

**National Health Center Needs Assessment:
Identifying Assistance Needed to Help
Health Centers Thrive
Final Draft for BPHC Review – August, 2018**

About this Assessment: The Health Resources and Services Administration’s Bureau of Primary Health Care (HRSA/BPHC) is requesting that the National Association of Community Health Centers (NACHC) conduct a national health center needs assessment to inform the development of operational training and technical assistance (T/TA) necessary to help health centers improve access to primary health care as well as to advance health center quality and impact. To deliver this training and assistance, HRSA/BPHC supports 20 [National Cooperative Agreement \(NCA\) holders, including NACHC](#). NACHC is therefore conducting this assessment in partnership with the other NCAs, in order to understand and address current health center needs, challenges, and priorities. This needs assessment is structured to allow the respondent to quickly identify topics of highest need.

Your response is critical and should take between 15-30 minutes to provide. Your feedback will be used to design and deliver training and technical assistance most desired by health centers to effectively and efficiently improve the health of the patients and populations they serve. The ultimate goal of this assessment is to ensure that health centers are able to thrive in this rapidly evolving health system.

Confidentiality: NACHC and its needs assessment partners will maintain the confidentiality of responses. Results from this assessment will be published or disseminated in such a way that you or your health center cannot be identified individually. Needs assessment partners include the 20 NCAs and NACHC’s contracted consultant, the NORC at the University of Chicago. These organizations will maintain the confidentiality of responses under a signed Data Use Agreement with NACHC, and will use identifiable data only for the purpose of designing T/TA through their HRSA/BPHC supported NCA. NACHC will not share individual identifiers with HRSA/BPHC, and therefore HRSA/BPHC will not know who completed or did not complete this assessment, or identify any individual respondent.

FOR EXECUTIVE LEADERSHIP (CEOs, COOs AND CMO) Needs Assessment:

Additionally, NACHC will share your individual response with your State/Regional Primary Care Association only if you grant permission in the last question of this survey.

Thank you for your participation!

Health Center Organization T/TA Needs Assessment

*Required Information

Name of Person Completing this Needs Assessment (First and Last Name)*:	
Health Center Organization Name*:	Health Center Organization City and State*:

Role*: (Check only one)

Executive Leadership [IF you select this option, using the options below please select what type of Executive Leadership you represent below; please select one response option.]

- Executive Leadership – Chief Executive Officer
- Executive Leadership (Clinical) e.g., Chief Medical Officer
- Executive Leadership (Financial) e.g., Chief Financial Officer
- Executive Leadership (Operations) e.g., Chief Operations Officer
- Executive Leadership (Other)
Please specify your exact title:

Clinical Staff
Please specify your exact title: _____

Enabling Services Staff
Please specify your exact title: _____

Administrative Staff
Please specify your exact title: _____

Other Staff
Please specify your exact title: _____

Section I: Your Health Center Organization's Training and Technical Assistance Needs:

This section includes questions to help us understand your health center's *immediate* and *short term* training and technical assistance (T/TA) needs between NOW and the NEXT TWO YEARS.

You will be asked to indicate what T/TA topics you anticipate your health center organization will need between NOW and the NEXT TWO YEARS. For each T/TA topic(s) you select as a need (between NOW and the NEXT TWO YEARS), you will be asked to specify your health center's actual T/TA needs through use of multiple choice options.

Please answer the questions in this section from your individual level perspective of what T/TA your health center organization needs based on your own understanding and awareness.

Q.1a: **Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to VALUE-BASED HEALTH CARE TRANSFORMATION? (Check one)**

NOTE: "Transformation" is defined for the purposes of this needs assessment as activities that promote clinical, financial, operational improvements and/or other process-related activities necessary to ensure health centers can successfully participate in value-based payment environments or other services delivery models which reward or incentivize delivery of high quality health care.

