

2016 Needs Assessment

Health Centers Serving Public Housing Residents

May 2017



National Center for Health in Public Housing

a project of North American Management

2016 Needs Assessment for Health Centers Serving Public Housing Residents

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Introduction

As a follow up to the 2015 Needs Assessment of Public Housing Primary Care grantees, the National Center for Health in Public Housing (NCHPH) conducted a needs assessment for all Health Centers located in or immediately accessible to public housing developments. The goal of the Needs Assessment was to identify pressing needs or technical issues faced by Health Centers when fulfilling HRSA's performance requirements, as well as emerging issues related to the service of public housing residents. The assessment was conducted online in the fall/winter of 2016 using Survey Monkey. Health Centers that reported public housing residents in Table 4 Line 26 of UDS were identified to participate in the survey; a total of 290 Health Centers were invited to participate.

NCHPH works with Health Centers to help increase revenue, reduce cost, improve productivity, and provide optimal patient care to improve overall patient health outcomes, as well as ensure that Health Centers comply with HRSA's required program expectations. NCHPH conducted the needs assessment to inform the direction and scope of training and technical assistance activities provided to ensure resources were allocated to the areas of greatest need.

NCHPH, a project of North American Management, is supported by a Cooperative Agreement grant awarded by the Department of Health and Human Services, Health Resources and Services Administration. NCHPH provides training and technical assistance to strengthen the capacity of federally-funded health centers to increase access to health care, eliminate health disparities, and enhance health care delivery for the millions of residents of public and assisted housing.

Methods

A total of 290 Health Centers were identified to participate in this needs assessment. Health Centers were included if they reported public housing residents in Table 4 Line 26 of UDS in 2015. An online survey created using Survey Monkey was emailed to the CEOs of the Health Center Programs. The 59 question survey covered Health Center Demographics; 19 Program Requirements; Fiscal and Program Management; Staff Recruitment and Retention; Budget and Finance; Emerging Issues; Performance Improvement; Program

Development and Analysis; Reporting Systems; and Training and Technical Assistance Needs. Follow-up reminder emails were sent two weeks and four weeks after the first email invitation. In addition, a link to the survey was posted to the NCHPH website and included on weekly news digests. To improve the response rate, two weeks before closing the survey, Health Centers that had not filled out the questionnaire were contacted over the phone and invited to complete the online survey again.

Time Frame:

November 7, 2016- February 14, 2017. Health Centers were initially asked to complete the survey within a 6-week period. The deadline to complete the Needs Assessment was extended because the initial request fell close to Christmas and end-of-year holidays.

Categories Analyzed:

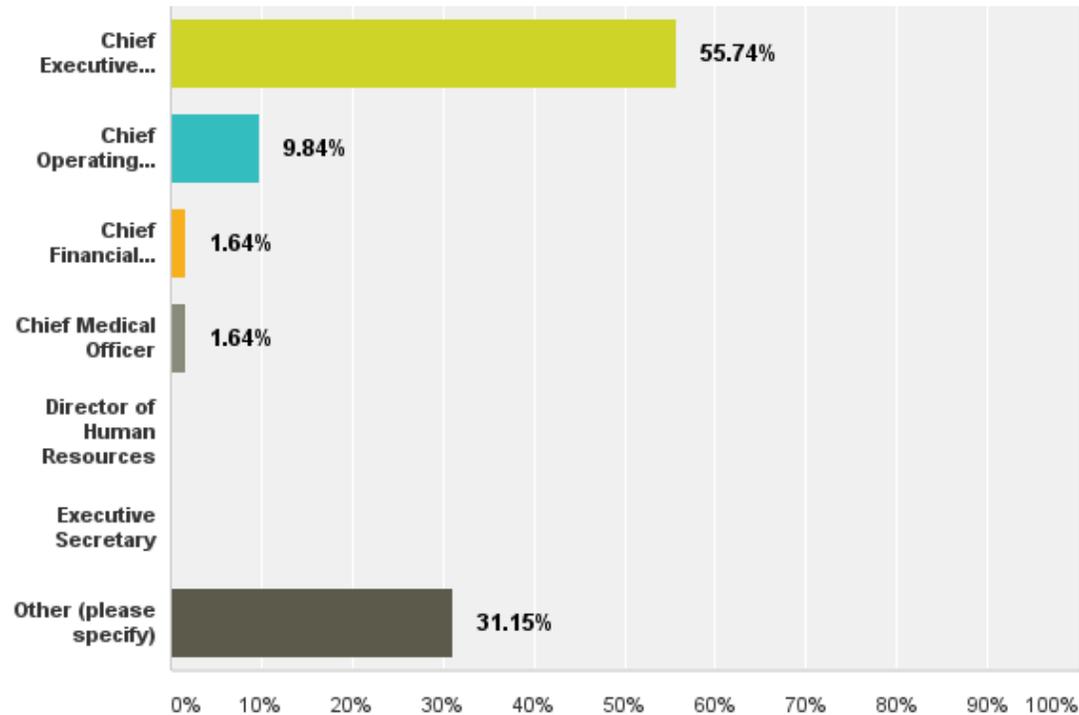
Category	Number of questions	Description
Health Center Demographics	3	Identifies the title of the person completing the survey; whether the Health Center receives PHPC funding' and the special populations served at the Health Center.
19 Program Requirements	4	Identifies which components of the 19 program requirements are the most challenging to meet during operational site visits.
Fiscal and Program Management	3	Details the types of collaborations occurring between the Health Center and local Public Housing Authorities.
Staff Recruitment and Retention	11	Identifies the clinical and non-clinical staff positions most difficult to recruit and retain and the strategies used to reduce staff turnover.
Budget and Finance	2	Identifies sources of revenue for Health Centers.
Emerging Issues	16	Includes questions on the following emerging issues: excessive heat, violence prevention, counting public housing residents, elderly and disabled, smoking cessation, substance abuse, mental health, and the 340B pricing program.

Performance Improvement	3	Identifies issues specific to diabetes management and cervical cancer.
Program Development and Analysis	2	Identifies outreach services provided by Health Centers and challenges faced when providing them.
Reporting Systems	1	Identifies challenges collecting and reporting data.
Training and Technical Assistance Needs	2	Identifies additional areas for training and technical assistance.

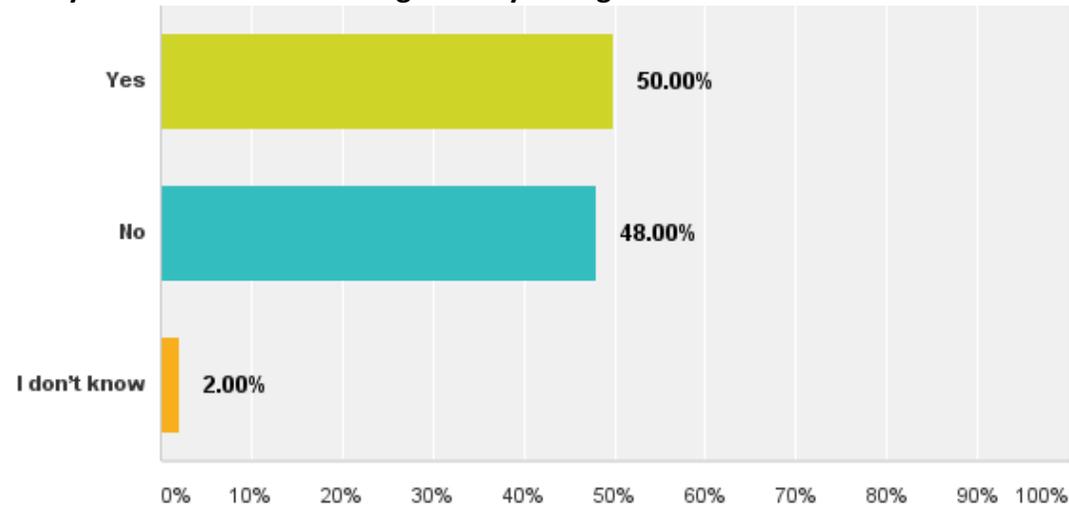
Results

Health Center Program Demographics

Q1.1: Which of the following best describes your job title?

