

2024 National Health Center Training and Technical Assistance (T/TA) Needs Assessment



SPECIAL TOPIC ANALYSES REPORT

Prepared by NACHC in collaboration with JSI Research & Training Institute

BACKGROUND

The 22 Health Resources and Services Administration (HRSA)-funded National Training and Technical Assistance Partners (NTTAPs), coordinated by the National Association of Community Health Centers (NACHC), conducted the 2024 National Health Center Training and Technical Assistance (T/TA) Needs Assessment (needs assessment) in Fall 2024. Through a cooperative agreement from the HRSA Bureau of Primary Health Care (BPHC), the needs assessment aimed to identify and address health center T/TA needs, challenges, and priorities. Results of the needs assessment help to inform the development and delivery of T/TA provided to health centers by NTTAPs, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs).

SPECIAL TOPIC ANALYSES

To gain deeper insights into health center T/TA needs, supplemental analyses were conducted to explore potential variations in T/TA needs across specific health center characteristics and staff roles. These analyses aimed to uncover patterns and nuances that may not be evident in the overall findings. The following areas are examined in this report:

- **Health Center Look-Alikes (LALs):** These organizations operate similarly to federally qualified health centers (FQHCs) but do not receive federal grant funding under Section 330 of the Public Health Service Act.¹
- **Health Center Public Entities:** Includes organizations that are part of state, territorial, county, city, or municipal governments, as well as state or local health departments and municipalities of U.S.-affiliated sovereign states (e.g., Republic of Palau).²
- **Health Center Size:** Categorized based on the number of patients served: small (fewer than 10,000 patients), mid-size (10,000–25,000 patients), and large (more than 25,000 patients).
- **Health Center Geography:** Defined as either rural or urban, according to their 2023 UDS designation. It is important to note that some health centers have multiple sites serving both rural and urban communities.
- **Staff Role:** Respondents are categorized into the following groups:
 - *Executive Leadership:* Includes CEO and C-Suite (non-CEO) or Health Center Leadership positions.
 - *Front Line and Operations Staff:* Includes roles in management and support, medical care, dental services, mental health services, substance use disorder services, vision services, pharmacy services, enabling services, quality improvement, fiscal and billing, information technology, facilities, patient support services, and other programs.
 - *Clinical Staff:* Includes providers in medical care, dental services, mental health services, substance use disorder services, vision services, and pharmacy services.
 - *Non-Clinical Staff:* Includes personnel in management and support, enabling services, quality improvement, fiscal and billing, information technology, facilities, patient support services, and other non-clinical programs.

¹ Health Resources and Services Administration. What is a Health Center Program Look-Alike (LAL)? HRSA.gov, 2023, <https://bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes>. Accessed 20 March 2025.

² Health Resources and Services Administration. *Health Center Program Compliance Manual*. Chapter 1. 2025. HRSA.gov, <https://bphc.hrsa.gov/compliance/compliance-manual/chapter1#1.1>. Accessed 20 March 2025.