- Yes → [Continue to Q.1b below]
 No → [Skip to Q.1c]

Q.1b: **Between now and the next two years, I anticipate my health center organization will need VALUE-BASED HEALTH CARE TRANSFORMATION T/TA in the areas of: ... (Check all that apply)**

- Organizational preparation to engage in value-based payment environments (e.g., Accountable Care Organizations, Independent Provider Associations, FQHC Alternative Payment Methodologies, and value-based contracts with Managed Care Organizations)
- Financial modeling and other strategies for risk based contracting
- Training health center leadership and boards around the health care transformation landscape and navigating value-based payment opportunities
- Developing a vision and strategy around payment and delivery reform
- Best practices on health center strategies for accelerating transformation and payment reform readiness
- Strategies to engage in successful communications with health plans about social determinants of health reimbursement models
- Data transparency practices/standards applied to contracts between MCOs and health centers
- Data-sharing arrangements between health centers and specialty practices, pharmacies, and hospitals
- Social determinants of health risk stratification
- Partnership development to support engagement in value –based payment environments
- Opportunities to integrate dentistry and behavioral health services in value-based payment reform

Other: *Please briefly describe any OTHER VALUE-BASED HEALTH CARE TRANSFORMATION T/TA you need assistance with that was not captured in the response options marked above:*

Q.1c: **Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to CLINICAL issues? (Check one)**

Yes → [Continue to Q.1d below]

No → [Skip to Q.1e]

Q.1d: Between now and the next two years, I anticipate my health center organization will need CLINICAL T/TA in the areas of... (Check all that apply)

Quality:

Quality improvement methods

Safety

Patient education materials designed to engage special and vulnerable populations (e.g., school-aged children, older adults, lesbian, gay, bisexual, and transgender (LGBT), residents of public housing, migratory and seasonal agricultural workers, homeless, Asian American, Native Hawaiian, and Pacific Islanders)

Patient education materials related to specific chronic diseases, or other conditions (e.g., diabetes, hypertension control, colorectal cancer, cervical cancer, substance abuse, behavioral health)

Care coordination (e.g., improve follow-up after referral, reduce duplication of testing and/or treatment)

Development, implementation, optimization of interdisciplinary care teams

Patient self-management to address chronic diseases or other conditions (e.g., diabetes, hypertension control, colorectal cancer, cervical cancer, substance use, behavioral health)

Use of patient navigators, community health workers

Performance improvement on diabetes outcome measures

Performance improvement to address substance abuse (e.g., opioid abuse/addiction)

Performance improvement on other clinical outcome measures (e.g., hypertension control, colorectal cancer screening, cervical cancer screening, tobacco use screening and cessation) [IF you select this option please specify what measure(s) below.]

Specify what measure(s) you need T/TA: _____

Leveraging use of data to guide/inform clinical quality improvement (e.g., clinical, enabling services, social determinants of health, patient experience data)

Practices to increase prevention or early intervention visits (e.g., well-child visits, prenatal visits, annual physicals, vision screening, hearing screening)

Screening tools and approaches for assessing and addressing social determinants of health across the lifespan (e.g., older adults, school-aged children and youth)

Patient Centered Medical Home accreditation

Behavioral Health (Mental Health and Substance Abuse) Services:

Integrating behavioral health into primary care

Team-based care implementation to address patient behavioral health needs (e.g., screening and follow-up)

Planning and implementation of behavioral health services (e.g., starting behavioral health programs onsite, suicide prevention, group therapy)

Trauma-informed care

Harm reduction, access to medication assisted treatment (MAT), and application of SBIRT models

Using telehealth to expand access to behavioral health care

Behavioral health services expansion and partnering with local providers

Expanding capacity to meet the behavioral health needs of lesbian, gay, bisexual, transgender (LGBT) patients

Using peer specialists/ peer support specialists to address patients' behavioral health care needs

Integration of Buprenorphine Therapy for opioid use disorder into a health center

Suicide prevention services

Oral Health Services:

Integrating oral health into primary care

Development and implementation of innovative dental health delivery methods (e.g., teledentistry, dental therapists, community dental health coordinators)

- Patient engagement in oral health care services
- Expansion of on-site oral health care services
- Evidence-based, promising practices for use of dental sealants

Other:

- Implementation of Hepatitis C testing (e.g., HCV testing) and treatment
- Incorporating clinical pharmacy services into the care team
- Occupational health and safety

Other: *Briefly describe any **OTHER CLINICAL T/TA** you need assistance with not captured in the response options marked above:*

Q.1e: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to FINANCE? (Check one)

- Yes → [Continue to Q.1f below]
- No → [Skip to Q.1g]

Q.1f: Between now and the next two years, I anticipate my health center organization will need FINANCE T/TA in the areas of... (Check all that apply)

