## Voices from the Region

I really enjoy the daily challenge of my job and the opportunity to learn something new almost every day.
*Administrative Support Staff, Wyoming*

We take great care of patients and practice patient-centered care — every patient, every time.
*Clinical Provider, Montana*

# CHAMPS Region VIII
# Health Center Program Grantee
# Recruitment & Retention
## Survey Report
# 2011

**CHAMPS**

I love the opportunity to give people affordable care and affordable medications.
*Clinical Provider, Utah*

Working at a Community Health Center attracts the type of people that want to help their community. I enjoy working with inspirational people.
*Clinical Support Staff, Colorado*

Our clinicians establish positive relationships with patients to further positive health outcomes.
*Administrative Other Supervisor/ Manager, North Dakota*

We have a team spirit and a desire to satisfy our patients.
*Clinical Provider, South Dakota*

**Community**
**Health**
**Association of**
**Mountain/**
**Plains**
**States**

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*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*

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## A. EXECUTIVE SUMMARY

### Introduction

The *2011 CHAMPS Region VIII Health Center Program Grantee Recruitment & Retention Survey Report* provides an analysis of data collected in December 2011 from staff members of Bureau of Primary Health Care (BPHC) Health Center Program grantees (primarily community, migrant, and homeless health centers – called "grantees" or "health centers") in Region VIII (CO, MT, ND, SD, UT, WY).  This project was undertaken in collaboration with the Region VIII State Primary Care Associations (SPCAs) to provide CHAMPS (the Region VIII PCA), the region's SPCAs, and participating grantees with information vital to strengthening and enhancing the **successful recruitment and retention strategies already in place**, and to developing **new and innovative ways to support successful recruitment and retention of staff** in an era of economic stress, dynamic program expectations, and ongoing challenges in finding, and keeping, highly qualified employees.

A total of **1,229** employees from **54** Region VIII health centers responded to the survey, an approximate response rate of 23.3% of the region's staff members from 94.7% of the region's health center grantees.  (Please refer to the **Methodology and Participants** section, page 18, for details about response rates regionally and by state).  Responses were analyzed by a variety of factors including position group, age, tenure, and state.

### Snapshot of Survey Respondents

| States | | | Position Groups | |
|---|---|---|---|---|
| Colorado | 66.1% | | Administrative Executives | 7.8% |
| Montana | 11.6% | | Administrative Other Supervisors/Managers | 10.3% |
| North Dakota | 4.5% | | Administrative Support | 24.0% |
| South Dakota | 12.0% | | Clinical Executives & Providers | 27.1% |
| Utah | 3.3% | | Clinical Support | 30.5% |
| Wyoming | 2.4% | | **Top Responding Administrative Executives** | |
| **Gender** | | | CEOs/Executive Directors | 2.9% |
| Female | 80.9% | | CWOs/Human Resources Directors | 1.1% |
| Male | 18.2% | | **Top Responding Clinical Executives/Providers** | |
| **Age** | | | Physicians | 7.1% |
| Less than 20 | 0.2% | | Physician Assistants | 5.0% |
| In their 20s | 17.8% | | Nurse Practitioners | 4.0% |
| In their 30s | 24.4% | | Dentists | 3.8% |
| In their 40s | 22.8% | | CMOs/Medical Directors | 2.0% |
| In their 50s | 23.0% | | **Length of Employment at Health Center** | |
| 60+ | 9.9% | | Zero to two years | 34.8% |
| **Employment Status** | | | Three to five years | 24.9% |
| Full-Time | 87.9% | | Six to ten years | 18.7% |
| Part-Time | 12.1% | | More than ten years | 21.6% |
| **Fluency** | | | **Length of Employment in Community Health** | |
| Spanish | 37.8% | | Zero to two years | 25.9% |
| Other Languages | 4.6% | | Three to five years | 25.0% |
| **Employment Incentives** | | | Six to ten years | 19.9% |
| Received loan repayment | 12.6% | | More than ten years | 29.2% |
| Received scholarship(s) | 5.1% | | **Anticipated Future Tenure** | |
| **Size of Health Center** | | | Plan to stay for zero to three years | 13.1% |
| Less than 50 FTEs* | 17.3% | | Plan to stay for three to five years | 8.5% |
| 50-140 FTEs* | 19.2% | | Plan to stay for five to ten years | 10.7% |
| More than 140 FTEs* | 61.6% | | Want to stay at HC as long as possible | 52.6% |

*Full-Time Equivalents; based on 2010 BPHC UDS information[i]*

## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, Region VIII

This report overall contains an extraordinary amount of information, not all of which is addressed in the Key Findings sections of data highlights and conclusions about how health centers and PCAs might use the information provided.  Additional conclusions can be drawn with further review; therefore, this report is intended to be a reference guide that will be useful to Region VIII health center program grantees and Primary Care Associations (PCAs) over time, as recruiting and retention questions, situations, and potential projects arise.  The information will be useful to set baselines for tracking workforce trends over time, and will identify commonalities in recruiting and retention needs to allow health centers and PCAs to target efforts efficiently and effectively.