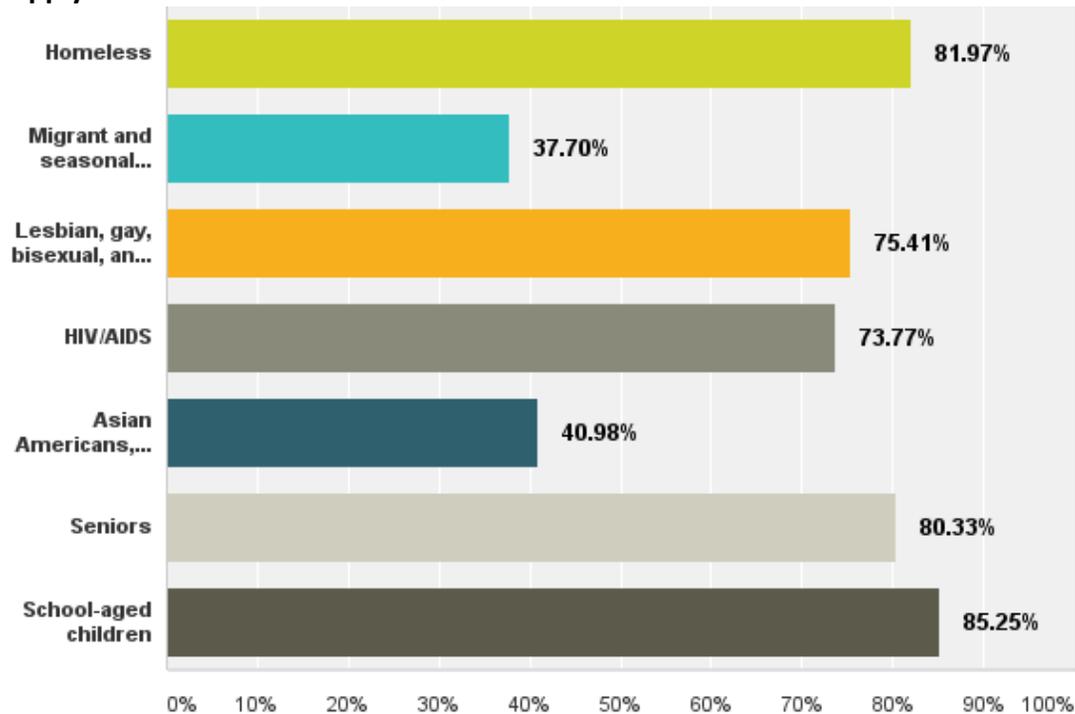


The needs assessment was emailed to the contact person listed UDS. Most often, the contact person is the CEO of the Health Center. In 55.74% of the cases, the CEO also chose to fill out the survey. However, in 31% of the cases, the CEO identified another staff person to answer the questions. Those staff include Executive Directors, Program Managers, or Directors of Community Programs.

Q1.2: Do you have a Public Housing Primary Care grant?

The Needs Assessment was sent to all Health Centers located in or immediately accessible to a public housing development. Respondents were asked whether they also received PHPC funding. A total of 50% said they had a PHPC grant and 48% said they did not receive those funds.

Q1.3: In addition to public housing residents, what other special and/or vulnerable populations do you serve? Please choose all that apply.



Most of the Health Centers that serve public housing residents also serve other special and vulnerable populations. Approximately 85% of them reported that they served school-aged children; 82% served the homeless; 80% served seniors; 75% served LGBT community; 74% served HIV/AIDS patients; 41% served Asians; and 38% served migrant and seasonal workers.

19 Program Requirements

Q2.1: Which of the following 19-program requirements have been the most difficult to meet? Choose all that apply.

Needs Assessment	11.3%
Required and Additional Services	11.3%
Staffing	11.3%
Accessible Hours of Operation / Locations	1.9%
After Hours Coverage	11.3%
Hospital Admitting Privileges and Continuum of Care	20.8%
Sliding Fee Discounts	24.5%
Quality Improvement /Assurance Plan	11.3%
Key Management Staff	5.7%
Contractual/Affiliation Agreements	26.4%
Collaborative Relationships	7.5%
Financial Management and Control Policies	3.8%
Billing and Collections	11.3%
Budget	0.0%
Program Data Reporting Systems	9.4%
Scope of Project	9.4%
Board Authority	11.3%
Board Composition	7.5%
Conflict of Interest Policy	1.9%

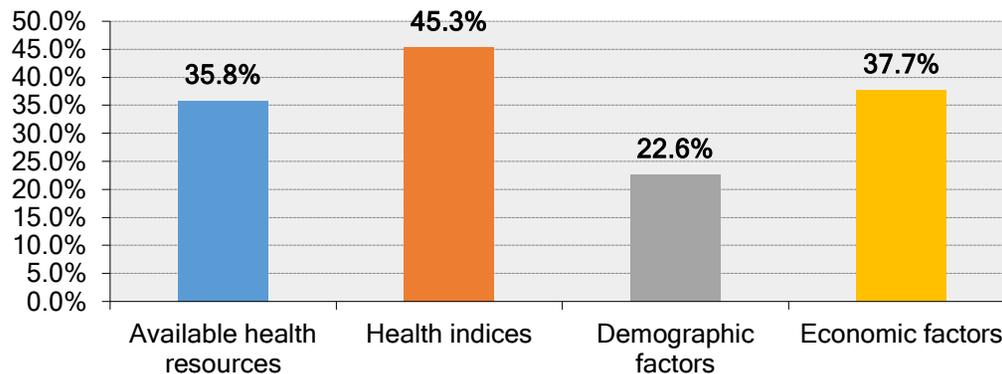
Ninety percent of the Health Centers surveyed had an operational site visit in the last three years. The top 3 challenges identified by the Health Centers were contractual/affiliation agreements, sliding fee discounts, and hospital admitting privileges and continuum of care.

Q2.2: Which of the following components of your QI/QA plan is the most difficult to achieve? Choose all that apply.

Adherence to current evidence-based clinical guidelines	22.4%
Data collection and analysis	49.0%
Identifying strategies for improvement	26.5%
Setting your goals and objectives	0.0%
Peer review	32.7%
Completion of periodic QI/QA assessments	12.2%
Other (please specify)	22.4%

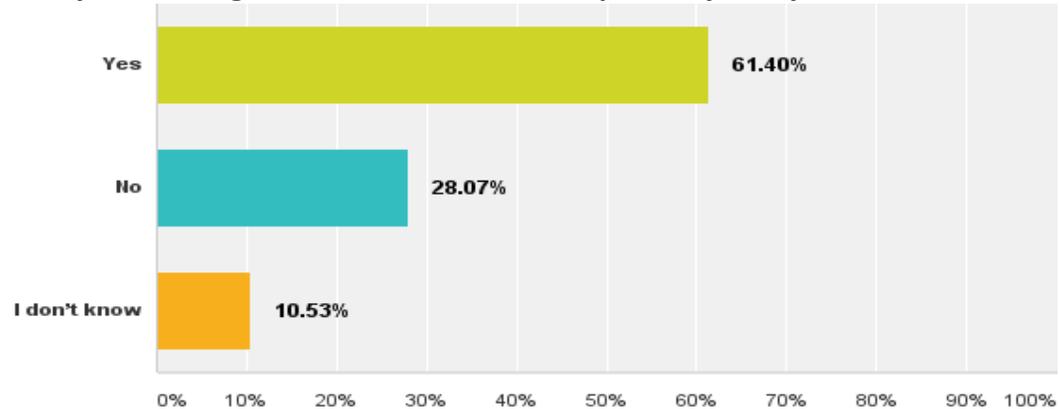
The components of the QI/QA plan that are the most difficult to achieve are data collection and analysis, peer review, and identifying strategies for improvement.

Q2.3: When you conduct your needs assessments, which of the following data is the most difficult to obtain?



Health Centers report that health data is the most difficult to obtain when conducting their needs assessments, followed by economic data, and available health resources.

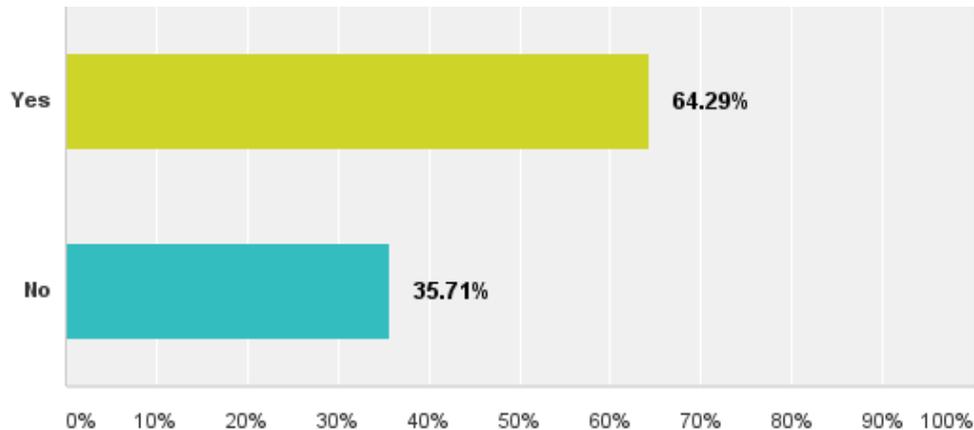
Q2.4: Are you able to get the data at the level of specificity that you need?



While a majority of the Health Centers report that they are able to get the data at the level of specificity that they need, 28% still report it is difficult.

Fiscal and Program Management

Q3.1: Have you established a collaborative agreement with your local Public Housing Authority?