Finance (general):

- Medicaid PPS reimbursement
- Medicare PPS reimbursement
- Other health center reimbursement
- Payment under managed care
- Becoming a provider under managed care
- Telehealth reimbursement
- Medicare cost reports
- Accounting systems and processes
- Developing or operating under rolling budgets (also often known as continuous budgets)
- Internal controls for cash management
- Forecasting and financial projections
- Federal grants management
- Setting fee schedules
- Federal procurement rules
- Long-term financial planning
- Allocating sustainable funding to implement or expand Community Health Worker or outreach programs

Capital Financing:

- Allocating, securing funding/financing for health center capital development
- Integrating capital planning in health center strategic plans
- Assessing readiness for capital expansion
- Assessing funding needs (e.g., assessing project size, funding availability, and obstacles to allocating resources)
- Assistance in understanding and accessing traditional and non-traditional forms of financing

Other:

Other: *Please briefly describe any **OTHER FINANCE T/TA** you need assistance with not captured in the response options marked above:*

Q.1g: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to WORKFORCE, BUILDING STAFF SKILLS, AND LEADERSHIP DEVELOPMENT? (Check one)

- Yes → [Continue to Q.1h below]
 No → [Skip to Q.1i]

Q.1h: Between now and the next two years, I anticipate my health center organization will need WORKFORCE, BUILDING STAFF SKILLS, AND LEADERSHIP DEVELOPMENT? T/TA in the areas of... (Check all that apply)

Leadership:

- Leadership development to promote clinical and operational improvement
 Leadership development to promote innovation
 Leadership development to promote community –minded leadership, strategic partnerships that benefit health center patients and the community
 Leadership development to promote empowerment of health center staff (e.g., coaching, mentoring)
 Leadership orientation to health center management and environment
 Leadership succession planning

Management:

- Young professional and mid-level staff development
 Project management (e.g., workplan development/implementation, performance evaluation, staff management, meeting facilitation skills, conflict resolution skills, staff performance evaluations)

Clinical:

- Use of patient navigators, Community Health Workers, and other outreach staff
 Development, implementation, and/or optimization of interdisciplinary care teams
 Staffing to serve special and vulnerable populations (e.g., physicians, case managers, front line staff, outreach staff)
 Cultural respect training for clinical providers working with special and vulnerable populations (e.g., blind, hearing impaired, patients with other disabilities)
 Use and application of social determinants of health risk assessment tools, strategies (e.g., among special and vulnerable populations)
 Staff training on data collection of sexual orientation and gender identity data
 Health care provider training/resources to help patients and caregivers effectively manage chronic diseases (e.g., diabetes)
 Training/resources to prevent social isolation among older adults
 Training/resources to provide appropriate care to school-aged children and youth
 Health center staff training to address patient social or legal problems (to improve health outcomes)
 Use of motivational interviewing

Technical Skills:

- Quality improvement methods, approaches
 Change management
 Data analysis and interpretation
 Communication and Presentation skills

Postgraduate Clinical Training programs:

- Postgraduate training programs (e.g., leveraging use for health centers, cultivating organizational support, evaluation of postgraduate training programs, accreditation of postgraduate residency programs)
- Development, implementation of student training programs

Recruitment and Retention:

- Training on identification and analysis of workforce data
- Building effective processes for recruiting clinical staff into an integrated care model
- Building effective processes for recruiting enabling services staff into an integrated care model
- Building effective processes for recruiting non-clinicians (e.g., finance, health IT, administrative staff, outreach staff)
- Building effective processes for recruiting executive level leadership (e.g., Chief Medical Officer, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Chief Information Officer, etc.)
- Developing a comprehensive staff retention plan
- Developing organizational strategies to reduce clinician burnout
- Creating equitable and sustainable compensation packages for clinicians
- Improving job satisfaction
- Developing data-driven approach to understanding and addressing organizational clinical and/or non-clinical staffing needs.

