

Health Center Response Rate

The 2021 needs assessment was fielded to 1,375 Federally Qualified Health Center Programs (FQHCs), as well as 87 Health Center Program Look-Alikes (LALs). Of these 1,462 FQHCs and LALs:

328 (22.4%) had at least one executive team respondent
313 (21.4%) had at least one front line and operations respondent

Top TTA Needs of Executive Leadership vs Front Line and Operations Staff

At the health center level, both executive leadership and front line and operations staff reported quality, patient care, and safety as a top TTA need (Figures 1 and 2). Unsurprisingly, executive team respondents were more likely to report workforce and finance as a top TTA need, while front line and operations staff were more likely to report access and affordability and patient experience. Tables 1 and 2 summarizes top-level findings for the top three TTA domains selected by each group.

Figure 1. Top 3 TTA Needs



Figure 2. Both executive leadership and front line and operations staff reported quality, patient care, and safety as a top TTA need

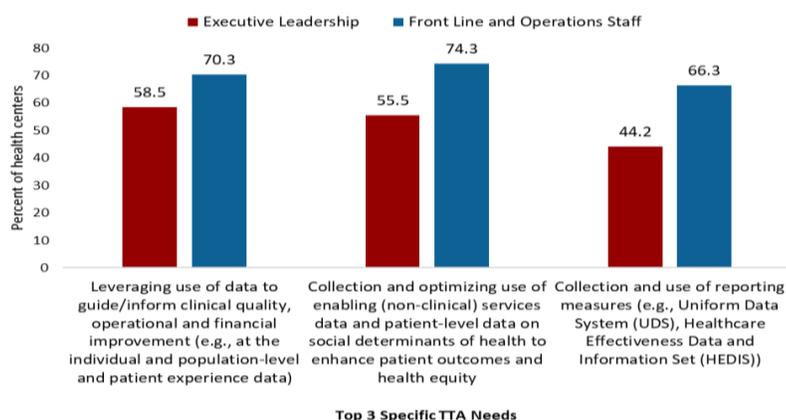


Table 1. Top TTA Needs of Executive Leadership Respondents by Subdomain (N=328)

Workforce Experience and Development			
TTA Subdomain	Specific TTA Need	N	%
Leadership	Empowerment of health center staff (e.g., coaching, mentoring)	211	64.3
Recruitment and Retention	Improving job satisfaction and well-being of staff	211	64.3
	Developing a comprehensive staff retention plan	210	64.0
Finance			
Value Based Payment	Best practices on health center strategies for accelerating payment reform readiness	173	52.7
	Risk stratification encompassing social determinants of health	170	51.8
	Opportunities to integrate dentistry and behavioral health services in value-based payment reform	164	50.0

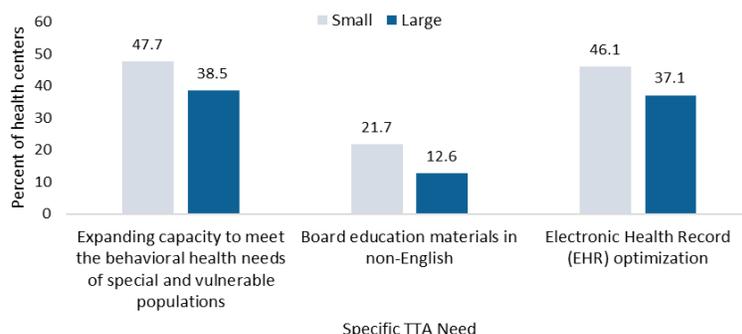
Table 2. Top TTA Needs of Front Line and Operations Staff by Subdomain (N=313)

Access and Affordability			
TTA Subdomain	Specific TTA Need	N	%
Outreach and Enabling Services	Development of outreach services, such as community health workers, to address chronic diseases or conditions	222	70.9
	Evaluation of outreach programs (e.g., effectiveness at engaging special and vulnerable populations, sustainability)	208	66.5
	Development and implementation of outreach programs or partnerships to respond and address identified health disparities	207	66.1
Patient Experience			
	Assess and support patient engagement in telehealth (e.g., portals, mobile health technology)	216	69.0
	Collection and optimizing use of patient experience/satisfaction data	200	63.9
	Culturally-responsive staff equipped to serve special and vulnerable populations	181	57.8

