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

Prepared by JSI Research & Training Institute for the National Association of Community Health Centers (NACHC)

TABLE OF CONTENTS

I. PURPOSE

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 intended to identify and address health center T/TA needs, challenges, and priorities. Results of the needs assessment will inform the development and delivery of T/TA provided to health centers by NTTAPs, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs). JSI Research & Training Institute, Inc. fielded the needs assessment and analyzed the data.

II. BACKGROUND

The 2024 needs assessment tool, based on the 2021 National Health Center T/TA Needs Assessment tool, was revised and updated by the all-NTTAP Needs Assessment Working Group (NAWG) and BPHC to reflect current health center issues and performance improvement terminology. For the first time, four PCAs partnered with the NTTAPs to add state-specific T/TA needs questions for health center respondents from their home states of California, Michigan, Nebraska, and Rhode Island. The needs assessment tool was piloted with 33 health centers in June 2024, after which it underwent a second revision by the NAWG and final review by BPHC. The national fielding took place August 19, 2024 through November 1, 2024. The nationally fielded needs assessment featured questions based on domains from the BPHC Advancing Health Center Excellence Framework (now called the Health Center Performance Framework): 1) Governance and Management; 2)Population Health and Social Drivers of Health; 3) Help Patients Access and Pay for Healthcare and Social Support; 4) Quality, Patient Care, and Safety Activities; 5) Patient Experience; 6) Workforce Experience, Development, and Wellbeing Activities; and 7) Finance Activities; plus the additional domains of 8) Emergency Preparedness; and 9) Technology. The median duration of time needed to complete the needs assessment was 14.5 minutes.

III. NEEDS ASSESSMENT DEVELOPMENT AND PILOTING

The development of the 2024 needs assessment involved input from NTTAPs, PCAs, subject matter experts (SMEs), and BPHC to address and update specific topics in the tool, streamline questions, and remove repetition. The needs assessment acquired exempt status from the JSI Institutional Review Board. Specific revisions of the tool considered:

2021 Lessons Learned - Questions were reorganized to enhance response rates for high-priority topics. Additionally, skip logic was introduced to reduce the number of questions irrelevant to certain respondent groups. For example, Governance questions were administered exclusively to CEO participants. Efforts were also made to minimize redundancy.

Emergency Preparedness Updated and Technology Domain Added - The Emergency Preparedness domain was restructured to align with Centers for Medicare & Medicaid Services (CMS) regulatory expectations and the Health Center Compliance Manual. Technology was added as a new domain, in response to feedback from health center constituents during listening sessions at NACHC conferences and the NAWG.

User Experience - Hyperlinked definitions and examples were added for key terms and phrases throughout the needs assessment to improve respondents' understanding of questions and answer options. Nearly 60% of pilot respondents indicated that the hyperlinks were helpful. These enhancements improved the tool's plain language and readability while allowing it to include additional context for respondents who needed it. Hyperlinked definitions and examples did not increase the length of the needs assessment. Additionally, the tool was designed to enable respondents to pause and resume their progress later if needed. Instructions for completing the needs assessment and updated language on data use and confidentiality were also incorporated.

Spanish Translation and Expanded Language Options - Following the pilot, the needs assessment tool was translated into Spanish, along with the glossary of terms and hyperlinked definitions and examples. This year, respondents also had more options to choose from when asked about their primary language.

Needs Assessment Work Group (NAWG) and JSI Subject Matter Expert (SME) Recommendations - Members of the NAWG provided comprehensive feedback on the process and content of the needs assessment. JSI SMEs, including technical advisors and experts in assessment methodology and design, reviewed the needs assessment and shared feedback to improve the relevance of questions for health center staff. Examples of updates include incorporating response options related to work life balance, workload, compensation, and benefits; updating the race and ethnicity question for greater granularity and alignment with other health center assessments; and revising health center roles to align with Uniform Data System (UDS) categories.

Primary Care Association Engagement – In 2023, PCAs were invited to collaborate with the NAWG to provide feedback on the needs assessment and include PCA-specific questions for respondents within their respective states. Four state PCAs opted to participate to support and enhance health center participation.

BPHC Feedback - Feedback from BPHC strengthened the tool and ensured alignment with BPHC's strategic priorities and standards. Recommendations included aligning terminology for BPHC designated special and other health center populations.

Description of Pilot Fielding and Participation - NACHC piloted the needs assessment with 76 health center staff members (55 complete responses and 21 partial responses) across 19 states and territories. Respondents represented diverse health center roles, including executive leadership, management, and clinical staff. Overall, pilot participants provided positive feedback regarding the length, clarity, and usefulness of the needs assessment questions. Minor programming adjustments were made based on the pilot administration and some questions were revised to improve clarity.

IV. FIELDING STRATEGY

The fielding strategy objective was to ensure a sufficient response rate and respondent composition to provide meaningful, actionable results. The strategy included targeted and general outreach to health center leadership and staff. A combination of digital and printed materials were distributed in-person and virtually. The needs assessment tool and some publicly facing promotional materials were available in both English and Spanish to accommodate health center staff who indicated Spanish as their primary language. Communication strategies aimed to follow up with respondents who

initiated, but did not complete, the needs assessment; however, this proved challenging because respondents were not required to enter their email addresses.

Communications, marketing, and promotion of the needs assessment included:

- Marketing email blasts, newsletter blurbs/banners, and social media postings from JSI, NTTAPs, HRSA, PCAs, and other partners.
- Electronic cover letters sent to all health center CEOs requesting they share the needs assessment with their staff and encourage participation. Talking points for CEOs were included in the emailed cover letter.
- Broad marketing to health center program staff across the country through multiple communication streams, including the BPHC Primary Care Digest, and on NTTAP, PCA, HCCN, and partner websites and other communication channels.
- Promotion through 22 NTTAPs, including adding the needs assessment link on their organizations' websites and through webinars, emails, conference events, and social media accounts.
- Promotion through PCAs who partnered with the NTTAPs to follow-up with health centers in their respective states to ensure a robust state-wide response to the needs assessment.
- Reminder emails in both English and Spanish sent to health centers and Look-Alikes (LALs) via Mailchimp throughout fielding to encourage completion of the needs assessment.
- Sharing printed posters/fliers and postcards to promote the needs assessment at booths at NACHC's Community Health Institute (CHI), NACHC's Finance, Operations Management/IT (FOM/IT) conference, and other NTTAP and PCA in-person conferences or meetings.
- Using a standardized PowerPoint slide at presentations, webinars, and T/TA events.
- Providing standardized talking points to share at live events and conferences.
- Posting content on the National Health Center Clearinghouse website, which included printable posters/flyers, postcards, and a map of response rates updated biweekly.
- Providing a link to the needs assessment in chat during virtual member meetings, webinars, and T/TA offerings.
- Monitoring responses biweekly based on state/territory and targeted outreach to ensure diverse representation to increase participation and geography.

V. METHODOLOGY

The needs assessment was administered using Alchemer, an online platform for assessment design and implementation. Inclusion criteria required that participants submitted the needs assessment in Alchemer, completed at least one question across nine T/TA domains (seven domains from the Health Center Performance Improvement Framework plus the domains of Emergency Preparedness and Technology), and were employed at a Health Center Grantee (HC grantee) or LAL. Important response considerations for this report include the following:

- 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.
- Response percentages found in this report are based on the total number of responses for each category, which varied.

- Pilot responses were merged with responses from the full needs assessment. However, because the pilot did not include certain questions present in the full assessment, the number of respondents differed for some variables.
- The questions in the Governance and Management domain as well as the maturity model were only available to respondents who selected "CEO" as their health center role.
- For questions that allowed respondents to "Select all that apply," percentages at times summed to more than 100%, as respondents could select multiple options.
- Each selection was counted independently, meaning the total number of selections may have exceeded the number of respondents.
- For group comparisons, row percentages represented the proportion of individuals within each category (for example, executive staff vs. front-line staff) who indicated a need for T/TA. Percentages were calculated by dividing the number of "yes" responses for each role by the total number of individuals within that role.
- For questions that were tied to a previous answer but the options are "select one," the N for that question was the total number of responses, not the N of the root response.
- Some health centers did not report on certain patient age, gender, sexual orientation, and/or race/ethnicity categories in UDS; therefore, the number of health centers in each category varied depending on how many did not report that data in UDS.
- For respondent confidentiality, demographic data housed within categories containing five or fewer responses was suppressed.

Limitations

Fielding of the 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. Primary outreach to health center CEOs 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. This effort to assure anonymity limited the ability to identify duplicate responses. Lastly, the following analysis presents summarized data and does not seek to infer correlation or causality.

Measures

For this report, needs assessment measures were defined as follows:

Health center size - Small health centers were defined as serving 10,000 or fewer patients, mid-size health centers serving 10,000–25,000 patients, and large health centers serving more than 25,000 patients.

Geographic location - Health centers were categorized as rural or urban based on their 2023 UDS designation. It is important to note that some health centers have multiple sites that may serve both rural and urban populations; for the purposes of this needs assessment, these health centers were categorized based on their 2023 UDS designation.

Special populations - Analysis was conducted to determine specific T/TA needs for health centers that received Section 330 Special Population funding in 2023 for the following categories: 1) migrant and seasonal agricultural workers and their families, 2) people experiencing homelessness, and 3) residents of public housing. Health centers that did not receive Section 330 Special Population

funding in 2023 but whose patients served included 5% or more of each of the special populations were also analyzed.

Other health center populations - Other health center populations included older adults (65 years old and older), school-aged patients (5 - 17 years old), transgender and "other" gender identity patients, and lesbian, gay, bisexual, and other sexual orientation patients. Definitions for "other" gender identity and other sexual orientation categories were based on 2023 UDS guidelines. Responses were analyzed to identify differences across health centers that serve higher or lower proportions of these patients. Health centers were classified based on the median (the middle value) and the 1.5 interquartile range (IQR) rule, which helps measure how spread out the data is. Health centers with values greater than the upper threshold (Q3 + 1.5 * IQR) were categorized as having a higher proportion.

Race/ethnicity patient populations - Race/ethnicity patient populations were analyzed by examining health centers with higher proportions of Asian American (AA) and Native Hawaiian and Pacific Islander (NH/PI) patients; Black/African American patients; American Indian/Alaska Native patients; White patients; patients with more than one race; and Hispanic/Latino/a/é patients. Higher proportions for these groups were also identified using the median value and the 1.5 IQR rule, where values greater than the upper threshold were categorized as having a higher proportion.

Maturity model - Executive team needs assessment respondents were asked to rate their health center's maturity level for each of the T/TA domains. These maturity levels were developed by BPHC as part of the Health Center Performance Improvement framework. The executive team respondents were able to rate their health centers as 1) compliance-driven, 2) fundamental, 3) strategic, or 4) leading.

Analysis

Individual-Level versus Health Center-Level Analysis - Needs assessment responses were examined at both the individual and health center level. Meaningful differences in T/TA domains were identified by large absolute differences in percentage relative to other T/TA domains. Responses from the same health center organization were aggregated based on shared grant number and city. For organizations with multiple respondents, a T/TA domain was attributed to an organization if any respondent from that organization identified that domain as a need. It should be noted that respondents were not required to share the name of their health center, so only those who provided a health center name were included in the health center level analysis.

Qualitative Data Analysis - Open text responses were examined using Dedoose, a qualitative data software. Responses were coded deductively based on the needs assessment domains and categorized based on frequency to identify common themes.

Data Sources

Three data sources were used for the purpose of this needs assessment: 1) 2024 National Health Center T/TA Pilot Needs Assessment data collected through Alchemer, 2) 2024 National Health Center T/TA Needs Assessment data collected through Alchemer, and 3) 2023 UDS data. Fifty-five records from the pilot data were merged with the national fielding data, for a total of 3,234 records in the raw dataset. Records were excluded if: 1) the respondent started the assessment in Alchemer but did not submit the assessment (n=1,957) or 2) they were duplicates (n=13) or 3) they submitted the needs assessment but did not respond to any T/TA domain questions (n=0). The exclusion of the first

criteria (responses started but not submitted) reduced the risk of retaining partial or duplicate submissions from the same respondent. After exclusion criteria were applied, 1,970 records were removed from the needs assessment total dataset, leaving a final dataset of 1,264 valid responses.

VI. RESULTS

Response Rate

The needs assessment generated a total of 1,264 individual responses from 459 unique health centers, representing 30.7% of all health centers across the United States (See Appendix 6 for needs assessment responses by state). Of all respondents, 79.7% identified as female, 18.2% male, 0.6% nonbinary, 0.7% transgender, genderqueer, agender, or other, and 1.3% preferred not to answer. Most respondents were between the ages of 35-64 (75.6%). Over half of all respondents identified as White or European (64.7%), followed by Hispanic or Latino/a/é (17.2%), Black or African American (12.9%), Asian (5%), Native Hawaiian or Pacific Islander (2.8%), Native American, Alaska Native, or Indigenous (1.8%), and Middle Eastern or North African (0.6%). Health center roles were categorized as executive leadership (34.3%) and front line and operations staff (65.7%). Of the frontline staff, 40.6% were categorized as clinical staff and 59.4% were non-clinical. For a detailed breakdown of respondent demographic characteristics and definitions of role categories, see Appendix 7.
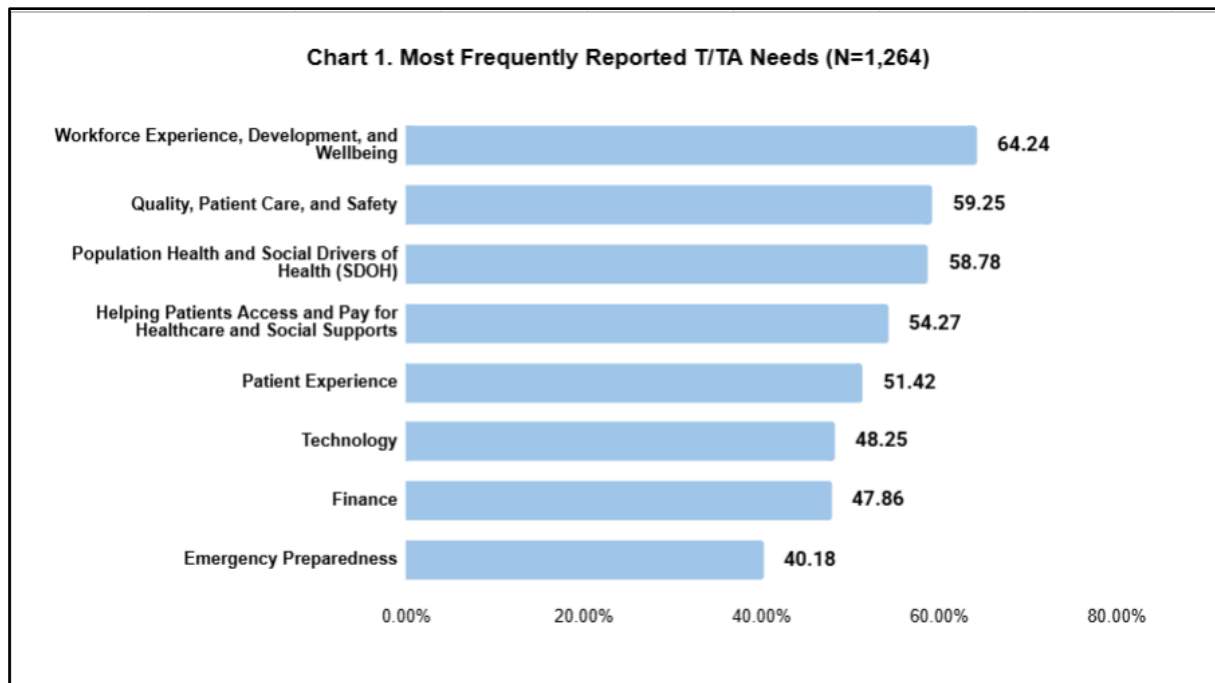
Health Center Characteristics

Of the 1,363 health center grantees in the U.S., 426 (31.3%) had at least one respondent complete the needs assessment and of the 133 LALs in the U.S., 33 (24.8%) had at least one respondent. Regarding Health Center size, 157 (34.2%) were small, 156 (34.0%) were mid-size, and 146 (31.8%) were large. Regarding Health Center geography, 176 (38.3%) were rural and 283 (61.7%) were urban. UDS characteristics were generally consistent between the health centers that responded to the needs assessment and those that did not, indicating that needs assessment results are likely representative of all health centers (Appendix 8).

Top T/TA Needs

Overall, the most frequently reported T/TA needs domains were: 1) Workforce Experience, Development, and Wellbeing (64.2%), 2) Quality, Patient Care, and Safety (59.3%), and 3) Population Health and Social Drivers of Health (58.8%). Chart 1 illustrates the numeric order in which respondents identified each T/TA domain as a priority. Additionally, Table 1 highlights the top specific T/TA needs within the top three domains. For a full breakdown of specific T/TA needs within all domains, see Appendices 10 - 18.

Qualitative Responses - In addition to the options provided in the needs assessment, respondents noted in open-ended questions a need for T/TA on 1) increasing patient engagement through increasing patient technology literacy, 2) health education to engage patients in care, 3) increasing awareness of the health center and services in the community, 4) training to strengthen governance and management, including equipping leadership and board members with a clear understanding of their roles and responsibilities, 5) organizational change management, 6) succession planning, and 7) training to enhance customer service skills.

Chart 1. Most Frequently Reported T/TA Needs (N=1,264)

Category	%
Workforce Experience, Development, and Wellbeing	64.24
Quality, Patient Care, and Safety	59.25
Population Health and Social Drivers of Health (SDOH)	58.78
Helping Patients Access and Pay for Healthcare and Social Supports	54.27
Patient Experience	51.42
Technology	48.25
Finance	47.86
Emergency Preparedness	40.18

Table 1. Specific T/TA Needs within the Top Three Domains and Their Subdomains		
Workforce Experience, Development, and Well-being (N=812)		
Subdomain	Specific T/TA Need	%
Build Effective Processes for Recruiting	Clinical staff	75.7
Management	Support professional development for young professionals and early to mid-career staff	68.1
Recruitment & Retention	Develop organizational strategies to reduce staff burnout	67.9
Quality, Patient Care, and Safety (N=749)		
Subdomain	Specific T/TA Need	%
Intersection of Clinical Care & Population Health	Learn about emerging clinical topics and best practices for working with certain groups of patients	72.6
Data Collection & Use	Use data to guide and improve clinical quality, operations, and health center finances	69.6
	Collect and use Enabling Services data to improve patient outcomes and health equity	62.0
Population Health and Social Drivers of Health (SDOH) (N=743)		
Subdomain	Specific T/TA Need	%
Assess and address the needs of patients who are	Experiencing housing insecurity	72.8
	Experiencing lack of transportation (including access to public transportation)	72.5
Improving Health Equity	Build programs and partnerships to address SDOH to improve health inequities	68.2

T/TA Needs by UDS Characteristics

T/TA needs by size - Notable differences in T/TA needs emerged across small, mid-size, and large health centers for two key domains: Technology and Finance. Table 2 highlights the specific needs of small health centers within technology and finance.

- Technology T/TA needs were most prevalent among small health centers (68.8%) and decreased with increasing size of the health center, reaching 67.3% for mid-size health centers and 63.7% for large health centers.
- Similarly, Finance T/TA needs were markedly higher for small health centers (74.5%) compared to mid-size (64.7%) and large centers (67.1%).

Table 2. Top Specific T/TA Needs for Small Health Centers (N=157) within Technology and Finance			
Domain	Sub-Domain	Specific T/TA Need	%
Technology	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	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

T/TA Needs by geographic location - When comparing urban and rural health centers, urban health centers expressed a higher demand for Population Health and Social Drivers of Health T/TA (79.2%), compared to rural organizations (72.2%). Conversely, rural health centers reported a greater need for Finance T/TA (72.2%), compared to urban health centers (66.8%).

T/TA Needs by special population – Health centers that receive Section 330 Special Population funding were compared to those that serve 5% or more of the same population but do not receive said funding. Significant differences were identified within the following domains:

- Fifty-seven percent of health centers receiving public housing funding reported a need for Finance T/TA, whereas 80% of those without such funding but serving at least 5% of patients who live in or near public housing expressed this need—a 23 percentage point difference. (Table 3).
- Seventy-one percent of health centers receiving Health Care for the Homeless funding reported a need for Patient Experience T/TA, whereas 57.9% of those without such funding but serving at least 5% of patients in or near public housing expressed this need.

There were no significant differences in T/TA needs for health centers receiving Migrant Health Center funding compared to other health center respondents or compared to health centers not receiving special funding but serving a patient population that contains 5% or more of migrant and seasonal agricultural workers.

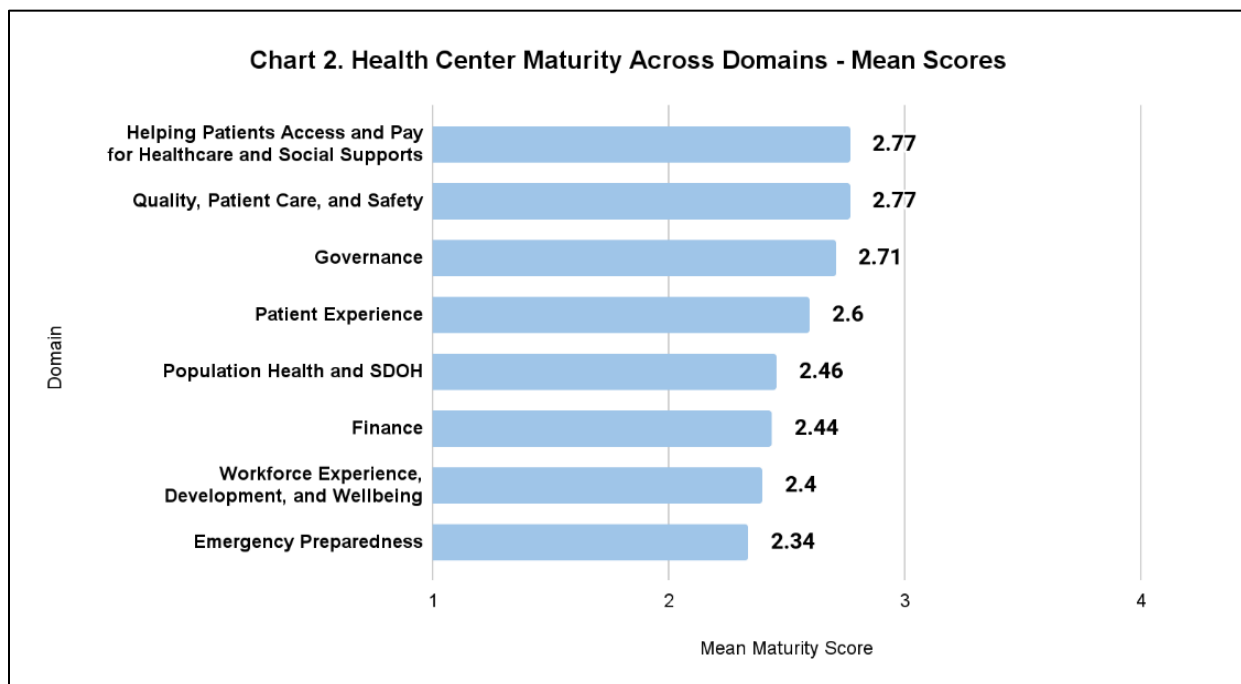| Table 3. Finance T/TA: Differences Among Health Centers Serving Public Housing Populations (N=155)			
T/TA Sub-Domain	Specific T/TA Need	Receive Public Housing Primary Care Funding	Do not Receive Public Housing Primary Care Funding, but serve 5% or more patients in or near public housing
Finance	Revenue cycle management	27.5%	49.6%
Value Based Care	Implement best practices and strategies to prepare for transformation and payment reform	37.5%	53.0%
	Organizational readiness to engage in value-based payment environments	30.0%	47.8%

T/TA Needs by other health center populations - In the T/TA domain of Quality, Patient Care, and Safety, 81.3% of health centers that serve a higher proportion of transgender or other gender patients expressed a need for T/TA, compared to 75.5% of health centers that serve a lower proportion of this patient population. Within the Workforce Experience, Development, and Well-being T/TA domain, 89.1% of health centers that serve a higher proportion of transgender or other gender patients noted a need for T/TA compared to 82.6% of health centers that serve a lower proportion of this patient population.

T/TA Needs by race/ethnicity patient populations - Within the Population Health T/TA domain, health centers that serve a higher proportion of Black and African American patients had an increased need for T/TA compared to those who serve a lower proportion of this patient population (87.5% vs 75.8%). A significant difference existed within the domain of Workforce Experience, Development, and Well-being, with 96.9% of health centers that serve a higher proportion of Black and African American patients expressing a need for T/TA, compared to 81.5% of those that serve a lower proportion. Additionally, health centers that serve a higher proportion of patients with more than one race reported a greater need for Patient Experience T/TA (75.6%) compared to those that serve a lower proportion (64.1%).

T/TA Needs by health center role - Executive leadership reported a higher need for T/TA than frontline and operations staff, and non-clinical staff reported a higher T/TA need than their clinical counterparts. The majority of executive leadership selected a need for Workforce Experience, Development, and Well-being T/TA (80.5%). This was also the top T/TA need among frontline and operations staff (55.9%) and non-clinical staff (58.8%). The top need among clinical staff was Access and Affordability (54.9%).

Maturity Levels
Maturity levels indicate a health center's competence in each domain, as reported by CEOs. Scores were based on a scale ranging from 1 to 4, with 1 indicating "compliance driven," 2 indicating "fundamental," 3 indicating "strategic," and 4 indicating "leading." Rural health centers reported the lowest maturity levels with Population Health and highest maturity levels with Governance (Appendix 21). Urban health centers reported the lowest maturity with emergency preparedness and highest maturity with Quality, Patient Care, and Safety.