Other:

Other: *Please briefly describe any **OTHER WORKFORCE T/TA** you need assistance with not captured in the response options marked above:*

Q.1i: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to health center OPERATIONS? (Check one)

- Yes → [Continue to Q.1j below]
- No → [Skip to Q.1k]

Q.1j: Between now and the next two years, I anticipate my health center organization will need OPERATIONS T/TA in the areas of...(Check all that apply)

Governance:

- Effective board governance practices/approaches
- Board culture and dynamics
- Board's role in clinical quality
- Board's role in strategic planning
- Board's role in recruitment and retention of qualified staff
- Board-CEO relationship and succession planning
- Board recruitment including patients that represent special and vulnerable patients
- Board member engagement
- Effective implementation of board meetings and committees
- Board's role in financial oversight
- Board member retention for consumers/patients (e.g., transient consumers, homeless)
- Board education materials in non-English [If this option is selected, please specify language needs below.]
Specify what language(s): _____

Expansion Planning:

- Strategic planning for health center growth
- Supporting new health centers, including new Health Center Program grantees and Look-Alikes
- Partnership development to support health center capital planning and development

Emergency Preparedness:

- Emergency preparedness policy and procedures
- Role of health center after disaster and continuing operations after disaster strikes
- CMS Rule for Emergency Preparedness

Special and Vulnerable Populations:

- Partnership development to better serve special and vulnerable populations (e.g., school-aged children, older adults, lesbian, gay, bisexual, and transgender (LGBT) patients, residents of public housing, migratory and seasonal agricultural workers, homeless, Asian American, Native Hawaiian, and Pacific Islander patients)
- Revisions of procedures, policies, forms to promote an inclusive and affirming environment for lesbian, gay, bisexual, and transgender (LGBT) patients
- Development and implementation of school-aged children related programs (e.g., financial models, sustainability, and utilization)
- Development and implementation of migratory and seasonal agricultural worker related programs (e.g., financial models, sustainability, and utilization)
- Development and implementation of homelessness, housing instability/at-risk of homelessness related programs (e.g., financial models, sustainability, and utilization)
- Development and implementation of programs for residents of public housing (e.g., financial models, sustainability, and utilization)

Other:

- Grants administration and management
 - Other: *Please briefly describe any OTHER OPERATIONS T/TA you need assistance with that was not captured in the response options marked above:*
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Q.1k: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to HEALTH INFORMATION TECHNOLOGY (HIT) AND DATA? (Check one)

- Yes → [Continue to Q.1l below]
- No → [Skip to Q.1m]

Q.1l: Between now and the next two years, I anticipate my health center organization will need HEALTH INFORMATION TECHNOLOGY (HIT) AND DATA T/TA in the areas of... (Check all that apply)

Electronic Health Record (EHR), HIT Use, Implementation:

- Electronic patient engagement (e.g., portals, mobile health technology)
- Use of data and predictive analytics to support population health management
- Assessing health center's analytic capabilities
- Use of EHRs to support reporting (e.g., UDS clinical performance measures)
- Electronic Health Record (EHR) optimization
- HIT infrastructure design and/or expansion (e.g., health information exchange expansion)
- Establishing HIT capabilities for data collection specific to special populations (e.g., sexual orientation, gender identity)
- Transitioning/switching to a new EHR system from an old EHR system (e.g., planning, implementation)
- Satisfying interoperability, health information exchange, patient access to personal health data
- Deploying decision support systems (e.g., implementation, use)

- Developing effective data dashboards
- EHR interoperability, ability to exchange data with others (e.g., to support care coordination and services integration)
- Cybersecurity protection, risk mitigation and crisis response

Data collection and use:

- Strategies to improve reporting on special and vulnerable populations in the Uniform Data System (UDS)
- Leveraging use of data to guide/inform clinical quality, operational and financial improvement (e.g., clinical, enabling services, social determinants of health, and patient experience data)
- Collection and optimizing use of enabling (non-clinical) services data to enhance operations
- Collection and optimizing use of patient-level data on social determinants of health
- Collection and optimizing use of patient experience/satisfaction data
- Collection and optimizing use of health center staff job satisfaction data
- Collection and use of other measures (e.g., HEDIS)
- Sexual orientation and gender identity data collection

Telehealth:

- Planning and implementing telehealth programs
- Utilizing telehealth services to improve continuity of care for patients

Other:

Other: *Please briefly describe any **OTHER HEALTH INFORMATION TECHNOLOGY T/TA** you need assistance with that was not captured in the response options marked above:*

Q.1m: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to ENABLING SERVICES AND/OR ADDRESSING SOCIAL DETERMINANTS OF HEALTH? (Check one)

- Yes → [Continue to Q.1n below]
- No → [Skip to Q.1o]

Q.1n: Between now and the next two years, I anticipate my health center organization will need ENABLING SERVICES AND/OR ADDRESSING SOCIAL DETERMINANTS OF HEALTH T/TA in the areas of... (Check all that apply)

Transportation services:

- Implementing patient-centered transportation services

Education/ employment services:

- Provision of educational support resources to patients
- Provision of employment support resources to patients (e.g., job training, vocational training, etc.)