METHODOLOGY

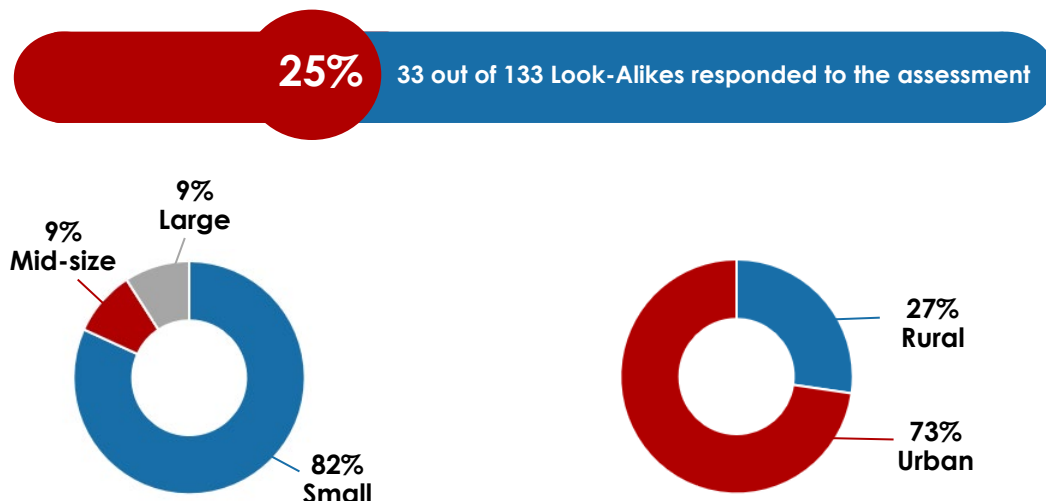
For each analysis, the top three T/TA domains were identified based on the highest response percentages. Meaningful differences were determined by large absolute differences in percentage relative to other T/TA needs. The response percentages presented in this report are based on the total number of responses for each T/TA domain, which varied. Respondents were required to select the state in which their health center is located, whether or not they anticipated needing T/TA for each domain, and the sources of T/TA they have used within the past year. All other questions were optional.

LIMITATIONS

Fielding of this needs assessment relied in large part on health center CEOs distributing the information to their staff, as they were the main points of contact to receive needs assessment email communications, which may have been a barrier to participation for some staff. To ensure confidentiality and reduce privacy concerns, respondents were not required to provide an email address or other unique identifier, which limited the ability to identify duplicate responses. Lastly, this analysis presents summarized data and does not seek to infer correlation or causality.

Health Center Look-Alikes

The needs assessment generated responses from 130 individuals from Look-Alike (LAL) organizations. Of 133 LALs across the US, 33 (24.8%) had at least one respondent participate in the needs assessment. Most of the participating LALs were small (81.8%), meaning they served less than 10,000 patients, and most were located in urban areas (72.7%). Approximately 36.4% were executive leadership staff and 63.6% were front line and operations staff. Of the front line and operations staff, 68.3% worked in non-clinical roles and 31.7% worked in clinical roles.