### Region VIII Health Center Employees

- The gender distribution of Region VIII health center employees (4/5 female) is in line with national averages for non-hospital healthcare institutions; however, within Region VIII health centers, men are least well represented in support staff positions.
    - *See Gender, page 22, for more information.*
- Region VIII health centers have a very even distribution of employee ages, for those aged 20 and above; this, taken in tandem with national projections that the oldest group of the labor force will increase over time, and the strong interest in interpersonal issues and communication styles indicated in the "Satisfaction" sections of this survey, may suggest that training in multi-generational issues could be useful.  Additionally, an anticipated rise in both workforce age, and in tenure at an employee's current organization, suggests that health centers should be cognizant of developing programs to support employee motivation and morale.
    - *See Age, page 23, for more information.*
- The Region VIII health center workforce is in line with national figures for median number of years with current employer (three to five years for Region VIII; 4.4 years nationally), and there is a relatively even distribution of experience levels (how long employees have worked for their current employer).  Average tenure is anticipated to rise nationwide, and those of retirement age may delay their retirement for the time being; however, health centers should be prepared, as the economy improves, for a coinciding round of retirements.
    - *See Years in Current Position & Years at Current Organization in Any Position, page 24, for more information.*
- Almost 50% of the survey's respondents have worked in community health (at any organization) for six or more years, an increase from 40% of the respondents in the CHAMPS 2004 Recruitment and Retention Survey.
    - *See Years in Community Health, page 25, for more information.*
- Almost 90% of survey respondents reported working full-time, compared to the national average of just over 80%.  This, taken in tandem with the strong appreciation for flexible schedules expressed by respondents in the "Satisfaction" portions of this survey, indicates that more health centers could consider ways to provide part-time employment for a larger section of their workforce.
    - *See Employment Status, page 26, for more information.*
- Almost 40% of survey respondents reported being fluent in a language other than English (including almost 38% fluent in Spanish); according to BPHC UDS information, 23.6% of Region VIII health center patients in 2010 were best served in a language other than English.  The region's youngest employees were more likely to be fluent in Spanish than older employees, indicating an anticipated rise in fluency in languages other than English over time.
    - *See Language, page 27, for more information.*
- Approximately 48% of the responding Clinical Executives and Providers had received monetary incentives in the form of loan repayment or scholarships, through the National Health Service Corps (NHSC) or other sources, at some time during their career.
    - *See Monetary Incentives, page 29, for more information.*

## A. EXECUTIVE SUMMARY, CONTINUED

### *Key Findings, Region VIII, continued*

**Recruitment Findings**
In order to identify ways that health centers and PCAs might most effectively promote the health center model of care and support health center hiring efforts, survey participants were asked a series of questions relating to promoting health centers, seeking employment, and future plans.