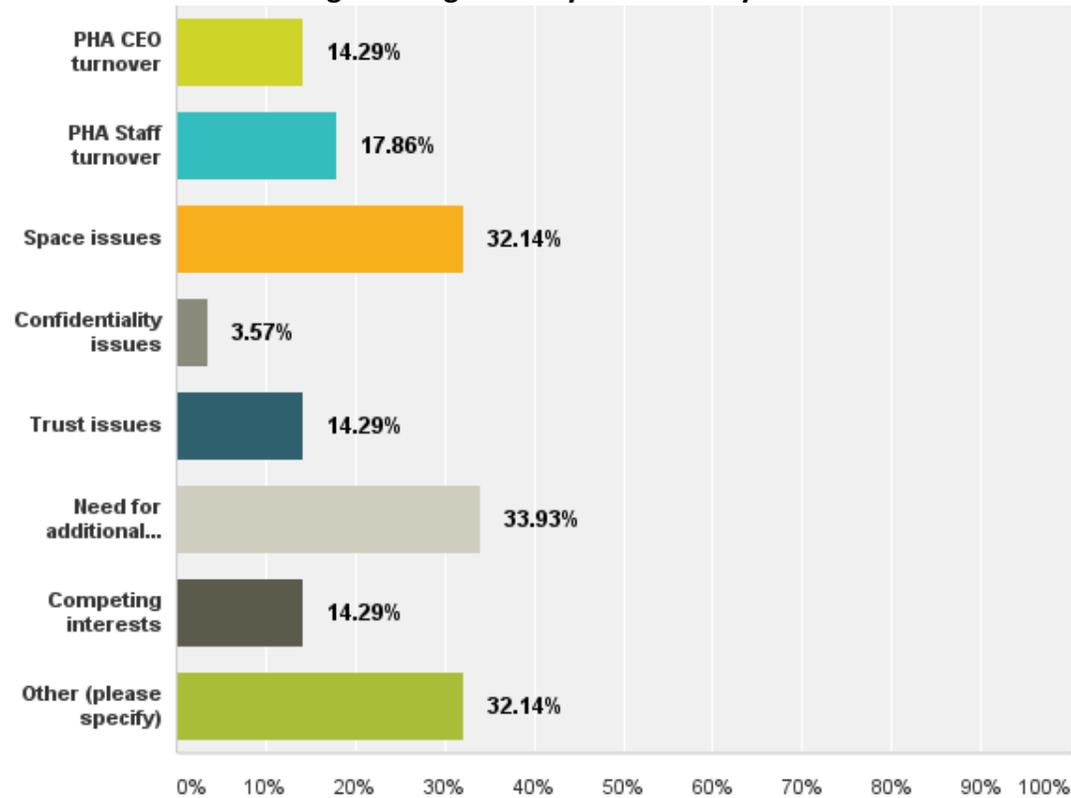


Approximately a third of the Health Centers that are located in or immediately accessible to a public housing development have not yet established a collaborative agreement with their local Public Housing Authority.

Q3.2: Which of the following collaborations have you established with your local Public Housing Authority? Choose all that apply.

Patient care coordination	39%
Health promotion/education	50%
Violence prevention	16%
Outreach	59%
Transportation	23%
Legal services	1.8%
Professional education/development	5.4%
Job training	3.6%
Family support	8.9%
Community events	39%
Access to healthcare resources	45%
HOPWA	16%
Emergency preparedness drills	1.8%
Healthcare coverage and services	32%
ROSS	5.4%

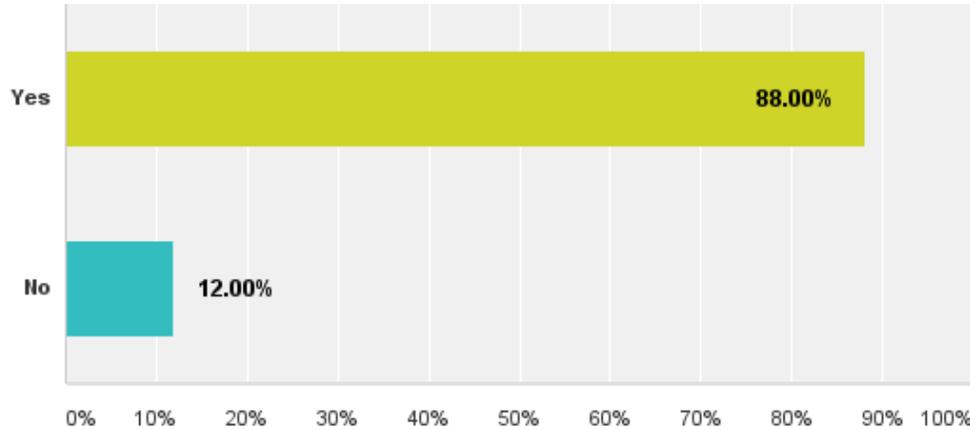
The Health Centers that do have an agreement with their local Public Housing Authority report that they mostly collaborate on outreach, health education and promotion activities, and access to health care services.

Q3.3: Which of the following challenges have you found in your collaboration with the Public Housing Authority?

Health Centers note that the biggest challenges in collaborating with a Public Housing Authority are the need for additional resources and space. Other issues include difficulty in establishing a relationship with housing staff due to lack of interest.

Staff Recruitment and Retention

Q4.1: Does your strategic planning process account for workforce recruitment and retention?



Eighty-eight percent of Health Centers report that workforce recruitment and retention is included in their strategic planning process.

Q4.2: How difficult is it to recruit each of the following clinical staff positions?

Clinical Position	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult
Family physicians	0	10%	26%	62%
Psychiatrists	0	2%	10%	68%
Pediatricians	4%	14%	20%	46%
Nurses	2%	30%	42%	22%
Dental hygienists	6%	30%	34%	16%
Mental health or substance abuse staff	4%	30%	26%	14%

Health Centers report that the top clinical positions that are “very difficult” to recruit are family physicians, psychiatrists, and pediatricians. The top clinical positions that are “somewhat easy” to recruit include nurses, dental hygienists, and substance abuse staff.

Q4.3: For the clinical staff positions listed above, how much is each of these factors a problem in recruiting that clinical staff person?

	Not an important problem	Slightly important	Important	Very important problem
Competitive salary	4%	10%	38%	48%
Competitive benefits	22%	10%	44%	24%
Workload/call schedule	28%	24%	40%	8%
Community amenities	22%	20%	36%	22%
Facility condition	54%	14%	26%	6%
HIT capacity	50%	18%	28%	4%
Candidate's language skills/cultural competency	28%	22%	32%	18%

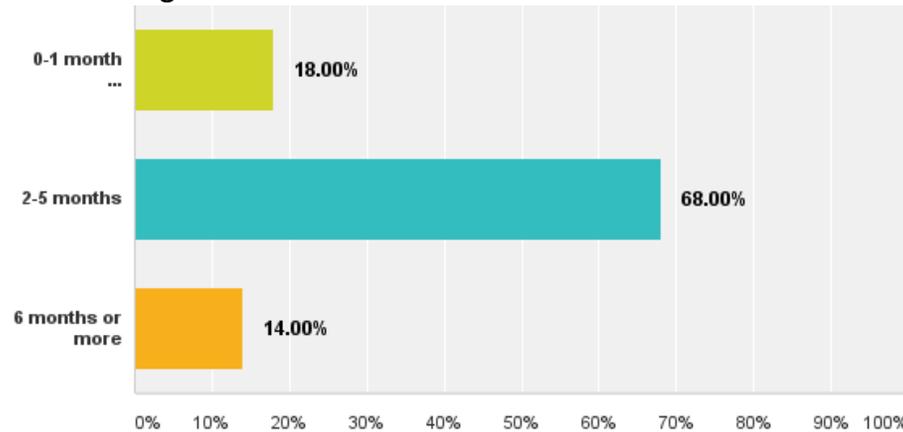
Health Centers report that the top factors that make recruiting clinical staff positions difficult are competitive salary, competitive benefits, and community amenities.

Q4.4: How difficult is it to fill each of the following non-clinical staff positions?

	Very easy	Somewhat easy	Somewhat difficult	Very Difficult
Management and support staff	10%	36%	40%	10%
Fiscal and billing staff	12%	38%	30%	16%
IT staff	6%	36%	38%	14%
Facility staff	24%	56%	14%	2%
Patient services support staff	16%	56%	20%	2%

Health Centers report that IT staff are the most difficult non-clinical staff positions to fill, followed by management and support staff and fiscal and billing staff.

Q4.5: For any of the non- clinical staff positions, how many months have you been actively recruiting for the position that has been vacant longest?

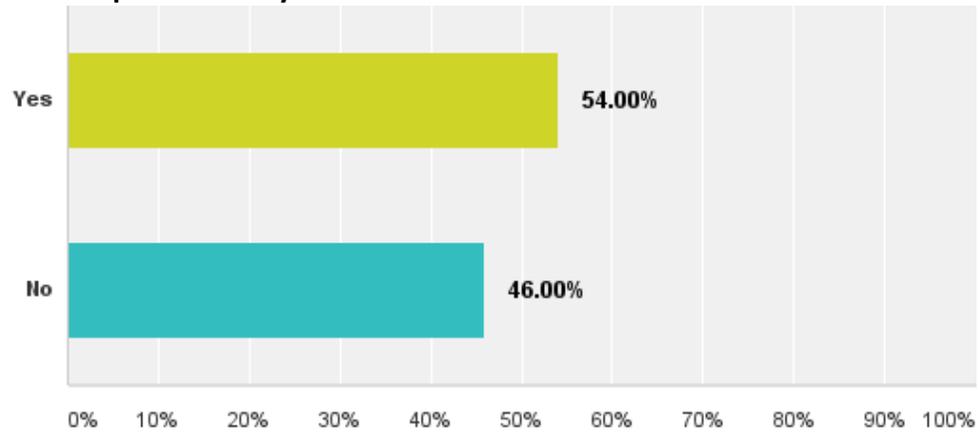


Sixty-eight percent of Health Centers report that they have been recruiting for some unfilled non-clinical staff positions for the past 2 to 5 months.

Q4.6: For the non-clinical positions listed above, how much is each of these factors a problem in recruiting that non-clinical staff person?