Chart 2. Health Center Maturity Across Domains - Mean Scores

Domain	Mean Maturity Score
Helping Patients Access and Pay for Healthcare and Social Supports	2.77
Quality, Patient Care, and Safety	2.77
Governance	2.71
Patient Experience	2.6
Population Health and SDOH	2.46
Finance	2.44
Workforce Experience, Development, and Wellbeing	2.4
Emergency Preparedness	2.34

T/TA Utilization and Preferred Modalities

Sources of T/TA used to access T/TA in the past year. Of those who completed the needs assessment, 757 (65%) respondents accessed some form of T/TA in the past year, while 408 (35%) indicated they had not. When asked which sources respondents used to access T/TA, 54.6% reported NACHC, 50.1% reported a PCA, 30% reported an HCCN, 24.6% reported another HRSA-funded T/TA provider, 20.3% reported an NTTAP (not including NACHC), and 27.8% reported another source or that they did not know. Of those that utilized another HRSA-funded T/TA provider, the most commonly used was the Bureau of Primary Health Care (BPHC), with 66.1% of sub-categorical responses. Of those that reported a T/TA source not available as a needs assessment option, responses included CareQuest Institute for Oral Health, Emergency Care Research Institute (ECRI), National Expansion of Employment Opportunities Network (NEON), National Council for Urban Indian Health (NCUIH), and Zero to Three.

Reasons why health centers have not accessed T/TA in the past year. Of those who had not accessed T/TA in the past year, 19.6% indicated they did not have time, 18.9% indicated that they had not identified any T/TA needs, 12.7% indicated they plan on accessing T/TA sources in the next year, 12.5% indicated that they cannot afford T/TA, 11% indicated they were unsure of why they did not access T/TA, 10.3% indicated that they had not been able to identify sources of T/TA specific to their needs, and 2.9% were unaware that T/TA was available. Some respondents indicated that they did not access T/TA due to other reasons (3.7%), including that T/TA was outdated or could use improvements, that it is difficult to find sources of T/TA that have more knowledge than them, that the CEO does not understand the benefits of T/TA, and that T/TA is procured through Indian Health Services (IHS). (Appendix 24)

Preferred T/TA modalities. When needs assessment respondents were asked about their preferred modality for receiving T/TA, 40.1% chose online/virtual, 6.5% chose in person, and 53.4% chose both.

The majority of respondents preferred to receive T/TA in the form of E-learning or online self-paced modules (76.8%) and more than half preferred national training workshops or webinars (53.3%). Small cohort, tailored services (42.6%) and national conferences (41.2%) were also preferred. Some respondents included other T/TA modalities that were not listed in the needs assessment, including email, one-on-one Q & A sessions, time to learn alone for those who are neurodivergent, on-site assistance, state associations, and regional trainings.

Where Health Centers See Themselves in Five Years

Respondents were asked to envision where they see their health centers in five years and to identify two specific areas of T/TA they would need in order to achieve their five-year vision. The top three areas were Recruitment and Retention of Staff, Financial Sustainability, and Expansion of Health Center Patient Services.

- *Recruitment and Retention*: Filling positions across all staffing levels, including providers, medical assistants, and administrative staff; burnout as a challenge in retaining staff; trainings on empathy and well-being to address burnout; leveraging technology such as Artificial Intelligence (AI); and optimizing electronic health record workflows.
- *Financial Sustainability*: Diversifying the payer mix to reduce reliance on grant funding and increasing the adoption of value-based care payment models.
- *Expansion of Health Center Patient Services*: Substance use treatment, women's health, behavioral health, and dental care.

VII. SUMMARY CONCLUSION

The findings of the 2024 National Health Center T/TA Needs Assessment provide a detailed look into the current T/TA needs of health center staff, their patients, and their communities, giving valuable insights into how NTTAPs, PCAs, HCCNs, and others can design meaningful, relevant T/TA to best support health center staff. The top T/TA domains demonstrate that Workforce, Quality, Patient Care, and Safety continue to be a critical need, while Population Health and Social Drivers of Health replaced Access and Affordability in a top spot compared to the 2021 needs assessment. Stratifying results based on patient characteristics yielded especially interesting insights, highlighting a need for tailored T/TA approaches and a more nuanced understanding of the social and economic factors health center staff must navigate when providing care. Suggestions from respondents regarding T/TA modalities also underscores the importance of flexibility and innovation in T/TA delivery methods. This report will equip T/TA providers with robust feedback from health centers and to provide inspiration and insight to develop innovative and impactful T/TA offerings.

VIII. APPENDICES

2024 National Health Center T/TA Needs Assessment

Select a language:
( ) Take the needs assessment in English
( ) Responda la evaluación de necesidades en español

Thank you for your interest in participating in this Training and Technical Assistance (T/TA) Needs Assessment!

What is the purpose of this needs assessment?
To assist the Health Resources and Services Administration Bureau of Primary Health Care (HRSA/BPHC) in advancing health center quality and impact, health center staff are requested to complete this training and technical assistance (T/TA) needs assessment. HRSA/BPHC will use the information about your T/TA priorities to guide the T/TA provided by the 22 HRSA-supported National Training and Technical Assistance Partners (NTTAPs).

Who is conducting this needs assessment?
The National Association of Community Health Centers (NACHC) is conducting this assessment at the request of HRSA/BPHC in partnership with the other 21 NTTAPs and certain Primary Care Associations (PCAs). Needs assessment implementation is supported by JSI, a third-party nonprofit contractor providing a broad range of services in the public and private health sectors.

Who should complete this assessment?
All health center staff voices are important to us! We encourage everyone to participate, including, but not limited to, C-Suite/Leadership, Clinical, Operations/Administrative, Front-Line, and Outreach staff.

Is the assessment voluntary?
Yes - taking this assessment is your choice.

Is the assessment confidential?
Yes - your answers will be kept confidential.

When we share the information from this assessment, we will not identify you or your health center. Needs assessment partners [NTTAPs, PCAs, JSI], have signed a Data Use Agreement with NACHC. This will make sure that data are only used internally in the design of reports and T/TA. Individual responses will never be shared with NTTAPs, PCAs, HRSA/BPHC, or your health center. HRSA/BPHC will not know who did or did not complete this needs assessment or what answers were given by any one person.

How will the assessment data be used?
We will de-identify your data and combine and analyze it at the health center and state-wide level to inform national and state-wide T/TA priorities. State-wide summaries will be made available on the NACHC and Health Center Resource Clearinghouse websites.

Needs Assessment **Instructions**
- Answer questions as best you can. This needs assessment includes multiple choice and open-ended questions. You can skip questions that you don't feel comfortable answering.
- Hover your mouse on top of underlined words or phrases to see definitions or examples. Click here for a list of all term definitions and examples.
- Click the "Next" and "Back" buttons at the bottom of the screen to move between pages.
- Give yourself enough time to complete the assessment (about 15-20 minutes).

- If you start it and need to finish the assessment later, click 'Save and Continue Later' at the bottom right corner of the screen and enter your email address. You will get an email with a link to your assessment. If you don't get an email right away, please check your spam folder.

By moving forward with this assessment, you acknowledge that you understand this information and agree to participate. If you have any questions email nachcna@jsi.com**.**

Click here for a list of all term definitions and examples.

Select your health center state or territory.*

Select your health center.

If you don't see your health center listed above, please enter your Grant # . (Otherwise, leave blank).
_____

Demographics
Click here for a list of all term definitions and examples.

How old are you?
( ) Under 21
( ) 21 – 24
( ) 25 – 34
( ) 35 – 44
( ) 45 – 54
( ) 55 – 64
( ) 65 – 74
( ) Over 75
( ) Prefer not to answer

What is your gender? (Select all that apply)
[ ] Woman
[ ] Man
[ ] Trans Man/Transman
[ ] Trans Woman/Transwoman
[ ] Non-Binary
[ ] Agender
[ ] Genderqueer
[ ] My gender isn't listed here. This is the term I use:
[ ] Prefer not to answer

What is your race and/or ethnicity? (Select all that apply)
[ ] White or European
[ ] Black or African American
[ ] Native American, Alaska Native, or Indigenous
[ ] Asian
[ ] Native Hawaiian or Pacific Islander
[ ] Middle Eastern or North African
[ ] Hispanic or Latino/a/é

Do you identify as? (Select all that apply)
[ ] White
[ ] European
[ ] Balkan
[ ] Dutch
[ ] English
[ ] French
[ ] German
[ ] Greek
[ ] Irish
[ ] Italian
[ ] Lithuanian
[ ] Polish
[ ] Russian
[ ] Scandinavian
[ ] Scottish
[ ] Slavic
[ ] Other (please specify) _____

Do you identify as? (Select all that apply)
[ ] Black
[ ] African American
[ ] Barbadian
[ ] Belizean
[ ] Cameroonian
[ ] Eritrean
[ ] Ethiopian
[ ] Ghanaian
[ ] Haitian
[ ] Jamaican
[ ] Kenyan
[ ] Liberian
[ ] Nigerian
[ ] Somalian
[ ] South African
[ ] Sudanese
[ ] Other (please specify) _____

Do you identify as? (Select all that apply)
[ ] Native American

[ ] Alaska Native
[ ] Indigenous
[ ] Apache
[ ] Athabascan
[ ] Chinook
[ ] Choctaw
[ ] Chickasaw
[ ] Cherokee
[ ] Creek
[ ] Hopi
[ ] Iroquois
[ ] Navajo
[ ] Sioux
[ ] Wichita
[ ] Yakima
[ ] Other (please specify) _____

Logic: Hidden unless: #64 Question "What is your race and/or ethnicity? (Select all that apply)" is one of the following answers ("Asian")

Do you identify as? (Select all that apply)
[ ] Bangladeshi
[ ] Burmese
[ ] Cambodian
[ ] Chinese
[ ] Filipino
[ ] Hmong
[ ] Indian
[ ] Indonesian
[ ] Japanese
[ ] Korean
[ ] Laotian
[ ] Pakistani
[ ] Thai
[ ] Vietnamese
[ ] Other (please specify) _____

Logic: Hidden unless: #64 Question "What is your race and/or ethnicity? (Select all that apply)" is one of the following answers ("Native Hawaiian or Pacific Islander")

Do you identify as? (Select all that apply)
[ ] Native Hawaiian
[ ] Pacific Islander
[ ] Chuukese
[ ] Chamorro
[ ] Fijian
[ ] French Polynesian
[ ] Kosraean
[ ] Guamanian
[ ] Marianan

[ ] Marshallese
[ ] Palauan
[ ] Papua New Guinean
[ ] Pohnpeian
[ ] Samoan
[ ] Tongan
[ ] Yap
[ ] Other (please specify) _____

Do you identify as? (Select all that apply)
[ ] Egyptian
[ ] Emirati
[ ] Iraqi
[ ] Iranian
[ ] Jordanian
[ ] Kurdish
[ ] Kuwaiti
[ ] Lebanese
[ ] Libyan
[ ] Palestinian
[ ] Saudi
[ ] Syrian
[ ] Yemeni
[ ] Other (please specify) _____

Do you identify as? (Select all that apply)
[ ] Hispanic
[ ] Latino/a/é
[ ] Argentinian
[ ] Brazilian
[ ] Chilean
[ ] Colombian
[ ] Cuban
[ ] Dominican
[ ] Ecuadorian
[ ] French Guianese
[ ] Guatemalan
[ ] Haitian
[ ] Honduran
[ ] Indigenous Mexican American
[ ] Mexican or Chicano/a
[ ] Nicaraguan
[ ] Peruvian
[ ] Puerto Rican
[ ] Salvadorian

[ ] Venezuelan
[ ] Other Indigenous Central American (please specify) _____
[ ] Other Indigenous South American (please specify) _____
[ ] Other (please specify) _____

Do you have a preferred language for receiving T/TA besides English?
( ) Yes
( ) No

What is your preferred language?
( ) American Sign Language
( ) Arabic
( ) Cantonese
( ) Farsi
( ) French
( ) German
( ) Haitian Creole
( ) Hindi
( ) Korean
( ) Mandarin
( ) Portuguese
( ) Russian
( ) Somali
( ) Spanish
( ) Swahili
( ) Tagalog
( ) Urdu
( ) Vietnamese
( ) Other Sign Language (please specify) _____*
( ) Other language (please specify) _____*

Demographics
Click here for a list of all term definitions and examples.

How long have you been with your current organization?
( ) Less than 1 year
( ) 1-3 years
( ) 4-6 years
( ) 7-9 years
( ) 10+ years

Please choose the option that best matches your main job.
( ) CEO
( ) C-Suite (non-CEO) or Health Center Leadership
( ) Management and Support
( ) Medical Care
( ) Dental Services

( ) Mental Health Services
( ) Substance Use Disorder Services
( ) Other Professional
( ) Vision Services
( ) Pharmacy Services
( ) [Enabling Services](#)
( ) Other Programs
( ) [Quality Improvement](#)
( ) Fiscal and Billing
( ) Information Technology
( ) Facilities
( ) Patient Support Services

Section 1: You and Your Team's T/TA Needs
[Click here](#) for a list of all term definitions and examples.

This section includes questions to help us understand you or your team's [T/TA](#) needs over the next calendar year. Please answer the questions from your own perspective.

Governance and Management Activities
[Click here](#) for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Governance and Management Activities* [T/TA](#) support?*
( ) Yes
( ) No

In which areas will you need [T/TA](#) support?

Governance (Select all that apply)
[ ] Effective board governance practices and approaches
[ ] Evaluate a CEO annually
[ ] Board/CEO and governing body relationship delegated authority
[ ] Board Annual Self-Evaluation
[ ] Board culture and dynamics
[ ] Board's role in strategic planning
[ ] Board's role in financial oversight
[ ] Board's role in clinical quality oversight
[ ] Create a succession plan
[ ] Board composition, recruitment, and retention while supporting [diversity, equity, inclusion, accessibility, and belonging practices](#)
[ ] Ensure that community and patient-based Board members are given the capacity to lead
[ ] Lead effective Board meetings
[ ] Manage Board committees

21

[ ] Leverage the expertise of Board members who are patients to improve patient care
[ ] Develop educational materials for Board members
[ ] Develop educational materials for Board members in a language besides English

Logic: Hidden unless: #77 Question "Governance (Select all that apply)" is one of the following answers ("Develop educational materials for Board members in a language besides English")

Please specify the language(s) other than English needed for educational materials for Board members.
_____

Logic: Hidden unless: #76 Question "Over the next calendar year, do you anticipate you will need *Governance and Management Activities* T/TA support?" is one of the following answers ("Yes")

Strategic Direction and Priority Setting (Select all that apply)
[ ] Design and implement needs assessment
[ ] Analyze and understand data to inform and improve service delivery
[ ] Understand quality improvement and quality assurance methods and approaches
[ ] Navigate value-based care options and healthcare transformation
[ ] Develop a vision and strategy around payment and health care transformation reform
[ ] Develop approaches to address strategic issues (e.g. workforce, value-based care, quality)
[ ] Identify the unmet need for new or comprehensive services for the service area

Logic: Hidden unless: #76 Question "Over the next calendar year, do you anticipate you will need *Governance and Management Activities* T/TA support?" is one of the following answers ("Yes")

Expansion Planning (Select all that apply)
[ ] Plan and strategize for health center growth
[ ] Capital planning and partnership development
[ ] Expand capacity around mental health and substance use disorder needs
[ ] Partner with local providers on mental health and substance use disorder services
[ ] Develop or expand on-site vision services
[ ] Develop or expand on-site oral health services

Logic: Hidden unless: #76 Question "Over the next calendar year, do you anticipate you will need *Governance and Management Activities* T/TA support?" is one of the following answers ("Yes")

What other Governance and Management Activities T/TA do you anticipate you will need over the next calendar year?
_____

Population Health and Social Drivers of Health (SDOH) Activities
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Population Health and Social Drivers of Health (SDOH).*
Activities T/TA support?*
( ) Yes
( ) No

Logic: Hidden unless: #82 Question "Over the next calendar year, do you anticipate you will need *Population Health and Social Drivers of Health (SDOH) Activities* T/TA support?" is one of the following answers ("Yes")

In which areas will you need T/TA support?

Assessing and Addressing Patient Needs (Select all that apply)

[ ] Screen for SDOH (social drivers of health)

[ ] Use trauma-informed approaches to screen for SDOH

[ ] Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center populations

[ ] Develop and sustain community partnerships, community engagement, and referral systems to address patients' SDOH

[ ] Design programs and interventions to address SDOH

Assess and address the needs of patients who are:

[ ] Experiencing food insecurity

[ ] Experiencing housing insecurity

[ ] Experiencing financial strain

[ ] Experiencing lack of transportation (including access to public transportation)

[ ] Experiencing social isolation

[ ] Experiencing intimate partner violence, human trafficking, or sexual violence or assault

[ ] Migratory and Seasonal Agricultural Workers

[ ] Refugees

[ ] Immigrants

[ ] In need of a job or employment opportunities

[ ] Justice-involved

[ ] Mobile populations

Improving Health Equity (Select all that apply)

[ ] Learn techniques to assess and address community-level barriers to health equity

[ ] Understand how health inequities may impact patient wellbeing and health outcomes

[ ] Develop and implement screening strategies that are sensitive to differences in culture and language

[ ] Use granular (more specific) demographic data to learn about trends and needs in marginalized populations

[ ] Use SDOH (social drivers of health) data to learn about trends and needs in marginalized populations

[ ] Build programs and partnerships to address SDOH to improve health inequities

What other Population Health and SDOH Activities T/TA do you anticipate you will need over the next calendar year?

_____

Helping Patients Access and Pay for Healthcare and Social Supports

Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need T/TA support to *Help Patients Access and Pay for Healthcare and Social Support*?*

( ) Yes

23

( ) No

In which areas will you need T/TA support?

Health Insurance Eligibility and Enrollment (Select all that apply)
[ ] Develop and implement activities/initiatives to help patients access social care services and community resources
[ ] Develop and implement activities/initiatives to help patients access insurance
[ ] Access insurance that covers specialist visits
[ ] Improve coordination with benefits and services for active military and veterans
[ ] Understand enrollment and protections for patients

Language and Translation Services (Select all that apply)
[ ] Provide services that are sensitive to different cultures and in the patient's preferred language
[ ] Develop, monitor, or implement a Limited English Proficiency (LEP) Plan
[ ] Train interpreters
[ ] Enhance interpreter services
[ ] Provide certified spoken language medical interpreter services
[ ] Provide certified American Sign Language (ASL) medical interpreter services
[ ] Train staff to work with interpreters
[ ] Provide certified written translation services
[ ] Create materials in different formats for those who learn better with visual, audio or other styles

Coordinating with Community Partners and Programs (Select all that apply)
[ ] Partner with caregiver support services
[ ] Assess and connect patients to family support services
[ ] Assess and connect patients to education resources
[ ] Assess and connect patients to employment resources
[ ] Coordinate with housing agencies to help with housing placement
[ ] Coordinate with housing and shelter agencies to increase wraparound services
[ ] Help patients navigate housing services (including applications, Housing Choice Vouchers, Section 8, etc.)

Medical-Legal Partnerships (MLP) (Select all that apply)
[ ] Understand how your health center can benefit from an MLP
[ ] Learn how to find and partner with an agency to help your patients with their legal needs
[ ] Understand how an MLP can create systemic change
[ ] Develop a budget and identify funding sources for an MLP
[ ] Develop or improve a workflow for an MLP
[ ] Develop a training model to support and strengthen your center's MLP team

Outreach and Enabling Services (Select all that apply)

[ ] Implement or expand case management services

[ ] Implement transportation strategies

[ ] Develop outreach programs that use community health workers or promotoras(es), to address community needs

[ ] Evaluate outreach programs

What other Helping Patients Access and Pay for Healthcare and Social Supports T/TA do you anticipate you will need over the next calendar year?

_____

Quality, Patient Care, and Safety Activities

Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Quality, Patient Care, and Safety Activities* T/TA support?*

( ) Yes

( ) No

In which areas will you need T/TA support?

Intersection of Clinical Care and Population Health (Select all that apply)

[ ] Learn about emerging clinical topics and best practices for working with certain groups of patients (e.g., patients who smoke or those with congenital syphilis, hepatitis C, Alzheimer's and related dementias, maternal and children's health, adolescent health, justice-involved, cancer care, etc.)

Developing clinical competencies to treat the following populations:

[ ] Children (ages 0 – 5)

[ ] Children and Youth (ages 6 – 17)

[ ] Individuals or families experiencing or at risk of homelessness

[ ] LGBTQIA+

[ ] Mobile populations

[ ] Justice-involved

[ ] Migratory and Seasonal Agricultural Workers

[ ] Military veterans and their families

[ ] Older adults

[ ] Pregnant people

[ ] Residents of public housing

[ ] Individuals with disabilities

[ ] Refugees

[ ] Individuals living with or at risk of HIV

[ ] People who may be experiencing intimate partner violence, sexual violence, or exploitation
[ ] People who do not speak English as their primary language, please add languages _____
[ ] Other special or marginalized populations not listed here, please describe _____

Data Collection and Use (Select all that apply)
[ ] Use data to guide and improve clinical quality, operations, and health center finances
[ ] Collect and use Enabling Services data to improve patient outcomes and health equity
[ ] Collect and use patient-level data on SDOH to improve patient outcomes and health equity
[ ] Collect and report data to Federal partners
[ ] Collect and use granular disaggregated patient demographic data

General Patient Care and Safety (Select all that apply)
[ ] Develop, implement, and improve interdisciplinary teams
[ ] Develop and implement a healthcare risk management or patient safety program
[ ] Develop and implement a blame-free and just culture to encourage safety reporting
[ ] Develop, implement, and improve chronic disease management programs
[ ] Develop, implement, and improve disease prevention and promotion programs
[ ] Implement mobile health (including mobile medical, dental, or vision services)
[ ] Attain or sustain Patient-Centered Medical Home (PCMH) recognition or accreditation
[ ] Assess patient barriers to virtual service engagementS
[ ] Expand telehealth to improve continuity of care
[ ] Training for health center staff working with patients with disabilities
[ ] Understand practices to increase prevention or early intervention visits
[ ] Prescribe Pre-Exposure Prophylaxis (PrEP) to prevent Human Immunodeficiency Virus (HIV)
[ ] Provide trauma-informed care and healing-centered engagement
[ ] Understand best practices for patient and provider safety measures during public health emergencies
[ ] Manage and coordinate prenatal and postnatal care services for patients
[ ] Address gender inclusive sexual and reproductive health
[ ] Address the needs of older and aging adults
[ ] Incorporate cultural safety into clinical care policies and practices to address inequities
[ ] Apply an equity lens to quality improvement practices to identify internal gaps in care

Behavioral Health (Mental Health and Substance Use Services) (Select all that apply)
[ ] Integrate Behavioral health and Primary Care
[ ] Integrate Behavioral Health and Oral care
[ ] Follow up after behavioral health referrals
[ ] Integrate Opioid Use Disorder (OUD) screenings, interventions, and treatment
[ ] Provide or connect to Medications for Opioid Use Disorder (MOUD)
[ ] Integrate harm reduction approaches in care provision and health center policy
[ ] Use peer support specialists to address patients' behavioral health needs
[ ] Use telehealth as a delivery model for behavioral health services
[ ] Deliver culturally-responsive mental health screening, treatment, and support services
[ ] Use trauma-informed care and healing-centered engagement in behavioral health treatment

Oral Health Services (Select all that apply)
[ ] Integrate Oral Health and Primary Care
[ ] Integrate Behavioral Health screening in dental settings
[ ] Develop an interprofessional and/or team-based oral health team
[ ] Include trauma-informed practices and healing-centered engagement in oral health care
[ ] Develop and implement oral health delivery methods
[ ] Use evidence-based promising practices for use of dental sealants

What other Quality, Patient Care, and Safety Activities T/TA do you anticipate you will need over the next calendar year?
_____
Patient Experience Activities
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Patient Experience Activities* T/TA support?*
( ) Yes
( ) No

In which areas will you need T/TA support?

Patient Experience Activities (Select all that apply)
[ ] Develop tools for equity-centered patient experience and assessment
[ ] Assess and use patient data on experience and satisfaction
[ ] Report on patient experience and satisfaction data
[ ] Develop culturally-responsive staff who use patient-centered approaches to health care
[ ] Use motivational interviewing to collect patient data
[ ] Hire multilingual and multicultural staff from communities that reflect the patients served
[ ] Understand strategies to improve reporting on special and vulnerable populations in the Uniform Data System (UDS) and UDS+
[ ] Understand effective strategies for integrating on- and off-site services to address patients' health-related social drivers of health
[ ] Adopt cultural safety practices to address health inequities
[ ] Address medical mistrust

Understanding patient engagement in:
[ ] Telehealth

27

[ ] Oral health care
[ ] Vision care services
[ ] Mental health services
[ ] Substance use services
[ ] Pharmacy services
[ ] Chronic disease management

Develop patient education materials targeted to the needs of marginalized populations, including:
[ ] Children (ages 0 – 5)
[ ] Children and Youth (ages 6 – 17)
[ ] People or families experiencing or at risk of homelessness
[ ] LGBTQIA+
[ ] Mobile patients
[ ] Justice-involved
[ ] Migratory and Seasonal Agricultural Workers
[ ] Military veterans and their families
[ ] Older adults
[ ] Pregnant people
[ ] Residents of public housing
[ ] People with disabilities
[ ] Refugees
[ ] People living with or at risk of HIV
[ ] People who may be experiencing intimate partner violence, sexual violence, or exploitation
[ ] People who do not speak English as their primary language. Please add languages _____
[ ] Other, please specify _____

What other Patient Experience Activities T/TA do you anticipate you will need over the next calendar year?
_____
Workforce Experience, Development, and Wellbeing Activities
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Workforce Experience, Development, and Wellbeing Activities* T/TA support?*
( ) Yes
( ) No

In which areas will you need T/TA support?