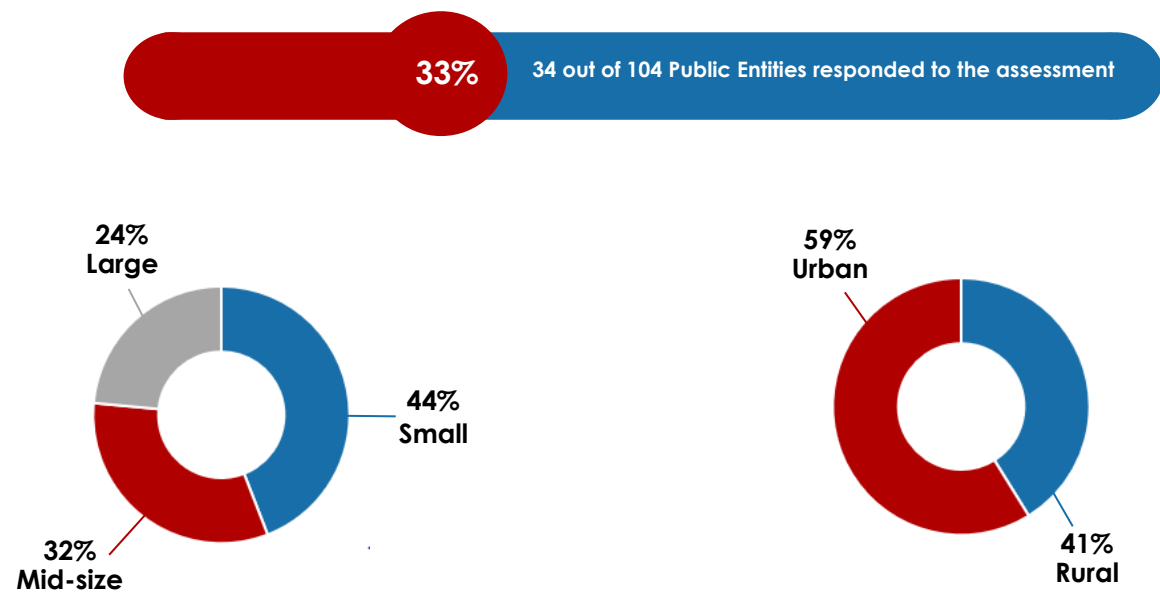
T/TA NEEDS

The most frequently reported T/TA domains amongst LAL staff were Community Health and Health-Related Needs Community Health and Health-Related Needs (57.7%), Workforce (56.2%), and Access and Affordability (54.6%). Notably, **Access and Affordability** replaced Quality, Patient Care, and Safety as one of the top three most commonly reported T/TA domains for LALs when compared to the results of the full needs assessment. Table 1 summarizes top-level findings for the top three T/TA domains selected by individual respondents, including specific T/TA needs associated with each domain.

Table 1. Top T/TA Needs of Look-Alike Health Centers Based on Individual Responses (N=130)		
T/TA Domains	Specific T/TA Need	%
Community Health and Health-Related Needs (n=75)	Assess and address the needs of patients who are experiencing housing insecurity	77.3
	Assess and address the needs of patients who are experiencing food insecurity	74.7
Workforce(n=73)	Build effective processes for recruiting clinical staff	83.6
	Develop or improve staff management skills	71.2
Access and Affordability (n=71)	Implement or expand case management services	70.4
	Develop outreach programs that use community health workers or promotoras(es), to address community needs	66.2

Health Center Public Entities

Of the 104 public entity health centers across the nation, 34 (32.7%) had at least one respondent participate in the needs assessment, for a total of 122 individual responses. Of the responding health centers, 44.1% of public entity organizations were small, 32.4% were mid-size, and 23.5% were large. More than half (58.8%) were located in urban areas.



T/TA NEEDS

The most frequently reported T/TA domains among staff from public entity health centers were Workforce (61.5%), Quality, Patient Care and Safety (59.8%), and Community Health and Health-Related Needs (57.4%). These findings were consistent with the top T/TA domains reported by staff from the 425 non-public entity health centers that responded (N=1,103). Additionally, both groups identified many of the same specific T/TA needs (Tables 2 and 3). However, a notable difference emerged within the Community Health and Health-Related Needs domain. Staff from **public entity health centers** prioritized **developing workflow and health information technology (Health IT) skills**, as well as addressing the needs of patients experiencing **financial strain**.

Table 2. Top T/TA Needs of Public Entity Health Centers Based on Individual Responses (N=122)

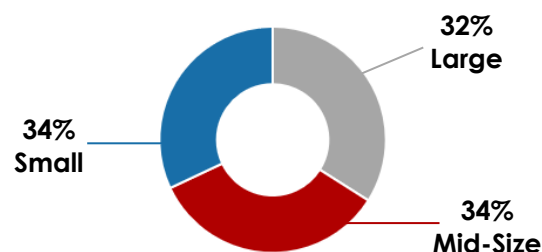
T/TA Domains	Specific T/TA Need	%
Workforce (n=75)	Build effective processes for recruiting clinical staff	76
	Provide career development for health center staff	69.3
Quality, Patient Care, and Safety (n=73)	Learn about emerging clinical topics and best practices for working with certain groups of patients	80.8
	Use data to guide and improve clinical quality, operations, and health center finances	75.3
Community Health and Health-Related Needs (n=70)	Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center communities	80.0
	Assess and address the needs of patients who are experiencing financial strain	76.2

Table 3. Top T/TA Needs of Non-Public Entity Health Centers Based on Individual Responses (N=1,103)