- Almost 97% of survey participants indicated that they had either: a) already referred friends, family members, colleagues, etc. to positions within a health center, or b) would be willing to do so if an appropriate opportunity arose.  This, taken in tandem with the strong use of "Word of mouth" as a resource for finding health center jobs indicated in the "Resources for Finding Career Opportunities" section of the survey, strongly suggests that health centers should consider using defined employee referral systems, incentives, etc. as a portion of their overall recruitment strategy.
  - *See Referring Others to an FQHC, page 33, for more information.*
- The top five reasons why survey respondents chose to work for a health center were:
  - 1) Mission to the underserved (especially important for Administrative Executives and Other Supervisors/Managers, as well as Clinical Executives and Providers);
  - 2) It was the position available (especially important for support staff);
  - 3) High quality of health care;
  - 4) Strong team orientation; and
  - 5) Community-driven setting.
- Providers were also very likely to choose "Scope of practice" and "Opportunity of loan repayment".   "Benefits package" ranked higher than "Compensation package" for all groups; "Compensation" was chosen by less than 10% of survey respondents overall.
- These factors indicate that pay (while always a component of hiring) is less important to those choosing to work at health centers than other qualities; health centers and PCAs could use this information to craft messaging for marketing health centers and for recruitment of specific positions.  Health centers should be mindful of the benefits package they are able to offer, and, since "It was the position that was available" ranked so highly, explore ways to insert their messaging most effectively into the community.   Since mission-driven personalities may be a ready-made fit, health centers and PCAs should explore avenues for finding people who are mission-driven (e.g., targeting post-service members of AmeriCorps, Peace Corps, etc.).
  - *See Choosing to Work at an FQHC, page 31, for more information.*
- Health center employees reported using a wide variety of resources to find job opportunities when seeking employment in the past; the most useful were:
  - 1) Word of mouth;
  - 2) Online job sites;
  - 3) Previous professional contacts; and
  - 4) Newspapers.
- When asked how they heard about their health center position before being hired, survey respondents strongly cited "Word of mouth" as the most utilized resource.  When they found their position on a website, it was most likely to be the health center's own site.  Use of online job sites is growing (70% of those employed two or fewer years reported finding online job sites to be useful, compared to just over 42% of the survey respondents overall).  Providers also reported a strong reliance on "Previous professional contacts".
- Conscious effort should be made to enhance the effectiveness of "Word of mouth" recruiting, both at the community level (possibly through involvement in local events) and regionally/nationally;  continued connections with partners within the health center movement may be important when recruiting top jobs.  Acting as a training site for various position types (internships, externships, volunteering, etc.) is an important component of a recruitment strategy for providers and others, and health centers should use their opportunity as a training site to not only provide the necessary training but also to foster an understanding of and appreciation for the health center model of care.

## A. EXECUTIVE SUMMARY, CONTINUED

## *Key Findings, Region VIII, continued*

### *Recruitment Findings, continued*
- Having a health center website, and keeping updated openings clearly advertised, will only gain in importance over time. Utilizing a variety of other online job boards is important, especially for regional/national searches. Providers reported relying heavily on the NHSC job board. (Refer to **Appendix A** for lists of the most utilized online job sites.)
  - *See **Resources for Finding Career Opportunities & How Heard about CHC Opportunity**, page 35, and **Online Job Sites**, page 37, for more information.*
- Survey respondents were asked to identify factors relating to their satisfaction, and to detail what their health centers were doing well (their "favorite things about work"). Analysis of these responses revealed a strong correlation between positive job satisfaction and relationships with coworkers, excitement/variety/challenge of work, and phrases relating to FQHC fundamentals (mission to the underserved, quality of care, service/helping people, etc.). Health centers and PCAs should consider using similar concepts and terminology when crafting marketing around health centers, and when recruiting for specific positions. Additionally, considering the leanings of survey respondents toward needing positive work relationships and the growing importance of team-based care environments (as necessitated by the Patient-Centered Medical Home initiative), hiring managers need to be seeking candidates with strong team-supporting characteristics (e.g., not hiring just for the right degree, but for the ability to work well with others along with the desire to help the community).
  - *See **Factors Influencing Satisfaction**, page 44, and **Health Center Successes Relating to Satisfaction**, page 49, for more information.*
- To help health centers and PCAs anticipate possible future turnover, survey participants were asked how long they planned to stay with their current organization. Over 50% of respondents indicated a desire to stay for as long as possible, with support staff being more likely than others to do so. Just over 13% anticipated leaving their organization within the next three years (13% of Administrative Executives, 8% of Administrative Other Supervisors, 13% of Administrative Support staff, 19% of Clinical Executives/Providers, and 10% of Clinical Support staff).
  - *See **Anticipated Future Tenure**, page 73, for more information.*

### Retention Findings
In order to identify health center strengths to utilize when promoting health centers in general and when recruiting for specific positions (addressed in the "Recruitment Findings" above) and to ensure health centers and PCAs are focusing on those factors which keep employees satisfied within their positions and therefore support retention while improving the viability of the health center organizations, survey participants were asked a series of questions relating to job satisfaction and their training needs. Since many of these questions are closely related, conclusions about how Region VIII health centers and PCAs might use these findings are included at the end of the "Retention Findings" section (page 11).
- When provided a list of 24 factors that might influence job satisfaction in either a positive or negative way, survey respondents strongly indicated the following five as most important – all were selected by 45% or more of respondents:
  - 1) Quality of care that patients/clients receive;
  - 2) Relationships with other co-workers;
  - 3) Mission of the organization;
  - 4) Patient/client interactions; and
  - 5) Excitement/challenge of work
- Additional important factors (selected by 24%-45% of respondents) were Relationships with supervisors, Benefits package, Opportunity for flexible work schedule, Family life in/around community, and Specific job duties/scope of practice.
  - *See **Factors Influencing Satisfaction**, page 44, for more information.*