Leadership (Select all that apply)
[ ] Plan for sustainability

28

[ ] Develop community-minded leadership and strategic partnerships that benefit the health center workforce, patients, and community
[ ] Provide career development for health center staff
[ ] Develop onboarding and orientation for health center staff
[ ] Plan for leadership succession
[ ] Support staff who have experienced violence
[ ] Develop a blame-free and just(culture to encourage safety reporting culture to improve patient safety
[ ] Adopt trauma-informed and healing-centered supervision practices
[ ] Adopt a culture of diversity, equity, inclusion, accessibility, and belonging practices into leadership practices and organizational culture
[ ] Address organizational and community resilience

Management (Select all that apply)
[ ] Support professional development for young professionals and early to mid-career staff
[ ] Support professional development for advanced practice providers
[ ] Develop or improve project management skills
[ ] Develop or improve change management skills
[ ] Develop or improve communication and presentation skills
[ ] Develop or improve staff management skills
[ ] Create a mission-driven workforce culture
[ ] Support staff who have experienced violence
[ ] Develop a blame-free and just(culture to encourage safety reporting culture to improve patient safety
[ ] Adopt a culture of diversity, equity, inclusion, accessibility, and belonging practices into management practices and organizational culture
[ ] Succession planning

Recruitment and Retention (Select all that apply)
[ ] Develop and implement student training programs
[ ] Develop streamlined processes for credentialing and privileging of providers
[ ] Build a diverse, equitable, and inclusive workforce, including people with lived experience or who reflect the patient population
[ ] Incorporate diversity, equity, inclusion, accessibility, and belonging practices and principles into recruitment and retention activities
[ ] Develop pathways for recruiting health center workforce
[ ] Develop a comprehensive staff retention and recruitment plan
[ ] Develop organizational strategies to reduce staff burnout
[ ] Develop organizational strategies to support staff work-life balance
[ ] Develop and implement processes to create a manageable staff workload
[ ] Develop a data-driven approach to understanding and addressing organizational staffing needs
[ ] Use Artificial Intelligence (AI) for staff recruitment, retention, or satisfaction
[ ] Identify and analyze workforce data
[ ] Create equitable and sustainable compensation packages for staff
[ ] Improve job satisfaction
[ ] Address the behavioral health needs of staff
[ ] Understand how to work collaboratively with multidisciplinary partners to address staff's SDOH (social drivers of health)

Build effective processes for recruiting:
[ ] Clinical staff
[ ] Enabling Services and community health workers/promotoras(es)
[ ] Non-clinical staff
[ ] Executive-level leadership

What other Workforce Experience, Development, and Wellbeing Activities T/TA do you anticipate you will need over the next calendar year?

_____

Finance Activities
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Finance Activities* T/TA support?*
( ) Yes
( ) No

In which areas will you need T/TA support?

Finance (Select all that apply)
[ ] Medicaid Prospective Payment System (PPS) reimbursement
[ ] Medicare PPS reimbursement
[ ] Revenue Cycle Management
[ ] Enabling Services reimbursement
[ ] Contracting and payment under managed care
[ ] Contracting and payment under Medicaid/Medicare managed care
[ ] Understand costs in an evolving payment environment
[ ] Telehealth reimbursement
[ ] Medical costs reports
[ ] Improve accounting systems and processes
[ ] Develop or operate under rolling budgets (also knowns as continuous budgets)
[ ] Develop monthly financial reports for the Board of Directors
[ ] Develop monthly financial reports for internal Leadership Teams
[ ] Improve internal controls for cash management
[ ] Improve forecasting and financial projections
[ ] Federal grant management
[ ] 340B program management
[ ] Set fee schedules
[ ] Federal procurement rules
[ ] Develop long-term financial planning

[ ] Allocate sustainable funding to implement or expand community health worker/promotoras(es) and outreach programs
[ ] Financial resilience planning
[ ] Apply an equity lens to budget development and management
[ ] Use community strengths to support financial advocacy and policy of medical practices

Logic: Hidden unless: #111 Question "Over the next calendar year, do you anticipate you will need *Finance Activities* T/TA support?" is one of the following answers ("Yes")

Capital Funding (Select all that apply)
[ ] Integrate Capital planning into health center strategic plans
[ ] Assess ongoing needs to maintain current infrastructure, including readiness for capital expansion
[ ] Evaluate community partnerships and capital expansion
[ ] New Market Tax Credit Program
[ ] Help to understand traditional and non-traditional forms of financing
[ ] Secure funding and financing for health center capital development

Logic: Hidden unless: #111 Question "Over the next calendar year, do you anticipate you will need *Finance Activities* T/TA support?" is one of the following answers ("Yes")

Value-Based Care (VBC) (Select all that apply)
[ ] Implement best practices and strategies to prepare for transformation and payment reform
[ ] Integrate dentistry, vision, and behavioral health in value-based payment reform
[ ] Innovation Center models like Making Care Primary and ACO REACH
[ ] Medicare Shared Saving Program (MSSP) and Primary Care Flex Model within MSSP
[ ] Capitated Payment
[ ] Contract with payors to support VBC
[ ] Understand and assess pros and cons of participation in clinically integrated networks and accountable care organizations
[ ] Organizational readiness to engage in value-based payment environments
[ ] Improve coding for more accurate financial modeling
[ ] Financial modeling and other strategies for value-based contracting
[ ] Risk stratification encompassing SDOH

Logic: Hidden unless: #111 Question "Over the next calendar year, do you anticipate you will need *Finance Activities* T/TA support?" is one of the following answers ("Yes")

What other Finance Activities T/TA do you anticipate you will need over the next calendar year?
_____
Emergency Preparedness
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need *Emergency Preparedness* T/TA support?*
( ) Yes
( ) No

Logic: Hidden unless: #116 Question "Over the next calendar year, do you anticipate you will need *Emergency Preparedness* T/TA support?" is one of the following answers ("Yes")

In which areas will you need T/TA support?

Logic: Hidden unless: #116 Question "Over the next calendar year, do you anticipate you will need *Emergency Preparedness* T/TA support?" is one of the following answers ("Yes")

31

General Support (Select all that apply)
[ ] Conduct an all-hazards facility-based risk assessment
[ ] Develop an emergency response plan

Improve accreditation and regulatory standards understanding for: (Select all that apply)
[ ] Centers for Medicare & Medicaid Services (CMS) emergency preparedness requirements
[ ] National Committee for Quality Assurance (NCQA) emergency/disaster requirements
[ ] Joint Commission. emergency management standards
[ ] HRSA/BPHC emergency preparedness expectations

Develop an emergency preparedness plan that complies with local, state, and federal regulations to address: (Select all that apply)
[ ] Natural hazards (including those exacerbated by climate-change) (for example, flood, tornado, earthquake)
[ ] Human-made hazards (for example, bioterrorism, chemical spills, cyberattacks)
[ ] Infectious and vector-borne disease hazards (including Emerging Infectious Diseases (EIDs) such as COVID-19, highly pathogenic influenza, Ebola)

Develop emergency procedures including: (Select all that apply)
[ ] Safe evacuation plans
[ ] Shelter-in-place plans
[ ] Alternative medical documentation systems
[ ] Use of volunteers and other emergency staffing strategies

Contingency planning (i.e., Continuity of Business/Continuity of Operations Planning) including: (Select all that apply)
[ ] Plan for staffing during an emergency
[ ] Equipment and power failures
[ ] Interruptions in communications, including cyber attacks
[ ] Loss of all or some of the facility
[ ] Loss of all or some supplies

Communications planning including processes to: (Select all that apply)
[ ] Communicate with staff and emergency management
[ ] Communicate with patients about the emergency
[ ] Collaborate with governmental officials to maintain an integrated response
[ ] Share facility response capabilities and needs
[ ] Share information on at-risk patients with first responders in an emergency
[ ] Develop a training and exercise plan
[ ] Develop an emergency event Tabletop Exercise

Cooperation and Collaboration in the following: (Select all that apply)
[ ] Strengthen partnerships with local and state public health departments
[ ] Identify and participate in health care coalitions
[ ] Engage community partners in health center emergency planning
[ ] Engage people with lived experience in local emergency planning
[ ] Support special and marginalized populations to be prepared during an emergency

What other Emergency Preparedness Activities T/TA do you anticipate you will need over the next calendar year?
_____

Technology
Click here for a list of all term definitions and examples.

Over the next calendar year, do you anticipate you will need _Technology_ T/TA support?*
( ) Yes
( ) No

In which areas will you need T/TA support?

Cybersecurity (Select all that apply)
[ ] Ensure patient privacy and confidentiality
[ ] Protect your health center's data from hackers
[ ] Respond to an organizational cyber attack

Health Information Technology (Health IT) (Select all that apply.)
[ ] Develop and use population health dashboards
[ ] Transition to UDS+
[ ] Understand and use UDS+ data
[ ] Develop data visualizations
[ ] Increase data literacy for healthcare staff
[ ] Increase data literacy for patients
[ ] Increase digital literacy for patients
[ ] Implement a data governance framework
[ ] Understand and optimize a Health Information Exchange (HIE)
[ ] Understand data sharing best practices

33

[ ] Train information technology (IT) professionals in basics of health care IT needs
[ ] Increase patient and provider use of patient portals
[ ] Use patient-generated data
[ ] Project Management 101
[ ] Use technology to improve language access
[ ] Improve interoperability
[ ] Exchange data with community partners

Logic: Hidden unless: #125 Question "Over the next calendar year, do you anticipate you will need *Technology T/TA* support?" is one of the following answers ("Yes")

Electronic Health Records (EHRs) (Select all that apply)
[ ] Optimize your health center's EHR
[ ] Improve EHR interoperability
[ ] Plan and roll out a new EHR system
[ ] Integrate telehealth with your EHR and Health IT systems
[ ] Integrate EHR and Electronic Dental Records for interoperability
[ ] Integrate EHR and Dental Health Record systems with Somatic and Behavioral EHR systems
[ ] Use decision support systems
[ ] Develop effective data dashboards within your EHR system
[ ] Choose the best vendor for your health center needs

Logic: Hidden unless: #125 Question "Over the next calendar year, do you anticipate you will need *Technology T/TA* support?" is one of the following answers ("Yes")

What other Technology T/TA do you anticipate you will need over the next calendar year?
_____

Section 1: You and Your Team's T/TA Needs
Click here for a list of all term definitions and examples.

Over the next calendar year, what other T/TA needs do you have around specific health topics or clinical issues?
_____

Over the next calendar year, what other T/TA needs do you need that have not been mentioned above?
_____

Page entry logic: This page will show when: #75 Question "**Please choose the option that best matches your main job.**" is one of the following answers ("CEO")

Compliance
Click here for a list of all term definitions and examples.

Logic: Hidden unless: #75 Question "Please choose the option that best matches your main job." is one of the following answers ("CEO")

Please select your health center's competence in each of the T/TA categories below.
- **Level 1: Compliance Driven -** Your health center is compliant with all relevant program requirements.
- **Level 2: Fundamental -** Your health center tactically manages, and the strategy is partially or fully defined.
- **Level 3: Strategic -** Domain area is proactively managed and fully defined. Domain area strategy aligns with your health center's organizational strategy.
- **Level 4: Leading -** Your health center employs leading practices, and the strategy is fully integrated into your health center's organizational strategy.

34

	Level 1: Compliance-Driven	Level 2: Fundamental	Level 3: Strategic	Level 4: Leading
Access and Affordability: Your health center ensures the availability of comprehensive, affordable, and culturally & linguistically appropriate health services in a timely manner.				
Governance and Management: Your health center uses effective governance, leadership, and management that allows you to continuously deliver high-quality, cost-efficient, patient-centered care to the community. Leadership and management of a health center is a shared responsibility, carried out by the health center board and key management staff.				
Quality, Patient Care, and Safety: Your health center provides safe, effective, appropriate, timely, and equitable services to patients, to increase their chances of desired health outcomes.				
Population Health and Social Drivers of Health: Your health center provides comprehensive services to address patients' needs and those of the community it serves. It does this by understanding the social risk factors and needs in the community, and by collaborating with diverse partners to address key drivers of poor health.				
Workforce Experience: Your health center recruits, develops, engages, and retains the appropriate mix of qualified providers and staff needed to provide safe and culturally-affirming care.				
Financial Sustainability: Your health center has fiscally sound policies and practices for accounting, revenue cycle management, and financial management and planning. It seeks to optimally manage revenue diversity and financial viability, while advancing patient outcomes.				
Emergency Preparedness: Your health center develops, reviews, and is ready to implement emergency response plans.				
Patient Experience: Your health center provides care that is respectful of and responsive to individual patient preferences, culture, needs, and values; ensures that patient values guide all clinical questions; coordinates equity-oriented, patient-centered care, and; provides information and education to encourage patients, families, and caregivers to actively engage in their care.				

Section 2: T/TA Utilization
Click here for a list of all term definitions and examples.

This section includes questions to help us understand the T/TA you or your team has used over the past year. Please answer the questions from your individual perspective.

I prefer to receive T/TA:
( ) Online/Virtually
( ) In-Person
( ) Both

I prefer to receive T/TA in the following ways: (Select all that apply)
[ ] E-learning or online-self-paced modules
[ ] National conferences
[ ] National training workshops or webinars
[ ] Peer- or role-based networking or facilitated gatherings

35

[ ] Small cohort, tailored services (e.g., learning collaborative)
[ ] Online communities
[ ] Publications like technical assistance materials
[ ] Other, please describe _____

In the past year, have you or your team used T/TA resources?
( ) Yes
( ) No

In the past year, which of the following sources did you or your team use for T/TA? Select all that apply.*
[ ] National Training and Technical Assistance Partner (NTTAPs)
[ ] Primary Care Association (PCAs)
[ ] Health Center Controlled Network (HCCN)
[ ] Other HRSA-funded T/TA Provider
[ ] National Association of Community Health Centers (NACHC)
[ ] Don't know
[ ] Other, please specify _____

Which of the following Other HRSA-funded T/TA Provider(s) did you or your team use for T/TA? Select all that apply.
[ ] Health Systems (HSB)
[ ] HIV/AIDS Bureau (HAB)
[ ] Maternal and Child Health Bureau (MCHB)
[ ] Bureau of Primary Health Care (BPHC)
[ ] Federal Office of Rural Health Policy (FORHP)
[ ] Bureau of Health Workforce (BHW)
[ ] Provider Relief Bureau
[ ] Office of Federal Assistance and Acquisition Management (OFAAM)
[ ] Office of Pharmacy Affairs

As of today, please say why your health center organization has not used T/TA this past year.

My health center organization: Select all that apply.
[ ] Has not identified any T/TA needs
[ ] Cannot afford T/TA
[ ] Has not been able to identify sources of T/TA specific to our T/TA needs
[ ] Plans to access T/TA sources within the next year
[ ] Has not had time to utilize T/TA
[ ] Other, please specify _____

During the past year, even if your health center staff have used T/TA, has your health center organization needed T/TA for which staff could not find a T/TA resource?
( ) Yes
( ) No

Please briefly describe what type of T/TA you or your team has had a hard time finding.
_____

Think about where you would like to see your health center in 5 years. Please identify two specific areas of T/TA you would need to get there.
#1: _____
#2: _____

Does your health center want to receive targeted outreach from the NTTAPs and Primary Care Associations (PCAs) for the T/TA needs you identified in this assessment?
( ) Yes
( ) No

Please select Opt-Out below if you do not want your data from this needs assessment included in the aggregate anonymous data shared with your state's Primary Care Association (PCAs).
( ) Opt-Out

Michigan PCA Questions
Click here for a list of all term definitions and examples.

This section includes questions from your state Primary Care Association (PCA)

What types of healthcare organizations in your community are competing with your health center? Select all that apply.
[ ] Multi-site healthcare companies or practices (e.g. regional or national, such as Oak Street Health, ChenMed etc.)
[ ] Retail clinics (e.g. CVS MinuteClinic, Kroger The Little Clinic etc.)
[ ] Independent private practices
[ ] Outpatient services affiliated with a health system or hospital
[ ] Safety net providers (e.g. community health centers, rural health clinics etc.)
[ ] Other, please describe _____*
[ ] None

Which patient populations are being sought out by competing healthcare organizations in your community? Select all that apply.
[ ] Children and adolescents (under 19)
[ ] Adults (19-64)
[ ] Older adults (65 and older)
[ ] Medicare-enrolled
[ ] Medicaid-enrolled
[ ] Privately insured

What approaches to service delivery do competing healthcare organizations seem to be using to attract community members? Select all that apply.
[ ] Urgent care (i.e. immediate in-person access)
[ ] On-demand telehealth (i.e. immediate virtual access)
[ ] Broader or longer operating hours (i.e. hours of operation beyond the health center's)
[ ] Technology-enabled care (e.g., online scheduling, check in on mobile devices, patient portal access and use, two-way electronic messaging with care team etc.)
[ ] Enhanced care team support (e.g., extensive care management, deeper specialty care coordination etc.)
[ ] Additional enabling services (e.g., additional transportation support, resources for health-related social needs etc.)
[ ] Other, please describe _____

<div style="background-color:#1b6ca8; color:white; padding:4px;">Validation: Must be currency</div>

How does your organization predict you will end the following fiscal years? Please share an estimated positive or negative dollar amount, using – for a negative number, understanding FY24 is not yet complete and FY25 will be a budgetary projection, if available.
FY24 _____
FY25 _____

Based on your financial planning and budgetary projections, what impact(s) on health center services do you predict for FY25 if financial circumstances stay the same? Remember, this is describing likely but not final impacts. Please select all that apply.
[ ] **None**. Projected financial performance is enough to advance our plans and maintain current sites and services
[ ] Planned new site(s) will be delayed
[ ] Planned service expansion(s) will be delayed (e.g. offering a new service, expanding a current service, etc.)
[ ] Planned hiring of staff will be delayed
[ ] Planned capital project(s) or similar large investment(s) (e.g., technology needs, deferred maintenance, etc.) will be delayed
[ ] One or more sites will be closed
[ ] Hours of operation for one or more sites will be reduced
[ ] One or more services will be discontinued
[ ] One or more services will be reduced (e.g., fewer overall appointments, offered in fewer locations, etc.)
[ ] Health center staffing will be reduced (either by attrition or layoffs)
[ ] Service quality will be diminished
[ ] Other (please specify) _____

What impacts has Medicaid redetermination had on your health center?
_____

What training resources does your health center need for Hepatitis C treatment now that primary care providers are allowed to provide Hep C Rx?
_____

Nebraska PCA Questions
Click here for a list of all term definitions and examples.

This section includes questions from your state Primary Care Association (PCA)

How satisfied are you with the resources and support you get from the Health Center Association of Nebraska (HCAN)?
( ) Very satisfied
( ) Satisfied
( ) Neither satisfied nor dissatisfied
( ) Dissatisfied
( ) Very dissatisfied
( ) My center doesn't get resources or support from HCAN

Which organizations or community partners do you wish your health center had the chance to work with to improve patient experience?
_____

Based on your experience at your health center, what is one change that would allow more patients to get care?
_____

What is one goal your team or department hopes to accomplish over the next year?
_____

What is one resource you wish you had when engaging with patients and families?
_____

If you would like to be contacted for future activities related to this needs assessment, please enter your name, email address, and phone number below. We will not share or use this information outside of this project.
First Name _____
Last Name _____
Email _____
Phone _____

_____

Thank You!
Thank you for your response. Your feedback is very important to us.

Evaluación de necesidades del Centro Nacional de Salud de 2024

Select a language:
( ) Take the needs assessment in English
( ) Responda la evaluación de necesidades en español

¡Gracias por su interés en participar en esta evaluación de necesidades de capacitación y asistencia técnica (T/TA)!

¿Cuál es el objetivo de esta evaluación de necesidades?
Para ayudar a la Oficina de Atención Primaria de Salud de la Administración de Recursos y Servicios de Salud (HRSA/BPHC) a mejorar la calidad y el impacto de los centros de salud, se solicita al personal de los centros de salud que completen esta evaluación de necesidades de capacitación y asistencia técnica (T/TA). La HRSA/BPHC utilizará la información sobre sus prioridades de T/TA para guiar la T/TA proporcionada por los 22 Socios Nacionales de Capacitación y Asistencia Técnica (NTTAP) respaldados por la HRSA.

¿Quién está realizando esta evaluación de necesidades?
La Asociación Nacional de Centros de Salud Comunitarios (NACHC) está realizando esta evaluación a pedido de la HRSA/BPHC, en asociación con los otros 21 NTTAP y ciertas Asociaciones de Atención Primaria (PCA). La implementación de la evaluación de necesidades cuenta con el apoyo de JSI, un contratista externo sin fines de lucro que brinda una amplia gama de servicios en los sectores de salud pública y privada.

¿Quién debe completar esta evaluación?
Todas las voces del personal de los centros de salud son importantes para nosotros. Alentamos a todos a participar, incluidos, entre otros, el personal directivo/de liderazgo, clínico, de operaciones/administrativo, de primera línea y de extensión.

¿La evaluación es voluntaria?
Sí, realizar esta evaluación es su decisión.

¿La evaluación es confidencial?
Sí, sus respuestas se mantendrán confidenciales.

Cuando compartimos la información de esta evaluación, no lo identificaremos a usted ni a su centro de salud. Los socios de la evaluación de necesidades [NTTAP, PCA, JSI], han firmado un acuerdo de uso de datos con la NACHC. Esto garantizará que los datos solo se utilicen internamente en el diseño de informes y que las respuestas de T/TA individuales nunca se compartan con los NTTAP, las PCA, la HRSA/BPHC o su centro de salud. La HRSA/BPHC no sabrá quién completó o no esta evaluación de necesidades ni qué respuestas dio cada persona.

¿Cómo se utilizarán los datos esta evaluación?
Desidentificaremos sus datos y los combinaremos y analizaremos a nivel del centro de salud y estatal para informar sobre las prioridades de T/TA a nivel nacional y estatal. Los resúmenes a nivel estatal estarán disponibles en los sitios web de la NACHC y el Centro de Información de Recursos del Centro de Salud.

Instrucciones para la evaluación de necesidades

- Responda las preguntas lo mejor que pueda. Esta evaluación de necesidades incluye preguntas de opción múltiple y preguntas abiertas. Puede saltarse las preguntas que no se sienta cómodo de contestar.

- Pase el mouse por encima de las palabras o frases subrayadas para ver definiciones o ejemplos. Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.
- Haga clic en los botones "Siguiente" y "Atrás" de la parte inferior de la pantalla para desplazarse entre páginas.
- Tómese el tiempo necesario para completar la evaluación (unos 15 a 20 minutos).
- Si la inicia y necesita terminarla más tarde, haga clic en "Guardar y continuar más tarde" en la esquina inferior derecha de la pantalla e introduzca su dirección de correo electrónico. Recibirá un correo electrónico con un enlace a su evaluación. Si no recibe el correo electrónico inmediatamente, revise su carpeta de correo no deseado.

Al continuar con esta evaluación, reconoce que comprende esta información y acepta participar. Si tiene alguna pregunta, envíe un correo electrónico a nachcna@jsi.com.

Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Seleccione el estado o territorio de su centro de salud.*

Seleccione su centro de salud.

Si no encuentra su centro de salud en la lista, introduzca su n.º de subvención (En caso contrario, déjelo en blanco).
_____

Datos demográficos
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

¿Cuántos años tiene?
( ) Menos de 21
( ) De 21 a 24
( ) De 25 a 34
( ) De 35 a 44
( ) De 45 a 54
( ) De 55 a 64
( ) De 65 a 74
( ) Más de 75
( ) Prefiero no responder

¿Cuál es su género? (Seleccione todos los que correspondan)
[ ] Mujer
[ ] Hombre
[ ] Hombre trans
[ ] Mujer trans
[ ] No binario
[ ] Agénero
[ ] Cuirgénero
[ ] Mi género no aparece aquí. Este es el término que uso:
[ ] Prefiero no responder

¿Cuál es su raza o etnia? (Seleccione todos los que correspondan)
[ ] Blanco o europeo
[ ] Negro o afroamericano
[ ] Nativo americano, nativo de Alaska o indígena
[ ] Asiático
[ ] Nativo de Hawái o de las islas del Pacífico
[ ] Oriente Medio o Norte de África

[ ] Hispano o latino/a/e

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Blanco
[ ] Europeo
[ ] Balcánico
[ ] Neerlandés
[ ] Inglés
[ ] Francés
[ ] Alemán
[ ] Griego
[ ] Irlandés
[ ] Italiano
[ ] Lituano
[ ] Polaco
[ ] Ruso
[ ] Escandinavo
[ ] Escocés
[ ] Eslavo
[ ] Otro (especificar): _____

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Negro
[ ] Afroamericano
[ ] Barbadense
[ ] Beliceño
[ ] Camerunés
[ ] Eritreo
[ ] Etíope
[ ] Ghanés
[ ] Haitiano
[ ] Jamaiquino
[ ] Keniano
[ ] Liberiano
[ ] Nigeriano
[ ] Somalí
[ ] Sudafricano
[ ] Sudanés
[ ] Otro (especificar): _____

¿Se identifica como? (Seleccione todos los que correspondan)

42

[ ] Nativo americano
[ ] Nativo de Alaska
[ ] Indígena
[ ] Apache
[ ] Atabascano
[ ] Chinook
[ ] Choctaw
[ ] Chickasaw
[ ] Cheroqui
[ ] Muscogui/Creek
[ ] Hopi
[ ] Iroqués
[ ] Navajo
[ ] Sioux
[ ] Wichita
[ ] Yakama
[ ] Otro (especificar): _____

Logic: Hidden unless: #64 Question "¿Cuál es su raza o etnia? (Seleccione todos los que correspondan)" is one of the following answers ("Asiático")

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Bangladesí
[ ] Birmano
[ ] Camboyano
[ ] Chino
[ ] Filipino
[ ] Hmong
[ ] Indio
[ ] Indonesio
[ ] Japonés
[ ] Coreano
[ ] Laosiano
[ ] Pakistaní
[ ] Tailandés
[ ] Vietnamita
[ ] Otro (especificar): _____

Logic: Hidden unless: #64 Question "¿Cuál es su raza o etnia? (Seleccione todos los que correspondan)" is one of the following answers ("Nativo de Hawái o de las islas del Pacífico")

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Nativo de Hawái
[ ] Isleño del Pacífico
[ ] Chuukés
[ ] Chamorro
[ ] Fiyiano
[ ] Francopolinesio
[ ] Kusaeño
[ ] Guameño

[ ] Mariano
[ ] Marshalés
[ ] Palauano
[ ] Papú
[ ] Ponapeño
[ ] Samoano
[ ] Tongano
[ ] Yapés
[ ] Otro (especificar):_____

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Egipcio
[ ] Emiratí
[ ] Iraquí
[ ] Iraní
[ ] Jordano
[ ] Kurdo
[ ] Kuwaití
[ ] Libanés
[ ] Libio
[ ] Palestino
[ ] Saudí
[ ] Sirio
[ ] Yemení
[ ] Otro (especificar): _____

¿Se identifica como? (Seleccione todos los que correspondan)
[ ] Hispano
[ ] Latino/a/e
[ ] Argentino
[ ] Brasileño
[ ] Chileno
[ ] Colombiano
[ ] Cubano
[ ] Dominicano
[ ] Ecuatoriano
[ ] Francoguayanés
[ ] Guatemalteco
[ ] Haitiano
[ ] Hondureño
[ ] Indígena mexicano americano
[ ] Mexicano o chicano/a
[ ] Nicaragüense
[ ] Peruano

44

[ ] Puertorriqueño
[ ] Salvadoreño
[ ] Venezolano
[ ] Otros indígenas centroamericanos (especificar): _____
[ ] Otros indígenas sudamericanos (especificar): _____
[ ] Otro (especificar): _____

¿Tiene un idioma preferido para recibir T/TA además del inglés?
( ) Sí
( ) No

¿Cuál es su idioma preferido?
( ) Lenguaje de señas americano
( ) Árabe
( ) Cantonés
( ) Farsi
( ) Francés
( ) Alemán
( ) Criollo haitiano
( ) Hindi
( ) Coreano
( ) Mandarín
( ) Portugués
( ) Ruso
( ) Somalí
( ) Español
( ) Suajili
( ) Tagalo
( ) Urdu
( ) Vietnamita
( ) Otro lenguaje de signos (especificar): _____ *
( ) Otro idioma (especificar): _____ *

Datos demográficos
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

¿Cuánto tiempo lleva en su organización actual?
( ) Menos de 1 año
( ) De 1 a 3 años
( ) De 4 a 6 años
( ) De 7 a 9 años
( ) 10 años o más

Elija la opción que se ajuste mejor a su trabajo principal.
( ) Director ejecutivo
( ) Directivo (no director ejecutivo) o liderazgo del centro de salud
( ) Gestión y apoyo

45

( ) Atención médica
( ) Servicios dentales
( ) Servicios de salud mental
( ) Servicios para trastornos por uso de sustancias
( ) Otro profesional
( ) Servicios de visión
( ) Servicios de farmacia
( ) [Servicios de habilitación](#)
( ) Otros programas
( ) Mejora de la calidad
( ) Fiscal y facturación
( ) Tecnología de la información
( ) Instalaciones
( ) Servicios de apoyo al paciente

Sección 1: Sus necesidades de T/TA y las de su equipo
[Haga clic aquí](#) para obtener una lista de todas las definiciones de términos y ejemplos.