Housing services:

- Provision of housing application assistance to patients seeking public housing or other housing assistance (e.g. Housing Choice Voucher, Section 8)
- Care coordination with housing providers

Social Services:

- Family support services

- Social support services

Language and/or Translation Services:

- Implementation of culturally and linguistically appropriate services (CLAS) Standards
- Developing, monitoring implementation of a Limited English Proficiency (LEP) Plan
- Provision of oral interpretation services
- Provision of written translation services

Access to Care and Outreach:

- Development, implementation of outreach programs
- Evaluation of outreach programs (e.g., assessing financial value, sustainability)
- Using outreach services to address chronic diseases or conditions (e.g., diabetes, hypertension, colorectal cancer, cervical cancer, substance use, behavioral health)
- Addressing unique demographic and occupational characteristics and barriers to care among special populations (e.g., development of outreach and service delivery models)
- Coordination on Military Veterans Benefits and Services
- Addressing elderly population (e.g., elder abuse)
- Addressing pediatric/adolescent Population (improve youth-friendly environment, parent engagement, etc.)

Medical and Legal Partnerships:

- Understanding the core components of medical-legal partnerships
- Identifying, engaging a legal partner
- Developing workflows for medical-legal partnership referrals and how to share information
- Building funding and in-kind resources for medical-legal partnerships
- Using medical-legal partnerships to effect policy changes that benefit patients and communities
- Evidence-based or promising practices for integrating and expanding medical-legal partnerships
- Screening for legal needs and aligning with other social determinants of health screening

Other:

- Food and nutrition services
- Staff training on the social determinants of health
- Partnership development to address social determinants of health (e.g., housing, education, employment, transportation, food security)
- Techniques to inform design of programs, interventions, or partnerships necessary to address the social and non-clinical needs of health center patients (e.g., using data or asset mapping to determine the kinds of programs needed to address social determinants and build enabling service)
- Screening patients for social risks and storing data electronically

Other: *Please briefly describe any **OTHER ENABLING SERVICES** and **ADDRESSING SOCIAL DETERMINANTS T/TA** you need assistance with that was not captured in the response options marked above:*

Q.1o: Between now and the next two years, do you anticipate your health center organization will have any T/TA needs specific to certain **SPECIAL & VULNERABLE POPULATIONS? (Check one)**

- Yes → [Continue to Q.1p below]
- No → [Skip to Q.2]

Q.1p: Between now and the next two years, do you anticipate your health center organization will need T/TA related to any of the following SPECIAL & VULNERABLE POPULATIONS? (Check all that apply)

- Asian American, Native Hawaiian, and other Pacific Islander Communities
 - Individuals or families experiencing homelessness and/or housing instability/at-risk of homelessness
 - Residents of Public Housing
 - Lesbian, Gay, Bisexual, and Transgender (LGBT) people
 - Migratory and seasonal agricultural workers and their families
 - Older adults
 - Military Veterans and their families
 - School-aged children, youth
 - Children with special health care needs
 - Persons at risk and diagnosed with substance use disorder (SUD)
 - Other: *Please briefly describe any other SPECIAL & VULNERABLE POPULATIONS T/TA you need assistance with that was not captured in the response options marked above:*
-

Q.2: Reflecting back on your responses for Question 1, please rank the top five most important training and technical assistance categories (marked in the table below) in order of “need” to your health center organization between NOW and the NEXT TWO YEARS.

1 should be the “most important”, 2 should be the “second most important”, and so on...

NOTE: Please answer this question from *your individual level perspective* of what you believe are the T/TA needs of your health center organization from your own understanding and awareness.