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## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, Region VIII, continued

#### Retention Findings, continued

- These factors were also highlighted when respondents were asked to describe what their health centers were doing well relating to their satisfaction (their "favorite things about work"); a very high percentage of responses touched, in some way, on people (interactions with others, the competency of others within their organizations, etc.). Interpersonal relationships specifically, and especially those with co-workers and patients, were referenced by more than 50% of the respondents. Pride in the programs and services and in quality of care was also very important. Other important concepts included teamwork, flexible schedules, benefits, professional growth, job duties, mission, and helping the underserved.
    - o *See Health Center Successes Relating to Satisfaction, page 49, for more information.*
- When asked to identify what their health center could improve upon (their "least favorite things about work"), the general concept of "people" again rose to the top (in this case relating to staff within their organizations, interactions with others, etc.). The most common concepts were staffing issues (need for higher functioning staff members, increased or otherwise adjusted staffing levels, etc.), interpersonal relationships (employee relationships, communication problems, negative personalities, etc.), and a need for increased compensation. Other important concepts included policies/procedures/operations (including dissatisfaction with work load, work flow, scheduling of patients, expectations and accountability, etc.), facilities and equipment (especially technology), and a lack of trust and/or respect.
- Relating to staff groups specifically, respondents referred to a need to improve individual and general leadership and management capabilities within their organizations. Support Staff were likely to express a desire for growth opportunities, and respondents in general often referred to frustration relating to Support Staff turnover and lack of training. When addressing Providers, respondents often referred to a need for improved communication and frustration with recruitment challenges.
- Overall there were fewer answers to the "how could my health center improve" question than there were to the "what are my health center's successes" question, indicating an overall trend that health center employees are more satisfied with their jobs than they are dissatisfied.
    - o *See Health Center Improvement Needs Relating to Satisfaction, page 60, for more information.*
- Over 60% of survey respondents indicated that they had no desire to change their professional position (they would like to stay in their current situation); however, 16% (mostly those in support positions) indicated an interest in a new position within their current organization.
    - o *See Desire for Change, page 72, for more information.*
- Over 13% of respondents are anticipating leaving their organization within the next three years (13% of Administrative Executives, 8% of Administrative Other Supervisors, 13% of Administrative Support staff, 19% of Clinical Executives/Providers, and 10% of Clinical Support staff). These respondents were then asked to identify their top reason for planning to leave in the near future. The top six reasons given (each indicated by 15% or more of these respondents) were:
    1) Need for growth/professional opportunity (most common response for those in support positions);
    2) Dissatisfaction with current position and/or organization;
    3) Upcoming retirement (most common response for Administrative Executives and Other Supervisors/Managers);
    4) Need for higher compensation;

## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, Region VIII, continued

**Recruitment Findings, continued**

> 5) Upcoming move or desire for new location (most common response for Clinical Executives/Providers); and
> 6) Plans to attend school.
> - *See Anticipated Future Tenure, page 73, and Reasons for Anticipated Leave, page 75, for more information.*

- Respondents were asked to detail changes or additional programs and/or services that would lead to an increase in their job satisfaction. Forty-one percent of respondents expressed desires categorized as Personal, and 40% expressed concepts categorized as Organizational. The top nine topic sub-categories in descending order of frequency (each expressed by 6% to 17% of respondents) were:
> 1) Personal – Compensation (increased salary levels, bonuses, etc.; the top-ranking sub-category for Administrative Other Supervisors/Managers, Administrative Support Staff, and Clinical Support Staff);
> 2) Organizational – Patient services (increased services, integrated health, etc.; the top-ranking sub-category for Clinical Executives and Providers);
> 3) Organizational – Staffing (typically an increase in staffing levels; the top-ranking sub-category for Administrative Executives);
> 4) Personal – Continuing education (additional training, skills development, etc.);
> 5) Organizational – Management (improved management/supervisor capabilities, support of staff, etc.);
> 6) Personal – Professional growth (including opportunities for promotion, additional challenges, mentoring, etc.);
> 7) Interpersonal – Communication (to address communication barriers throughout the organization);
> 8) Interpersonal – Employee relations (improved work environment); and
> 9) Personal – Benefits (in general, plus specific to improved health insurance, lower costs to employees, and various types of leave).
> - *See Changes and/or Programs/Services to Increase Satisfaction, page 78, for more information.*