	Not an important problem	Slightly important	Important	Very important problem
Competitive salary	6%	20%	42%	32%
Competitive benefits	26%	22%	34%	18%
Workload/call schedule	36%	26%	34%	4%
Community amenities	30%	34%	32%	4%
Facility condition	46%	24%	28%	2%
HIT capacity	50%	16%	28%	6%
Candidate's language skills/cultural competency	30%	22%	36%	12%

Health Centers report that the top factors that make recruiting non-clinical staff positions difficult are competitive salary, competitive benefits, and workload.

Q4.7: Is retention a problem for your Health Center?

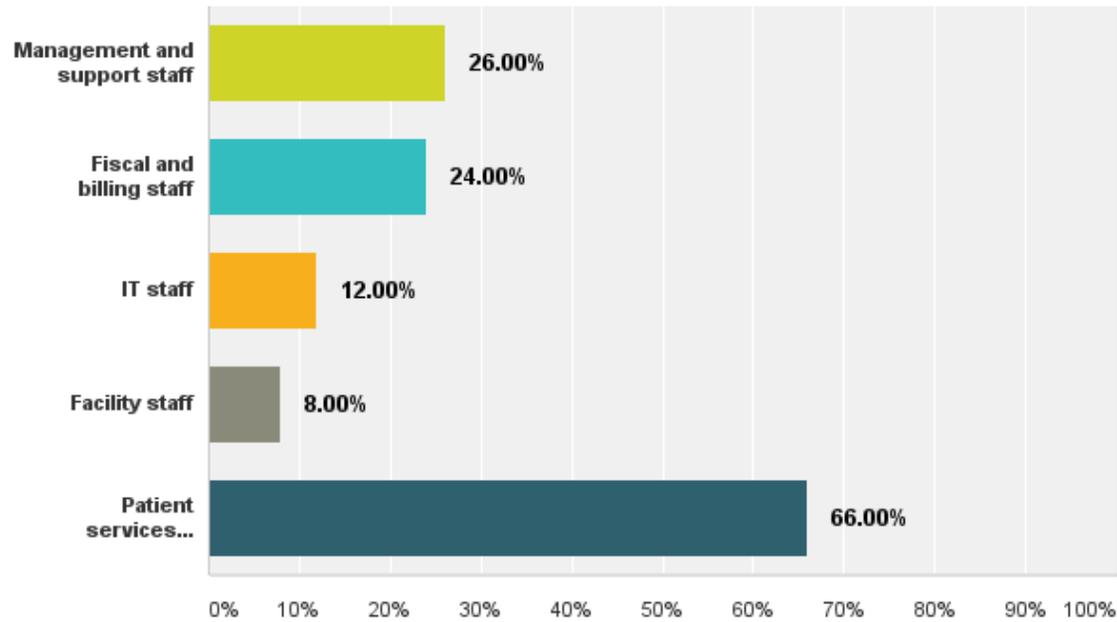
Retention is a problem for 54% of the Health Centers surveyed.

Q4.8: Which clinical discipline has the highest turnover rates across your organization? Check all that apply.

Family physicians	36.0%
General practitioners	16.0%
Internists	18.0%
Obstetrician/gynecologists	8.0%
Pediatricians	16.0%
Nurse practitioners	28.0%
Physician assistants	14.0%
Certified nurse midwives	4.0%
Dentists	20.0%
Dental hygienists	4.0%
Nurses	40.0%
Ophthalmologists	4.0%
Optometrist	0.0%
Psychiatrists	16.0%
Licensed Clinical Social Worker	20.0%
Psychologist	2.0%
Licensed Practical Nurse/Licensed Vocational Nurse	14.0%
Licensed Mental Health Providers	12.0%
Non-Licensed Mental Health and/or Substance Abuse Staff	8.0%

According to Health Centers, the clinical positions with the highest turnover rates are nurses, family physicians, and nurse practitioners.

Q4.9: Which non-clinical disciplines have the highest turnover rate across your organization? Check all that apply.



The non-clinical position with the highest turnover rate was patient services support staff.

Q4.10: What strategies have you found to be successful in improving recruitment and retention? Please choose all that apply.

Continuing professional development	70.0%
Provide adequate resources and equipment	56.0%
Employee recognition	52.0%
Professional advancement opportunities	50.0%
Loan repayment programs	62.0%
Competitive benefits packages	76.0%
Adequate premises and working conditions	50.0%
Employee satisfaction surveys	32.0%
Positive work environment (ex. Camaraderie)	62.0%
Other (please specify)	12.0%

The most successful strategies to improve recruiting and retention were a competitive benefits package, continuing professional development, and a positive work environment.

Q4.11: What HR data or metrics are you regularly capturing? Choose all that apply.

Cost-Per-Hire	12.0%
Revenue Per Employee	24.0%
Employee Engagement	30.0%
Benefit Cost	48.0%
Turnover	78.0%
Turnover Costs	18.0%
Time to Fill	42.0%
Diversity	54.0%
Absence Rate	44.0%
Workforce Productivity	56.0%
Satisfaction	68.0%
Tenure	42.0%
Workers Compensation	46.0%
Other (please specify)	8.0%

Health Centers are capturing a range of HR metrics. The top metrics include turnover, satisfaction, and workforce productivity. Fewer Health Centers capture metrics such as cost-per-hire, turnover costs, and revenue per employee.

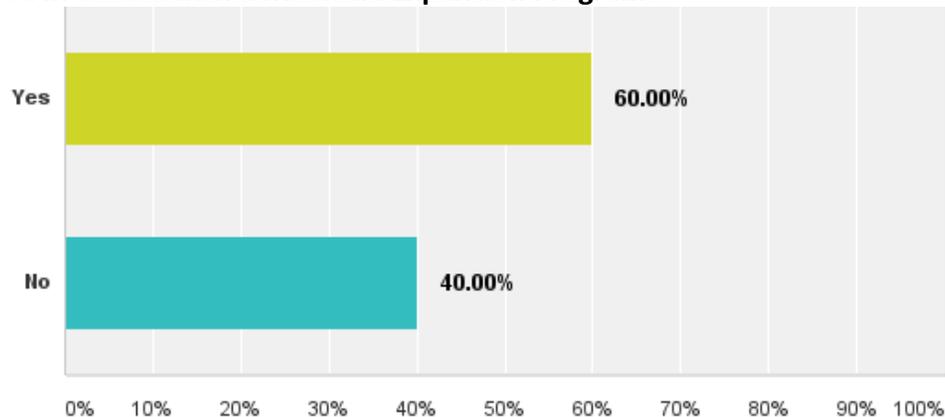
Budget and Finance

Q5.1: What percentage of your total revenue comes from the following sources?

Answer Options	0-14%	15%-29%	30%-44%	45% or more
Medicaid	2%	22%	26%	50%
Medicare	64%	36%	0	0
Other public	78%	10%	10%	2%
Private Insurance	68%	30%	2%	0
Grants	30%	28%	30%	12%
Federally-assisted programs	54%	18%	14%	14%

Three-fourths of the Health Centers report that at least 30% or more of their revenue comes from Medicaid. Health Centers also rely heavily on grants for funding. Around a third of Health Centers report that up to 44% of their revenue comes from grants. Health Centers also report that up to 29% of their revenue comes from Medicare and private insurance.

Q5.2: Are you in a state with a Medicaid Expansion Program?

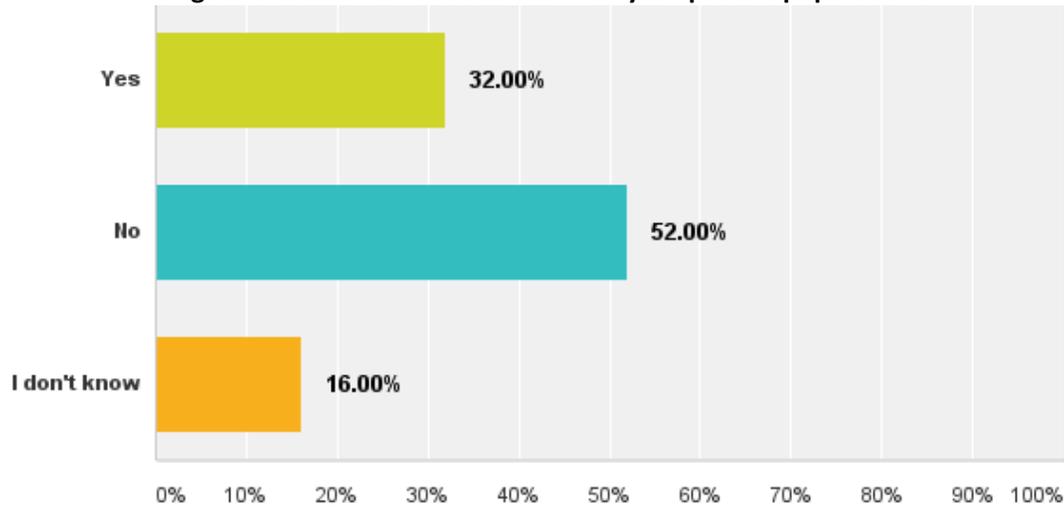


Sixty-percent of the Health Centers surveyed report they are located in a state with a Medicaid Expansion program.

