

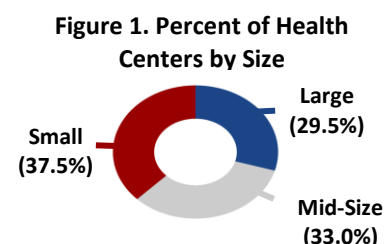
2021 National Health Center Training and Technical Assistance Needs Assessment

Health Center Size

July 2022

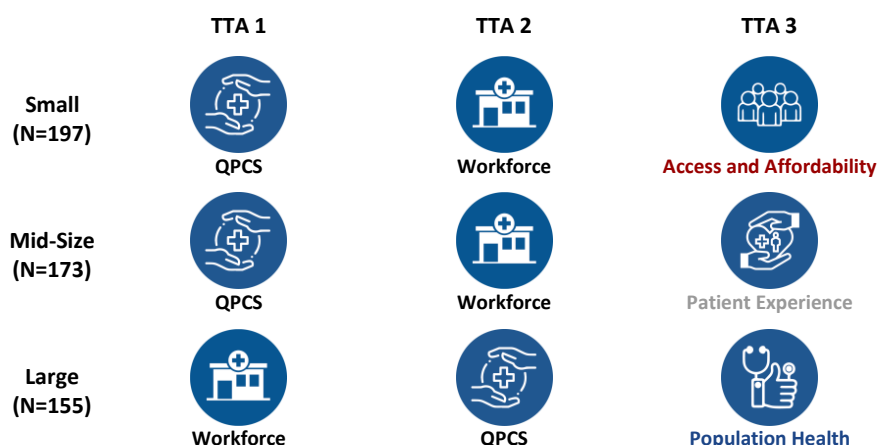
Background

A supplemental analysis on health center size was conducted to discern TTA needs within “small”, “mid-size”, and “large” health centers. Organizations serving fewer than 10,000 patients were considered “small”, those serving 10,000 to 25,000 patients were considered “mid-size”, and those serving more than 25,000 patients were considered “large”. After applying these criteria, the analysis showed that 197 (37.5%) health centers were small, 173 (33.0%) were mid-size, and 155 (29.5%) were large (Figure 1).



Top 3 TTA Needs by Health Center Size

Figure 2. Top 3 TTA Needs by Health Center Size



TTA results indicate that small, mid-size, and large centers reported **quality, patient care, and safety (QPCS)** and **workforce experience/development** as one of their top two TTA needs. Notably, each group reported a different TTA domain as their third TTA priority (Figure 2). Small health centers more often reported access and affordability as a top TTA need, mid-size health centers more often reported patient experience, and large health centers more often reported population health (Tables 1-3).

Table 1. Top TTA Needs of Small Health Centers (N=197)

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 (e.g., diabetes, hypertension, cancer, substance use, behavioral health)	125	63.5
	Development and implementation of outreach programs and/or partnerships to respond and address community identified health disparities	121	61.4
	Implementation of patient-centered transportation strategies	104	52.8

Table 2. Top TTA Needs of Mid-Size Health Centers (N=173)

Patient Experience

TTA Subdomain	Specific TTA Need	N	%
	Assess and support patient engagement in telehealth (e.g., portals, mobile health technology)	112	64.7
	Collection and optimizing use of patient experience/satisfaction data	104	60.1
	Culturally-responsive staff equipped to serve special and vulnerable populations	86	49.7

Table 3. Top TTA Needs of Large Health Centers (N=155)

Population Health and Social Determinants			
TTA Subdomain	Specific TTA Need	N	%
Improving Health Equity	Strategies and tactics for addressing community-level barriers to health equities	117	75.5
	Techniques for assessing community-level barriers to health equity	115	74.2
Assessing and Addressing Patient's Needs	Tools and strategies for screening for social determinants of health for patients, including specific populations of focus	106	68.4

Comparison of TTA Needs by Health Center Size

Similar to the full TTA analysis that was conducted in Fall 2021, results of the supplemental analysis demonstrate that small health centers were 1.5 times more likely to report **governance and management** as a top TTA need compared to mid-size organizations, and 1.9 times more likely compared to large organizations. Figure 2 illustrates these differences as they relate specific TTA needs. No significant differences were found in governance and management TTA between mid-size and large health centers.

Figure 2. Small health centers were more likely to report **governance and management** as a top TTA need

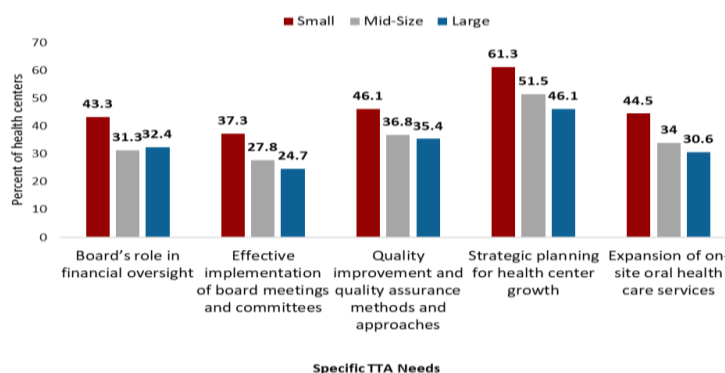
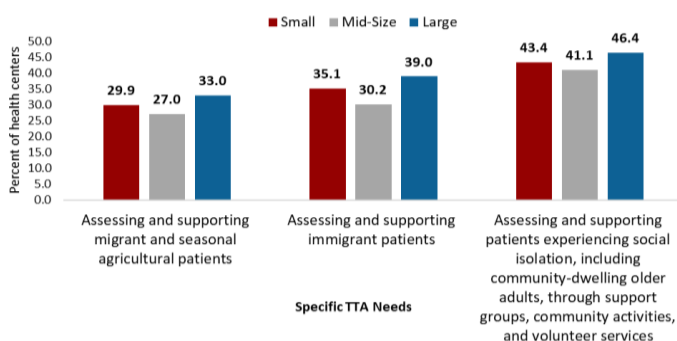


Figure 3. Large health centers were more likely to report **population health** as a top TTA need



Additionally, large health centers were 1.7 times more likely to report **population health** as a top TTA need compared to small health centers and 1.8 times more likely to report **population health** as a top TTA need compared to mid-size health centers (Figure 3). No significant differences were found in population health TTA between small and mid-size health centers.

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 size groups. Meaningful differences in TTA domains within groups were identified by chi-square tests and/or 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.

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