Page entry logic: This page will show when: #75 Question "**Elija la opción que se ajuste mejor a su trabajo principal.**" is one of the following answers ("Director ejecutivo")

Actividades de gobernanza y gestión
[Haga clic aquí](#) para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de [T/TA](#) para actividades de gobernanza y gestión?*
( ) Sí
( ) No

Logic: Show/hide trigger exists. Hidden unless: #76 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de gobernanza y gestión?" is one of the following answers ("Sí")

Gobernanza (Seleccione todos los que correspondan)
[ ] Prácticas y enfoques efectivos de gobernanza para juntas
[ ] Evaluar anualmente al director ejecutivo
[ ] Autoridad delegada en la relación entre la junta/director ejecutivo y el órgano de gobierno
[ ] Autoevaluación anual de la junta
[ ] Cultura y dinámica de la junta
[ ] Función de la junta en la planificación estratégica
[ ] Función de la junta en la supervisión financiera
[ ] Función de la junta en la supervisión de la calidad clínica
[ ] Crear un plan de sucesión
[ ] Composición, reclutamiento y retención de la junta, apoyando principios de diversidad, equidad, inclusión, accesibilidad y prácticas de pertenencia
[ ] Garantizar que los miembros de la junta basados en la comunidad y los pacientes tengan capacidad de liderazgo
[ ] Dirigir reuniones eficaces de la junta
[ ] Gestionar los comités de la junta
[ ] Aprovechar la experiencia de los miembros de la junta que son pacientes para mejorar la atención al paciente
[ ] Elaborar material educativo para los miembros de la junta
[ ] Elaborar material educativo para los miembros de la junta en un idioma distinto del inglés

46

Especifique los idiomas distintos del inglés necesarios para el material educativo destinado a los miembros de la junta.

_____

Dirección estratégica y establecimiento de prioridades (Seleccione todos los que correspondan)

[ ] Diseñar e implementar la evaluación de necesidades

[ ] Analizar y comprender los datos para informar y mejorar la prestación de servicios

[ ] Comprender los métodos y enfoques de mejora de la calidadc.). y control de la calidad

[ ] Explorar las opciones de atención basadas en el valor y la transformación de la atención médica

[ ] Desarrollar una visión y una estrategia en torno a la reforma de los pagos y la transformación de la atención médica

[ ] Desarrollar enfoques para abordar cuestiones estratégicas (p. ej., fuerza laboral, atención basada en el valor, calidad)

[ ] Identificar la necesidad insatisfecha de servicios nuevos o integrales para el área de servicio

Planificación de la expansión (Seleccione todos los que correspondan)

[ ] Planificar y elaborar estrategias para el crecimiento del centro de salud

[ ] Planificación de capital y desarrollo de asociaciones

[ ] Ampliar la capacidad en torno a las necesidades de salud mental y trastornos por uso de sustancias

[ ] Asociarse con proveedores locales de servicios de salud mental y trastornos por uso de sustancias

[ ] Desarrollar o ampliar los servicios de visión en el lugar

[ ] Desarrollar o ampliar los servicios de salud oral en el lugar

¿Qué otras actividades de gobernanza y gestión de T/TA prevé que necesitará durante el próximo año calendario?

_____

Actividades relacionadas con la salud de la población y los impulsores sociales de la salud (SDOH)
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades relacionadas con salud de la población e impulsores sociales de la salud (SDOH) *

( ) Sí

( ) No

Evaluación y atención de las necesidades de los pacientes (Seleccione todos los que correspondan)
[ ] Detección de SDOH (impulsores sociales de la salud)
[ ] Usar enfoques sensibles al trauma para detectar SDOH
[ ] Desarrollar flujos de trabajo y habilidades de tecnología de la información de salud (TI de salud) para ayudar con la recopilación de datos, la gestión y el análisis de datos de poblaciones especiales y otras poblaciones de centros de salud
[ ] Desarrollar y mantener asociaciones comunitarias, participación comunitaria y sistemas de derivación para abordar los SDOH de los pacientes
[ ] Diseñar programas e intervenciones para abordar SDOH

Evaluar y abordar las necesidades de los pacientes que:
[ ] Experimentan inseguridad alimentaria
[ ] Experimentan inseguridad de vivienda
[ ] Experimentan tensión financiera
[ ] Experimentan falta de transporte (incluido el acceso al transporte público)
[ ] Experimentan aislamiento social
[ ] Experimentan violencia de pareja, trata de personas, o violencia o agresión sexual
[ ] Son trabajadores agrícolas migratorios y estacionales
[ ] Son refugiados
[ ] Son inmigrantes
[ ] Necesitan trabajo u oportunidades de empleo
[ ] Personas con antecedentes penales
[ ] Poblaciones móviles

Mejora de la equidad en la salud (Seleccione todos los que correspondan)
[ ] Aprender técnicas para evaluar y abordar los obstáculos a nivel comunitario para la equidad en la salud
[ ] Comprender de qué manera las inequidades en la salud pueden repercutir en el bienestar del paciente y los resultados de salud
[ ] Elaborar y aplicar estrategias de detección que tengan en cuenta las diferencias culturales y del lenguaje
[ ] Utilizar datos demográficos granulares (más específicos) para conocer las tendencias y las necesidades de las poblaciones marginadas
[ ] Utilizar los datos de los SDOH (impulsores sociales de la salud) para conocer las tendencias y necesidades de las poblaciones marginadas
[ ] Crear programas y asociaciones que aborden los SDOH y mejorar las inequidades en materia de salud

¿Qué otras actividades de salud de la población y SDOH de T/TA prevé que necesitará durante el próximo año calendario?

_____

Ayudar a los pacientes a acceder y pagar la atención médica y los apoyos sociales
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para ayudar a los pacientes a acceder la atención médica y los apoyos sociales y pagarlos?*
( ) Sí
( ) No

Logic: Hidden unless: #85 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para ayudar a los pacientes a acceder la atención médica y los apoyos sociales y pagarlos?" is one of the following answers ("Sí")

Elegibilidad e inscripción del seguro de salud (Seleccione todos los que correspondan)
[ ] Desarrollar e implementar actividades/iniciativas para ayudar a los pacientes a acceder a servicios de atención social y recursos comunitarios
[ ] Desarrollar e implementar actividades/iniciativas para ayudar a los pacientes a acceder a seguros
[ ] Acceder a seguros que cubran visitas a especialistas
[ ] Mejorar la coordinación con beneficios y servicios para militares activos y veteranos
[ ] Entender la inscripción y las protecciones para pacientes

Logic: Hidden unless: #85 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para ayudar a los pacientes a acceder la atención médica y los apoyos sociales y pagarlos?" is one of the following answers ("Sí")

Servicios lingüísticos y de traducción (Seleccione todos los que correspondan)
[ ] Proporcionar servicios que tengan en cuenta las diferentes culturas y que estén en el idioma preferido del paciente
[ ] Desarrollar, supervisar o aplicar un plan de dominio limitado del inglés (LEP)
[ ] Capacitar a intérpretes
[ ] Mejorar los servicios de interpretación
[ ] Proporcionar servicios de intérprete médico certificado de lenguaje hablado
[ ] Proporcionar servicios de un intérprete médico de lenguaje de señas americano (ASL) certificado
[ ] Capacitar al personal para trabajar con intérpretes
[ ] Proporcionar servicios de traducción escrita certificada
[ ] Crear materiales en diferentes formatos para aquellos que aprenden mejor con estilos visuales, auditivos u otros

Logic: Hidden unless: #85 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para ayudar a los pacientes a acceder la atención médica y los apoyos sociales y pagarlos?" is one of the following answers ("Sí")

Coordinación con socios y programas comunitarios (Seleccione todos los que corresponda)
[ ] Asociarse con servicios de apoyo a cuidadores
[ ] Evaluar y conectar a los pacientes con los servicios de apoyo familiar
[ ] Evaluar y conectar a los pacientes con recursos educativos
[ ] Evaluar y conectar a los pacientes con recursos de empleo
[ ] Coordinar con agencias de vivienda para ayudar con la colocación de vivienda

[ ] Coordinar con agencias de vivienda y refugio para aumentar los servicios integrales
[ ] Ayudar a los pacientes a explorar los servicios de vivienda (incluidas solicitudes, vales de elección de vivienda, Sección 8, etc.)

Asociaciones médico-legales (MLP) (Seleccione todos los que correspondan)
[ ] Entender cómo su centro de salud puede beneficiarse de una MLP
[ ] Aprender cómo encontrar y asociarse con una agencia para ayudar a sus pacientes con sus necesidades legales
[ ] Comprender cómo una MLP puede crear un cambio sistémico
[ ] Desarrollar un presupuesto e identificar fuentes de financiación para una MLP
[ ] Desarrollar o mejorar un flujo de trabajo para una MLP
[ ] Desarrollar un modelo de capacitación para apoyar y fortalecer el equipo de MLP de su centro

Servicios de extensión y habilitación (Seleccione todos los que correspondan)
[ ] Implementar o ampliar los servicios de gestión de casos
[ ] Implementar estrategias de transporte
[ ] Desarrollar programas de extensión que utilicen trabajadores de salud comunitarios o promotores para abordar las necesidades de la comunidad
[ ] Evaluar los programas de extensión

¿Qué otras T/TA para ayudar a los pacientes a acceder a la atención médica y los apoyos sociales y pagarlos prevé que necesitará durante el próximo año calendario?
_____

Actividades de calidad, atención al paciente y seguridad
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de calidad, atención al paciente y seguridad?*
( ) Sí
( ) No

Intersección de atención clínica y salud de la población (Seleccione todos los que correspondan)

[ ] Aprender sobre temas clínicos emergentes y las mejores prácticas para trabajar con determinados grupos de pacientes (p. ej., pacientes fumadores o con sífilis congénita, hepatitis C, Alzheimer y demencias relacionadas, salud materna e infantil, salud de adolescentes, justicia involucrada, atención del cáncer, etc.)

Desarrollar competencias clínicas para tratar a las siguientes poblaciones:
[ ] Niños (de 0 a 5 años)
[ ] Niños y jóvenes (de 6 a 17 años)
[ ] Personas o familias que no tienen hogar o corren el riesgo de quedarse sin hogar
[ ] LGBTQIA+
[ ] Poblaciones móviles
[ ] Personas con antecedentes penales
[ ] Trabajadores agrícolas migratorios y estacionales
[ ] Veteranos militares y sus familias
[ ] Adultos mayores
[ ] Personas embarazadas
[ ] Residentes de viviendas públicas
[ ] Personas con discapacidades
[ ] Refugiados
[ ] Personas que viven con VIH o corren el riesgo de contraerlo
[ ] Personas que puedan estar sufriendo violencia de pareja, violencia sexual o explotación
[ ] Personas que no hablan inglés como idioma principal, agregar idiomas: _____
[ ] Otras poblaciones marginadas y especiales que no aparecen en la lista; descríbalas: _____

Recopilación y uso de datos (Seleccione todos los que correspondan)
[ ] Utilizar los datos para guiar y mejorar la calidad clínica, las operaciones y las finanzas de los centros de salud
[ ] Recopilar y utilizar datos sobre los servicios de habilitación para mejorar los resultados de los pacientes y la equidad en la salud
[ ] Recopilar y usar datos a nivel de pacientes sobre SDOH para mejorar los resultados de los pacientes y la equidad en la salud
[ ] Recopilar e informar los datos a socios federales
[ ] Recopilar y utilizar datos demográficos granulares y desagregados de los pacientes

Atención general al paciente y seguridad (Seleccione todos los que correspondan)
[ ] Desarrollar, implementar y mejorar los equipos interdisciplinarios
[ ] Desarrollar e implementar un programa de gestión de riesgos o de seguridad del paciente
[ ] Desarrollar e implementar una cultura justa y libre de culpas para fomentar la presentación de informes de seguridad.
[ ] Desarrollar, implementar y mejorar programas de gestión de enfermedades crónicas
[ ] Desarrollar, implementar y mejorar programas de prevención y promoción de enfermedades
[ ] Implementar servicios de salud móviles (incluidos servicios médicos, dentales o de la vista móviles)
[ ] Obtener o mantener el reconocimiento o la acreditación de hogar médico centrado en el paciente (PCMH)
[ ] Evaluar los obstáculos de los pacientes para la participación en servicios virtuales

51

[ ] Ampliar la telesalud para mejorar la continuidad de la atención
[ ] Capacitación para el personal del centro de salud que trabaja con pacientes con discapacidades
[ ] Comprender las prácticas para aumentar las visitas de prevención o intervención temprana
[ ] Recetar profilaxis preexposición (PPrE) para prevenir el virus de la inmunodeficiencia humana (VIH)
[ ] Brindar atención sensible al trauma y un compromiso centrado en la curación
[ ] Entender las mejores prácticas para tomar medidas de seguridad de pacientes y proveedores durante emergencias de salud pública
[ ] Gestionar y coordinar los servicios de atención prenata y posnatal para pacientes
[ ] Abordar la salud sexual y reproductiva con inclusión de género
[ ] Abordar las necesidades de los adultos mayores y de la tercera edad
[ ] Incorporar la seguridad cultural en las políticas y prácticas de atención clínica para abordar las inequidades
[ ] Implementar una perspectiva de equidad a las prácticas de mejora de la calidad para identificar brechas internas en la atención

Logic: Hidden unless: #92 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de calidad, atención al paciente y seguridad?" is one of the following answers ("Sí")

Salud del comportamiento (servicios de salud mental y uso de sustancias) (Seleccione todos los que correspondan)
[ ] Integrar la salud de comportamiento y la atención primaria
[ ] Integrar la salud del comportamiento y el cuidado oral
[ ] Hacer un seguimiento después de derivaciones de salud del comportamiento
[ ] Integrar pruebas de detección, intervenciones y tratamiento del trastorno por consumo de opioides (OUD)
[ ] Proporcionar medicamentos para el trastorno por consumo de opioides (MOUD) o conectarse a ellos
[ ] Integrar enfoques de reducción de daños en la prestación de atención y la política del centro de salud
[ ] Hacer uso de especialistas en apoyo entre pares para abordar las necesidades de salud de comportamiento de los pacientes
[ ] Utilizar la telesalud como modelo de prestación de servicios de salud del comportamiento
[ ] Prestar servicios de detección, tratamiento y apoyo de salud mental culturalmente receptivos
[ ] Utilizar la atención sensible al trauma y el compromiso centrado en la curación en el tratamiento de la salud del comportamiento

Logic: Hidden unless: #92 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de calidad, atención al paciente y seguridad?" is one of the following answers ("Sí")

Servicios de salud oral (Seleccione todos los que correspondan)
[ ] Integrar la salud oral y la atención primaria
[ ] Integrar la detección de salud del comportamiento en entornos dentales
[ ] Desarrollar un equipo de salud oral interprofesional y/o en equipo
[ ] Incluir prácticas sensibles al trauma y el compromiso centrado en la curación en la atención de salud oral
[ ] Desarrollar y aplicar métodos de prestación de servicios de salud oral
[ ] Utilizar prácticas prometedoras basadas en la evidencia para el uso de selladores dentales

Logic: Hidden unless: #92 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de calidad, atención al paciente y seguridad?" is one of the following answers ("Sí")

¿Qué otras actividades de calidad, atención al paciente y seguridad de T/TA prevé que necesitará durante el próximo año calendario?
_____

Actividades de experiencia del paciente

[Haga clic aquí](#) para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de experiencia del paciente?*

( ) Sí
( ) No

Actividades de experiencia del paciente (Seleccione todos los que correspondan)

[ ] Desarrollar herramientas para la experiencia y la evaluación del paciente centradas en la equidad
[ ] Acceder y utilizar los datos de los pacientes sobre experiencia y satisfacción
[ ] Informar sobre la experiencia y los datos de satisfacción del paciente
[ ] Desarrollar personal culturalmente receptivos que use enfoques centrados en el paciente para la atención de salud
[ ] Utilizar entrevistas motivacionales para recopilar datos de los pacientes
[ ] Contratar personal multilingüe y multicultural procedente de comunidades que refleje a los pacientes a los que se atiende
[ ] Comprender estrategias para mejorar la información sobre poblaciones especiales y vulnerables en el Sistema Uniforme de Datos (UDS) y el UDS+
[ ] Comprender estrategias eficaces para integrar los servicios dentro y fuera del centro a fin de abordar los impulsores sociales de la salud relacionados con la salud de los pacientes
[ ] Adoptar prácticas de seguridad cultural para abordar las inequidades en la salud
[ ] Abordar la desconfianza médica

Comprensión de la participación de los pacientes en:

[ ] Telesalud
[ ] Atención de salud oral
[ ] Servicios de atención de la vista
[ ] Servicios de salud mental
[ ] Servicios por uso de sustancias
[ ] Servicios de farmacia
[ ] Manejo de enfermedades crónicas

Desarrollar materiales educativos para pacientes orientados a las necesidades de las poblaciones marginadas, incluidos:

[ ] Niños (de 0 a 5 años)
[ ] Niños y jóvenes (de 6 a 17 años)
[ ] Personas o familias que no tienen hogar o corren el riesgo de quedarse sin hogar
[ ] LGBTQIA+
[ ] Poblaciones móviles
[ ] Personas con antecedentes penales
[ ] Trabajadores agrícolas migratorios y estacionales
[ ] Veteranos militares y sus familias

53

[ ] Adultos mayores
[ ] Personas embarazadas
[ ] Residentes de viviendas públicas
[ ] Personas con discapacidades
[ ] Refugiados
[ ] Personas que viven con VIH o corren el riesgo de contraerlo
[ ] Personas que puedan estar sufriendo violencia de pareja, violencia sexual o explotación
[ ] Personas que no hablan inglés como idioma principal. Agregue idiomas: _____
[ ] Otro, especifique: _____

Logic: Hidden unless: #100 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de experiencia del paciente?" is one of the following answers ("Sí")

¿Qué otras actividades de experiencia del paciente de T/TA prevé que necesitará durante el próximo año calendario?
_____

Actividades de experiencia, desarrollo y bienestar de la fuerza laboral
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de experiencia, desarrollo y bienestar de la fuerza laboral?*
( ) Sí
( ) No

Logic: Hidden unless: #105 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de experiencia, desarrollo y bienestar de la fuerza laboral?" is one of the following answers ("Sí")

Liderazgo (Seleccione todos los que correspondan)
[ ] Planificar la sostenibilidad
[ ] Desarrollar liderazgo orientado a la comunidad y asociaciones estratégicas que beneficien a la fuerza laboral del centro de salud, los pacientes y la comunidad
[ ] Proporcionar desarrollo profesional para el personal del centro de salud
[ ] Desarrollar la incorporación y la orientación del personal del centro de salud
[ ] Planificar la sucesión del liderazgo
[ ] Apoyar al personal que ha sufrido violencia
[ ] Desarrollar una cultura libre de culpas y justa para fomentar la cultura de presentación de informes de seguridad a fin de mejorar la seguridad de los pacientes
[ ] Adoptar prácticas de supervisión centradas en la curación y sensibles al trauma
[ ] Adoptar una cultura de diversidad, equidad, inclusión, accesibilidad y prácticas de pertenencia en las prácticas de liderazgo y cultura organizacional
[ ] Abordar la resiliencia organizacional y comunitaria

Logic: Hidden unless: #105 Question "Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades de experiencia, desarrollo y bienestar de la fuerza laboral?" is one of the following answers ("Sí")

Gestión (Seleccione todos los que correspondan)
[ ] Apoyar el desarrollo profesional de los profesionales jóvenes y el personal que se encuentra a mitad de carrera
[ ] Apoyar el desarrollo profesional de los proveedores de práctica avanzada
[ ] Desarrollar o mejorar las habilidades de gestión de proyectos

54

[ ] Desarrollar o mejorar las habilidades de gestión de cambios
[ ] Desarrollar o mejorar las capacidades de comunicación y presentación
[ ] Desarrollar o mejorar las capacidades de gestión del personal
[ ] Crear una cultura de personal orientada a la misión
[ ] Apoyar al personal que ha sufrido violencia
[ ] Desarrollar una cultura libre de culpas y justa para fomentar la cultura de presentación de informes de seguridad a fin de mejorar la seguridad de los pacientes
[ ] Adoptar una cultura de diversidad, equidad, inclusión, accesibilidad y prácticas de pertenencia en las prácticas de gestión y cultura organizacional
[ ] Plan de sucesión

Contratación y retención (Seleccione todos los que correspondan)
[ ] Desarrollar y aplicar programas de formación de estudiantes
[ ] Desarrollar procesos simplificados para acreditación y concesión de privilegios a los proveedores
[ ] Formar una fuerza laboral diversa, equitativa e inclusiva, que incluya a personas con experiencias vividas o que reflejen la población de pacientes
[ ] Incorporar diversidad, equidad, inclusión, accesibilidad y prácticas de pertenencia y principios en las actividades de contratación y retención
[ ] Desarrollar vías para la contratación de la fuerza laboral para los centros de salud
[ ] Desarrollar un plan integral de retención y contratación de personal
[ ] Desarrollar estrategias organizativas para reducir el agotamiento del personal
[ ] Desarrollar estrategias organizativas para apoyar el equilibrio entre el trabajo y la vida privada del personal
[ ] Desarrollar y aplicar procesos para crear una carga de trabajo manejable para el personal
[ ] Desarrollar un enfoque basado en datos para comprender y abordar las necesidades de personal de la organización
[ ] Utilizar la inteligencia artificial (IA) para la contratación, la retención o la satisfacción del personal
[ ] Identificar y analizar los datos de la fuerza laboral
[ ] Crear paquetes de compensaciones equitativos y sostenibles para el personal
[ ] Mejorar la satisfacción laboral
[ ] Abordar las necesidades de salud del comportamiento del personal
[ ] Comprender cómo trabajar en colaboración con socios multidisciplinares para abordar los impulsores sociales de la salud del personal

Creación de procesos eficaces para contratar:
[ ] Personal clínico
[ ] Trabajadores/promotores de servicios de habilitación y salud comunitaria
[ ] Personal no clínico
[ ] Liderazgo a nivel ejecutivo

¿Qué otras actividades de experiencia, desarrollo y bienestar de la fuerza laboral de T/TA prevé que necesitará durante el próximo año calendario?