T/TA Domains	Specific T/TA Need	%
Workforce (n=714)	Build effective processes for recruiting clinical staff	76.2
	Support professional development for young professionals and early to mid-career staff	69.1
Quality, Patient Care, and Safety (n=655)	Learn about emerging clinical topics and best practices for working with certain groups of patients	72.2
	Use data to guide and improve clinical quality, operations, and health center finances	69.6
Community Health and Health-Related Needs (n=653)	Assess and address the needs of patients who are experiencing housing insecurity	73.4
	Assess and address the needs of patients who are experiencing lack of transportation (including access to public transportation)	72.8

Health Center Size

When categorized by health center size, the distribution across groups was similar: 34.2% of responding health centers were small, 34.0% were mid-size, and 31.8% were large.



T/TA NEEDS

The top T/TA needs did not differ significantly among these groups. Small, mid-size, and large centers reported the same three domains among their top T/TA needs, and each group shared many of the same specific T/TA needs. Tables 4-6 summarize top-level findings at the individual level for each size group and the specific T/TA needs associated with each domain.

As highlighted in the full needs assessment report, **notable differences among the health center size groups emerged for two key domains: Technology and Finance**. Technology T/TA needs were most commonly reported among small health centers (68.8%), and gradually decreased as size increased: 67.3% for mid-size health centers and 63.7% for large health centers. Similarly, Finance T/TA needs were notably higher for small health centers (74.5%) compared to mid-size (64.7%) and large health centers (67.1%). Table 7 highlights the specific needs of small health centers within these domains.

Table 4. Top T/TA Needs of Small Health Centers Based on Individual Responses (N=338)

T/TA Domains	Specific T/TA Need	%
Workforce (n=239)	Build effective processes for recruiting clinical staff	81.6
	Develop a comprehensive staff retention and recruitment plan	67.4
Quality, Patient Care, and Safety (n=219)	Use data to guide and improve clinical quality, operations, and health center finances	73.1
	Learn about emerging clinical topics and best practices for working with certain groups of patients	71.7
Community Health and Health-Related Needs (n=206)	Build programs and partnerships to address non-clinical factors of health and improve health outcomes	69.4
	Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center communities	68.9

Table 5. Top T/TA Needs of Mid-Size Health Centers Based on Individual Responses (N=322)

T/TA Domains	Specific T/TA Need	%
Workforce (n=227)	Build effective processes for recruiting clinical staff	79.3
	Provide career development for health center staff	71.4
Community Health and Health-Related Needs (n=217)	Assess and address the needs of patients who are experiencing lack of transportation (including access to public transportation)	77.5
	Assess and address the needs of patients who are experiencing housing insecurity	77.0
Quality, Patient Care, and Safety (n=209)	Use data to guide and improve clinical quality, operations, and health center finances	75.1
	Learn about emerging clinical topics and best practices for working with certain groups of patients	72.3

Table 6. Top T/TA Needs of Large Health Centers Based on Individual Responses (N=565)

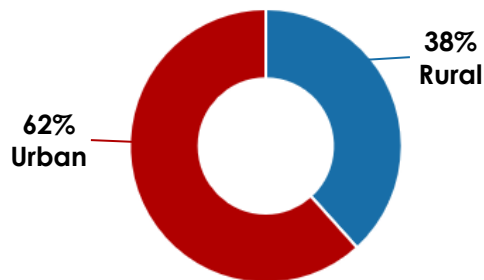
T/TA Domains	Specific T/TA Need	%
Workforce (n=323)	Develop organizational strategies to reduce staff burnout	70.6
	Build effective processes for recruiting clinical staff	70.0
Community Health and Health-Related Needs (n=300)	Assess and address the needs of patients who are experiencing housing insecurity	74.0
	Build programs and partnerships to address non-clinical factors of health and improve health outcomes	68.0
Quality, Patient Care, and Safety (n=300)	Learn about emerging clinical topics and best practices for working with certain groups of patients	74.7
	Use data to guide and improve clinical quality, operations, and health center finances	64.7