- The survey attempted to identify the most commonly desired topics for continuing education and professional development region-wide to allow PCAs to focus their Training and Technical Assistance (T/TA) efforts. The six top-rated general topic categories were:
> 1) Clinical – Medical (e.g., nursing, pediatrics, FP, OB, IM, CV, DM, chronic pain, medical terminology, etc.; none of the Administrative Executives requested this type of training; however, it rated highly in all other position groups, and was the top-requested category for both Clinical Executives/Providers and Clinical Support Staff);
> 2) Operations – Computers/technology (e.g., computer skills, EHR/EMR, various software packages, etc.);
> 3) Leadership – Management (e.g., management training, supervisor training, etc.; the top-requested category for Administrative Other Supervisors/Managers);
> 4) Operations – Billing/coding (e.g., ICD-10, Medicaid/Medicare, etc.; the top-requested category for Administrative Support Staff);
> 5) People – Communication (e.g., customer service, teamwork, morale, dealing with conflict, etc.); and
> 6) Global – FQHCs (e.g., regulations, FQHC programs, perspectives from other health centers, etc.; the top-requested category for Administrative Executives).

- Lists of desired topics will be provided to all Region VIII Primary Care Associations for use in developing ongoing Training and Technical Assistance.
> - *See Desired Continuing Education/Professional Development Topics, page 84, for more information.*

## *Key Findings, Region VIII, continued*

### *Recruitment Findings, continued*

The responses to these various questions about satisfaction and needs strongly indicate that Region VIII health centers are very successful in a lot of areas; recognizing these successes is important so that they can be used to promote health centers and to ensure that these practices are supported. However, as with any industry and organization, there is room for ongoing quality improvement and the desire to ensure the continuous vitality of individual organizations and the health center movement in Region VIII.

### *Interpersonal issues:*

- The relationships that health center employees have with their peers, managers, leaders, and patients have a very large impact on their ongoing satisfaction levels. Health centers need to seek ways to support high-functioning and well-communicating teams (not only to support satisfaction but also to provide an environment which will support effective medical homes).
- Having skilled and compassionate providers is especially important to health center employees; hiring managers should seek providers who are teamwork oriented, mission oriented, supportive, patient-centered, and who have approachable demeanors and effective communication skills. The abilities of leaders and managers to foster open communication, support their staff, and listen to employees directly impacts overall satisfaction.

### *Organizational issues:*

- There is high variability in what health centers are doing well at an organizational level; however, the ability to provide integrated care and a range of programs and services for patients is important for employee job satisfaction. Limitations on being able to expand access can lead to frustration.
- Effective staffing in all areas of the health center is important to ongoing satisfaction; this relates directly to appropriate staffing levels (e.g., having enough providers and support staff), appropriate job duties, and providing the training needed to ensure the success of various staff groups.
- While not all staff members are appropriate for advancement, a large proportion of survey respondents indicated an interest in growth opportunities and a need for excitement and challenge. Health centers should work to identify those that have the potential for success and that exhibit high performance. Health centers typically have systems in place to identify and gage performance, and could consider defining ways to identify and gage potential as well, in an effort to implement a culture of talent development within the organization. Health centers might also consider providing additional growth opportunities within an existing job description; e.g., creating a multi-tiered series of positions for one title which build upon one another (higher level positions might include cross-training in other areas of the center, for example).
- A desire for (and appreciation of) updated and appropriate facilities and equipment, and especially technology, was common.
- Workforce issues were significant – the ability (or inability) of a center to both recruit and retain skilled employees that are a good fit for the system was very important.

### *Personal issues:*

- Personal matters (salary, benefits, vacation time, etc.) were not as highly ranked by respondents in reference to positive satisfaction, but were more often discussed in reference to dissatisfaction. While respondents often ranked "Benefits" as more impactful than "Compensation" regarding their satisfaction and their decision to work for a health center, "Compensation" was highly rated as a change that could improve overall satisfaction. Health centers should ensure that their salary and benefits policies are as competitive and fair as possible, both internally and relating to external competition.
- Allowing for flexibility in personal schedules, when possible, may help employees meet their personal and professional demands successfully.

## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, Region VIII, continued

**Recruitment Findings, continued**
**Patient-related issues:**
- Positive patient relationships are important to support positive job satisfaction, but negative patient relationships were not common in relation to negative job satisfaction; instead, an inability to provide care (due to limited funding, staffing levels, etc.) was more likely to negatively impact satisfaction.

**FQHC Fundamentals and Values:**
- Environments where employees perceived a lack of trust, value, respect, equality, and/or fairness were likely to lead to negative satisfaction (as opposed to environments of challenge, adaptation, and variety which were likely to lead to positive satisfaction).
- The job satisfaction of a significant group of health center staff is tied to health center fundamentals and personal values; organizations might consider working terminology related to health center fundamentals (mission-driven, community-driven, etc.) into their policies, procedures, and internal and external communications to remind employees of the value of the work they do for their communities and underserved populations.

