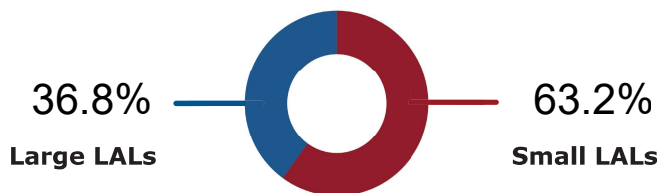


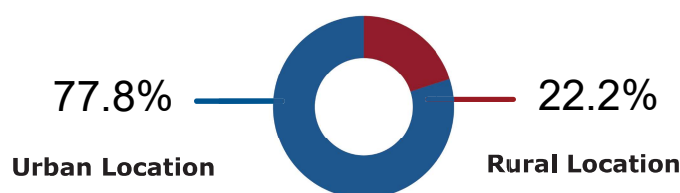
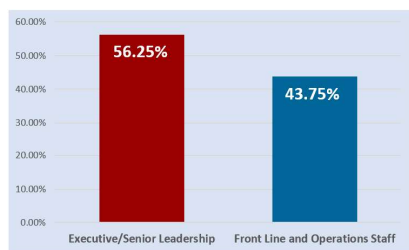
## BACKGROUND

Health Centers were assessed for their training and technical assistance (TTA) needs in Fall 2021. Of the 1,106 assessment responses, 32 were from Health Center Program Look-Alike (LAL) staff.

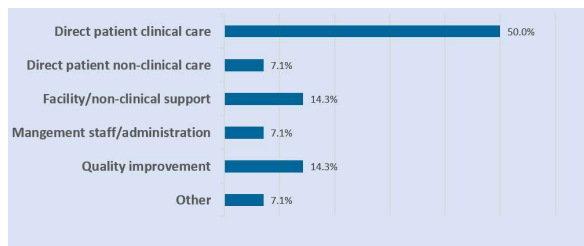
## LAL RESPONDENTS BY TYPE



Small LALs defined as serving 10,000 or fewer patients.



Rural and urban classification derived from the 2020 UDS dataset, which is self-reported by the LALs



## TOP TTA NEEDS OF LALS

Top TTA Needs by Subdomain (N=19)			
Access and Affordability (73.7%)			
TTA Subdomain	Specific T/TA Need	N	%
Outreach and Enabling Services	Implementation of patient-centered transportation strategies	13	68.4
	Development and implementation of outreach programs and/or partnerships to respond and address community identified health disparities	13	68.4
Medical - Legal Partnerships	Evidence-based or promising practices for developing workflows for medical-legal partnership referrals, sharing information, and integrating	13	68.4
Quality, Patient Care, and Safety (68.4%)			
Data Collection and Use	Optimizing use of enabling services data and patient-level data on social determinants of health to enhance patient outcomes and health equity	15	78.9
	Collection and use of reporting measures (e.g., Uniform Data System (UDS), Healthcare Effectiveness Data and Information Set (HEDIS))	15	78.9
	Leveraging use of data to guide/inform clinical quality, operational and financial improvement	14	73.7
Finance (57.9%)			
TTA Subdomain	Specific T/TA Need	N	%
Value Based Payment	Risk stratification encompassing social determinants of health	12	63.2
	Opportunities to integrate dentistry and behavioral health services in value-based payment reform	11	57.9
Capital Financing	Integrating capital planning in health center strategic plans	11	57.9

**Limitations:** Because the assessment response rate among LALs was low, results and implications of this analysis are limited.

**Technical Notes:** Assessment responses were aggregated at the health center level in order to capture one representative response for each 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.

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

This project/publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,254,766 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).