Table 7. Technology and Finance T/TA Needs of Small Health Centers Based on Individual Responses (N=338)

T/TA Domains	T/TA Sub-Domain	Specific T/TA Need	%	
Technology (n=157)	Electronic Health Records (EHRs)	Optimize your health center's EHR	50.3	
	Cybersecurity	Respond to an organizational cyber attack	45.9	
	Health IT	Transition to UDS+		46.5
		Understand and use UDS+		45.9
		Increase data literacy		45.9
Finance (n=157)	Value Based Care	Implement best practices and strategies to prepare for transformation and payment reform	47.8	
	Finance	Revenue Cycle Management	43.9	
		Medicaid Prospective Payment System (PPS) reimbursement	43.3	

Health Center Geography

When categorized by geography, 61.7% of responding health centers were located in urban areas and 38.3% were located in rural areas.



T/TA NEEDS

The top T/TA domains did not differ significantly between rural and urban health center staff. While both groups shared many specific T/TA needs, they had different priorities regarding Community Health and Health-Related Needs (Tables 8 and 9). **Rural health center staff** emphasized the need for T/TA in addressing **transportation barriers**, including access to public transportation, and **supporting patients experiencing financial strain**. On the other hand, **urban health center staff** prioritized T/TA in addressing **housing insecurity** and **developing workflows and health IT skills** for data collection, management, and analysis of special and other health center communities. Outside of the top T/TA domains, rural health centers reported a greater need for Finance T/TA (72.2%), compared to urban health centers (66.8%).

Table 8. Top T/TA Needs of Rural Health Centers Based on Individual Responses (N=614)

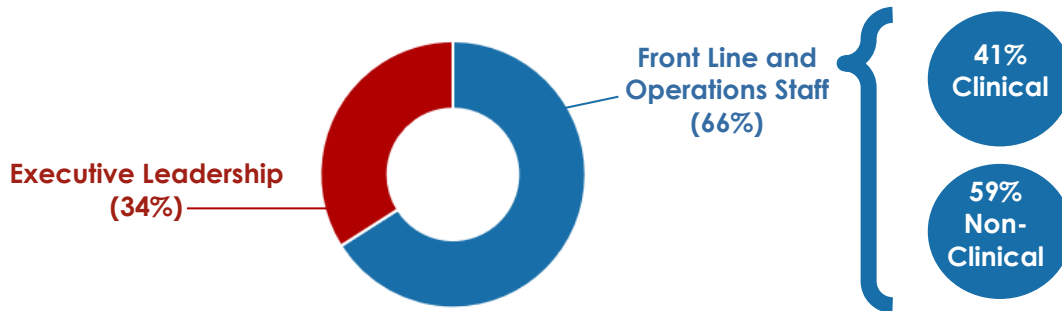
T/TA Domains	Specific T/TA Need	%
Workforce (n=368)	Build effective processes for recruiting clinical staff	79.1
	Support professional development for young professionals and early to mid-career staff	68.8
Quality, Patient Care, and Safety (n=353)	Use data to guide and improve clinical quality, operations, and health center finances	70.8
	Learn about emerging clinical topics and best practices for working with certain groups of patients	70.5
Community Health and Health-Related Needs (n=334)	Assess and address the needs of patients who are experiencing lack of transportation (including access to public transportation)	78.4
	Assess and address the needs of patients who are experiencing financial strain	75.6

Table 9. Top T/TA Needs of Urban Health Centers Based on Individual Responses (N=611)

T/TA Domains	Specific T/TA Need	%
Workforce (n=421)	Build effective processes for recruiting clinical staff	73.6
	Develop organizational strategies to reduce staff burnout	69.1
Community Health and Health-Related Needs (n=389)	Assess and address the needs of patients who are experiencing housing insecurity	74.1
	Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center communities	70.1
Quality, Patient Care, and Safety (n=375)	Learn about emerging clinical topics and best practices for working with certain groups of patients	75.5
	Use data to guide and improve clinical quality, operations, and health center finances	69.6

Staff Role

When grouped by staff role, the majority of respondents were front line and operations staff (65.7%). Of these front line and operations staff, 59.4% worked in non-clinical roles and 40.6% worked in clinical roles.