TTA Needs by Health Center Size and Geography

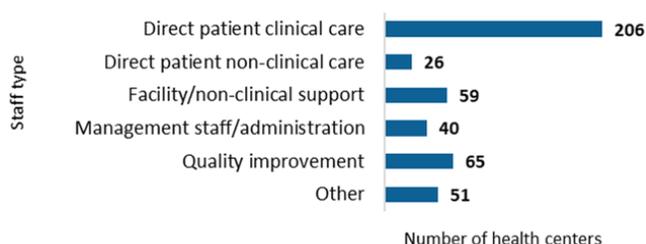
Responses from front line and operations staff were also analyzed at the health center level to examine TTA differences in health center size and geography. Results show that front line and operation staff at **small** health centers were more likely to report governance and management as a top TTA need, compared to front line and operations staff at large health centers (Figure 3). No significant differences in TTA needs were found between rural and urban health centers among front line and operations staff.

Figure 3. Front line and operations staff at **small** health centers more often reported **governance and management** as a top TTA need



A Deeper Look: Front Line and Operations Staff

Figure 4. Number of Health Centers with at least one Front Line and Operations Staff by Staff Type



ut of 1,462 FQHCs and LALs, 313 (21.4%) health centers had at least one front line and operations staff complete the needs assessment. Of these 313 health centers,

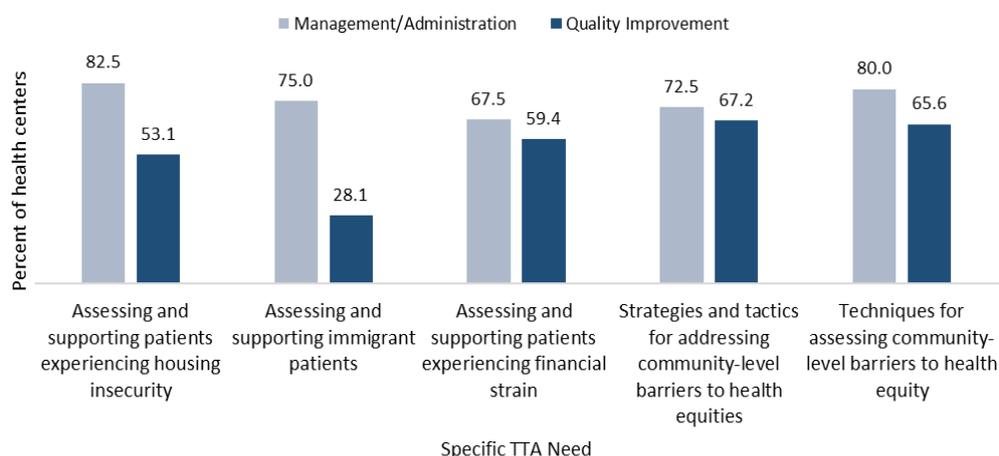
06 (65.8%) had at least one respondent working in **direct patient clinical care**. 65 (21%) health centers had at least one

Top TTA Needs by Staff Type

Table 3 illustrates the top 3 TTA needs among different staff types. Out of all groups, those working in direct patient clinical care were more likely to report patient experience as a top 3 TTA need. Interestingly, staff in management/administration and quality improvement roles were more likely to report population health as a top TTA need, compared to other staff types (Figure 5).

Staff Type	1	2	3
Direct patient clinical care	Quality, patient care, and safety	Workforce	Patient experience
Direct patient non-clinical care	Quality, patient care, and safety	Access and affordability	Workforce
Facility/non-clinical care	Quality, patient care, and safety	Access and affordability	Workforce
Management/administration	Access and affordability	Quality, patient care, and safety	Population health
Quality improvement	Quality, patient care, and safety	Workforce	Population health

Figure 5. Management/administration and quality improvement staff more often reported **population health and social determinants** as a TTA need



Technical Notes: Staff responses were aggregated at the health center level to capture one representative response for each FQHC and LAL. Responses from the same health center organization were identified and aggregated based upon shared UDS number and city. For organizations with multiple respondents, a TTA domain was attributed to an organization if *any* respondent from that organization identified that domain as a need. Once responses were aggregated at the health center level, TTA differences were examined within staff groups. Meaningful differences in TTA domains within groups were identified by large absolute differences in percentage relative to other TTA domains.

Data Sources: 2021 National Health Center Needs Assessment; 2020 HRSA Uniform Data System (UDS) data.