_____

Actividades financieras
[Haga clic aquí](#) para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para actividades financieras?*
( ) Sí
( ) No

Finanzas (Seleccione todos los que correspondan)
[ ] Reembolso del sistema de pago prospectivo (PPS) de Medicaid
[ ] Reembolso del PPS de Medicare
[ ] Gestión del ciclo de ingresos
[ ] Reembolso de los servicios de habilitación
[ ] Contratación y pago en el marco de la atención administrada
[ ] Contratación y pago en el marco de la atención administrada de Medicaid/Medicare
[ ] Entender los costos en un entorno de pago en evolución
[ ] Reembolso de telesalud
[ ] Informes sobre costos médicos
[ ] Mejorar los sistemas y procesos contables
[ ] Desarrollar u operar con presupuestos renovables (también conocidos como presupuestos continuos)
[ ] Elaborar informes financieros mensuales para la junta directiva
[ ] Elaborar informes financieros mensuales para los equipos de liderazgo interno
[ ] Mejorar los controles internos de la gestión de tesorería
[ ] Mejorar las previsiones y proyecciones financieras
[ ] Gestión de subvenciones federales
[ ] Gestión del programa 340B
[ ] Fijar la lista de tarifas
[ ] Normas de adquisiciones federales
[ ] Desarrollar una planificación financiera a largo plazo
[ ] Asignar fondos sostenibles para implementar o ampliar los programas de promotores/trabajadores de salud comunitarios
[ ] Planificación de la resiliencia financiera
[ ] Aplicar una perspectiva de equidad marginados. al desarrollo y la gestión del presupuesto
[ ] Utilizar las fortalezas de la comunidad para apoyar la defensa financiera y la política de las prácticas médicas

Financiación de capital (Seleccione todos los que correspondan)
[ ] Integrar la Planificación de capital en los planes estratégicos del centro de salud
[ ] Evaluar las necesidades continuas para mantener la infraestructura actual, incluida la preparación para la expansión de capital
[ ] Evaluar las asociaciones comunitarias y la expansión de capital
[ ] Programa de crédito fiscal para nuevos mercados
[ ] Ayudar a comprender las formas tradicionales y no tradicionales de financiación
[ ] Asegurar fondos y financiación para el desarrollo de capital del centro de salud

56

Atención basada en valores (VBC) (Seleccione todos los que correspondan)
[ ] Implementar las mejores prácticas y estrategias para prepararse para la transformación y la reforma de los pagos
[ ] Integrar la salud dental, de la visión y del comportamiento en la reforma de pago basado en valores
[ ] Modelos de centros de innovación como Making Care Primary y ACO REACH
[ ] Programa de ahorro compartido de Medicare (MSSP) y modelo flexible de atención primaria dentro del MSSP
[ ] Pago capitado
[ ] Contrato con los pagadores para apoyar a VBC
[ ] Comprender y evaluar las ventajas y desventajas de la participación en redes integradas clínicamente y organizaciones de atención responsable
[ ] Preparación organizativa para participar en entornos de pago basados en valores
[ ] Mejorar la codificación para lograr modelos financieros más precisos
[ ] Modelación financiera y otras estrategias para la contratación basada en valor
[ ] Estratificación del riesgo, que incluye los SDOH

¿Qué otras actividades financieras de T/TA prevé que necesitará durante el próximo año calendario?
_____

Preparación para emergencias
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para preparación para emergencias?*
( ) Sí
( ) No

Apoyo general (Seleccione todos los que correspondan)
[ ] Realizar una evaluación de riesgos basada en instalaciones para todos los peligros
[ ] Desarrollar un plan de respuesta ante emergencias

Mejorar la acreditación y la comprensión de los estándares regulatorios para: (Seleccione todos los que correspondan)
[ ] Requisitos de preparación para emergencias de los Centros de Servicios de Medicare y Medicaid (CMS)
[ ] Requisitos de emergencia/catástrofe del Comité Nacional para el Control de Calidad (NCQA)
[ ] Estándares de gestión de emergencias de la comisión conjunta
[ ] Expectativas de preparación para emergencias de la HRSA/BPHC

Desarrollo de un plan de preparación para emergencias que cumpla con las reglamentaciones locales, estatales y federales para abordar: (Seleccione todos los que correspondan)

[ ] Peligros naturales (incluidos aquellos exacerbados por el cambio climático) (por ejemplo, inundaciones, tornados, terremotos)

[ ] Peligros provocados por el hombre (por ejemplo, bioterrorismo, derrames químicos, ciberataques)

[ ] Peligros de enfermedades infecciosas y transmitidas por vectores (incluidas las enfermedades infecciosas emergentes (EID) como COVID-19, gripe altamente patógena, ébola)

Desarrollo de procedimientos de emergencia que incluyen: (Seleccione todos los que correspondan)

[ ] Planes de evacuación segura
[ ] Planes de refugio en el lugar
[ ] Sistemas alternativos de documentación médica
[ ] Uso de voluntarios y otras estrategias de dotación de personal de emergencia

Planificación de contingencias (p. ej., planificación de la continuidad de las actividades/continuidad de las operaciones), incluido lo siguiente: (Seleccione todos los que correspondan)

[ ] Plan para de la dotación de personal durante una emergencia
[ ] Fallos en los equipos y el suministro eléctrico
[ ] Interrupciones en las comunicaciones, incluidos ataques cibernéticos
[ ] Pérdida de toda la instalación o parte de esta
[ ] Pérdida de todos los suministros o algunos de estos

Planificación de las comunicaciones, incluidos procesos para: (Seleccione todos los que correspondan)

[ ] Comunicarse con el personal y la gestión de emergencias
[ ] Comunicarse con los pacientes sobre la emergencia
[ ] Colaborar con los funcionarios gubernamentales para mantener una respuesta integrada
[ ] Compartir las capacidades y las necesidades de respuesta del centro
[ ] Compartir información sobre pacientes de riesgo con los socorristas en una emergencia
[ ] Desarrollar un plan de capacitación y ejercicios
[ ] Desarrollar un ejercicio práctico sobre un evento de emergencia

Cooperación y colaboración en lo siguiente: (Seleccione todos los que correspondan)

[ ] Fortalecer las asociaciones con los departamentos de salud pública locales y estatales
[ ] Identificar y participar en coaliciones de atención médica

[ ] Involucrar a los socios de la comunidad en la planificación de emergencias del centro de salud
[ ] Involucrar a personas con experiencia vivida en la planificación de emergencias locales
[ ] Apoyar a las poblaciones marginadas y especiales para que estén preparadas durante una emergencia

¿Qué otras actividades de preparación para emergencias de T/TA prevé que necesitará durante el próximo año calendario?
_____

Tecnología
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿prevé que necesitará apoyo de T/TA para tecnología?*
( ) Sí
( ) No

Ciberseguridad (Seleccione todos los que correspondan)
[ ] Garantizar la privacidad y la confidencialidad de los pacientes
[ ] Proteger los datos de su centro de salud de piratas informáticos
[ ] Responder a un ciberataque organizativo

Tecnología de la información de salud (TI de salud) (Seleccione todos los que correspondan)
[ ] Desarrollar y utilizar paneles de salud de la población
[ ] Transición al UDS+
[ ] Comprender y utilizar los datos del UDS+
[ ] Desarrollar visualizaciones de datos
[ ] Aumentar la alfabetización de datos para el personal sanitario
[ ] Aumentar la alfabetización de datos para los pacientes
[ ] Aumentar alfabetización digital de los pacientes
[ ] Implementar un marco de gobernanza de datos
[ ] Comprender y optimizar un intercambio de información de salud (HIE)
[ ] Comprender las mejores prácticas de intercambio de datos
[ ] Formar a los profesionales de las tecnologías de la información (TI) en los aspectos básicos de las necesidades de TI de la atención médica
[ ] Aumentar el uso de portales de pacientes por parte de pacientes y proveedores
[ ] Usar datos generados por los pacientes
[ ] Gestión de proyectos básica
[ ] Utilizar la tecnología para mejorar el acceso lingüístico
[ ] Mejorar la interoperabilidad
[ ] Intercambiar datos con socios comunitarios

Historias clínicas electrónicas (EHR) (Seleccione todos los que correspondan)

[ ] Optimizar las EHR de su centro de salud

[ ] Mejorar la interoperabilidad de las EHR

[ ] Planificar e implementar un nuevo sistema de EHR

[ ] Integrar la telesalud con sus EHR y los sistemas de TI de salud

[ ] Integrar las EHR y las historias clínicas dentales electrónicas para la interoperabilidad

[ ] Integrar los sistemas de EHR y de historia clínica dental con los sistemas de EHR somática. y de comportamiento

[ ] Usar sistemas de apoyo a la toma de decisiones

[ ] Desarrollar paneles de datos eficaces dentro de su sistema de EHR

[ ] Elegir el mejor proveedor para las necesidades de su centro de salud

¿Qué otra T/TA de tecnología prevé que necesitará durante el próximo año calendario?

_____

Sección 1: Sus necesidades de T/TA y las de su equipo
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Durante el próximo año calendario, ¿qué otras necesidades de T/TA tiene en relación con temas de salud o cuestiones clínicas específicas?

_____

Durante el próximo año calendario, ¿qué otras necesidades de T/TA necesita que no se hayan mencionado anteriormente?

_____

Cumplimiento
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Seleccione la competencia de su centro de salud en cada una de las categorías de T/TA que aparecen a continuación.

- **Nivel 1:** Cumplimiento: Su centro de salud cumple con todos los requisitos pertinentes del programa.
- **Nivel 2:** Fundamental: Su centro de salud gestiona tácticamente y la estrategia está parcial o totalmente definida. Se aplican las estrategias básicas.
- **Nivel 3:** Estratégico: El área de dominio se maneja de forma proactiva y está totalmente definida. La estrategia del área de dominio se alinea con las áreas estratégicas generales del centro de salud.
- **Nivel 4:** Líderes: Su centro de salud emplea prácticas líderes y la estrategia está totalmente implementada en la estrategia organizativa del centro de salud.

	Nivel 1: Cumplimiento	Nivel 2: Fundamental	Nivel 3: Estratégico	Nivel 1: Líderes
Acceso y asequibilidad: Su centro de salud garantiza la disponibilidad de servicios de salud integrales, asequibles y cultural y lingüísticamente apropiados de manera oportuna.				
Gobernanza y gestión: Su centro de salud utiliza una gobernanza, un liderazgo y una gestión eficaces que le permiten ofrecer continuamente a la comunidad una atención de alta calidad, rentable y centrada en el paciente. El liderazgo y la gestión de un centro de salud es una responsabilidad compartida, llevada a cabo por la junta del centro de salud y el personal directivo clave.				
Calidad, atención al paciente y seguridad: Su centro de salud proporciona servicios seguros, eficaces, apropiados, oportunos y equitativos a los pacientes, para aumentar sus posibilidades de obtener los resultados de salud deseados.				
Salud de la población e impulsores sociales de la salud: Su centro de salud proporciona servicios integrales para atender las necesidades de los pacientes y la comunidad a la que atiende. Para ello, entiende los factores sociales de riesgo y las necesidades de la comunidad, y colabora con diversos socios para abordar los principales factores de mala salud.				
Experiencia de la fuerza laboral: Su centro de salud contrata, desarrolla, involucra y retiene la combinación adecuada de proveedores cualificados y personal necesario para proporcionar una atención segura y culturalmente apropiada.				
Sostenibilidad financiera: Su centro de salud cuenta con políticas y prácticas fiscalmente sólidas para la contabilidad, la gestión del ciclo de ingresos, y la gestión y la planificación financieras. Trata de gestionar de forma óptima la diversidad de ingresos y la viabilidad financiera, mientras mejora los resultados de los pacientes.				
Preparación para emergencias: Su centro de salud desarrolla, revisa y está preparado para implementar planes de respuesta ante emergencias.				
Experiencia del paciente: Su centro de salud proporciona una atención que respeta y responde a las preferencias, la cultura, las necesidades y los valores individuales del paciente; garantiza que los valores del paciente guíen todos los asuntos clínicos; coordina una atención orientada a la equidad y centrada en el paciente; y proporciona información y educación para animar a los pacientes, familiares y cuidadores a participar activamente en su atención.				

Sección 2: Utilización de T/TA
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

Prefiero recibir T/TA:
( ) En línea/virtualmente
( ) Presencial
( ) Ambos

Prefiero recibir T/TA de las siguientes maneras: (Seleccione todos los que correspondan)
[ ] Aprendizaje electrónico o módulos de autoaprendizaje en línea
[ ] Conferencias nacionales
[ ] Talleres nacionales de formación o seminarios web
[ ] Redes de pares o basadas en roles o reuniones facilitadas
[ ] Pequeñas cohortes, servicios personalizados (p. ej., aprendizaje colaborativo)
[ ] Comunidades en línea

[ ] Publicaciones, como materiales de asistencia técnica
[ ] Otros, descríbalos: _____

En el último año, ¿ha utilizado usted o su equipo recursos de T/TA?
( ) Sí
( ) No

En el último año, ¿cuál de las siguientes fuentes utilizaron usted o su equipo para T/TA? Seleccione todos los que correspondan.*
[ ] Socio Nacional de Capacitación y Asistencia Técnica (NTTAP)
[ ] Asociación de Atención Primaria (PCA)
[ ] Red controlada de centros de salud (HCCN)
[ ] Otro proveedor de T/TA financiado por HRSA
[ ] National Association of Community Health Centers (NACHC)
[ ] No sé
[ ] Otro, especifique: _____

¿Cuál de los siguientes Otros proveedores de T/TA financiados por la HRSA utilizó usted o su equipo para T/TA?
Seleccione todos los que correspondan.
[ ] Oficina de Sistemas de Salud (HSB)
[ ] Oficina de VIH/SIDA (HAB)
[ ] Oficina de Salud Maternoinfantil (MCHB)
[ ] Oficina de Atención Primaria de Salud (BPHC)
[ ] Oficina Federal de Política de Salud Rural (FORHP)
[ ] Oficina de Personal de Salud (BHW)
[ ] Oficina de Asistencia a Proveedores
[ ] Oficina de Asistencia Federal y Gestión de Adquisiciones (OFAAM)
[ ] Oficina de Asuntos Farmacéuticos

A la fecha de hoy, diga por qué la organización de su centro de salud no ha utilizado T/TA este último año.

La organización de mi centro de salud: (Seleccione todos los que correspondan)
[ ] No ha identificado ninguna necesidad de T/TA
[ ] No puede costear una T/TA
[ ] No ha podido identificar fuentes de T/TA específicas para nuestras necesidades de T/TA
[ ] Planea acceder a fuentes de T/TA durante el próximo año
[ ] No ha tenido tiempo de utilizar T/TA
[ ] Otro, especifique: _____

Durante el último año, aunque el personal de su centro de salud haya utilizado T/TA, ¿ha necesitado su organización de centro de salud T/TA para la que el personal no ha podido encontrar un recurso de T/TA?
( ) Sí
( ) No

Describa brevemente qué tipo de T/TA le ha costado encontrar a usted o a su equipo.
_____

Piense a dónde le gustaría ver a su centro de salud dentro de 5 años. Identifique dos áreas específicas de T/TA que necesitaría para llegar allí.
n.º 1: _____
n.º 2: _____

¿Desea su centro de salud recibir información específica de los NTTAP y las Asociaciones de Atención Primaria (PCA) para las necesidades de T/TA que ha identificado en esta evaluación?
( ) Sí
( ) No

Seleccione Exclusión voluntaria a continuación si no desea que sus datos de esta evaluación de necesidades se incluyan en los datos anónimos agregados compartidos con la Asociación de Atención Primaria (PCA) de su estado.
( ) Exclusión voluntaria

Preguntas de la PCA de Michigan
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

¿Qué tipos de organizaciones sanitarias de su comunidad compiten con su centro de salud? Seleccione todos los que correspondan.

[ ] Empresas o consultorios médicos con múltiples centros (p. ej., regionales o nacionales, como Oak Street Health, ChenMed, etc.)
[ ] Clínicas minoristas (p. ej., CVS MinuteClinic, Kroger The Little Clinic, etc.)
[ ] Consultorios privados independientes
[ ] Servicios ambulatorios afiliados a un sistema de salud u hospital
[ ] Proveedores de la red de seguridad (p. ej., centros de salud comunitarios, clínicas rurales, etc.)
[ ] Otros, descríbalos: _____*
[ ] Ninguno

¿Qué grupos de pacientes buscan las organizaciones sanitarias competidoras de su comunidad? Seleccione todos los que correspondan.
[ ] Niños y adolescentes (menores de 19 años)
[ ] Adultos (de 19 a 64)
[ ] Adultos mayores (de 65 años o más)
[ ] Afiliados a Medicare
[ ] Afiliados a Medicaid
[ ] Asegurados privados

¿Qué enfoques de prestación de servicios parecen estar utilizando las organizaciones sanitarias competidoras para atraer a los miembros de la comunidad? Seleccione todos los que correspondan.
[ ] Atención urgente (p, ej., acceso inmediato en persona)
[ ] Telesalud a petición (p. ej., acceso virtual inmediato)
[ ] Horarios de atención más amplios o más largos (p. ej., horario de funcionamiento fuera del horario del centro de salud)
[ ] Atención facilitada por la tecnología (p. ej., programación en línea, registro en dispositivos móviles, acceso y uso del portal del paciente, mensajería electrónica bidireccional con el equipo de atención, etc.)
[ ] Apoyo mejorado del equipo de atención (p. ej., amplia gestión de la atención, mayor coordinación de la atención especializada, etc.)
[ ] [Servicios de habilitación](#) adicionales (p. ej., apoyo adicional al transporte, recursos para las necesidades sociales relacionadas con la salud, etc.)
[ ] Otros, descríbalos: _____

¿Cómo prevé su organización finalizar los siguientes ejercicios fiscales? Indique una cantidad estimada en dólares, positiva o negativa, utilizando – para una cifra negativa, entendiendo que el año fiscal 24 aún no se ha completado y que el año fiscal 25 será una proyección presupuestaria, si está disponible.
Año fiscal 2024: _____
Año fiscal 2025: _____

Sobre la base de su planificación financiera y sus previsiones presupuestarias, ¿qué impactos en los servicios de los centros de salud prevé para el año fiscal 2025 si las circunstancias financieras no varían? Recuerde que se están describiendo las repercusiones probables, pero no las definitivas. Seleccione todas las opciones que correspondan.
[ ] **Ninguna**. El desempeño financiero previsto es suficiente para avanzar en nuestros planes, así como mantener los centros y servicios actuales
[ ] Los nuevos centros previstos se retrasarán
[ ] Se retrasarán las ampliaciones de servicios previstas (p. ej., ofrecer un nuevo servicio, ampliar un servicio actual, etc.)
[ ] Se retrasará la contratación de personal prevista
[ ] Se retrasarán los proyectos de inversión previstos o grandes inversiones similares (p. ej., necesidades tecnológicas, mantenimiento aplazado, etc.)
[ ] Se cerrarán uno o más centros
[ ] Se reducirán las horas de funcionamiento de uno o varios centros
[ ] Se interrumpirán uno o varios servicios

[ ] Se reducirán uno o más servicios (p. ej., habrá menos citas en general, se ofrecerán en menos lugares, etc.)
[ ] Se reducirá el personal del centro de salud (ya sea por bajas o despidos)
[ ] Se reducirá la calidad del servicio
[ ] Otro (especificar): _____

¿Qué repercusiones ha tenido la redeterminación de Medicaid en su centro de salud?
_____

¿Qué recursos de formación necesita su centro de salud para el tratamiento de la hepatitis C ahora que se permite a los proveedores de atención primaria proporcionar recetas para la hepatitis C?
_____

Preguntas de la PCA de Nebraska
Haga clic aquí para obtener una lista de todas las definiciones de términos y ejemplos.

¿Cuál es su grado de satisfacción con los recursos y el apoyo que recibe de la Asociación de Centros de Salud de Nebraska (HCAN)?
( ) Muy satisfecho
( ) Satisfecho
( ) Ni satisfecho ni insatisfecho
( ) Insatisfecho
( ) Muy insatisfecho
( ) Mi centro no recibe recursos ni apoyo de la HCAN

¿Con qué organizaciones o socios comunitarios desearía que su centro de salud tuviera la oportunidad de trabajar para mejorar la experiencia de los pacientes?
_____

Basándose en su experiencia en su centro de salud, ¿cuál es el cambio que permitiría que más pacientes recibieran atención?
_____

¿Cuál es la meta que su equipo o departamento espera alcanzar durante el próximo año?
_____

¿Cuál es un recurso que le gustaría tener cuando se relaciona con pacientes y familiares?
_____

Comentarios sobre la evaluación piloto de necesidades

Si desea que nos pongamos en contacto con usted para futuras actividades relacionadas con esta evaluación de necesidades, introduzca su nombre, dirección de correo electrónico y número de teléfono a continuación. No compartiremos ni utilizaremos esta información fuera de este proyecto.
Nombre: _____
Apellido: _____
Correo electrónico: _____
Teléfono: _____

¡Gracias!

Word	Definition
Accreditation	A process where an official group checks to make sure an organization or program meets certain quality standards and then gives it approval.
Blame-free culture	An organizational environment where people are encouraged to openly share information about errors, mistakes, or near- misses without fear of punishment. The focus is on learning from incidents and improving processes rather than assigning blame.
Capital expansion	Increasing the capacity or capabilities of an organization by investing in new assets, facilities, or infrastructure to support growth and development.
Capital funding	Obtaining financial resources to invest in long-term assets or projects to support the growth and development of an organization. (e.g., buildings, equipment, or infrastructure).
Capital planning	The process of strategically investing money in long-term assets or projects to support an organization's goals, objectives, and sustainability.
Capitated Payment	A payment arrangement where healthcare providers get a fixed payment per patient per period (such as monthly or annually) from a payer, regardless of the type or number of services given.
Care Improvement Advanced (BPCI Advanced) Model	A value-based payment program implemented by the Centers for Medicare & Medicaid Services (CMS). It incentivizes healthcare providers to improve care coordination, quality, and efficiency for Medicare recipients getting certain types of care.
Centers for Medicare & Medicaid Services (CMS)	A federal agency within the U.S. Department of Health and Human Services that administers the nation's major healthcare programs including Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
Change management	The structured approach of planning, and implementing organizational change.
Community-minded (leadership)	The practice of incorporating diverse cultural perspectives and values into decision-making processes and organizational culture to foster inclusion, equity, and effectiveness.
Credentialing and privileging	Processes used to ensure that healthcare practitioners have the necessary qualifications, skills, and competencies to provide safe and high-quality care to patients.
Cultural safety	Culturally safe practices include actions which recognize and respect the cultural identities of others, and safely meet their needs, expectations and rights.
Cultural safety practices	Practices that create an environment where people from diverse cultural backgrounds feel respected, understood, and valued; and where their cultural identity, beliefs, and practices are recognized and respected.
Culturally-responsive	Adapting to--and respecting--diverse cultural backgrounds, beliefs, and practices to effectively engage and support individuals or communities.
Data governance framework	A structured set of policies and procedures that governs how an organization collects, manages, stores, uses and shares data.
Data literacy	The ability to understand, interpret, and effectively use data and information to make informed decisions and solve problems.

Data Use Agreement	A legally binding contract between two parties that outlines the terms and conditions for the use and sharing of data.
Data visualizations	Graphical representations of data and information, such as charts, graphs, maps, and dashboards.
Decision support systems	Computer-based tools or software applications that help people or organizations make informed decisions.
Digital Literacy	The ability to use tools and technologies to navigate, understand, and interact with the digital world.
Diversity, equity, inclusion, accessibility, and belonging practices	A range of intentional efforts and policies aimed at fostering diverse representation, equitable opportunities, inclusive environments, accessible services, and a sense of belonging for all people within an organization or community.
Educational materials	Issue briefs, short videos, etc.
Enabling services	Non-medical services that help support patient care. (e.g., case managers, outreach workers, transportation workers, interpreters, community health workers.
Equity lens	A perspective that ensures fairness and inclusion for all. It focuses on identifying and addressing disparities and systemic barriers that affect marginalized groups.
Evidence-based	Using information supported by research to make decisions or develop practices that are proven to be effective.
Federal procurement	The process by which the government acquires goods and services from external sources, following specific regulations and procedures to ensure fairness, transparency, and efficiency.
Fee schedule	HRSA requires health centers to create a fee schedule that covers reasonable operating costs and is based on actual costs and local rates.
Financial resilience planning	Developing strategies and measures to prepare for and withstand financial challenges, disruptions, and uncertainties. This enables individuals, organizations, or communities to adapt, recover, and thrive when faced with economic adversity or unexpected events.
Grant #	Three characters in the grant number identify the grant type for the individual health center I.e., H80 = health center, LAL = Look-alike, UD7 and UK1 = BHW program.
Granular disaggregated	Data that is broken out at a more specific level, such as by age, gender, race/ethnicity, geographic location, socioeconomic status, or specific clinical characteristics. This can reveal disparities, variations, and insights that might not be apparent when looking at the data as a whole.
Healing-centered engagement	An approach to supporting people and communities that focuses on promoting healing, resilience, and well-being in the face of trauma, adversity, and systemic oppression.
Health equity	Achieving the highest level of health for all people regardless of their social, political, or economic power.
Health information exchange (HIE)	A system that enables the electronic sharing of health-related information among healthcare providers, hospitals, clinics, labs, pharmacies, and other authorized entities. The goal is to improve the quality, safety, efficiency, and coordination of patient care.
Health Information Technology (Health IT)	Health information technology (health IT) involves the processing, storage, and exchange of health information in an electronic environment.

Healthcare transformation	The process of fundamentally changing how healthcare is delivered, managed, and experienced. It involves various initiatives, strategies, and technologies aimed at improving the quality, accessibility, affordability, and efficiency of healthcare services.
HRSA/BPHC	Federal organization that provides funding and support to health centers and clinics to ensure access to high-quality, affordable primary health care services for underserved and vulnerable populations.
Inequities	Unjust differences in opportunities, resources, treatment, or outcomes experienced by individuals or groups. This can be due to discrimination based on factors like race, gender, socioeconomic status, sexual orientation, and others.
Interdisciplinary teams	A group of healthcare professionals with different areas of expertise who work together toward the goals of their clients.
Interoperability	The ability of different information systems to exchange, share, and use data. The goal is to integrate and coordinate care delivery and communication across healthcare settings and stakeholders.
Joint Commission	An independent, nonprofit organization that accredits and certifies healthcare organizations and programs in the United States, ensuring they meet specific performance standards for quality and safety.
Just culture	("Just", meaning fair.) An environment where people feel empowered to take responsibility for their actions, learn from mistakes, and contribute to a safer and more reliable organization. This includes the intersection of human factors, system design, and organizational culture in influencing behavior and performance.
Limited English Proficiency (LEP) Plan	Strategies and procedures for providing language assistance services to individuals who do not speak English proficiently.
Managed care	A healthcare delivery system that coordinates and manages healthcare services through networks of providers. It is focused on cost-effectiveness, quality of care, and patient outcomes.
Marginalized populations	Groups and communities that experience discrimination and exclusion because of unequal social, political, or economic power relationships.
Medicaid Prospective Payment System (PPS)	A reimbursement method used by Medicaid to pre-determine payment rates for services. It is based on factors like diagnosis, procedure, or patient characteristics, aiming to control costs and encourage efficiency in healthcare delivery.
Medicare Shared Saving Program (MSSP)	A value-based payment initiative established by the Centers for Medicare & Medicaid Services (CMS). It encourages accountable care organizations (ACOs) to improve quality of care and reduce healthcare costs for Medicare recipients.
Migratory or Mobile	For example, people who migrate to and from the continental U.S. for medical services, people who migrate around the continental U.S. for work, etc.
Motivational interviewing	A way of talking with someone to help them find their own reasons and motivation for making positive changes in their life.
Multicultural	When there are multiple cultural groups or perspectives within a society, organization, or community.
Multilingual	Understanding or speaking more than one language. Also applies to written or web-based materials.