T/TA NEEDS

Executive leadership and front line and operations staff had similar T/TA needs, but differed in their priorities for Community Health and Health-Related Needs (Tables 10 and 11). For Community Health and Health-Related Needs, **executive leadership** emphasized the need for T/TA to assess and address the needs of patients who are experiencing **housing insecurity** and to **develop workflows and health IT skills**. On the other hand, **front line and operations staff** prioritized Community Health and Health-Related Needs T/TA to assess and address the needs of patients who are experiencing **lack of transportation** and **financial strain**.

In addition, clinical staff reported unique T/TA needs compared to non-clinical staff and the overall sample. The leading T/TA domains among clinical staff were Access and Affordability (54.9%), Quality, Patient Care, and Safety (52.2%), and Workforce (51.6%). Tables 11 and 12 summarize top-level findings for the clinical and non-clinical staff.

Table 10. Top T/TA Needs of Executive Leadership (N=430)

T/TA Domains	Specific T/TA Need	%
Workforce (n=346)	Build effective processes for recruiting clinical staff	82.4
	Support professional development for young professionals and early to mid-career staff	71.1
Community Health and Health-Related Needs (n=300)	Assess and address the needs of patients who are experiencing housing insecurity	72.2
	Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center communities	71.0
Quality, Patient Care, and Safety (n=300)	Use data to guide and improve clinical quality, operations, and health center finances	70.0
	Learn about emerging clinical topics and best practices for working with certain groups of patients	67.0

Table 11. Top T/TA Needs of Front Line and Operations Staff (N=825)

T/TA Domains	Specific T/TA Need	%
Workforce (n=461)	Build effective processes for recruiting clinical staff	70.9
	Provide career development for health center staff	68.3
Quality, Patient Care, and Safety (n=447)	Learn about emerging clinical topics and best practices for working with certain groups of patients	76.5
	Use data to guide and improve clinical quality, operations, and health center finances	69.4
Community Health and Health-Related Needs (n=441)	Assess and address the needs of patients who are experiencing lack of transportation (including access to public transportation)	78.4
	Assess and address the needs of patients who are experiencing financial strain	75.7

Table 12. Top T/TA Needs of Front Line and Operations Clinical Staff (N=335)

T/TA Domains	Specific T/TA Need	%
Access and Affordability (n=184)	Develop and implement activities/initiatives to help patients access social care services and community resources	76.1
	Implement or expand case management services	71.2
Quality, Patient Care, and Safety (n=175)	Learn about emerging clinical topics and best practices for working with certain groups of patients	78.9
	Use data to guide and improve clinical quality, operations, and health center finances	69.7
Workforce - (n=173)	Build effective processes for recruiting clinical staff	84.4
	Improve job satisfaction	71.1

Table 13. Top T/TA Needs of Front Line and Operations Non-Clinical Staff (N=490)

T/TA Domains	Specific T/TA Need	%
Workforce (n=288)	Provide career development for health center staff	69.1
	Support professional development for young professionals and early to mid-career staff / Develop organizational strategies to reduce staff burnout	67.4
	Assess and address the needs of patients who are experiencing lack of transportation (including access to public transportation)	76.3
Community Health and Health-Related Needs (n=281)	Assess and address the needs of patients who are experiencing housing insecurity	72.1
	Learn about emerging clinical topics and best practices for working with certain groups of patients	75.0
Quality, Patient Care, and Safety (n=272)	Use data to guide and improve clinical quality, operations, and health center finances	69.1

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