourced populations
- Physician assistants/associates (PAs) are integral to the CHC workforce. Yet, there are limited studies examining the contributions of PAs providing care in CHCs
- Our objective was to examine the characteristics and factors associated with PAs providing care in federally qualified and non-federally qualified CHCs

Methods

- We conducted a cross-sectional analysis using the 2022 NCCPA dataset
- The analytical sample included 117,465 Board Certified PAs who responded to a question regarding their practice setting (83.4% response rate)
- We compared demographic, practice, and other important characteristics of PAs working in CHCs (n=4,145) with those in all other settings (n=113,320)
- Analyses included descriptive and bivariate analyses, as well as multivariate logistic regression

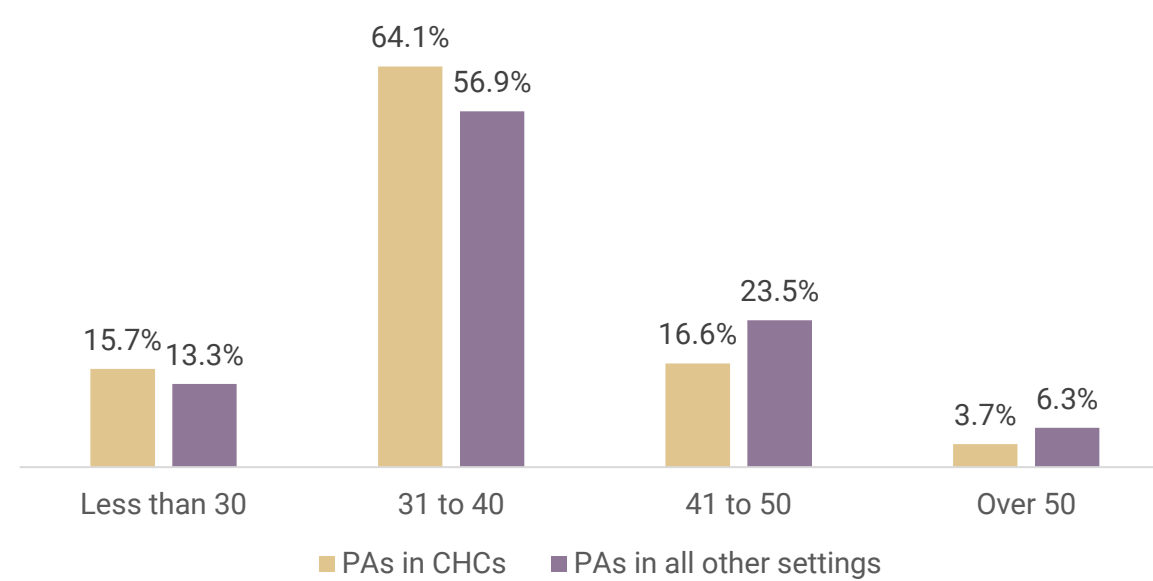
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Results

Demographic characteristics of PAs practicing in CHCs vs. PAs in all other settings			
	PAs practicing in CHCs (N=4,145)	PAs practicing in all other settings (N=113,320)	P-value
Gender:			
Male	1,199 (29.0%)	34,447 (30.4%)	0.047
Female	2,942 (71.0%)	78,863 (69.6%)	
Age group:			
<30	398 (9.6%)	13,269 (11.7%)	<0.001
30-39	1,564 (37.7%)	45,669 (40.3%)	
40-49	1,079 (26.0%)	29,128 (25.7%)	
50+	1,104 (26.6%)	25,254 (22.3%)	
Age:			
Mean (SD)	42.9 (11.8)	41.3 (10.8)	<0.001
Median (IQR)	40 (34-50)	39 (33-48)	
Race:			
White	3,069 (77.8%)	91,932 (84.7%)	<0.001
Asian	287 (7.3%)	6,808 (6.3%)	
Black/African American	228 (5.8%)	3,639 (3.4%)	
Multiple races	117 (3.0%)	2,421 (2.2%)	
Other	244 (6.2%)	3,709 (3.4%)	
Ethnicity:			
Non-Hispanic/Latino	3,486 (87.4%)	101,871 (93.4%)	<0.001
Hispanic/Latino	503 (12.6%)	7,147 (6.6%)	
Underrepresented in medicine (URiM):			
No	3,213 (82.3%)	96,854 (90.0%)	<0.001
Yes	692 (17.7%)	10,740 (10.0%)	
Region:			
Northeast	777 (18.9%)	28,003 (24.8%)	<0.001
Midwest	761 (18.5%)	22,367 (19.8%)	
South	958 (23.3%)	39,400 (34.9%)	
West	1,622 (39.4%)	23,154 (20.5%)	
Urban/rural:			
Urban	3,515 (85.5%)	104,579 (92.8%)	<0.001
Rural (Small/large rural, isolated)	597 (14.5%)	8,117 (7.2%)	