YOUR RANKING: (1 to 5)	Training and Technical Assistance Categories:
	Clinical
	Finance
	Operations
	Workforce, Building Staff Skills, Leadership Development
	Health Information Technology
	Special and Vulnerable Populations
	Enabling Services and Addressing Social Determinants of Health
	Value –based Health Care Transformation

Q.3a: Does your health center have any T/TA needs that were not covered by previous questions (Q1a-p)?

- Yes → [Continue to Q.3b below]
- No → [Skip to Q.4a]

Q.3b: Please briefly describe these other T/TA needs in the space below:

Section II: Training and Technical Assistance Your Health Center Organization Accessed

This Past Year: The next set of questions in this section will inquire about T/TA your health center organization has accessed during this **PAST YEAR**.

Please answer the questions in this section from *your individual level perspective* of what T/TA your health center organization needs from your own understanding and awareness.

Q.4a During this PAST YEAR, has your health center organization accessed T/TA, inclusive of webinars, trainings, outside coaching/consulting, publications, toolkits, and other resources? (Check one)

- Yes → [Continue to Q.3b]
- No → [Continue to Q.3c]

Q.4b During this PAST YEAR, which sources of T/TA has your organization accessed? (Check all that apply. Click [here](#) for more information the national T/TA organizations listed above.)

NOTE: Please answer this question from your own understanding and awareness of what T/TA your health center organization has accessed this past year.

- | | |
|---|--|
| <input type="checkbox"/> State/Regional Primary Care Association (PCA) | <input type="checkbox"/> National Association of Community Health Centers (NACHC) |
| <input type="checkbox"/> Health Center Controlled Network (HCCN) | <input type="checkbox"/> National Center for Equitable Care for Elders |
| <input type="checkbox"/> Association of Asian Pacific Community Health Organizations (AAPCHO) | <input type="checkbox"/> National Center for Farmworker Health (NCFH) |
| <input type="checkbox"/> Association of Clinicians for the Underserved (ACU)'s Star Center | <input type="checkbox"/> National Center for Health in Public Housing (NCHPH) |
| <input type="checkbox"/> Capital Link | <input type="checkbox"/> National Center for Medical-Legal Partnership (NCMLP) |
| <input type="checkbox"/> Community Health Center, Inc. | <input type="checkbox"/> National Health Care for the Homeless Council (NHCHC) |
| <input type="checkbox"/> Corporation for Supportive Housing (CSH) | <input type="checkbox"/> National LGBT Health Education Center |
| <input type="checkbox"/> Farmworker Justice (FJ) | <input type="checkbox"/> National Network for Oral Health Access (NNOHA) |
| <input type="checkbox"/> Health Information Technology Training and Technical Assistance Center (HITEQ) | <input type="checkbox"/> National Nurse-Led Care Consortium (NNCC) |
| <input type="checkbox"/> Health Outreach Partners (HOP) | <input type="checkbox"/> School-Based Health Alliance |
| <input type="checkbox"/> Institute for Healthcare Improvement | <input type="checkbox"/> OTHER T/TA vendor/consultant (Please specify the name(s) of the other T/TA source(s): |
| <input type="checkbox"/> MHP Salud | _____ |
| <input type="checkbox"/> Migrant Clinicians Network (MCN) | _____ |

Q.3c Please indicate why your health center organization has NOT accessed T/TA this PAST YEAR? (Check all that apply)

- As of today, my health center organization has NOT identified any T/TA needs where we need assistance.
- My health center organization's staff just do not have the time to access T/TA resources.
- My health center organizations has been unable to identify sources of T/TA specific to our T/TA need(s). → [Continue to Q5]

- My health center organization plans to access T/TA sources within the next year; we just have not accessed any (as of today).
- My health center organization is unaware of health center T/TA resources that are available.
- My health center organization is unaware of how to access health center T/TA resources.
- Other (Briefly explain): _____

Q.4: During this PAST YEAR, even if your health center staff have utilized T/TA, has your health center organization experienced a need for T/TA for which staff could not find a T/TA resource? (Check one)

- Yes → [Continue to Q5]
- No → [Continue to Q6]

Q.5: Briefly describe what type of T/TA your health center organization has had a difficult time locating?

Q.6: Can NACHC share your individual responses (which will include identifiers such as your name) with your State/Regional Primary Care Association?

- Yes
- No