Emerging Issues

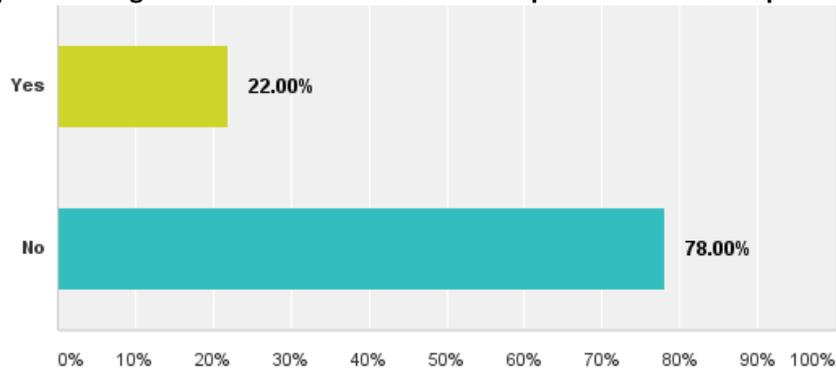
Excessive heat

Q6.1: Is climate change and excessive heat a concern for your patient population?



A majority of Health Centers (52%) report that they are not concerned about the effects of climate change on their patient population.

Q6.2: Are you working with the PHA or state health department to develop an emergency preparedness plan to address excessive heat?



Only 22% of the Health Centers are working with their Public Housing Authority or state health department to develop an emergency preparedness plan to address excessive heat.

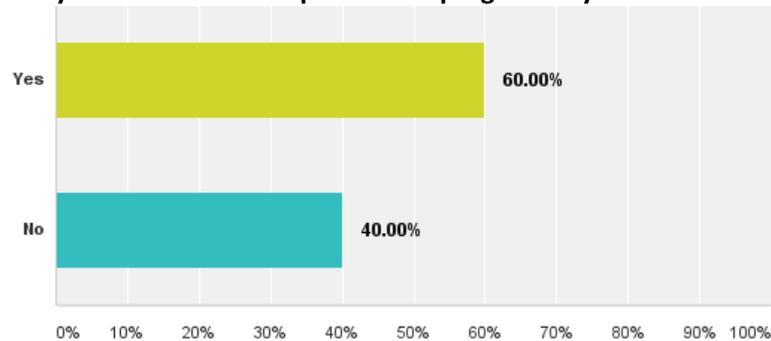
Q6.3: Which possible negative health effect of heat waves do you find most worrying for your patient population? Choose all that apply.

Poor air quality	48.0%
Risk of dehydration	60.0%
Risk of heat stroke or hyperthermia	50.0%
Complications of existing health issues	66.0%
Exacerbation of mental health issues	42.0%
Possible increased incidents of disease and illness	34.0%
Possible increased incidents of mold	24.0%
Other (please specify)	10.0%

Among the many negative health effects of heat waves, 66% of Health Centers were most concerned about how excessive heat complicated existing health issues. Health Centers were also concerned with the risk of dehydration (60%), risk of heat stroke or hypothermia (50%), and the effects of poor air quality (48%) on their patients.

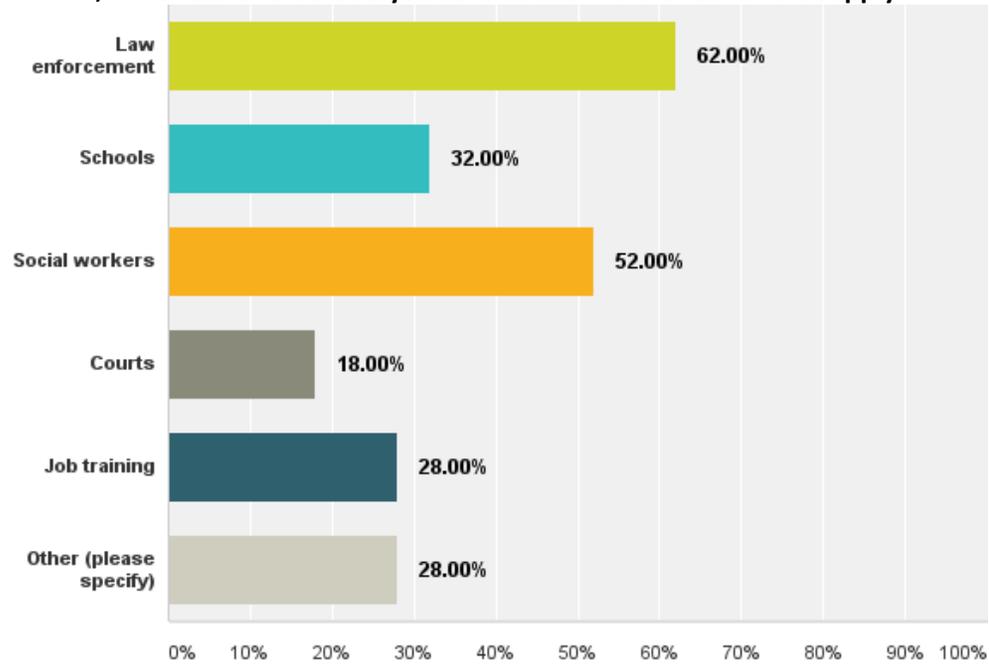
Violence Prevention

Q6.4: Do you have a violence prevention program at your site?



Sixty percent of Health Centers have a violence prevention program at their site.

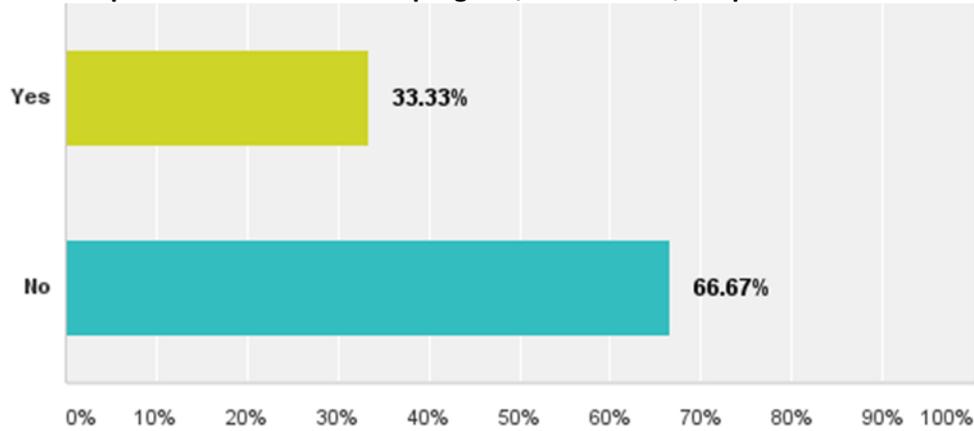
Q6.5: If so, which stakeholders do you collaborate with? Check all that apply.



Of those Health Centers with a violence prevention program, 62% report they collaborate with law enforcement, 52% collaborate with social workers, and 32% collaborate with schools.

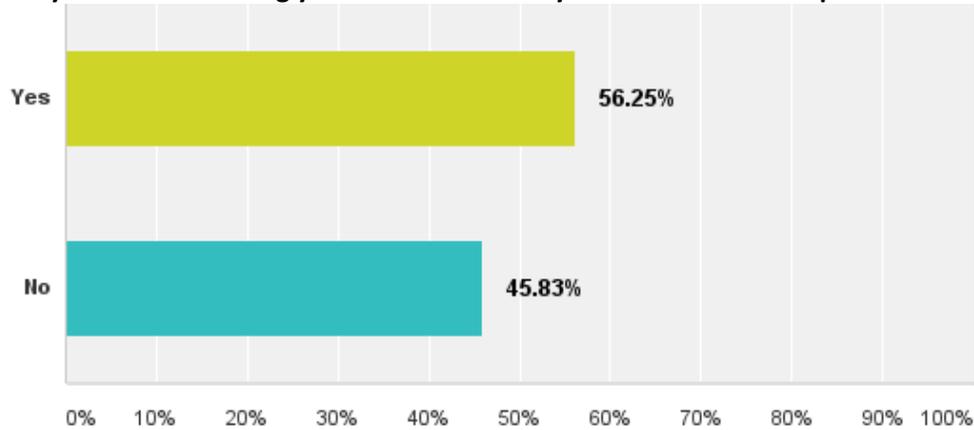
Special Populations- Elderly and the Disabled

Q6.6: Do you have a special senior health care program, senior clinic, or special services that are aimed specifically for seniors?

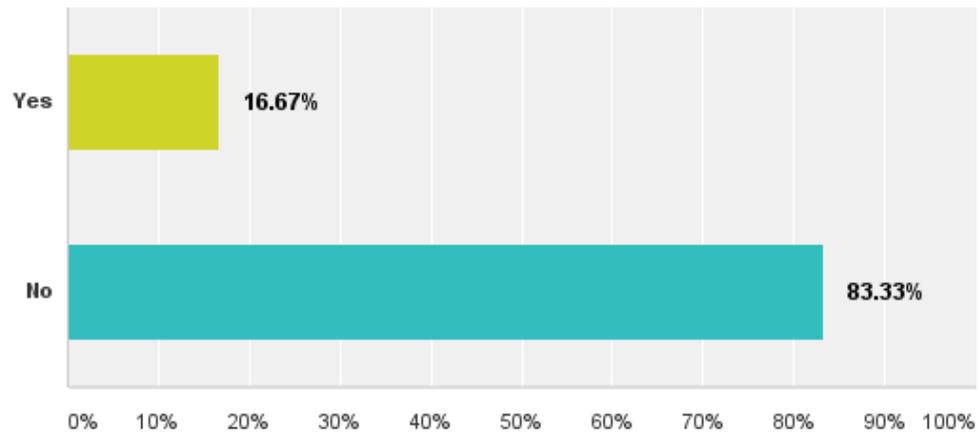


Approximately two thirds of respondents do not have special health care programs, clinics or services for seniors.