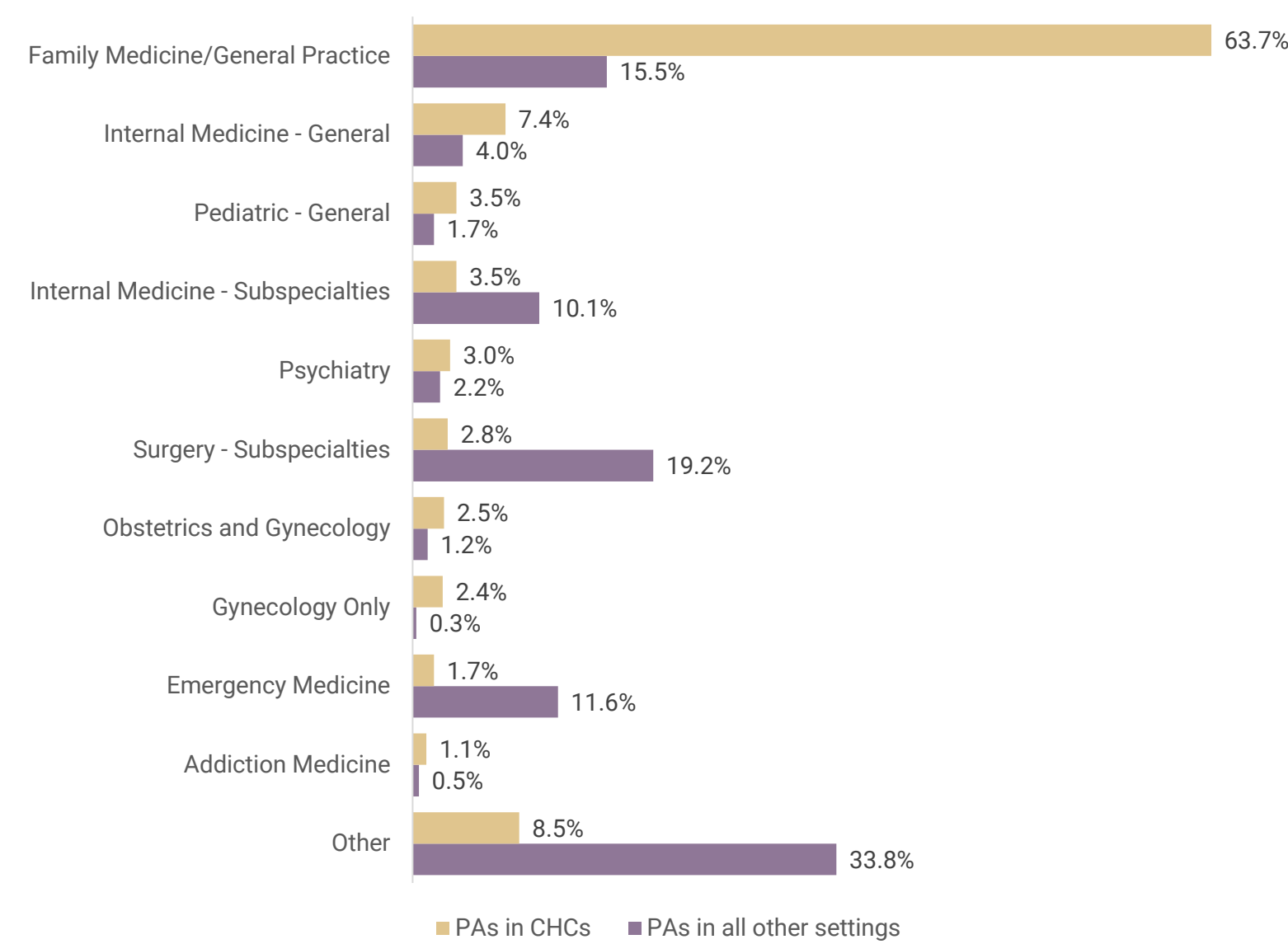
Our research discovered that PAs working in CHCs compared to PAs in all other settings were more likely (all p<0.001) to be older (median age 40 vs. 39), Hispanic/Latino(a/x) (12.6% vs. 6.6%), identify as underrepresented in medicine (17.7% vs. 10.0%), reside in rural/isolated areas (14.5% vs. 7.2%), and live in the West (39.4% vs. 20.5%).