**Ongoing Training Needs:**
- The region's training needs are as diverse as the staff members employed by health centers; however, internal training is important to ensuring staff (especially at the support level) are effectively implementing deliverables. Health centers might consider what external training can be supported for employees in order to increase staff effectiveness as well as satisfaction (e.g., allowing time and/or funding for advanced certifications, targeted skills development classes, conference attendance, etc.).
- As indicated directly by the respondents, training on current clinical topics, computers and technology, leadership and management skills, billing and coding, and health center fundamentals and regulations would be useful for the entire region. Additionally, the survey input overall supports a need for training in effective communication (including customer service, change management, teamwork, working with multiple generations, etc.) as well as in areas supporting the medical home model (e.g., to support an informed and activated patient, health center employees in direct patient contact may benefit from general cultural competency training, not necessarily specific to one population group, to help these staff members effectively keep all patients involved in their own care).

**Additional Information Relating to the BPHC Health Center Program**
- Just under half of the survey respondents reported knowing something about Federally Qualified Health Centers (FQHCs) before being hired by one; less than 10% feel they still know very little about FQHCs. Support staff (both administrative and clinical) and providers were most likely to feel they knew little about the program; taken in tandem with the strong correlation between Health Center Program Fundamentals (e.g., mission, community, quality of care, etc.) and positive job satisfaction, targeted education to these groups about the health center movement could be helpful.
  - *See Knowledge of FQHCs upon Hire & Change in Knowledge after Hire, page 30, for more information.*
- Almost 39% of respondents indicated they use Primary Care Association (PCA) programs and/or services Very Often or Sometimes (including 88% of Administrative Executives). An increased amount, almost 54%, felt that PCA programs and services were Very Valuable or Valuable for health centers in general. Almost 17% of respondents did not know if they had utilized PCA programs/services (mostly Support Staff), and over 32% did not know how valuable PCA programs/services were (mostly Support Staff and Clinical Executives and Providers). Region VIII PCAs might consider expanding their marketing reach within health centers to ensure staff are benefiting from the services being offered.
  - *See Utilization of Regional and State PCA Programs and Services, page 92, and Value of Regional and State PCA Programs and Services, page 93, for more information.*

## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, Region VIII, continued

> Please refer to **Appendix B,** page 95, for a list of CHAMPS resources supporting effective recruitment and retention of staff at Region VIII health centers.

### Key Findings, State Breakdown

When reviewing the breakdown of survey data by state, it is important to keep in mind that each differs in terms of the demographics and identifiers of the participating respondents, and in the history of the health centers in each state (e.g., some states have had funded health centers for much longer than other states).  Therefore, the data should not be considered as equally comparable, but should be reviewed with those qualifiers and differences in mind.

- The percentages provided in the findings below are of the total responders from each state for each question; Colorado had the most respondents overall, and Wyoming the least.
    - See **Methodology and Participants**, page 18, for more information.
- The survey respondents include a fairly representative distribution of staff types (compared to the distribution that would be expected to be working in most centers) for Colorado, Montana, North Dakota, and South Dakota; the responses from Wyoming are less representative overall, and the responses from Utah contain almost no support staff.
    - See **Position Types, Region VIII**, page 19, for more information.
- Colorado, Montana, and Utah had a fairly similar distribution of respondent ages (although Utah's respondent group included fewer 20-29 year olds), with the largest number of respondents for each state reporting in the 30-39 years age group; the largest group of respondents for North Dakota, South Dakota, and Wyoming respondents fell within the 50-59 years age group.
    - See **Age**, page 23, for more information.
- North Dakota was more likely than other states to have respondents that had been working for their health center for one to two years; Utah was more likely than other states to have respondents that had been working at their health center for more than 10 years (keeping in mind that the Utah respondents included almost no support staff).
    - See **Years in Current Position & Years at Current Organization in Any Position**, page 24, for more information.
- Respondents from Colorado and Wyoming were most likely to be fluent in a language other than English.
    - See **Language**, page 27, for more information.
- Most of the respondents that have received loan repayment and/or scholarships were from Colorado, but, by percentage, Montana and Wyoming provider respondents were most likely to have received loan repayment.
    - See **Monetary Incentives**, page 29, for more information.
- When asked why they chose to work at a Federally-Qualified Health Center (FQHC), North Dakota and South Dakota support staff were more likely than other staff types, and more likely than all staff types in other states, to choose "It was the position available to me." Colorado respondents overall (and especially providers) as well as providers from Montana, chose "Mission to the underserved" as their top reason for working at an FQHC.
- When looking at the responses from providers specifically, "Scope of practice" was more important than "Opportunity for loan repayment/scholarship", "Intellectual challenge of problems seen", and "Practice autonomy" in Colorado.  "Opportunity for loan repayment/scholarship" was highly rated by providers in Montana, Utah, and Wyoming.
    - See **Choosing to Work at an FQHC**, page 31, for more information.

