Quick Guide: Conducting Your Health Center's Needs Assessment

Assessing, documenting, and **responding** to community need is at the heart of the health center mission. The needs assessment is an opportunity to hear directly from your **patients, staff**, and **community** on their most pressing needs.

This guide provides health center staff with an overview of **KEY CONSIDERATIONS, TOOLS, and STRATEGIES** for planning and implementing your needs assessment.

What are HRSA's requirements around conducting the needs assessment?

HRSA's needs assessment program requirement is explained in [Chapter 3 of its Compliance Manual](#) and in the [Site Visit Protocol](#). These are summarized below.

REQUIREMENT: Review service area annually

- **Review, evaluate, and approve** the health center's service area annually by using your most recent annual Uniform Data System (UDS) report to track the zip codes from which 75% of your patients live.

- Then, **confirm that these zip codes** match the zip codes reported on your Form 5B: Service Sites.

REQUIREMENT: Conduct a needs assessment every three years and use the results for the purposes of informing and improving the delivery of health center services

Use most recently available data and include:

- **Factors associated with access to care** and health care utilization
- **Top causes** of morbidity and mortality
- Any other **unique health care needs** or characteristics that impact health status or access to primary care

INSIGHTS ON COMPLIANCE
FROM A SITE VISIT REVIEWER

✓ **Document** in Board minutes how the needs assessment data informs health care service delivery.

✓ **Use** the needs assessment to inform your strategic plan, which informs annual budget development.

✓ **Build** reports for tracking progress on responding to the needs assessment and share reports with your Board and community partners.

Why is conducting a needs assessment important for my health center?

Beyond the fact that a needs assessment is a compliance requirement, it is valuable tool to 1) **be engaged** in and with the community and patients you serve and 2) **plan and make decisions** for health center executives and the Board. Here are some examples of how to leverage your needs assessment:

SITES, SERVICES, AND STAFFING	
Plan new or different sites (Form 5B)	• Determine geographic appropriateness of current sites • Make the case for opening new sites and identify those locations • Discover transportation barriers or other issues that affect site locations
Expand or change services (Form 5A)	• Add specific clinical or enabling services to meet identified community need • Change how, when, where, or by whom specific services are offered
Adjust hours or operations	• Shift hours to be more accessible/responsive to patient schedules and lives • Provide services in formats that are more acceptable (e.g., walk-in, urgent care, virtual visits,
Determine staffing needs	• Determine provider types needed (e.g., dentists, family practice physicians) • Define other staff needs (e.g., community health workers, outreach staff) • Understand language requirements or diversity/representation needs • Inform workforce pipeline development programs
Improve patient satisfaction	• Address patient complaints or challenges (e.g., sliding fee, hours, staffing) • Reduce no shows and missed appointments by addressing patient barriers • Build patient base through improved satisfaction and word of mouth
FUNDING AND FINANCES	
Make the case for funding	• Share the depth of unmet need in private and government grant applications • Communicate about needs with individual and corporate donors
Develop financial assumptions	• Incorporate data into payer mix expectations, 340B revenue, forecasted visits by type • Evaluate your sliding fee scale structure based on community data
Enhance value-based care	• Increase patient compliance and continuity of care for better outcomes • Identify specific opportunities to improve quality and increase revenue
STRATEGY AND PARTNERSHIPS	
Support strategic planning	• Understand the current demographic, economic, and social environment • Assess your health center's strengths, weaknesses, opportunities, and threats (SWOT) • Identify opportunities and strategies for responding to unmet need
Build new partnerships	• Collaborate with hospitals and health departments to leverage resources • Strengthen relationships with and listen more deeply to community partners • Identify and establish new partnerships to address newly-identified needs
Enhance diversity, equity, inclusion (DEI) efforts	• Understand specific factors related to health access, affordability, and outcomes to create tailored interventions for marginalized patient groups

What types of methods can my health center use for needs assessment?

HRSA gives health centers flexibility to determine the most appropriate methodologies for conducting needs assessments. Below is a quick overview of methodologies. Consider a **mixed-methods approach** to incorporate several of the methodologies for a robust, inclusive, and comprehensive data set.