National Association of Community Health Centers (NACHC)	A nonprofit organization that represents and advocates for community health centers and their patients, promoting high- quality, affordable healthcare services for underserved populations across the United States.
National Committee for Quality Assurance (NCQA)	A nonprofit organization that assesses and accredits healthcare organizations in the United States to ensure quality and performance standards are met.
Needs Assessment	A process used to identify and evaluate the needs of a population or organization to inform decision-making.
New Market Tax Credit Program	A federal initiative that provides tax incentives to investors who invest in eligible low-income communities. The goal is to stimulate economic development, create jobs, and revitalize distressed areas.
NTTAPS	Organizations that provide specialized support, resources, and guidance to health centers to improve their operational efficiency, clinical quality, and overall performance in serving communities.
Patient safety program	A comprehensive set of initiatives, protocols, and practices to prevent and reduce medical errors, adverse events, and harm to patients.
Patient-centered approaches	Prioritizing the preferences, needs, values, and goals of individual patients in healthcare decision-making and delivery. These approaches ensure that care is respectful, responsive, and tailored to each patient's unique circumstances and preferences.
Patient-Centered Medical Home	A model of primary care delivery that emphasizes comprehensive, coordinated, and patient-centered care.
Patient-generated data	Health-related information that is recorded, collected, or reported by patients themselves.
Payment and delivery reform	Efforts to restructure how healthcare services are both financed (payment) and provided (delivery). The goal is to improve quality, efficiency, and outcomes while controlling costs.
PCAs	Organizations that represent and support community health centers within a state or region, advocating for their needs and providing training, technical assistance, and resources to improve their services.
Peer support specialists	People who have lived experience with mental health conditions, substance use diagnoses, or other health-related challenges. They provide support, guidance, and encouragement to others who are going through similar experiences.
Population Health and Social Drivers of Health (SDOH)	Domain part of BPHC's Advancing Health Center Excellence Framework. The health center provides comprehensive services to address needs of the patient population. It achieves this by understanding the social risk factors and social needs in the community and by collaborating with diverse partners to address key drivers of poor health and improve health equity.
Population health dashboards	Data visualization tools that provide a comprehensive overview of the health status, outcomes, and trends of a specific population or community.
Quality assurance	Identifying problems or issues with care delivery and designing quality improvement activities to overcome them. Also includes follow-up monitoring to make sure the activities did what they were supposed to.
Quality improvement	Continuous efforts guided by data to improve the quality and safety of healthcare delivery (e.g., improved care coordination among departments, decreased medication errors, etc.).

Revenue Cycle Management	The financial management of healthcare services to optimize revenue and ensure financial sustainability. Includes processes of patient registration, insurance verification, claims processing and payment collection.
Risk management	The identification, evaluation, and prioritization of risks, including processes, equipment and workflows.
Risk stratification	The process of categorizing people or populations into different risk groups, based on their likelihood of experiencing certain health outcomes or events.
Risk-based contracting	A payment arrangement where a provider assumes financial responsibility for the cost and quality of care delivered to a defined population of patients. This is often in exchange for a fixed payment or a share of savings generated.
Rolling budgets/Continuous budgets	Financial planning and management tools that continuously update and extend the budgeting plan, based on changing circumstances and performance. They do this by adding a new budget period as the current period expires, allowing for ongoing forecasting, monitoring, and adjustment of financial plans.
Social drivers of health	Nonmedical factors that influence health outcomes (i.e., conditions in which people are born, live, learn, work, etc.).
Somatic EHR	An Electronic Health Record (EHR) that unifies the various parts of the body and mind that are receiving care.
T/TA	Providing education, support, and expert guidance to organizations or individuals to improve their skills, knowledge, and capacity to achieve specific goals or improve performance.
Trauma-informed care	Recognizes and responds to the widespread impact of trauma on people's physical, psychological, and emotional well-being. It acknowledges that many people have experienced acute or long-term trauma that can affect their health and healthcare experiences. This includes physical abuse, sexual assault, systemic racism and other forms of oppression, and natural disasters or other adverse events.
UDS+	De-identified patient-level data submitted with the core Uniform Data System (UDS) data set.
Uniform Data System (UDS)	Required information reported to the Bureau of Primary Health Care by health centers annually. Includes data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues.
Value-based payment	Linking provider payments to improved performance by health care providers. (As opposed to payment per visit or service.)
Value-based payment environments	Healthcare payment models that reimburse providers based on the quality, efficiency, and outcomes of care delivered to patients, rather than only on the volume or intensity of services provided. Examples of value-based payment models include accountable care organizations (ACOs), bundled payments, and pay-for-performance programs.
Virtual service engagement	Services that are conducted remotely or online, using digital platforms, technologies, or communication tools. E.g. telehealth, video visits.
Wraparound services	Comprehensive, coordinated care and support services designed to address the holistic needs of individuals or families, integrating various resources such as healthcare, education, and social services.

Palabra	Definición
Acreditación	Proceso mediante el cual un grupo oficial verifica que una organización o programa cumpla determinadas normas de calidad y le otorga su aprobación.
Cultura libre de culpas	Entorno organizativo en el que se anima a las personas a compartir abiertamente información sobre errores, fallos o cuasi fallos sin temor a ser castigadas. El objetivo es aprender de los incidentes y mejorar los procesos en lugar de culpar a los demás.
Expansión de capital	Aumento de la capacidad de una organización mediante la inversión en nuevos activos, instalaciones o infraestructuras para apoyar el crecimiento y el desarrollo.
Financiación de capital	Obtención de recursos financieros para invertir en activos o proyectos a largo plazo para apoyar el crecimiento y desarrollo de una organización. (Por ejemplo, edificios, equipos o infraestructuras).
Planificación de capital	El proceso de invertir dinero estratégicamente en activos o proyectos a largo plazo para apoyar las metas, los objetivos y la sostenibilidad de una organización.
Pago capitado	Un acuerdo de pago por el que los proveedores de atención médica obtienen un pago fijo por paciente y período (por ejemplo, mensual o anual) de un pagador, independientemente del tipo o el número de servicios prestados.
Modelo avanzado de mejora de la atención (BPCI Advanced)	Programa de pago basado en el valor implementado por los Centros de Servicios de Medicare y Medicaid (CMS). Incentiva a los proveedores de atención médica a mejorar la coordinación, la calidad y la eficiencia de la atención a los beneficiarios de Medicare que reciben determinados tipos de atención.
Centros de Servicios de Medicare y Medicaid (CMS)	Agencia federal del Departamento de Salud y Servicios Humanos de EE. UU. que administra los principales programas de salud del país, como Medicare, Medicaid y el Programa de Seguro Médico Infantil (CHIP).
Gestión de cambios	Enfoque estructurado de la planificación y aplicación de cambios organizativos.
(Liderazgo) orientado a la comunidad	La práctica de incorporar diversas perspectivas y valores culturales en los procesos de toma de decisiones y en la cultura organizativa para fomentar la inclusión, la equidad y la eficacia.
Acreditación y concesión de privilegios	Procesos utilizados para garantizar que los profesionales de la salud posean las cualificaciones, habilidades y competencias necesarias para prestar una atención segura y de alta calidad a los pacientes.
Seguridad cultural	Las prácticas culturalmente seguras incluyen acciones que reconocen y respetan las identidades culturales de los demás, y satisfacen de manera segura sus necesidades, expectativas y derechos.
Prácticas de seguridad cultural	Prácticas que crean un entorno en el que las personas de diversos orígenes culturales se sienten respetadas, comprendidas y valoradas; y en el que se reconocen y respetan su identidad cultural, sus creencias y sus prácticas.
Culturalmente receptivo	Adaptarse y respetar los distintos orígenes culturales, creencias y prácticas para implicar y apoyar eficazmente a las personas o comunidades.
Marco de gobernanza de datos	Conjunto estructurado de políticas y procedimientos que rigen la forma en que una organización recopila, gestiona, almacena, utiliza y comparte los datos.

Alfabetización de datos	Capacidad de comprender, interpretar y utilizar eficazmente los datos y la información para tomar decisiones informadas y resolver problemas.
Acuerdo de uso de datos	Contrato jurídicamente vinculante entre dos partes que establece los términos y condiciones para el uso y el intercambio de datos.
Visualizaciones de datos	Representaciones gráficas de datos e información, como tablas, gráficos, mapas y paneles.
Sistemas de apoyo a la toma de decisiones	Herramientas informáticas o aplicaciones de software que ayudan a las personas u organizaciones a tomar decisiones informadas.
Alfabetización digital	La capacidad de utilizar herramientas y tecnologías para navegar, comprender e interactuar con el mundo digital.
Diversidad, equidad, inclusión, accesibilidad y prácticas de pertenencia	Conjunto de esfuerzos y políticas intencionados destinados a fomentar la representación diversa, las oportunidades equitativas, los entornos inclusivos, los servicios accesibles y el sentimiento de pertenencia de todas las personas de una organización o comunidad.
Materiales educativos	Resúmenes temáticos, videos cortos, etc.
Servicios de habilitación	Servicios no médicos que contribuyen a la atención al paciente. (Por ejemplo, gestores de casos, trabajadores de divulgación, trabajadores de transporte, intérpretes, trabajadores sanitarios comunitarios).
Perspectiva de equidad	Perspectiva que garantiza la justicia y la inclusión para todos. Se centra en identificar y abordar las disparidades y las barreras sistémicas que afectan a los grupos marginados.
Basadas en la evidencia	Utilización de información respaldada por la investigación para tomar decisiones o desarrollar prácticas de eficacia probada.
Adquisiciones federales	El proceso por el cual el gobierno adquiere bienes y servicios de fuentes externas, siguiendo reglamentos y procedimientos específicos para garantizar la equidad, la transparencia y la eficiencia.
Lista de tarifas	La HRSA exige que los centros de salud creen una lista de tarifas que cubra los costos operativos razonables y que se base en los costos reales y las tarifas locales.
Planificación de la resiliencia Financiera	Desarrollo de estrategias y medidas para prepararse y hacer frente a los retos, las perturbaciones y las incertidumbres financieras. Esto permite a las personas, organizaciones o comunidades adaptarse, recuperarse y prosperar cuando se enfrentan a adversidades económicas o acontecimientos inesperados.
N.º de subvención	Tres caracteres en el número de subvención identifican el tipo de subvención para el centro de salud individual, es decir, H80 = centro de salud, LAL = similar, UD7 y UK1 = programa BHW.
Granulares y desagregados	Datos desglosados a un nivel más específico, por ejemplo, por edad, sexo, raza/etnia, ubicación geográfica, estatus socioeconómico o características clínicas específicas. Esto puede revelar disparidades, variaciones y perspectivas que podrían no ser evidentes cuando se observan los datos en su conjunto.
Compromiso centrado en la curación	Enfoque de apoyo a las personas y las comunidades que se centra en promover la curación, la resiliencia y el bienestar frente al trauma, la adversidad y la opresión sistémica.

Equidad en la salud	Alcanzar el máximo nivel de salud para todas las personas, independientemente de su poder social, político o económico.
Intercambio de información de salud (HIE)	Sistema que permite el intercambio electrónico de información de salud entre profesionales de la salud, hospitales, clínicas, laboratorios, farmacias y otras entidades autorizadas. El objetivo es mejorar la calidad, seguridad, eficiencia y coordinación de la atención al paciente.
Tecnología de la información de salud (TI de salud)	La tecnología de la información de salud (TI de salud) implica el tratamiento, almacenamiento e intercambio de información de salud en un entorno electrónico.
Transformación de la atención sanitaria	El proceso de cambiar fundamentalmente la forma en que se presta, gestiona y experimenta la atención médica. Incluye diversas iniciativas, estrategias y tecnologías destinadas a mejorar la calidad, accesibilidad, asequibilidad y eficiencia de los servicios de atención médica.
HRSA/BPHC	Organización federal que proporciona financiación y apoyo a centros de salud y clínicas para garantizar el acceso a servicios de atención primaria de alta calidad y asequibles para poblaciones desatendidas y vulnerables.
Inequidades	Diferencias injustas en oportunidades, recursos, tratamiento o resultados experimentadas por individuos o grupos. Esto puede deberse a la discriminación basada en factores como la raza, el sexo, la situación socioeconómica, la orientación sexual y otros.
Equipos interdisciplinarios	Grupo de profesionales de la salud con diferentes áreas de especialización que trabajan juntos para conseguir los objetivos de sus clientes.
Interoperabilidad	Capacidad de diferentes sistemas de información para intercambiar, compartir y utilizar datos. El objetivo es integrar y coordinar la prestación de cuidados y la comunicación entre los distintos centros de salud y las partes interesadas.
Comisión conjunta	Organización independiente sin fines de lucro que acredita y certifica organizaciones y programas de atención médica en los Estados Unidos, garantizando que cumplan con estándares de desempeño específicos de calidad y seguridad.
Cultura justa	("Justo" significa equitativo). Un entorno en el que las personas se sientan capacitadas para asumir la responsabilidad de sus actos, aprender de los errores y contribuir a una organización más segura y confiable. Incluye la intersección de los factores humanos, el diseño de sistemas y la cultura organizativa para influir en el comportamiento y el rendimiento.
Plan de dominio limitado del inglés (LEP)	Estrategias y procedimientos para prestar servicios de asistencia lingüística a personas que no dominan el inglés.
Atención administrada	Sistema de prestación de atención médica que coordina y gestiona los servicios de salud a través de redes de proveedores. Se centra en la rentabilidad, la calidad de la atención y los resultados de los pacientes.
Poblaciones marginadas	Grupos y comunidades que sufren discriminación y exclusión debido a relaciones desiguales de poder social, político o económico.
Sistema de pago prospectivo (PPS) de Medicaid	Método de reembolso utilizado por Medicaid para predeterminar las tarifas de pago de los servicios. Se basa en factores como el diagnóstico, el procedimiento o las características del paciente, con el objetivo de controlar los costos y fomentar la eficiencia en la prestación de atención médica.

Programa de ahorro compartido de Medicare (MSSP)	Iniciativa de pago basada en el valor establecida por los Centros de Servicios de Medicare y Medicaid (CMS). Fomenta que las Organizaciones de Atención Responsable (ACO) mejoren la calidad de la atención y reduzcan los costos de salud para los beneficiarios de Medicare.
Son migratorios o móviles	Por ejemplo, personas que migran hacia y desde el territorio continental de EE. UU. para recibir servicios médicos, personas que migran dentro del territorio continental de EE. UU. para trabajar, etc.
Entrevistas motivacionales	Una forma de hablar con alguien para ayudarle a encontrar sus propias razones y motivaciones para hacer cambios positivos en su vida.
Multicultural	Cuando existen múltiples grupos culturales o perspectivas dentro de una sociedad, organización o comunidad.
Multilingüe	Comprender o hablar más de una lengua. También se aplica a los materiales escritos o basados en la web.
National Association of Community Health Centers (NACHC)	Organización sin fines de lucro que representa y defiende a los centros de salud comunitarios y a sus pacientes, promoviendo servicios sanitarios asequibles y de alta calidad para las poblaciones desatendidas de todo Estados Unidos.
Comité Nacional para el Control de Calidad (NCQA)	Organización sin fines de lucro que evalúa y acredita a las organizaciones de salud de Estados Unidos para garantizar el cumplimiento de las normas de calidad y desempeño.
Evaluación de las necesidades	Proceso utilizado para identificar y evaluar las necesidades de una población u organización con el fin de fundamentar la toma de decisiones.
Programa de crédito fiscal para nuevos mercados	Iniciativa federal que ofrece incentivos fiscales a los inversores que invierten en comunidades con bajos ingresos. El objetivo es estimular el desarrollo económico, crear puestos de trabajo y revitalizar las zonas desfavorecidas.
NTTAPS	Organizaciones que proporcionan apoyo especializado, recursos y orientación a los centros de salud para mejorar su eficiencia operativa, la calidad clínica y el desempeño general en el servicio a las comunidades.
Programa de seguridad del paciente	Conjunto completo de iniciativas, protocolos y prácticas para prevenir y reducir los errores médicos, los eventos adversos y los daños a los pacientes.
Enfoques centrados en el paciente	Dar prioridad a las preferencias, necesidades, valores y objetivos de cada paciente en la toma de decisiones y la prestación de atención médica. Estos enfoques garantizan que la atención sea respetuosa, receptiva y adaptada a las circunstancias y preferencias únicas de cada paciente.
Hogar médico centrado en el paciente	Modelo de atención primaria que hace hincapié en la atención integral, coordinada y centrada en el paciente.
Datos generados por los pacientes	Información relacionada con la salud que registran, recopilan o comunican los propios pacientes.
Reforma de los pagos y la prestación de servicios	Esfuerzos para reestructurar la financiación (pago) y la prestación de los servicios de salud (prestación de servicios). El objetivo es mejorar la calidad, la eficiencia y los resultados, controlando al mismo tiempo los costos.
PCA	Organizaciones que representan y apoyan a los centros de salud comunitarios dentro de un estado o región, defendiendo sus necesidades y proporcionando formación, asistencia técnica y recursos para mejorar sus servicios.

Especialistas en apoyo entre pares	Personas que han vivido la experiencia de padecer enfermedades mentales, consumo de sustancias u otros problemas relacionados con la salud. Proporcionan apoyo, orientación y ánimo a otras personas que están pasando por experiencias similares.
Salud de la población y los impulsores sociales de la salud (SDOH)	Dominio parte del Marco de excelencia del centro de salud avanzado de BPHC. El centro de salud proporciona servicios integrales para abordar las necesidades de la población de pacientes. Para ello, entiende los factores de riesgo social y las necesidades sociales de la comunidad, y colabora con diversos socios para abordar los principales factores de mala salud y mejorar la equidad en la salud.
Paneles de salud de la población	Herramientas de visualización de datos que ofrecen una visión global del estado de salud, los resultados y las tendencias de una población o comunidad específica.
Control de calidad	Identificación de problemas o cuestiones en la prestación de la atención y diseño de actividades de mejora de la calidad para superarlos. También incluye el seguimiento para asegurarse de que las actividades han cumplido su cometido.
Mejora de la calidad	Esfuerzos continuos guiados por los datos para mejorar la calidad y la seguridad de la prestación de atención médica (por ejemplo, mejora de la coordinación asistencial entre departamentos, disminución de los errores de medicación, etc.).
Gestión del ciclo de ingresos	La gestión financiera de los servicios de salud para optimizar los ingresos y garantizar la sostenibilidad financiera. Incluye los procesos de registro de pacientes, verificación de seguros, tramitación de reclamaciones y cobro de pagos.
Gestión de riesgos	La identificación, evaluación y priorización de riesgos, incluidos procesos, equipos y flujos de trabajo.
Estratificación del riesgo	Proceso de categorización de personas o poblaciones en diferentes grupos de riesgo, en función de su probabilidad de experimentar determinados resultados o eventos de salud.
Contratación basada en el riesgo	Acuerdo de pago por el que un proveedor asume la responsabilidad financiera del costo y la calidad de la atención prestada a una población definida de pacientes. Suele hacerse a cambio de un pago fijo o de una parte del ahorro generado.
Presupuestos renovables/Presupuestos continuos	Herramientas de planificación y gestión financiera que actualizan y amplían continuamente el plan presupuestario en función de la evolución de las circunstancias y los resultados. Para ello, añaden un nuevo período presupuestario a medida que expira el período actual, lo que permite la previsión, el seguimiento y el ajuste continuos de los planes financieros.
Impulsores sociales de la salud	Factores no médicos que influyen en los resultados de la salud (es decir, las condiciones en que las personas nacen, viven, aprenden, trabajan, etc.).
EHR somática	Historia clínica electrónica (EHR) que unifica las distintas partes del cuerpo y la mente que reciben atención.
T/TA	Proporciona educación, apoyo y orientación experta a organizaciones o individuos para mejorar sus habilidades, conocimientos y capacidad para alcanzar objetivos específicos o mejorar el rendimiento.
Atención informada del trauma	Reconoce y responde al impacto generalizado del trauma en el bienestar físico, psicológico y emocional de las personas. Reconoce que muchas personas han sufrido traumas agudos o de larga duración que pueden afectar su salud y sus

	experiencias de la salud. Esto incluye el abuso físico, la agresión sexual, el racismo sistémico y otras formas de opresión, y los desastres naturales u otros eventos adversos.
UDS+	Datos no identificados a nivel de paciente presentados con el conjunto de datos básicos del Sistema Uniforme de Datos (UDS).
Sistema Uniforme de Datos (UDS)	Información obligatoria que los centros de salud comunican anualmente a la Oficina de Atención Primaria de Salud. Incluye datos sobre las características de los pacientes, los servicios prestados, los procesos clínicos y los resultados de salud, el uso de los servicios por parte de los pacientes, la dotación de personal, los costos y los ingresos.
Pago basado en valores	Vinculación de los pagos a proveedores con la mejora del desempeño de los proveedores de atención médica. (En contraposición al pago por visita o servicio).
Entornos de pago basado en valores	Modelos de pago de atención médica que reembolsan a los proveedores en función de la calidad, la eficiencia y los resultados de la atención prestada a los pacientes, en lugar de basarse únicamente en el volumen o la intensidad de los servicios prestados. Algunos ejemplos de modelos de pago basado en valores son las organizaciones de atención responsable (ACO), los pagos agrupados y los programas de pago por desempeño.
Participación en servicios virtuales	Servicios que se prestan a distancia o en línea, utilizando plataformas digitales, tecnologías o herramientas de comunicación. Por ejemplo, telesalud, visitas por video.
Servicios integrales	Servicios integrales y coordinados de atención y apoyo, diseñados para abordar las necesidades holísticas de las personas o las familias, integrando diversos recursos como la atención médica, la educación y los servicios sociales.

Appendix 5: Evaluation Questions

#	Evaluation Questions
1	What was the response rate from health centers by state?
2	What were the demographic characteristics of respondents?
3	What were the UDS characteristics of health centers?
4	What are the top priority T/TA domains?
5	How did T/TA needs differ across health center characteristics?
6	How did T/TA needs differ across health center roles?
7	What are the most pressing T/TA needs in Governance and Management?
8	What are the most pressing T/TA needs in Population Health and Social Drivers of Health (SDOH)?
9	What are the most pressing T/TA needs in Helping Patients Access and Pay for Healthcare and Social Support?
10	What are the most pressing T/TA needs in Quality, Patient Care, and Safety?
11	What are the most pressing T/TA needs in Patient Experience?
12	What are the most pressing T/TA needs in Workforce Experience, Development, and Wellbeing?
13	What are the most pressing T/TA needs in Finance?
14	What are the most pressing T/TA needs in Emergency Preparedness?
15	What are the most pressing T/TA needs in Technology?
16	What T/TA is needed around specific health topics or clinical issues?
17	What other T/TA is needed?
18	What is the average maturity level of health centers across domains?
19	What modalities do health centers prefer to receive T/TA?
20	What sources have been used by health centers to access T/TA in the past year?
21	What are the reasons why health centers have not accessed T/TA in the past year?
22	What are the top T/TA needs that health centers have a difficult time accessing?
23	Which T/TA domains are most important in helping health centers achieve their 5-year vision?

Appendix 6: Number and Rate of Health Center (HC) Responses Overall and by State or U.S. Territory

State or Territory	Number of HC Grantees	Number of LALs	Total Number of HC Program Grantees, 2024	Number of Individual Responses	Number of Unique HC Responses (HC Grantee + LAL)	Rate Response (percent of unique HC responses)

Number and Rate of Health Center (HC) Responses Overall and by State or U.S. Territory

Note: The "Number of Individual Responses" represents all assessments that were submitted and that responded to at least one T/TA need domain. The "Number of Unique HC Responses" includes the total number of health centers that were specified in a complete assessment response. Respondents were not required to name their health center, but they were required to identify their state, so there may be some states represented in the individual responses that are not represented in the health center responses.