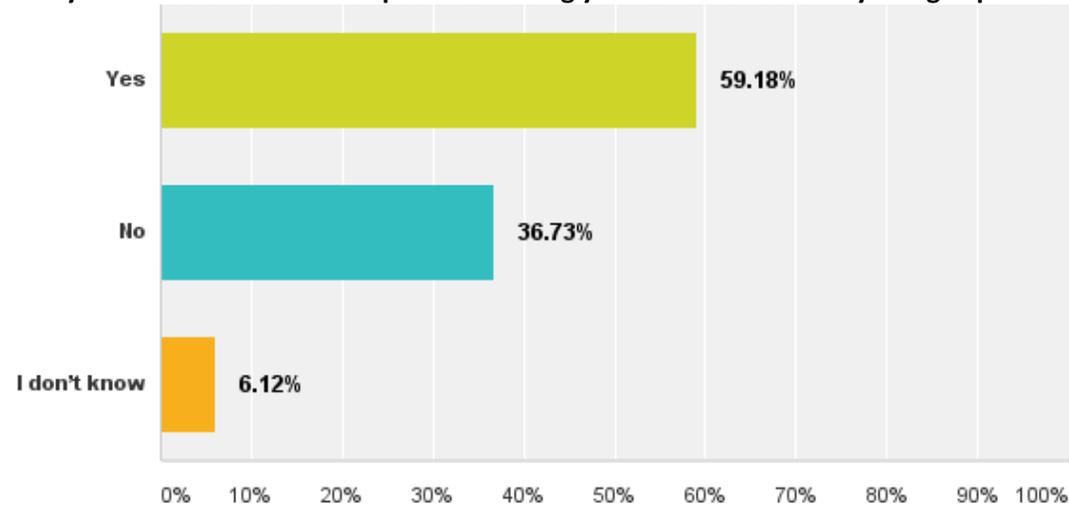
Q6.7: Is there any additional staffing you feel is needed at your Center to better provide senior care?



More than half of the Health Centers say they need additional staffing to provide better senior care.

Q6.8: Do you have a special program or special services that are aimed specifically for the disabled?

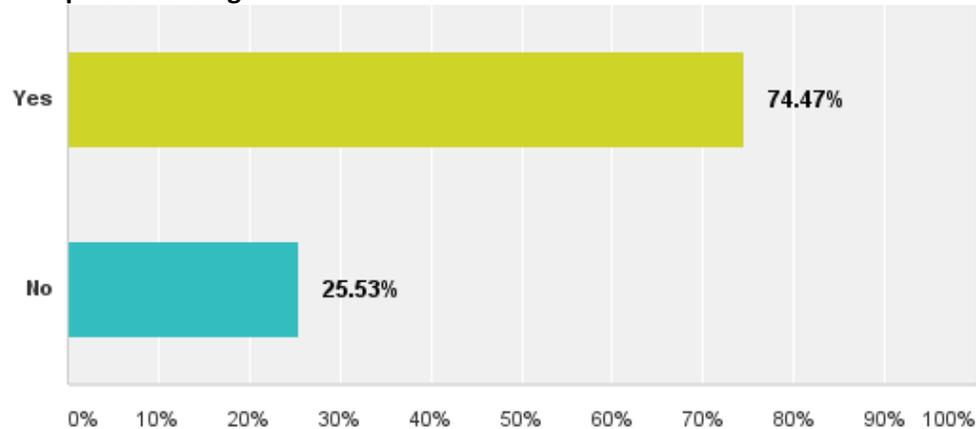
Eighty-three percent of respondents do not have special programs or services for the disabled.

*Counting Residents of Public Housing***Q6.9: Are you still able to tell which patients visiting your center are actually living in public housing?**

Despite the change in UDS reporting requirements, almost 60% of Health Centers are able to determine which patients live in public housing developments.

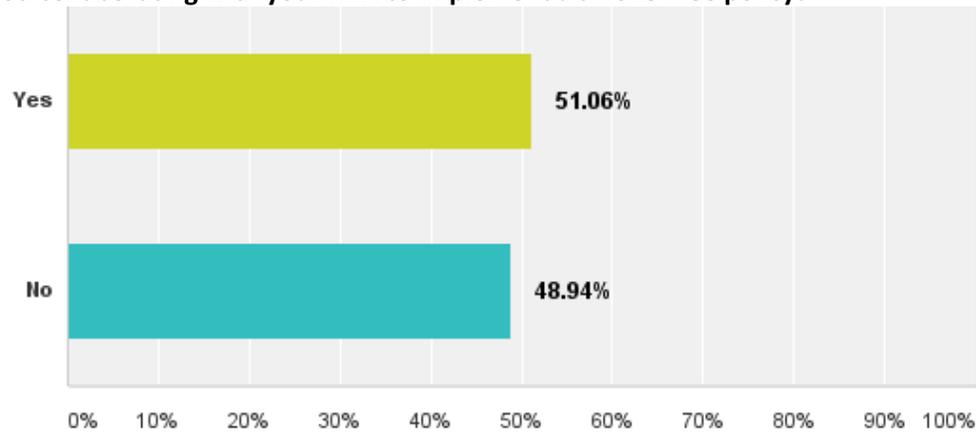
HUD's Smoking Rule and Smoking Cessation Services

Q6.10: Are you familiar with a new HUD rule prohibiting lit tobacco in all living units, outdoor areas (25 feet from the housing) and indoor common areas in public housing?



Roughly three-fourths of Health Centers are aware of the new HUD rule that bans smoking in public housing.

Q6.11: Are you collaborating with your PHA to implement a smoke-free policy?



However, only half of the Health Centers report that they are currently collaborating with their Public Housing Authority to implement a smoke-free policy.

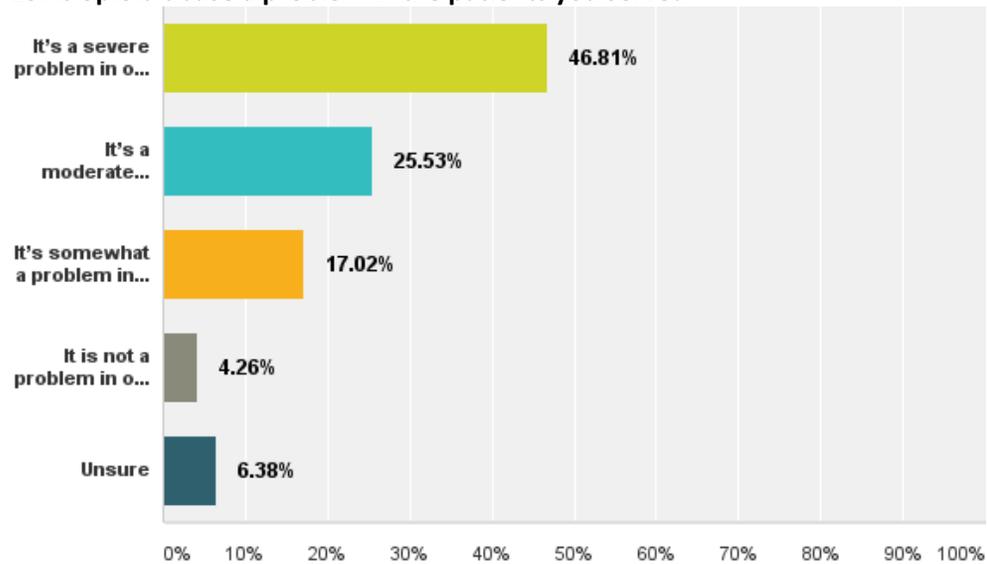
Q6.12: Please check all of the smoking cessation support activities you offer.

Smoking Cessation Activity	Yes	No
On-site smoking cessation	75%	24%
Referrals to smoking cessation counseling	94%	4%
Quit line number or information about other resources	83%	13%
Nicotine replacement therapy (e.g. patches, gum, lozenges)	79%	15%
Quit smoking information (e.g. booklet, brochure, video, etc.)	96%	2%
Suggestions to contact primary care provider	87%	2%

The top three smoking cessation support activities offered by Health Centers include: quit smoking information, referrals to cessation counseling, and suggestions to contact their primary care provider.

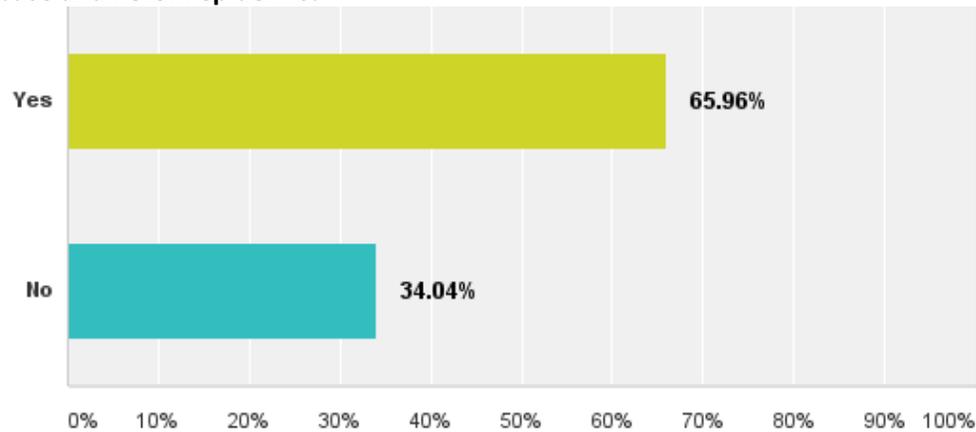
Substance Abuse

Q6.13: Is opioid abuse a problem in the patients you serve?