Hours Worked Per Week (p<0.001)



PAs practicing in CHCs are more likely to work 31-40 hours per week compared to PAs practicing in all other settings (64.1% vs. 56.9%).

Principal Specialty (p<0.001)



A higher proportion of PAs employed in CHCs vs. PAs in all other settings (p<0.001) practice in family medicine/general practice (63.7% vs. 15.5%), general internal medicine (7.4% vs. 4.0%), and general pediatrics (3.5% vs. 1.7%).

Job Satisfaction of PAs practicing in CHCs vs. PAs in all other settings

	PAs practicing in CHCs (N=4,145)	PAs practicing in all other settings (N=113,320)	P-value
Present job:			
Not satisfied	692 (17.3%)	17,986 (16.4%)	0.144
Satisfied	3,316 (82.7%)	91,712 (83.6%)	
Career as a PA:			
Not satisfied	207 (12.4%)	5,866 (13.3%)	0.284
Satisfied	1,463 (87.6%)	38,235 (86.7%)	
Number of hours:			
Not satisfied	420 (25.2%)	9,960 (22.6%)	0.013
Satisfied	1,244 (74.8%)	34,047 (77.4%)	
Income:			
Not satisfied	417 (24.5%)	10,745 (25.1%)	0.564
Satisfied	1,245 (74.9%)	33,165 (75.5%)	
Benefits:			
Not satisfied	385 (23.3%)	11,767 (27.0%)	0.001
Satisfied	1,264 (76.7%)	31,878 (73.0%)	
Geographical location of principal position:			
Not satisfied	284 (17.2%)	7,683 (17.6%)	0.671
Satisfied	1,367 (82.8%)	35,951 (82.4%)	
Employer:			
Not satisfied	417 (25.4%)	11,159 (25.8%)	0.750
Satisfied	1,223 (74.6%)	32,130 (74.2%)	

Rural/isolated vs. Urban (aOR 2.64; p<0.001)

Speaks language other than English vs. Not (aOR 2.62; p<0.001)

Underrepresented in medicine vs. Not (aOR 1.47; p<0.001)

Age over 50 years vs. Less than 30 (aOR 1.39; p=0.002)

Satisfied with benefits vs. Not (aOR 1.37; p<0.001)

Doctorate/other degree vs. Master's (aOR 1.16; p=0.298)

Age 40-49 years vs. Less than 30 (aOR 1.14; p=0.179)

Educational debt vs. None (aOR 1.08; p=0.232)

Age 30-39 years vs. Less than 30 (aOR 1.06; p=0.524)

Satisfied with employer vs. Not (aOR 1.06; p=0.535)

Satisfied with location vs. Not (aOR 1.04; p=0.649)

Bachelor's degree or less vs. Master's (aOR 1.00; p=0.998)

Male vs. Female (aOR 0.89; p=0.068)