State or Territory	Number of HC Grantees	Number of LALs	Total Number of HC Program Grantees, 2024	Number of Individual Responses	Number of Unique HC Responses (HC Grantee + LAL)	Rate Response (percent of unique HC responses)
Overall	*1363*	*133*	*1496*	*1264*	*459*	**30.7%**
Alabama	*17*	*2*	*19*	5	3	15.8%
Alaska	*27*	*2*	*29*	5	4	13.8%
American Samoa	*1*	*0*	*1*	5	1	100.0%
Arizona	*23*	*1*	*24*	27	7	29.2%
Arkansas	*12*	*0*	*12*	8	4	33.3%
California	*172*	*37*	*209*	68	46	22.0%
Colorado	*19*	*1*	*20*	17	9	45.0%
Connecticut	*16*	*1*	*17*	9	5	29.4%
Delaware	*3*	*0*	*3*	3	2	66.7%
District of Columbia	*8*	*1*	*9*	12	6	66.7%
Federated States of Micronesia	*4*	*0*	*4*	12	3	75.0%
Florida	*47*	*7*	*54*	143	11	20.4%
Georgia	*35*	*1*	*36*	15	10	27.8%
Guam	*1*	*0*	*1*	13	1	100.0%
Hawaii	*13*	*1*	*14*	11	6	42.9%
Idaho	*14*	*0*	*14*	3	3	21.4%
Illinois	*45*	*5*	*50*	39	25	50.0%
Indiana	*27*	*12*	*39*	10	9	23.1%
Iowa	*14*	*0*	*14*	13	5	35.7%
Kansas	*19*	*2*	*21*	14	12	57.1%
Kentucky	*25*	*3*	*28*	5	3	10.7%
Louisiana	*36*	*5*	*41*	78	11	26.8%
Maine	*18*	*1*	*19*	7	6	31.6%
Marshall Islands	*1*	*0*	*1*	3	1	100.0%
Maryland	*17*	*0*	*17*	13	8	47.1%
Massachusetts	*37*	*0*	*37*	41	13	35.1%
Michigan	*39*	*1*	*40*	21	16	40.0%
Minnesota	*16*	*1*	*17*	6	6	35.3%

Mississippi	20	1	21	4	2	9.5%
Missouri	27	2	29	12	10	34.5%
Montana	14	1	15	5	4	26.7%
Nebraska	7	0	7	15	7	100.0%
Nevada	7	0	7	5	2	28.6%
New Hampshire	9	1	10	14	5	50.0%
New Jersey	23	1	24	5	5	20.8%
New Mexico	16	3	19	7	4	21.1%
New York	63	8	71	77	20	28.2%
North Carolina	38	5	43	33	17	39.5%
North Dakota	4	0	4	1	1	25.0%
Northern Mariana Islands	1	0	1	6	1	100.0%
Ohio	51	7	58	47	21	36.2%
Oklahoma	21	0	21	5	5	23.8%
Oregon	30	2	32	27	14	43.8%
Pennsylvania	42	8	50	164	21	42.0%
Puerto Rico	21	0	21	68	13	61.9%
Republic of Palau	1	0	1	8	1	100.0%
Rhode Island	8	0	8	12	4	50.0%
South Carolina	23	1	24	28	7	29.2%
South Dakota	4	0	4	4	3	75.0%
Tennessee	29	1	30	8	7	23.3%
Texas	71	2	73	32	13	17.8%
US Virgin Islands	2	0	2	0	0	0.0%
Utah	12	0	12	1	0	0.0%
Vermont	11	0	11	3	3	27.3%
Virginia	26	1	27	29	8	29.6%
Washington	27	0	27	13	8	29.6%
West Virginia	28	3	31	8	7	22.6%
Wisconsin	16	2	18	12	8	44.4%
Wyoming	5	0	5	5	2	40.0%

Appendix 7: Demographic Characteristics of Respondents

Demographic Characteristics of Respondents		
Note: Percentages are based on the total N for each characteristic, which varies due to missing responses. Additionally, for questions that allowed respondents to "Select all that apply," percentages may sum to more than 100%, as respondents could select multiple options.		
Characteristic	**n**	**%**
Age (n=1,259)		
Under 21	8	0.6
21-24	20	1.6
25-34	156	12.4
35-44	328	26.1
45-54	325	25.8
55-64	299	23.7
65-74	95	7.5
75+	8	0.6
Prefer not to answer	20	1.6
Gender (Select all that apply) (n=1,258)		
Woman	1003	79.7
Man	229	18.2
Trans Man/Transman	<5	-
Trans Woman/Transwoman	<5	-
Nonbinary	8	0.6
Agender	<5	-
Genderqueer	<5	-
Other	<5	-
Prefer not to answer	16	1.3
Race/Ethnicity (Select all that apply) (n=1,245)		
White or European	805	64.7
Black or African American	160	12.9
Native American, Alaska Native, or Indigenous	23	1.8
Asian	62	5.0
Native Hawaiian or Pacific Islander	35	2.8
Middle Eastern or North African	7	0.6
Hispanic or Latino/a/é	214	17.2
Identity		
White or European (Select all that apply) (n=805)		
White	755	93.8
European	15	1.9
Balkan	<5	-
Dutch	<5	-
English	14	1.7
French	6	0.7
German	17	2.1
Greek	6	0.7

Irish	35	4.3
Italian	23	2.9
Lithuanian	<5	-
Polish	14	1.7
Russian	5	0.6
Scandinavian	<5	-
Scottish	13	1.6
Slavic	7	0.9
Other:	20	2.5
Black or African American (Select all that apply) (n=160)		
Black	119	74.4
African American	68	42.5
Barbadian	<5	-
Belizean	0	0.0
Cameroonian	0	0.0
Eritrean	0	0.0
Ethiopian	0	0.0
Ghanaian	<5	-
Haitian	5	3.1
Jamaican	5	3.1
Kenyan	<5	-
Liberian	0	0.0
Nigerian	<5	-
Somalian	<5	-
South African	<5	-
Sudanese	0	0.0
Other:	<5	-
Native American, Alaska Native, or Indigenous (Select all that apply) (n=23)		
Native American	13	56.5
Alaska Native	0	0.0
Indigenous	<5	-
Apache	0	0.0
Athabascan	0	0.0
Chinook	0	0.0
Choctaw	0	0.0
Chickasaw	0	0.0
Cherokee	<5	-
Creek	0	0.0
Hopi	0	0.0
Iroquois	0	0.0
Navajo	<5	-
Sioux	0	0.0
Wichita	0	0.0
Yakima	0	0.0
Other:	<5	-

Asian (Select all that apply) (n=62)		
Bangladeshi	0	0.0
Burmese	<5	-
Cambodian	<5	-
Chinese	5	8.1
Filipino	20	32.3
Hmong	0	0.0
Indian	10	16.1
Indonesian	<5	-
Japanese	6	9.7
Korean	5	8.1
Laotian	0	0.0
Pakistani	<5	-
Thai	0	0.0
Vietnamese	5	8.1
Other:	6	9.7
Native Hawaiian or Pacific Islander (Select all that apply) (n=35)		
Native Hawaiian	<5	-
Pacific Islander	6	17.1
Chuukese	0	0.0
Chamorro	8	22.9
Fijian	<5	-
French Polynesian	0	0.0
Kosraean	7	20.0
Guamanian	0	0.0
Marianan	0	0.0
Marshallese	<5	-
Palauan	7	20.0
Papua New Guinean	0	0.0
Pohnpeian	<5	-
Samoan	<5	-
Tongan	0	0.0
Yap	<5	-
Other:	<5	-
Middle Eastern or North African (Select all that apply) (n=7)		
Egyptian	<5	-
Emirati	<5	-
Iraqi	0	0.0
Iranian	0	0.0
Jordanian	<5	-
Kurdish	0	0.0
Kuwaiti	0	0.0
Lebanese	0	0.0
Libyan	0	0.0
Palestinian	0	0.0

Saudi	0	0.0
Syrian	0	0.0
Yemeni	0	0.0
Other:	0	0.0
Hispanic or Latino/a/é (Select all that apply) (n=214)		
Hispanic	109	50.9
Latino/a/é	54	25.2
Argentinian	<5	-
Brazilian	<5	-
Chilean	<5	-
Colombian	<5	-
Cuban	<5	-
Dominican	10	4.7
Ecuadorian	<5	-
French Guianese	0	0.0
Guatemalan	<5	-
Haitian	0	0.0
Honduran	<5	-
Indigenous Mexican American	0	0.0
Mexican or Chicano/a	32	15.0
Nicaraguan	<5	-
Peruvian	0	0.0
Puerto Rican	79	36.9
Salvadorian	<5	-
Venezuelan	<5	-
Other Indigenous Central American:	<5	-
Other Indigenous South American:	<5	-
Other:	<5	-
Language Used to Take Assessment (n=1,264)		
English	1199	94.9
Spanish	65	5.1
Has a Preferred Language for Receiving T/TA other than English (n=1,254)		
Yes	70	5.6
No	1184	94.4
Preferred Language for Receiving T/TA (n=68)		
American Sign Language	0	0.0
Arabic	0	0.0
Cantonese	0	0.0
Farsi	0	0.0
French	0	0.0
German	0	0.0
Haitian Creole	0	0.0
Hindi	0	0.0
Korean	0	0.0
Mandarin	0	0.0

Portuguese	<5	-
Russian	<5	-
Somali	0	0.0
Spanish	59	86.8
Swahili	0	0.0
Tagalog	<5	-
Urdu	0	0.0
Vietnamese	<5	-
Other Sign Language (please specify)	<5	-
Other language (please specify)	<5	-
Organizational Tenure (n=1,256)		
Less than 1 year	124	9.87
1-3 years	321	25.56
4-6 years	230	18.31
7-9 years	179	14.25
10+ years	402	32.01
Role (n=1,255)		
CEO	169	13.5
C-Suite (non-CEO) or Health Center Leadership	261	20.8
Management and Support	163	13.0
Medical Care	176	14.0
Dental Services	70	5.6
Mental Health Services	50	4.0
Substance Use Disorder Services	9	0.7
Other Professional	101	8.0
Vision Services	<5	-
Pharmacy services	29	2.3
Enabling Services	13	1.0
Other Programs	25	2.0
Quality Improvement	54	4.3
Fiscal and Billing	37	2.9
Information Technology	22	1.8
Facilities	7	0.6
Patient Support Services	68	5.4
Role (n=1,255)		
Executive Leadership	430	34.3
Front Line and Operations Staff	825	65.7
Role (n=825)		
Clinical	335	40.6
Non-Clinical	490	59.4

Appendix 8: UDS Characteristics of Responding vs. Non-Responding Health Center (HC) Grantees and Look-Alike Health Centers (LALs)

UDS Characteristics of Responding vs. Non-Responding Health Centers (HC Grantees) and Look-Alike Health Centers (LALs)				
Note: Small health centers serve 10,000 or fewer patients; mid-size health centers serve 10,000–25,000; large health centers serve more than 25,000. Older adults are defined as patients aged 65 and above, and school-aged patients are those aged 5–17. For groups specified under "Other health center populations" and "Race/ethnicity patient populations", health centers were classified based on the median (the middle value) and the 1.5 interquartile range (IQR) rule, which helps measure the spread of the data. Health centers with values greater than the upper threshold (Q3 + 1.5 * IQR) were categorized as having a higher proportion.				
	Responding HC Grantees + LALs		Non-Responding HC Grantees + LALs	
	n	%	n	%
Overall Response Rate (N= 1,496 - UDS 2023)	**459**	**30.7**	**1037**	**69.3**
HC Grantees vs. LAL				
HC Grantees	426	92.8	937	90.4
LAL	33	7.2	100	9.6
Health center organization size				
Small	157	34.2	436	42.0
Mid-size	156	34.0	364	35.1
Large	146	31.8	237	22.9
Location				
Rural	176	38.3	419	40.4
Urban	283	61.7	618	59.6
Special populations				
Migrant and seasonal agricultural workers				
Receive HRSA-specific Migrant Health Center funding	74	16.1	99	9.5
Do not receive Migrant Health Center funding, but serve 5% or more migrant and seasonal farmworkers	6	1.3	26	2.5
Total (Both)	80	17.4	125	12.1
Patients experiencing homelessness				
Receive HRSA-specific Health Care for the Homeless funding	105	22.9	193	18.6
Do not receive Health Care for the Homeless funding, but serve 5% or more patients experiencing homelessness	57	12.4	107	10.3
Total (Both)	162	35.3	300	28.9
Public housing site				
Receive HRSA-specific Public Housing Primary Care funding	40	8.7	67	6.5
Do not receive Public Housing Primary Care funding, but serve 5% or more patients seen at a service delivery site located in or immediately accessible to public housing	115	25.1	238	23.0
Total (Both)	155	33.8	305	29.4

Other health center populations				
Older adults				
Higher proportion	37	8.1	52	5.0
Lower proportion	422	91.9	983	95.0
School-aged patients				
Higher proportion	35	7.7	46	4.6
Lower proportion	417	92.3	951	95.4
Transgender or other gender identity patients				
Higher proportion	64	17.7	77	10.3
Lower proportion	298	82.3	670	89.7
Lesbian, gay, bisexual, other sexual orientation patients				
Higher proportion	34	7.6	51	5.2
Lower proportion	416	92.4	939	94.8
Race/ethnicity patient populations				
Asian American, Native Hawaiian, and Other Pacific Islander patients				
Higher proportion	77	18.2	103	10.6
Lower proportion	346	81.8	865	89.4
Black/African American patients				
Higher proportion	32	7.1	75	7.6
Lower proportion	417	92.9	918	92.4
American Indian/Alaska Native patients				
Higher proportion	54	13.6	124	14.8
Lower proportion	342	86.4	714	85.2
White patients				
Higher proportion	33	7.2	46	4.4
Lower proportion	424	92.8	989	95.6
Patients with more than one race				
Higher proportion	45	11.0	50	5.4
Lower proportion	365	89.0	881	94.6
Hispanic, Latino/a, or patients of Spanish Origin				
Higher proportion	60	13.2	83	8.1
Lower proportion	394	86.8	944	91.9

Appendix 9: Top T/TA Needs by Domain

Number and Percent of CEOs that Reported 'Yes' to Governance and Management T/TA Domain (N=169)		
Note: The Governance and Management T/TA domain questions were only available to respondents who selected CEO as their health center role.		
	n	%
Governance and Management	104	61.5

Number and Percent of Individuals that Reported 'Yes' to a T/TA Domain (N=1,264)		
	n	%
Population Health and Social Drivers of Health (SDOH)	743	58.8
Helping Patients Access and Pay for Healthcare and Social Supports	686	54.3
Quality, Patient Care, and Safety	749	59.3
Patient Experience	650	51.4
Workforce Experience, Development, and Wellbeing	812	64.2
Finance	605	47.9
Emergency Preparedness	508	40.2
Technology	610	48.3

Number and Percent of Unique Health Centers that Reported 'Yes' to a T/TA Domain (N=459)		
	n	%
Population Health and Social Drivers of Health (SDOH)	351	76.5
Helping Patients Access and Pay for Healthcare and Social Supports	308	67.1
Quality, Patient Care, and Safety	351	76.5
Patient Experience	302	65.8
Workforce Experience, Development, and Wellbeing	378	82.4
Finance	316	68.8
Emergency Preparedness	246	53.6
Technology	306	66.7

Appendix 10: Number and Percent of Unique Health Centers that Reported 'Yes' to a T/TA Domain, by UDS Characteristic

Number and Percent of Unique Health Centers that Reported 'Yes' to a T/TA Domain, by UDS Characteristic																
*Note: Small health centers serve 10,000 or fewer patients; mid-size health centers serve 10,000–25,000; large health centers serve more than 25,000. Older adults are defined as patients aged 65 and above, and school-aged patients are those aged 5–17. For groups specified under "Other health center populations" and "Race/ethnicity patient populations," health centers were classified based on the median (the middle value) and the 1.5 interquartile range (IQR) rule, which helps measure the spread of the data. Health centers with values greater than the upper threshold (Q3 + 1.5 * IQR) were categorized as having a higher proportion.*																
	Population Health		Access/ Afford- ability		QPCS		Patient Experience		Workforce		Finance		Emergency Prepared- ness		Technology	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Health Center Organization Size																
Small (N=157)	120	76.4	111	70.7	122	77.7	107	68.2	133	84.7	117	74.5	88	56.1	108	68.8
Mid-size (N=156)	122	78.2	102	65.4	116	74.4	97	62.2	120	76.9	101	64.7	74	47.4	105	67.3
Large (N=146)	109	74.7	95	65.1	113	77.4	98	67.1	125	85.6	98	67.1	84	57.5	93	63.7
Location																
Rural (N=176)	127	72.2	116	65.9	137	77.8	111	63.1	146	83.0	127	72.2	99	56.3	121	68.8
Urban (N=283)	224	79.2	192	67.8	214	75.6	191	67.5	232	82.0	189	66.8	147	51.9	185	65.4
Special Populations																
Migrant and seasonal agricultural workers																
Receive HRSA-specific Migrant Health Center funding (N=74)	56	75.7	45	60.8	56	75.7	53	71.6	62	83.8	49	66.2	40	54.1	49	66.2
Do not receive Migrant Health Center funding, but serve 5% or more migrant and seasonal farmworkers (N=6)	4	66.7	4	66.7	4	66.7	4	66.7	4	66.7	4	66.7	3	50.0	4	66.7
Total (Both) (N=80)	60	75.0	49	61.3	60	75.0	57	71.3	66	82.5	53	66.3	43	53.8	53	66.3
Patients experiencing homelessness																
Receive HRSA-specific Health Care for the Homeless funding (N=105)	83	79.0	70	66.7	76	72.4	75	71.4	88	83.8	69	65.7	62	59.0	67	63.8
Do not receive Health Care for the Homeless funding, but serve 5% or more patients experiencing homelessness (N=57)	42	73.7	35	61.4	42	73.7	33	57.9	44	77.2	37	64.9	25	43.9	38	66.7
Total (Both) (N=162)	125	77.2	105	64.8	118	72.8	108	66.7	132	81.5	106	65.4	87	53.7	105	64.8
Public housing site																
Receive HRSA-specific Public Housing Primary Care funding (N=40)	34	85.0	29	72.5	31	77.5	30	75.0	35	87.5	23	57.5	24	60.0	28	70.0

Do not receive Public Housing Primary Care funding, but serve 5%or more patients seen at a service delivery site located in or immediately accessible to public housing (N=115)	87	75.7	75	65.2	93	80.9	78	67.8	96	83.5	92	80.0	69	60.0	78	67.8
Total (Both) (N=155)	121	78.1	104	67.1	124	80.0	108	69.7	131	84.5	115	74.2	93	60.0	106	68.4
Other Health Center Populations																
Older adults																
Higher proportion (N=37)	29	78.4	23	62.2	30	81.1	23	62.2	32	86.5	23	62.2	20	54.1	23	62.2
Lower proportion (N=422)	322	76.3	285	67.5	321	76.1	279	66.1	346	82.0	293	69.4	226	53.6	283	67.1
School-aged patients																
Higher proportion (N=35)	29	82.9	23	65.7	28	80.0	24	68.6	31	88.6	24	68.6	22	62.9	23	65.7
Lower proportion (N=417)	316	75.8	281	67.4	319	76.5	275	65.9	342	82.0	286	68.6	221	53.0	278	66.7
Transgender or other gender identity patients																
Higher proportion (N=64)	50	78.1	35	54.7	52	81.3	41	64.1	57	89.1	37	57.8	36	56.3	38	59.4
Lower proportion (N=298)	232	77.9	205	68.8	225	75.5	198	66.4	246	82.6	212	71.1	157	52.7	204	68.5
Lesbian, gay, bisexual, other sexual orientation patients																
Higher proportion (N=34)	25	73.5	18	52.9	27	79.4	19	55.9	28	82.4	18	52.9	16	47.1	17	50.0
Lower proportion (N=416)	317	76.2	283	68.0	317	76.2	276	66.3	343	82.5	291	70.0	226	54.3	283	68.0
Race/ethnicity patient populations Asian American, Native Hawaiian, and Other Pacific Islander patients																
Higher proportion (N=77)	61	79.2	52	67.5	59	76.6	51	66.2	63	81.8	49	63.6	45	58.4	52	67.5
Lower proportion (N=346)	259	74.9	229	66.2	263	76.0	224	64.7	287	82.9	238	68.8	177	51.2	231	66.8
Black/African American patients																
Higher proportion (N=32)	28	87.5	23	71.9	26	81.3	21	65.6	31	96.9	20	62.5	17	53.1	19	59.4
Lower proportion (N=417)	316	75.8	278	66.7	318	76.3	273	65.5	340	81.5	288	69.1	224	53.7	281	67.4
American Indian/Alaska Native patients																
Higher proportion (N=54)	40	74.1	30	55.6	41	75.9	31	57.4	45	83.3	31	57.4	29	53.7	31	57.4
Lower proportion (N=342)	260	76.0	227	66.4	256	74.9	227	66.4	279	81.6	236	69.0	180	52.6	233	68.1
White patients																
Higher proportion (N=33)	27	81.8	20	60.6	25	75.8	20	60.6	29	87.9	22	66.7	18	54.5	21	63.6
Lower proportion (N=424)	322	75.9	286	67.5	324	76.4	280	66.0	347	81.8	292	68.9	226	53.3	283	66.7
Patients with more than one race																
Higher proportion (N=45)	37	82.2	31	68.9	33	73.3	34	75.6	37	82.2	28	62.2	26	57.8	30	66.7
Lower proportion (N=365)	273	74.8	235	64.4	276	75.6	234	64.1	301	82.5	250	68.5	188	51.5	242	66.3
Hispanic, Latino/a, or patients of Spanish Origin																
Higher proportion (N=60)	44	73.3	36	60.0	46	76.7	39	65.0	49	81.7	39	65.0	31	51.7	38	63.3
Lower proportion (N=394)	303	76.9	269	68.3	301	76.4	260	66.0	325	82.5	273	69.3	211	53.6	264	67.0

Number and Percent of Individuals that Reported 'Yes' to a T/TA Domain, by Health Center Role																

Notes: The percentages for each T/TA domain are based on the number of responses for each specific role. "Executive Leadership" includes CEO and C-Suite (non-CEO) or Health Center Leadership job types.
"Front Line and Operations Staff" includes Management and Support, Medical Care, Dental Services, Mental Health Services, Substance Use Disorder Services, Other Professional, Vision Services, Pharmacy services, Enabling Services, Other Programs, Quality Improvement, Fiscal and Billing, Information Technology, Facilities, and Patient Support Services.
"Clinical" includes Medical Care, Dental Services, Mental Health Services, Substance Use Disorder Services, Vision Services, and Pharmacy services.
"Non-Clinical" includes Management and Support, Other Professional, Enabling Services, Other Programs, Quality Improvement, Fiscal and Billing, Information Technology, Facilities, and Patient Support Services.

	Population Health		Access/ Afford-ability		QPCS		Patient Experience		Workforce		Finance		Emergency Prepared-ness		Technology	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
C-Suite vs. Front Line and Operations Staff																
Executive Leadership (N=430)	300	69.8	247	57.4	300	69.8	269	62.6	346	80.5	282	65.6	194	45.1	261	60.7
Front Line and Operations Staff (N=825)	441	53.5	436	52.8	447	54.2	377	45.7	461	55.9	320	38.8	310	37.6	346	41.9
Clinical vs. Non-Clinical																
Clinical (N=335)	160	47.8	184	54.9	175	52.2	132	39.4	173	51.6	118	35.2	124	37.0	126	37.6
Non-Clinical (N=490)	281	57.3	252	51.4	272	55.5	245	50.0	288	58.8	202	41.2	186	38.0	220	44.9
Specific Role																
CEO (N=169)	100	59.2	86	50.9	108	63.9	98	58.0	127	75.1	121	71.6	64	37.9	99	58.6
C-Suite (non-CEO) or Health Center Leadership (N=261)	200	76.6	161	61.7	192	73.6	171	65.5	219	83.9	161	61.7	130	49.8	162	62.1
Management and Support (N=163)	107	65.6	96	58.9	100	61.3	101	62.0	111	68.1	73	44.8	64	39.3	79.0	48.5
Medical Care (N=176)	77	43.8	90	51.1	84	47.7	70	39.8	75	42.6	51	29.0	67	38.1	65	36.9
Dental Services (N=70)	35	50.0	42	60.0	40	57.1	29	41.4	46	65.7	40	57.1	30	42.9	32.0	45.7
Mental Health Services (N=50)	33	66.0	33	66.0	36	72.0	25	50.0	33	66.0	17	34.0	19	38.0	19.0	38.0
Substance Use Disorder Services (N=9)	5	55.6	6	66.7	3	33.3	1	11.1	4	44.4	1	11.1	2	22.2	3	33.3
Other Professional (N=101)	50	49.5	46	45.5	50	49.5	47	46.5	58	57.4	42	41.6	38	37.6	47.0	46.5
Vision Services (N= <5)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy services (N=29)	10	34.5	12	41.4	12	41.4	7	24.1	14	48.3	9	31.0	5	17.2	6.0	20.7

Enabling Services (N=13)	11	84.6	8	61.5	6	46.2	7	53.8	8	61.5	6	46.2	4	30.8	4.0	30.8
Other Programs (N=25)	12	48.0	10	40.0	12	48.0	10	40.0	14	56.0	10	40.0	7	28.0	10.0	40.0
Quality Improvement (N=54)	43	79.6	30	55.6	44	81.5	35	64.8	34	63.0	20	37.0	23	42.6	25.0	46.3
Fiscal and Billing (N=37)	15	40.5	17	45.9	13	35.1	10	27.0	17	45.9	22	59.5	9	24.3	15.0	40.5
Information Technology (N=22)	12	54.5	8	36.4	12	54.5	8	36.4	11	50.0	7	31.8	8	36.4	13.0	59.1
Facilities (N=7)	4	57.1	3	42.9	3	42.9	3	42.9	5	71.4	3	42.9	6	85.7	4	57.1
Patient Support Services (N=68)	27	39.7	34	50.0	32	47.1	24	35.3	30	44.1	19	27.9	27	39.7	23.0	33.8

Appendix 12: Governance and Management T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
**Over the next two years, I anticipate my health center organization and/or Board will need GOVERNANCE AND MANAGEMENT T/TA (N=104)**
*Notes: The Governance and Management domain questions were only available to respondents who selected CEO as their health center role.*
Governance	Effective board governance practices and approaches	61	58.7
Governance	Evaluate a CEO annually	25	24.0
Governance	Board/CEO and governing body relationship delegated authority	27	26.0
Governance	Board Annual Self-Evaluation	48	46.2
Governance	Board culture and dynamics	27	26.0
Governance	Board's role in strategic planning	36	34.6
Governance	Board's role in financial oversight	30	28.9
Governance	Board's role in clinical quality oversight	34	32.7
Governance	Create a succession plan	35	33.7
Governance	Board composition, recruitment, and retention while supporting diversity, equity, inclusion, accessibility, and belonging practices	35	33.7
Governance	Ensure that community and patient-based Board members are given the capacity to lead	17	17.2
Governance	Lead effective Board meetings	29	27.9
Governance	Manage Board committees	22	21.2
Governance	Leverage the expertise of Board members who are patients to improve patient care	25	24.0
Governance	Develop educational materials for Board members	52	50.0
Governance	Develop educational materials for Board members in a language besides English	16	15.4
Strategic Direction and Priority Setting	Design and implement needs assessment	33	31.7
Strategic Direction and Priority Setting	Analyze and understand data to inform and improve service delivery	34	32.7
Strategic Direction and Priority Setting	Understand quality improvement and quality assurance methods and approaches	32	30.8
Strategic Direction and Priority Setting	Navigate value-based care options and healthcare transformation	60	57.7
Strategic Direction and Priority Setting	Develop a vision and strategy around payment and health care transformation reform	47	45.2
Strategic Direction and Priority Setting	Develop approaches to address strategic issues (e.g. workforce, value-based care, quality)	54	51.9
Strategic Direction and Priority Setting	Identify the unmet need for new or comprehensive services for the service area	29	29.3
Expansion Planning	Plan and strategize for health center growth	68	65.4
Expansion Planning	Capital planning and partnership development	63	60.6

	Expand capacity around mental health and substance use disorder needs	40	38.5
	Partner with local providers on mental health and substance use disorder services	22	21.2
	Develop or expand on-site vision services	36	34.6
	Develop or expand on-site oral health services	25	24.0