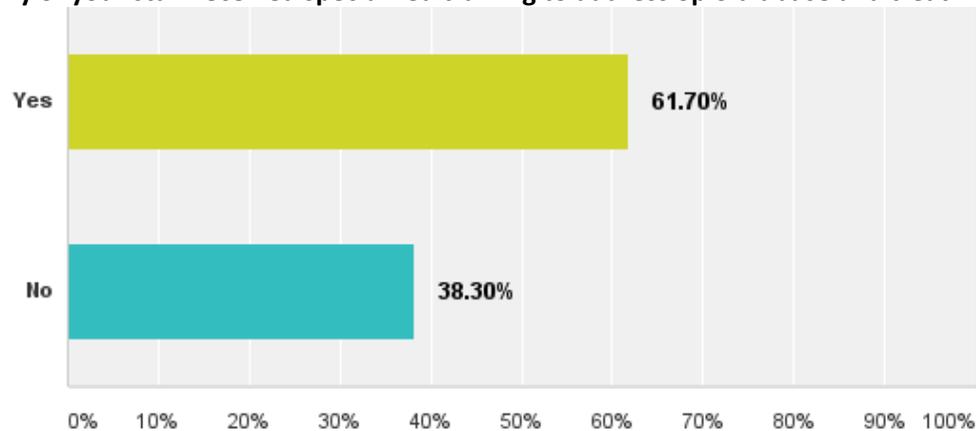
Almost 90% of the Health Centers surveyed report that opioid abuse is a problem (severe, moderate, or somewhat) in the patients that they serve. Almost half of Health Centers report that it is a severe problem.

Q6.14: Have you developed a comprehensive substance abuse program (that integrates primary care and behavioral health) to respond to the opioid abuse and heroin epidemic?

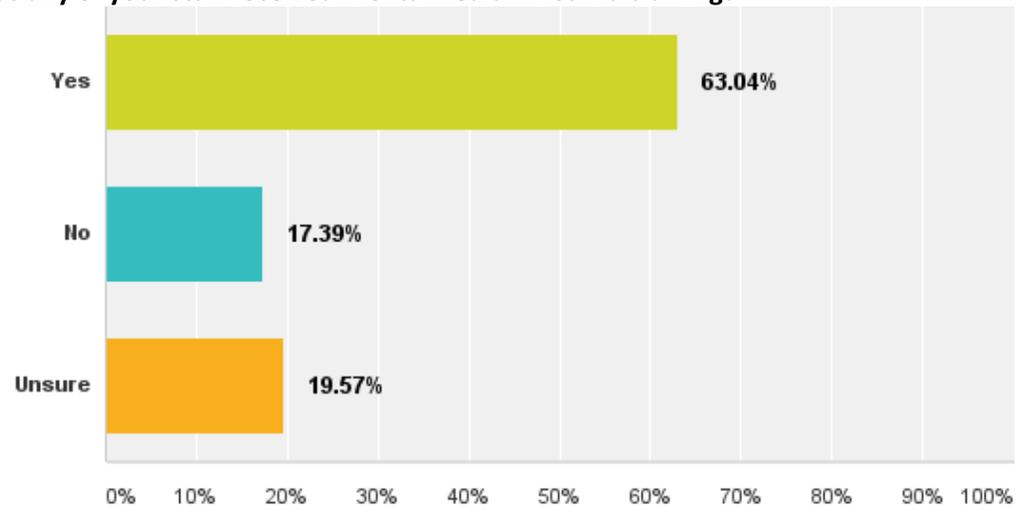


To address the opioid and heroin epidemic, 66% of Health Centers reported that they have developed a comprehensive substance abuse program that integrates primary care and behavioral health.

Q6.15: Has any of your staff received specialized training to address opioid abuse and treatment?



Sixty-two percent of Health Centers report that their staff have received specialized training to address opioid abuse and treatment.

Q6.16: Has any of your staff received Mental Health First Aid training?

Around 63% of Health Centers have staff that have received Mental Health First Aid Training.

Program Development and Analysis

Q7.1: Please select the three most frequently provided outreach services at your Health Center.

Basic health screening	50.0%
Language services/interpretation	30.4%
Benefits eligibility/enrollment	63.0%
Health fairs or events	65.2%
Referrals	23.9%
Collaborations/partnerships	39.1%
Health education	37.0%
Sharing information	21.7%
Follow-ups	19.6%
Case management	43.5%
Transportation	32.6%
Clinical outreach	17.4%
Appointment setting	28.3%
Other (please specify)	8.7%

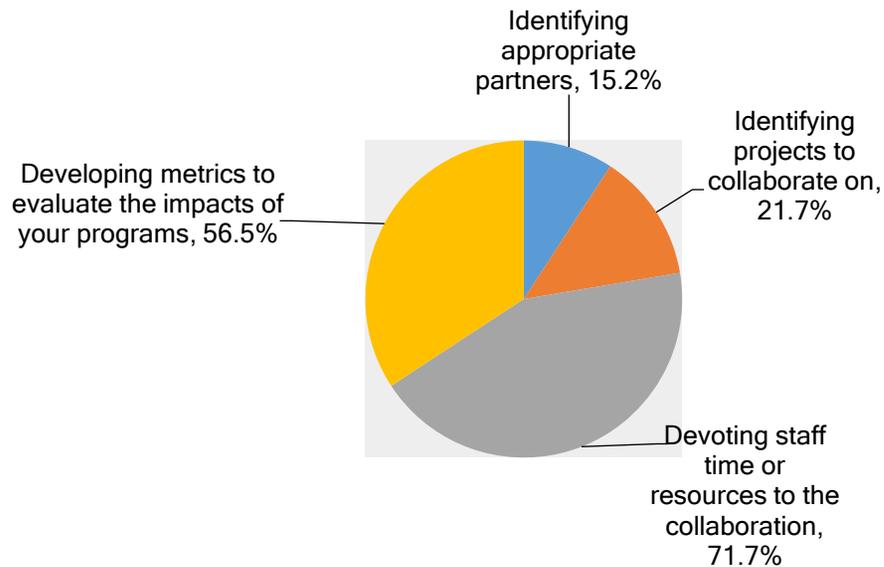
Health Centers most often provide outreach at health fairs or community events on eligibility and enrollment into health insurance and basic health screenings.

Q7.2: Please select the three top challenges your Health Center faces in providing outreach services.

Funding	58.7%
Staff recruitment	17.4%
Populations mistrust	28.3%
Developing new outreach services	23.9%
Collecting outreach data	28.3%
Not enough knowledge of populations needs	6.5%
Measuring performance/effectiveness of outreach	37.0%
Transportation issues	26.1%
Meeting the outreach needs of diverse population	17.4%
Language or interpretation issues	10.9%
Organization integration	8.7%
Finding outreach models (best practices)	23.9%
Other (please specify)	8.7%

The top challenges that Health Centers face in providing outreach services are funding, measuring performance or effectiveness of their outreach, and population mistrust.

Q7.3: What challenges do you have with engaging in partnerships with other sectors (such as housing, transportation, education, employment, and food) to address the social determinants of health? Choose all that apply.



Most Health Centers report that the top challenges to engaging in partnerships with organizations in other sectors is devoting staff time or resources to the collaboration or evaluating the impacts of their programs.

Performance Improvement

Q8.1: What are the top 3 challenges you face when trying to improve health outcomes for diabetes patients?



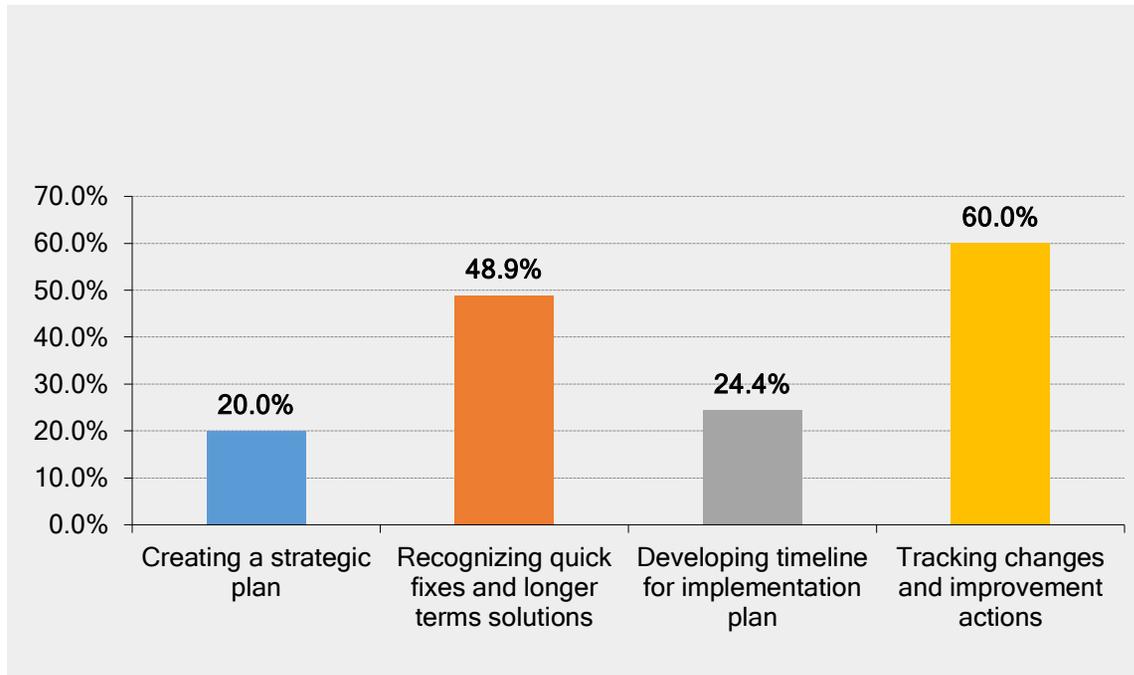
The Performance Improvement section of the Needs Assessment included questions on topics of clinical importance to HRSA, such as diabetes and cervical cancer.