## A. EXECUTIVE SUMMARY, CONTINUED

### Key Findings, State Breakdown, continued

- When asked to identify the most useful resources when seeking employment at any time, respondents from Colorado and Utah rated "Online job sites" as most useful. Montana, North Dakota, and South Dakota respondents ranked "Word of mouth" as most useful. When respondents were asked about how they heard about the opportunity at their health center when they were hired, those from Colorado and Wyoming were about equally likely to choose "Online job sites" and "Word of mouth"; "Word of mouth" was ranked highest by respondents from Montana, North Dakota, and South Dakota. "Online job sites" was ranked highest by respondents from Utah.
  - *See Resources for Finding Career Opportunities & How Heard About CHC Opportunity, page 35, for more information.*
- Of those respondents using online job sites to find their health center opportunity, "State and local job service sites" ranked highly in Montana, North Dakota, and Wyoming. "Health center website" was very important in Colorado and South Dakota. "NHSC job board" was the top choice for Utah respondents, and also ranked highly in Montana.
  - *See Online Job Sites, page 37, for more information.*
- When selecting from a list of 24 factors to identify those that most influence job satisfaction in either a positive or negative way, all states identified the same top five factors in various orders of rank (Mission of organization, Quality of care, Patient/client interactions, Excitement/challenge of work, and Relationships with other co-workers). "Quality of care" was the highest ranked choice in Colorado, Montana, and North Dakota. The highest ranked choice in South Dakota and Utah was "Relationships with other co-workers"; Wyoming respondents equally selected "Quality of care", "Excitement/challenge of work" and "Relationships with other co-workers" as top-ranked.
  - *See Factors Influencing Satisfaction, page 44, for more information.*
- When asked to identify what their health centers did really well that directly related to their job satisfaction (their "favorite thing about work"), respondents from Colorado, Montana, South Dakota, and Wyoming were most likely to express concepts that fell within the "Interpersonal" area (and most often in reference to "Employee relationships"). While respondents from North Dakota and Utah also had a strong connection to "Employee relationships", as a whole they were most likely express concepts relating to "Patients" (e.g., "Patient relationships", "Patient care", etc.).
  - *See Health Center Successes Relating to Satisfaction, page 49, for more information.*
- When asked what their health center could improve upon, directly relating to their job satisfaction (their "least favorite thing about work"), respondents from Colorado, Montana, North Dakota, and South Dakota were most likely to express concepts that fell within the "Organizational" area, followed closely by "Interpersonal" concepts. Respondents from Utah were most likely to express "Organizational" concepts, followed by "Personal" concepts (and most specifically "Compensation"). Respondents from Wyoming were equally likely to express "Organizational" and "Interpersonal" concepts.
- The most common subgroup expressed by respondents from Colorado, Montana, and North Dakota was "Staff" (within the "Organizational" area; e.g., needed improvements in clinic management and leadership, increases in provider staffing levels, reduction in support staff turnover, etc.); "Communication" (in the "Interpersonal" area) was the most common subgroup expressed by respondents from South Dakota and Wyoming. "Compensation" (in the "Personal" area) was the most common subgroup for Utah respondents.
  - *See Health Center Improvement Needs Relating to Satisfaction, page 60, for more information.*