Appendix 13: Population Health and Social Drivers T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
**Over the next two years, I anticipate my health center organization will need POPULATION HEALTH AND SOCIAL DETERMINANTS T/TA (N=743)**		
Assessing and Addressing Patient's Needs	Screen for SDOH (social drivers of health)	340	48.5
	Use trauma-informed approaches to screen for SDOH	334	45.0
	Develop workflows and Health Information Technology (Health IT) skills to help with data collection, management, and analyzing special and other health center populations	505	68.0
	Develop and sustain community partnerships, community engagement, and referral systems to address patients' SDOH	467	62.9
	Design programs and interventions to address SDOH	464	62.5
Assess and address the needs of patients who are	Experiencing food insecurity	476	67.9
	Experiencing housing insecurity	510	72.8
	Experiencing financial strain	490	69.9
	Experiencing lack of transportation (including access to public transportation)	508	72.5
	Experiencing social isolation	384	54.8
	Experiencing intimate partner violence, human trafficking, or sexual violence or assault	368	52.5
	Migratory and Seasonal Agricultural Workers	209	29.8
	Refugees	233	33.2
	Immigrants	317	45.2
	In need of a job or employment opportunities	360	51.4
	Justice-involved	265	37.8
	Mobile populations	197	28.1
Improving Health Equity	Learn techniques to assess and address community-level barriers to health equity	488	65.7
	Understand how health inequities may impact patient wellbeing and health outcomes	396	53.3
	Develop and implement screening strategies that are sensitive to differences in culture and language	449	60.4
	Use granular (more specific) demographic data to learn about trends and needs in marginalized populations	357	50.9
	Use SDOH (social drivers of health) data to learn about trends and needs in marginalized populations	447	60.2
	Build programs and partnerships to address SDOH to improve health inequities	507	68.2

Appendix 14: Access and Affordability T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
Health Insurance Eligibility and Enrollment:	Develop and implement activities/initiatives to help patients access social care services and community resources	464	67.6
	Develop and implement activities/initiatives to help patients access insurance	368	57.0
	Access insurance that covers specialist visits	356	51.9
	Improve coordination with benefits and services for active military and veterans	248	36.2
	Understand enrollment and protections for patients	324	50.2
Language & Translation Services:	Provide services that are sensitive to different cultures and in the patient's preferred language	381	55.5
	Develop, monitor, or implement a Limited English Proficiency (LEP) Plan	253	36.9
	Train interpreters	257	37.5
	Enhance interpreter services	341	49.7
	Provide certified spoken language medical interpreter services	227	33.1
	Provide certified American Sign Language (ASL) medical interpreter services	215	31.3
	Train staff to work with interpreters	283	41.3
	Provide certified written translation services	218	31.8
	Create materials in different formats for those who learn better with visual, audio or other styles	354	51.6
Coordinating with Community Partners & Programs	Partner with caregiver support services	330	48.1
	Assess and connect patients to family support services	403	58.8
	Assess and connect patients to education resources	346	50.4
	Assess and connect patients to employment resources	344	50.2
	Coordinate with housing agencies to help with housing placement	354	54.8
	Coordinate with housing and shelter agencies to increase wraparound services	337	49.1
	Help patients navigate housing services (including applications, Housing Choice Vouchers, Section 8, etc.)	332	48.4
Medical Legal Partnerships	Understand how your health center can benefit from an MLP	361	52.6
	Learn how to find and partner with an agency to help your patients with their legal needs	271	39.5
	Understand how an MLP can create systemic change	225	32.8
	Develop a budget and identify funding sources for an MLP	243	35.4
	Develop or improve a workflow for an MLP	216	31.5
	Develop a training model to support and strengthen your center's MLP team	233	34.0
	Implement or expand case management services	451	65.7

Outreach & Enabling Services	Implement transportation strategies	380	55.4
	Develop outreach programs that use community health workers or promotoras(es), to address community needs	395	57.6
	Evaluate outreach programs	405	59.0

Appendix 15: Quality, Patient Care, and Safety T/TA Needs

Over the next two years, I anticipate my health center organization will need QUALITY, PATIENT CARE, AND SAFETY T/TA (N=749)			
Sub-Domain	**Specific T/TA Need**	**n**	**%**
Intersection of Clinical Care & Population Health	Learn about emerging clinical topics and best practices for working with certain groups of patients (e.g., patients who smoke or those with congenital syphilis, hepatitis C, Alzheimer's and related dementias, maternal and children's health, adolescent health, justice-involved, cancer care, etc.)	544	72.6
Developing clinical competencies to treat the following populations:	Children (ages 0 – 5)	306	43.4
	Children and Youth (ages 6 – 17)	327	46.4
	Individuals or families experiencing or at risk of homelessness	394	52.6
	LGBTQIA+	304	40.6
	Mobile populations	189	25.2
	Justice-involved	190	25.4
	Migratory and Seasonal Agricultural Workers	154	20.6
	Military veterans and their families	188	25.1
	Older adults	379	50.6
	Pregnant people	315	42.1
	Residents of public housing	243	32.4
	Individuals with disabilities	341	45.5
	Refugees	200	26.7
	Individuals living with or at risk of HIV	260	34.7
	People who may be experiencing intimate partner violence, sexual violence, or exploitation	332	44.3
	People who do not speak English as their primary language, please add languages	265	35.4
	Other special or marginalized populations not listed here, please describe	59	7.9
Data Collection & Use	Use data to guide and improve clinical quality, operations, and health center finances	521	69.6
	Collect and use Enabling Services data to improve patient outcomes and health equity	464	62.0
	Collect and use patient-level data on SDOH to improve patient outcomes and health equity	461	61.6
	Collect and report data to Federal partners	303	40.5
	Collect and use granular disaggregated patient demographic data	318	42.5
General Patient Care & Safety	Develop, implement, and improve interdisciplinary teams	433	57.8
	Develop and implement a healthcare risk management or patient safety program	390	52.1

	Develop and implement a blame-free and just culture to encourage safety reporting	366	48.9
	Develop, implement, and improve chronic disease management programs	395	56.0
	Develop, implement, and improve disease prevention and promotion programs	354	50.2
	Implement mobile health (including mobile medical, dental, or vision services)	309	43.8
	Attain or sustain Patient-Centered Medical Home (PCMH) recognition or accreditation	295	39.4
	Assess patient barriers to virtual service engagement	276	36.9
	Expand telehealth to improve continuity of care	349	46.6
	Training for health center staff working with patients with disabilities	312	41.7
	Understand practices to increase prevention or early intervention visits	265	35.4
	Prescribe Pre-Exposure Prophylaxis (PrEP) to prevent Human Immunodeficiency Virus (HIV)	217	29.0
	Provide trauma-informed care and healing-centered engagement	333	44.5
	Understand best practices for patient and provider safety measures during public health emergencies	257	34.3
	Manage and coordinate prenatal and postnatal care services for patients	250	33.4
	Address gender inclusive sexual and reproductive health	234	33.2
	Address the needs of older and aging adults	376	50.2
	Incorporate cultural safety into clinical care policies and practices to address inequities	307	41.0
	Apply an equity lens to quality improvement practices to identify internal gaps in care	343	45.8
Behavioral Health (Mental Health & Substance Use Services)	Integrate Behavioral Health and Primary Care	402	53.7
	Integrate Behavioral Health and Oral care	295	39.4
	Follow up after behavioral health referrals	344	45.9
	Integrate Opioid Use Disorder (OUD) screenings, interventions, and treatment	296	39.5
	Provide or connect to Medications for Opioid Use Disorder (MOUD)	253	33.8
	Integrate harm reduction approaches in care provision and health center policy	277	37.0
	Use peer support specialists to address patients' behavioral health needs	304	40.6
	Use telehealth as a delivery model for behavioral health services	297	39.7
	Deliver culturally-responsive mental health screening, treatment, and support services	335	44.7
	Use trauma-informed care and healing-centered engagement in behavioral health treatment	311	41.5
Oral Health Services	Integrate Oral Health and Primary Care	387	51.7
	Integrate Behavioral Health screening in dental settings	323	43.1
	Develop an interprofessional and/or team-based oral health team	277	37.0
	Include trauma-informed practices and healing-centered engagement in oral health care	267	35.7
	Develop and implement oral health delivery methods	265	35.4
	Use evidence-based promising practices for use of dental sealants	239	31.9

Appendix 16: Patient Experience T/TA Needs

	Over the next two years, I anticipate my health center organization will need PATIENT EXPERIENCE T/TA (N=650)		
Sub-Domain	**Specific T/TA Need**	**N**	**%**
Patient Experience Activities	Develop tools for equity-centered patient experience and assessment	382	58.8
	Assess and use patient data on experience and satisfaction	382	58.8
	Report on patient experience and satisfaction data	315	48.5
	Develop culturally-responsive staff who use patient-centered approaches to health care	343	52.8
	Use motivational interviewing to collect patient data	324	49.9
	Hire multilingual and multicultural staff from communities that reflect the patients served	246	37.9
	Understand strategies to improve reporting on special and vulnerable populations in the Uniform Data System (UDS) and UDS+	309	47.5
	Understand effective strategies for integrating on- and off-site services to address patients' health-related social drivers of health	277	42.6
	Adopt cultural safety practices to address health inequities	290	44.6
	Address medical mistrust	276	42.5
Understanding Patient Engagement In	Telehealth	375	57.7
	Oral health care	310	47.7
	Vision care services	209	32.2
	Mental health services	386	59.4
	Substance use services	316	48.6
	Pharmacy services	285	43.9
	Chronic disease management	384	63.3
Develop patient education materials targeted to the needs of marginalized populations, including	Children (ages 0 – 5)	262	43.2
	Children and Youth (ages 6 – 17)	296	48.8
	People or families experiencing or at risk of homelessness	317	48.8
	LGBTQIA+	284	43.7
	Mobile patients	174	26.8
	Justice-involved	199	30.6
	Migratory and Seasonal Agricultural Workers	162	24.9
	Military veterans and their families	170	26.2
	Older adults	356	54.8
	Pregnant people	263	40.5
	Residents of public housing	212	32.6

	People with disabilities	272	41.9
	Refugees	168	25.9
	People living with or at risk of HIV	218	33.5
	People who may be experiencing intimate partner violence, sexual violence, or exploitation	278	42.8
	People who do not speak English as their primary language. Please add languages	203	31.2
	Other, please specify	14	2.2

Appendix 17: Workforce Experience, Development, and Well-being T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
**Over the next two years, I anticipate my health center organization will need WORKFORCE EXPERIENCE, DEVELOPMENT, AND WELL-BEING T/TA (N=812)**
Leadership	Plan for sustainability	493	60.7
	Develop community-minded leadership and strategic partnerships that benefit the health center workforce, patients, and community	438	53.9
	Provide career development for health center staff	539	66.4
	Develop onboarding and orientation for health center staff	407	50.1
	Plan for leadership succession	459	56.5
	Support staff who have experienced violence	255	31.4
	Develop a blame-free and just culture to encourage safety reporting culture to improve patient safety	379	46.7
	Adopt trauma-informed and healing-centered supervision practices	332	40.9
	Adopt a culture of diversity, equity, inclusion, accessibility, and belonging practices into leadership practices and organizational culture	402	49.5
	Address organizational and community resilience	342	44.7
Management	Support professional development for young professionals and early to mid-career staff	553	68.1
	Support professional development for advanced practice providers	402	49.5
	Develop or improve project management skills	454	55.9
	Develop or improve change management skills	500	61.6
	Develop or improve communication and presentation skills	471	58.0
	Develop or improve staff management skills	519	63.9
	Create a mission-driven workforce culture	388	47.8
	Support staff who have experienced violence	251	30.9
	Develop a blame-free and just culture to encourage safety reporting culture to improve patient safety	342	42.1
	Adopt a culture of diversity, equity, inclusion, accessibility, and belonging practices into management practices and organizational culture	357	44.0
	Succession planning	327	42.8
Recruitment & Retention	Develop and implement student training programs	390	48.0
	Develop streamlined processes for credentialing and privileging of providers	379	46.7
	Build a diverse, equitable, and inclusive workforce, including people with lived experience or who reflect the patient population	340	41.9
	Incorporate diversity, equity, inclusion, accessibility, and belonging practices and principles into recruitment and retention activities	320	39.4
	Develop pathways for recruiting health center workforce	452	55.7

	Develop a comprehensive staff retention and recruitment plan	516	63.6
	Develop organizational strategies to reduce staff burnout	551	67.9
	Develop organizational strategies to support staff work-life balance	518	63.8
	Develop and implement processes to create a manageable staff workload	442	54.4
	Develop a data-driven approach to understanding and addressing organizational staffing needs	386	47.5
	Use Artificial Intelligence (AI) for staff recruitment, retention, or satisfaction	298	36.7
	Identify and analyze workforce data	327	40.3
	Create equitable and sustainable compensation packages for staff	409	50.4
	Improve job satisfaction	522	64.3
	Address the behavioral health needs of staff	353	43.5
	Understand how to work collaboratively with multidisciplinary partners to address staff's SDOH (social drivers of health)	288	35.5
Build Effective Processes for Recruiting	Clinical staff	615	75.7
	Enabling Services and community health workers/promotoras(es)	376	46.3
	Non-clinical staff	435	53.6
	Executive-level leadership	301	37.1

Appendix 18: Finance T/TA Needs

Sub-Domain	Specific T/TA Need	N	%
	Over the next two years, I anticipate my health center organization will need FINANCE T/TA (N=605)		
Finance	Medicaid Prospective Payment System (PPS) reimbursement	285	47.1
	Medicare PPS reimbursement	239	39.5
	Revenue Cycle Management	298	49.3
	Enabling Services reimbursement	263	43.5
	Contracting and payment under managed care	205	33.9
	Contracting and payment under Medicaid/Medicare managed care	211	34.9
	Understand costs in an evolving payment environment	211	34.9
	Telehealth reimbursement	228	37.7
	Medical costs reports	210	34.7
	Improve accounting systems and processes	202	33.4
	Develop or operate under rolling budgets (also known as continuous budgets)	163	26.9
	Develop monthly financial reports for the Board of Directors	176	29.1
	Develop monthly financial reports for internal Leadership Teams	243	40.2
	Improve internal controls for cash management	174	28.8
	Improve forecasting and financial projections	231	38.2
	Federal grant management	242	40.0
	340B program management	267	47.3
	Set fee schedules	193	31.9
	Federal procurement rules	151	25.0
	Develop long-term financial planning	223	36.9
	Allocate sustainable funding to implement or expand community health worker/promotoras(es) and outreach programs	184	30.4
	Financial resilience planning	247	40.8
	Apply an equity lens to budget development and management	173	28.6
	Use community strengths to support financial advocacy and policy of medical practices	154	25.5
Capital Funding	Integrate Capital planning into health center strategic plans	282	46.6
	Assess ongoing needs to maintain current infrastructure, including readiness for capital expansion	275	45.5
	Evaluate community partnerships and capital expansion	229	37.9
	New Market Tax Credit Program	191	31.6
	Help to understand traditional and non-traditional forms of financing	219	36.2
	Secure funding and financing for health center capital development	266	44.0

Value-Based Care	Implement best practices and strategies to prepare for transformation and payment reform	357	59.0
	Integrate dentistry, vision, and behavioral health in value-based payment reform	306	50.6
	Innovation Center models like Making Care Primary and ACO REACH	189	33.5
	Medicare Shared Saving Program (MSSP) and Primary Care Flex Model within MSSP	218	36.0
	Capitated Payment	184	30.4
	Contract with payors to support VBC	206	34.1
	Understand and assess pros and cons of participation in clinically integrated networks and accountable care organizations	216	35.7
	Organizational readiness to engage in value-based payment environments	253	41.8
	Improve coding for more accurate financial modeling	296	52.4
	Financial modeling and other strategies for value-based contracting	247	40.8
	Risk stratification encompassing SDOH	255	42.2

Appendix 19: Emergency Preparedness T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
Over the next two years, I anticipate my health center organization will need EMERGENCY PREPAREDNESS T/TA (N=508)			
General Support	Conduct an all-hazards facility-based risk assessment	341	67.1
	Develop an emergency response plan	285	56.1
Improve Accreditation & Regulatory Standards Understanding for:	Centers for Medicare & Medicaid Services (CMS) emergency preparedness requirements	269	53.0
	National Committee for Quality Assurance (NCQA) emergency/disaster requirements	231	45.5
	Joint Commission emergency management standards	184	36.2
	HRSA/BPHC emergency preparedness expectations	318	62.6
Develop Emergency Preparedness Plan that Complies w/ Local State & Federal Regulations to Address	Natural hazards (including those exacerbated by climate-change) (for example, flood, tornado, earthquake)	328	64.6
	Human-made hazards (for example, bioterrorism, chemical spills, cyberattacks)	300	59.1
	Infectious and vector-borne disease hazards (including Emerging Infectious Diseases (EIDs) such as COVID-19, highly pathogenic influenza, Ebola)	303	59.7
Develop Emergency Procedures Including	Safe evacuation plans	289	56.9
	Shelter-in-place plans	295	58.1
	Alternative medical documentation systems	269	53.0
	Use of volunteers and other emergency staffing strategies	255	50.2
Contingency Planning	Plan for staffing during an emergency	363	71.5
	Equipment and power failures	323	63.6
	Interruptions in communications, including cyber attacks	362	71.3
	Loss of all or some of the facility	294	57.9
	Loss of all or some supplies	276	54.3
Communications Planning	Communicate with staff and emergency management	337	66.3
	Communicate with patients about the emergency	319	62.8
	Collaborate with governmental officials to maintain an integrated response	255	50.2
	Share facility response capabilities and needs	244	48.0
	Share information on at-risk patients with first responders in an emergency	225	44.3
	Develop a training and exercise plan	298	58.7
	Develop an emergency event Tabletop Exercise	247	52.7
Cooperation and Collaboration	Strengthen partnerships with local and state public health departments	303	59.7
	Identify and participate in health care coalitions	237	46.7

	Engage community partners in health center emergency planning	268	52.8
	Engage people with lived experience in local emergency planning	226	44.5
	Support special and marginalized populations to be prepared during an emergency	247	48.6

Appendix 20: Technology T/TA Needs

Sub-Domain	Specific T/TA Need	n	%
	Over the next two years, I anticipate my health center organization will need TECHNOLOGY T/TA (N=610)		
Cybersecurity	Ensure patient privacy and confidentiality	325	53.3
	Protect your health center's data from hackers	401	65.7
	Respond to an organizational cyber attack	353	57.9
Health Information Technology	Develop and use population health dashboards	298	48.9
	Transition to UDS+	311	51.0
	Understand and use UDS+ data	311	51.0
	Develop data visualizations	247	40.5
	Increase data literacy for healthcare staff	339	55.6
	Increase data literacy for patients	254	41.6
	Increase digital literacy for patients	250	43.7
	Implement a data governance framework	179	29.3
	Understand and optimize a Health Information Exchange (HIE)	206	33.8
	Understand data sharing best practices	205	33.6
	Train information technology (IT) professionals in basics of health care IT needs	199	32.6
	Increase patient and provider use of patient portals	283	46.4
	Use patient-generated data	201	33.0
	Project Management 101	220	36.1
	Use technology to improve language access	186	30.5
	Improve interoperability	241	39.5
	Exchange data with community partners	175	30.6
Electronic Health Records	Optimize your health center's EHR	364	59.7
	Improve EHR interoperability	296	48.5
	Plan and roll out a new EHR system	168	27.5
	Integrate telehealth with your EHR and Health IT systems	173	28.4
	Integrate EHR and Electronic Dental Records for interoperability	154	25.3
	Integrate EHR and Dental Health Record systems with Somatic and Behavioral EHR systems	133	21.8
	Use decision support systems	204	33.4
	Develop effective data dashboards within your EHR system	257	42.1
	Choose the best vendor for your health center needs	158	25.9

Appendix 21: Health Center Maturity on each T/TA Domain
Overall and by Health Center Size and Geography - Mean Scores

Health Center Maturity on each T/TA Domain, Overall and by Health Center Size and Geography - Mean Scores (N=163)																
Note: These questions were only available to respondents who selected CEO as their health center role.																
	Governance		Access/ Affordability		QPCS		Patient Experience		Population Health		Workforce		Finance		Emergency Preparedness	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Overall	**2.71**	**0.92**	**2.77**	**1.00**	**2.77**	**0.92**	**2.60**	**0.91**	**2.46**	**0.87**	**2.40**	**0.93**	**2.44**	**1.02**	**2.34**	**0.99**
Health Center Organization Size																
Small	2.57	1.00	2.60	1.04	2.62	1.00	2.56	0.98	2.33	0.93	2.17	0.97	2.17	1.06	2.22	1.08
Mid-size	2.73	0.85	2.82	0.93	2.84	0.83	2.55	0.86	2.47	0.86	2.43	0.90	2.65	0.93	2.39	0.87
Large	2.92	0.87	2.95	1.00	2.87	0.89	2.75	0.81	2.64	0.74	2.74	0.82	2.64	0.96	2.54	0.97
Location																
Rural	2.70	0.99	2.66	1.02	2.61	0.97	2.55	1.00	2.33	0.84	2.42	1.00	2.38	1.03	2.36	1.07
Urban	2.71	0.88	2.84	0.98	2.89	0.87	2.65	0.80	2.57	0.89	2.37	0.88	2.49	1.00	2.35	0.92

Appendix 22: Preferred T/TA Modalities

Preferred T/TA Modalities		
I prefer to receive T/TA (N=1,239)	**n**	**%**
Online/Virtually	497	40.1
In-Person	80	6.5
Both	662	53.4
I prefer to receive T/TA in the following ways (Select all that apply) (N=1,239)	**n**	**%**
E-learning or online-self-paced modules	952	76.8
National conferences	511	41.2
National training workshops or webinars	660	53.3
Peer- or role-based networking or facilitated gatherings	463	37.4
Small cohort, tailored services (e.g., learning collaborative)	529	42.6
Online communities	369	29.8
Publications like technical assistance materials	343	27.7
Other, please describe	20	1.5

I prefer to receive T/TA in the following ways Open Text Response for 'Other, please describe'
Actually not at all
As one who is neuro-divergent, it is really situational. Not being a patient learning, I often learn best alone, yet if we are creating something of value then networks of like minded [sic] individuals.
Emails
I enjoy all modes and think all should be available.
One-on-one q&a, as needed.
Online live webinars
Regional trainings
Someone coming on site to help
State Association
Table top exercises with real-life scenarios
Tools, templates, play book
Zoom lectures

Appendix 23: Sources of T/TA used by Health Centers to Access T/TA in the Past Year

Sources of T/TA used by Health Centers to Access T/TA in the Past Year		
In the past year, have you or your team used T/TA resources? (N=1,165)	**n**	**%**
Yes	757	65.0
No	408	35.0
In the past year, which of the following sources did you or your team use for T/TA? (Select all that apply) (N=757)	**n**	**%**
National Training & Technical Assistance Partner (NTTAP)	154	20.3
Primary Care Association (PCA)	379	50.1
Health Center Controlled Network (HCCN)	227	30.0
Other HRSA-funded T/TA Provider	186	24.6
National Association of Community Health Centers (NACHC)	413	54.6
Don't know	170	22.5
Other, please specify	40	5.3
Which of the following Other HRSA-funded T/TA Provider(s) did you or your team use for T/TA? (Select all that apply) (N=186)	**n**	**%**
Health Systems (HSB)	28	15.1
HIV/AIDS Bureau (HAB)	35	18.8
Maternal and Child Health Bureau (MCHB)	35	18.8
Bureau of Primary Health Care (BPHC)	123	66.1
Federal Office of Rural Health Policy (FORHP)	41	22.0
Bureau of Health Workforce (BHW)	53	28.5
Provider Relief Bureau	9	4.8
Office of Federal Assistance and Acquisition Management (OFAAM)	8	4.3
Office of Pharmacy Affairs	25	13.4

In the past year, which of the following sources did you or your team use for T/TA?
Open Text Response for 'Other, please specify'
All T/TA were program or grant-specific, unrelated to FQHCs per se
AMERICARES
ATTC
Carequest
CDC, Curry Center
Chicago Safety Net Learning Collaborative
COMMIT grant - healthy childhood weight
Consultants
Contract
Contracted consultant
CPA's, Lawyers, Retreat Facilitators, Leadership Trainers,
ECRI

ECRI
ECRI
ECRI
ECRI
Ecri
ECRI Institute; NCQA, etc
eCW & Azara Conferences
EPIC UGM
Grayken Center for Addition
In person training
LAL cohort
Learning center trainings
Local collaboratives
National Council for Urban Indian HealthNCUIH
NCFH
NEON
NGMA, Auditors, Attorneys
Osmosis
OSV
Our own Education Department
Professional Associations
Relias and NCCT
Relias/emails/seminars
Would like to go to conferences
Zero to Three
ATTC
Professional Associations

Appendix 24: Reasons why Health Centers have not Accessed T/TA in the Past Year

Reasons why Health Centers have not Accessed T/TA in the Past Year		
In the past year, have you or your team used T/TA resources? (N=1,165)	n	%
Yes	757	65.0
No	408	35.0
Please say why your health center organization has not used T/TA this past year (Select all that apply) (N=408)	n	%
Has not identified any T/TA needs	77	18.9
Cannot afford T/TA	51	12.5
Has not been able to identify sources of T/TA specific to our T/TA needs	42	10.3
Plans to access T/TA sources within the next year	52	12.7
Has not had time to utilize T/TA	80	19.6
I was not aware of T/TA	12	2.9
Don't know	45	11.0
Other, please specify	15	3.7

Please say why your health center organization has not used T/TA this past year.
Open Text Response for 'Other, please specify'
Are still determining need
Attended Conferences, but some could use improvements
Current CEO does not understand benefits
Receive T/TA from BH2I through IHS
The TA provided for the area we selected was outdated looking at outdated information. We typically go outside of NACHC for assistance.
We provide the T/TA to others; hard to find folks that know more.

Appendix 25: Difficulty Accessing T/TA Resources

Top T/TA Needs that Health Centers Have a Difficult Time Accessing (N=886)		
During the past year, even if your health center staff have used T/TA, has your health center organization needed T/TA for which staff could not find a T/TA resource?	n	%
Yes	130	14.7
No	756	85.3