Health Centers report that the top challenges for diabetic patients are medication adherence, diet and exercise, and cost of medications.

Q8.2: What challenges do you have with cervical cancer screening?

Patient Compliance	31%
Cost/access to resources	6%
Provider shortage/Provider issues	5%
Access to insurance	4%

Health Centers report that the top challenges for cervical cancer screening are patient compliance, cost of screenings, and provider shortages.

*Reporting Systems***Q9.1: Which of the following issues does your health center have after collecting and analyzing UDS and needs assessment data?**

Health Centers report that the top challenge after collecting and analyzing UDS and needs assessment data is tracking changes and improvement actions and recognizing quick fixes and long term solutions.

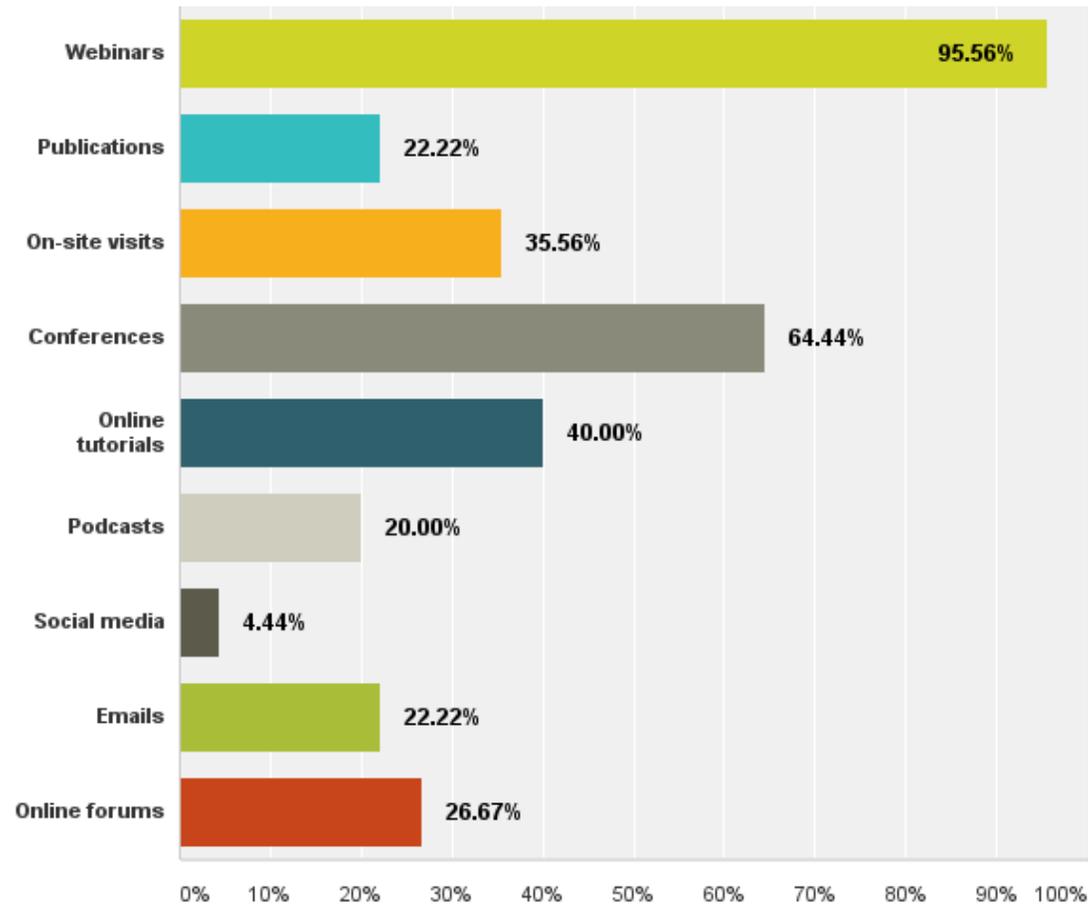
Training and Technical Assistance Needs

Q10.1: In which of the following areas would you like to receive training/technical assistance? Choose all that apply.

Board Governance	13.3%
Staff Recruitment and Retention Strategies	35.6%
EHRs	11.1%
Emergency Preparedness	24.4%
Clinical Quality Measures	28.9%
Emerging Medical Issues	28.9%
Chronic Disease Self-Management Best Practices	51.1%
Culturally and Linguistically Appropriate Services	17.8%
Needs Assessments	13.3%
ICD 10	24.4%
Outreach and Enrollment	17.8%
Grant Funding /Audits	17.8%
Best Practices	48.9%
Other (please specify)	4.4%

Health Centers report that the topics they would most like to receive training and technical assistance include: chronic disease self-management best practices, other best practices, and staff recruitment and retention.

Q10.2: Which of the following training/technical assistance delivery vehicles do you prefer? Please choose all that apply.



Most Health Centers report that they prefer receiving training and technical assistance through webinars, conferences, and online tutorials.

Discussion

The 2016 Needs Assessment was sent to all Health Centers located in or immediately accessible to public housing in order to determine the status, needs, and emerging issues facing patients that live in public housing. NCHPH decided to expand the survey sample to a larger group of Health Centers, not just those receiving PHPC funding, to gain a comprehensive understanding of the needs Health Centers face in providing services to this important vulnerable population. There was an equal representation of Health Centers receiving PHPC funding and those that were not, in a 50/50 split. As in previous Needs Assessments, the survey was completed by the CEO. Based on feedback received from respondents, future assessments will be sent to several staff at the Health Center site, allowing persons with expertise in specific areas of care delivery to provide insight on the health care needs of public housing residents.

Much of the training and technical assistance that NCHPH provides is focused on helping Health Centers meet HRSA's 19 program requirements. Previous Needs Assessments indicate that the topics within the 19 program requirements that Health Centers find most challenging have not changed. Health Centers are most interested in contractual agreements and sliding fee discounts. NCHPH plans to continue providing webinars and sessions addressing these topics that are critical to the success of the Health Center programs.

The Needs Assessment indicates that many Health Centers are collaborating with their local Public Housing Authority. Even though only 50% of the respondents receive PHPC funding, 64% of them report that they have established a collaborative agreement with the housing agency. While this is promising, it is still important to note that almost 36% of Health Centers are not. Collaboration is the key to addressing the needs of public housing residents, therefore NCHPH will continue to focus on disseminating strategies to form meaningful partnerships between the organizations.

Finally, a number of emerging issues important to Health Centers and their patient population were examined in the Needs Assessment, including excessive heat, violence prevention, programming for seniors and the disabled, substance abuse, and HUD's smoking ban. Several gaps between the needs of patients and the services provided by the Health Centers were uncovered. For example, even though climate events are expected to increase over the coming years, Health Centers have not focused on

addressing excessive heat in their emergency preparedness plans. Additionally, while the number of senior and disabled patients have increased dramatically at Health Centers, resources to develop appropriate programming and outreach to these vulnerable populations is lacking, which could result in poorer care for these groups. NCHPH will develop a training and technical assistance plan for the next program year that addresses these important topics.

Limitations

As with any survey, there were several limitations. The participation rate for the Needs Assessment was 21%. A total of 290 Health Centers were contacted to participate and only 61 responded. Low turnout could have been due to the timing of the survey, it was released close to end of year holidays. Low participation could also be due to the length of the survey. There were 59 questions in the Needs Assessment, which required participants to spend up to an hour to complete. To address participation, Health Centers were reminded to complete the survey via email and phone call. The reminders helped to increase the overall number of participants.

Another limitation was incomplete data and a potential error in answer responses. Not all surveys were answered fully. The Needs Assessment was sent to the CEOs of the Health Center. However, some of the questions were related to clinical care, social services, and financial issues. It is possible that the respondent was unable to answer some of the questions or answered them in error because the question was outside their area of expertise. To address the limitation, NCHPH has requested that Health Centers report contact information for their Chief Medical Officers and their Chief Financial Officers. Future editions of the Needs Assessment will be sent to multiple contacts at each center to ensure the survey is completed and answered as correctly as possible.

Conclusion

Findings from the Needs Assessment to Health Centers that are located in or immediately accessible to public housing reveal that there are several areas that are important to address through training and technical assistance, topics that persist from year to year as well as emerging areas of concern. The information gathered has been critical for NCHPH to develop a portfolio of activities that are responsive to the needs of these Health Centers. Based on this data, NCHPH plans to focus attention on developing collaborations that can leverage resources to provide quality care to public housing residents.