Second PA position vs. One position only (aOR 0.85; p=0.040)

Satisfied with present job vs. Not (aOR 0.84; p=0.059)

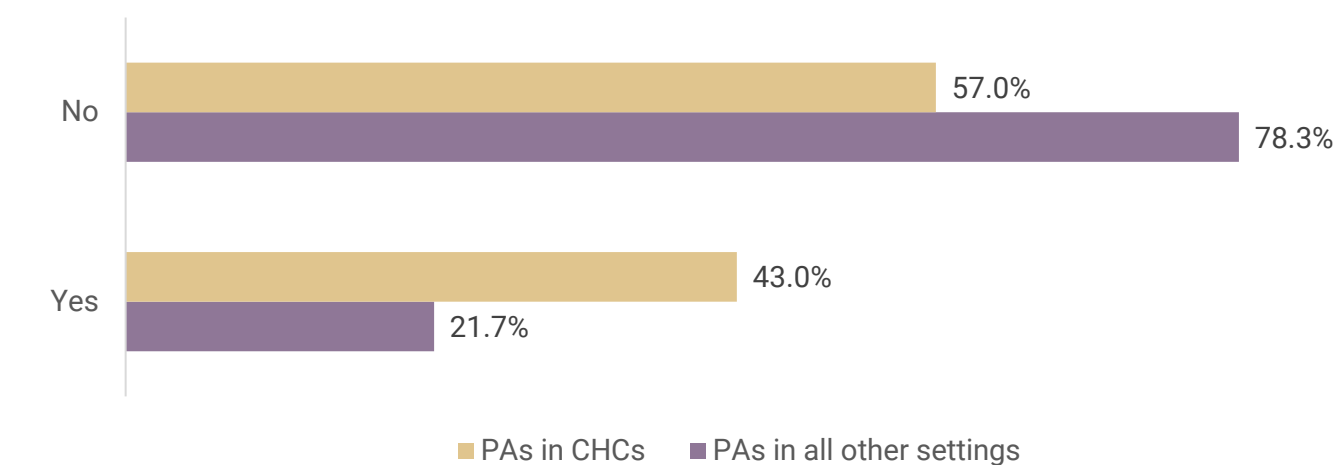
Working 31-40 hours per week vs. Less than 30 (aOR 0.84; p=0.020)

Satisfied with income vs. Not (aOR 0.83; p=0.018)

Working 41-50 hours per week vs. Less than 30 (aOR 0.56; p<0.001)

Working more than 50 hours per week vs. Less than 30 (aOR 0.39; p<0.001)

Speaks Language Other than English to Patients (p<0.001)



Key Findings and Conclusion

- Multivariate logistic regression unveiled critical attributes of PAs working in CHCs. Some of the strongest factors were PAs aged 50 and older, URiM background, rural residency, and those speaking a language other than English with their patients.
- Particularly, PAs working in CHCs had nearly three-fold higher odds if they resided in rural/isolated areas (aOR=2.64; p<0.001) and communicated in a language other than English with their patients (aOR=2.62; p<0.001).
- Despite their significant contributions, 44.8% of PAs in CHCs reported staffing challenges, with almost one-third (30.8%) of PA positions vacant for over 6 months.
- Our findings indicate that PAs are integral to the CHC primary care workforce, contribute significantly to patient care, and resemble the population they serve. Thus, developing strategies to engage more PAs in CHCs and address this understaffing is crucial for expanding access to care in these settings.

References

- Health Resources and Service Administration. Health Center Program UDS Data. Table 5: Staffing and Utilizations. Published 2021. Accessed December 9, 2023. <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2021>
- National Commission on Certification of Physician Assistants. 2022 Statistical Profile of Board Certified PAs, Annual Report. Accessed December 13, 2023. <https://www.nccpa.net/resources/nccpa-research/>
- Proser M, Bysshe T, Weaver D, Yee R. Community health centers at the crossroads: Growth and staffing needs. *J Am Acad Physician Assist.* 2015;28(4):49-53. doi:10.1097/01.JAA.0000460929.99918.e6