QUANTITATIVE METHODS

Methodology	Source (select links on Page 6)	Best Utilized For	Key Considerations
Primary source	Your UDS, EMR, andw/or call center data	Understanding your own patient demographics, quality performance, and/or demand for services by day, time, and type	• May not reflect community at large, such as those who are not patients • Be sure to handle primary source data securely
Secondary source	ACS/Census data, CDC data, health department data	Identifying overall community demographic data, socioeconomic data, health access or outcome data, and longitudinal trends	• Be sure the data is for your specific service area (e.g., not at the state or county level) • May require extrapolation or analysis • Be sure it is not out of date • Select relevant comparisons
Other assessments	Academic research, and published literature	Describing needs of specific populations, correlations between needs and outcomes, and policy impact	• Make sure geographies and populations are relevant • Do not imply causality if it is not there

QUALITATIVE METHODS

Methodology	Source	Best Utilized For	Key Considerations
Surveys	Patient satisfaction, community members, staff, or partners	Generating feedback from many individuals about their own social and health needs, perspectives, experiences, or satisfaction	• Make patient surveys accessible (paper copies in waiting rooms, online links shared, etc.) • Do not imply statistical significance if it is not there • May limit perspectives if survey only has closed-ended questions • May require manual synthesis if survey has open-ended questions
Interviews	Subject matter experts like community leaders, elected officials	Gaining insights into what is happening and why from individuals with deep expertise and community ties	• Does not allow for interplay/dialogue with others: it is only one perspective • Allows for greater depth, but not always sufficient breadth • Useful for validating information and/or offering key insights
Focus groups	Peer cohort of frontline staff or group of patients	Dialogue and idea-sharing among people with grassroots knowledge of needs, barriers, and areas for improvement	• Keep groups of like-people for psychological safety • Consider a third-party facilitator if asking sensitive questions about staff or patient satisfaction

What tools and data sources can my health center use in our needs assessment?

Your health center will want to use a mix of indicators, sources, and methods that help you understand needs at several levels, from root causes and structural inequities to health outcomes and patient experiences. See samples below:

CATEGORY	SAMPLE METRICS/INDICATORS	SAMPLE DATA SOURCES (LINKS INCLUDED)
Demographics, socioeconomics	Race/ethnicity, age, sex/gender, income, education, unemployment, immigration status, language	• American Community Survey (ACS) • UDS Mapper • PolicyMap
Social Drivers of Health (SDOH)	Housing stability and cost burden, food insecurity and food deserts, access to basic needs, transportation	• Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) • Health Leads screening tool • PolicyMap • ACS
Health behaviors	Preventive screenings, alcohol and tobacco use, dietary behaviors	• Behavioral Risk Factor Surveillance System (BRFSS) • Youth Risk Behavior Surveillance System (YRBSS) • CDC PLACES
Health access and utilization	Insurance, health center penetration, health professional shortage areas	• UDS Mapper • health center call center or front desk data • health center sliding fee utilization and revenue cycle key performance indicators
Health conditions and disparities	Disease prevalence and mortality data for cancer, heart disease, diabetes, maternal and child health, infectious diseases, behavioral health	• CDC Wonder • CDC PLACES • AIDSVu • state cancer registries • state health department vital statistics • state and local health department COVID-19 dashboards
Unique health care needs	Community-specific issues such as community violence, pollution or environmental health, road safety, cultural or religious needs	• local community agency or health department data • published literature • qualitative findings

How do I partner with others around my health center's needs assessment?

Many other types of entities are required to conduct needs assessments themselves, including local public health departments and tax-exempt hospitals.

- Consider **partnering** with such an entity to make your needs assessment more cohesive and less duplicative. HRSA's needs assessment requirement can be satisfied by participating in a community-wide assessment spearheaded by one of these organizations or by collaborating with one or more on a joint needs assessment.

- Consider **tracking** your own needs assessment requirements alongside those of potential partners to find common ground.

330-FUNDED/LOOK-ALIKE HEALTH CENTERS		LOCAL HEALTH DEPARTMENT(S)	NON-PROFIT HOSPITAL(S)
	Federal Requirement	Varies by State/Jurisdiction	Federal Requirement
Frequency	Every three years	Every five years	Every three years
Required Elements	• Top causes of morbidity, mortality, and health disparities • Access to care factors (e.g., primary care physicians to population ratio, transportation, income, educational attainment) • Other factors that impact health or access to care (e.g., language needs, housing status)	Varies by State/Jurisdiction	• Population demographics of the entire jurisdiction served • Health indicators • Social determinants
Included Population	Health center's entire service area	Local Health Department (LHD) service population/area	• Geographic area served • Target populations served • Principle functions

Even if your health center wishes to conduct its own separate needs assessment, other organizations can be valuable partners for:

- **Sharing** program data, reports, or research they may have conducted that you can cite
- **Helping** to distribute community surveys to their stakeholders
- **Hosting** focus groups or helping recruit focus group participants
- **Serving** as interview subjects or **connecting** you to other experts to interview

ETHICS & DEI TIP

When your needs assessment is complete, be sure to share your findings with patients, staff, and community partners to demonstrate what you heard/learned and engage with them around any collaborative efforts you are doing in response!

Acknowledgements