## A. EXECUTIVE SUMMARY, CONTINUED

## Key Findings, State Breakdown, continued

- When asked how long they anticipated being with their current health center, more than 44% of all respondents for each state (and up to 60% in the case of Wyoming) indicated that they would like to stay for as long as possible. Between 7% and 23% of respondents from the individual states indicated that they planned to leave employment sometime within the next three years.
    - o *See Anticipated Future Tenure, page 73, and Reasons for Anticipated Leave, page 75, for more information.*
- Survey participants were asked to detail the changes or additional programs or services that would most increase their job satisfaction. Respondents from Colorado and Montana were most likely to express concepts categorized as "Personal", while North Dakota and Wyoming respondents were most likely to express concepts categorized as "Organizational". The top-ranked areas for respondents from South Dakota and Utah were tied between the "Personal" and "Organizational" areas. More specifically, the top ranking sub-concept for respondents from Colorado, Montana, South Dakota, and Utah was "Compensation" (in the "Personal" area); respondents from North Dakota were most likely to express a need for improved "Patient Services" (in the "Organizational" area), while respondents from Wyoming were most likely to express a need within the "Funding" subcategory (in the "External" area).
    - o *See Changes and/or Programs/Services to Increase Satisfaction, page 78, for more information.*
- When asked what continuing education and professional development topics would help them in their current position, respondents from all six Region VIII states were most likely to express "Clinical – Medical" topics (e.g., nursing, pediatrics, FP, OB, IM, CV, DM, chronic pain, medical terminology, etc.).
    - o *See Desired Continuing Education/Professional Development Topics, page 84, for more information.*
- When asked whether they had utilized Primary Care Association (PCA) services or programs in the past (either those of CHAMPS, the Regional PCA, or of their State PCA), between 36% and 54% of respondents from each state indicated they had done so either "Very Often" or "Sometimes". Between 50% and 59% of respondents from each state indicated that PCA services and programs were "Very Valuable" or "Valuable" for health centers in general.
    - o *See Utilization of Regional and State PCA Programs and Services, page 92, and Value of Regional and State PCA Programs and Services, page 93, for more information.*

## A. EXECUTIVE SUMMARY, CONTINUED

### Notes About Reading the Report

- In this document, unless otherwise noted, the terms "grantee(s)" and "health center(s)" are used to refer to organizations that receive grants under the Bureau of Primary Health Care (BPHC) Health Center Program as authorized under section 330 of the Public Health Service Act, as amended. It does not refer to FQHC Look-Alikes or clinics that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.
- Discussion about the Region VIII data as a whole is provided throughout the report, with highlights discussed in the **Key Findings, Region VIII** section (page 6). Graphs breaking out data by state are given throughout the report; please refer to the **Key Findings, State Breakdown** section (page 13) for state level highlights.
- Throughout this report, regional data is illustrated in pie graphs or cylindrical column and bar graphs; state data is depicted in rectangular column graphs.
- Unless otherwise noted, percentages are of respondents for each question, not for the report as a whole. The tables comparing Region VIII and individual state percentages, found at the end of each section, include the total number of respondents from each location for the question being discussed.
- In graphs and tables, "LT" stands for "less than", "MT" stands for "more than" (e.g., LT 1yr, MT 10 yrs). Other graph and table definitions are provided throughout the report.
- In tables comparing Region VIII and individual state percentages, the highest ranking category for each location is bolded. In tables where subcategories are also shown, the highest ranking subcategory is bolded and italicized.
- This report refers to several other data sources; please refer to the **ENDNOTES** (page 104) for more details and links to data sources.
- Quotes from survey respondents are incorporated in light-green text boxes throughout the report (see below).
- Click on text in blue bolded font to hyperlink to the section being referenced.
- Please note that the data being reported has not been statistically tested.

> I believe our clinic gives many of our patients a feeling of hope and acceptance. Some (not all) come here because they cannot go anywhere else financially. We demonstrate compassion, understanding, and give them a sense of belonging. I love working here with the patients we serve. I feel we are on the cutting edge as far as care, equipment, and facility.
>
> - Clinical Support Staff, South Dakota

## B. PARTICIPATING ORGANIZATIONS

### Health Center Grantees

12th Street Health Care for the Homeless Clinic (Community Action Partnership of Natrona County), WY
allPOINTS Health Services, SD*
Ashland Community Health Center, MT*
Bear Lake Community Health Center, UT
Bullhook Community Health Center, MT*
Butte Community Health Center, MT*
Carbon Medical Service Association, Inc., UT*
Central Montana Community Health Center, MT*
Cheyenne Health and Wellness Center, WY*
Clinica Family Health Services, CO*
Coal Country Community Health Centers, ND*
Community Health Care Center, Inc., MT*
Community Health Center Moffat County (NW Colorado Visiting Nurse Association), CO*
Community Health Center of Central Wyoming, Inc., WY*
Community Health Center of the Black Hills, Inc., SD*
Community Health Centers, Inc., UT*
Community Health Partners, MT*
Cooperative Health Center, MT*
Custer County Community Health Center, MT*
Denver Health Community Health Services, CO*
Dove Creek Community Health Clinic, CO*
Falls Community Health, SD*
Family HealthCare Center, ND*
Family Healthcare, UT
Flathead Community Health Center, MT*

Glacier Community Health Center, MT*
Green River Medical Center, UT*
High Plains Community Health Center, CO
Horizon Health Care, Inc., SD*
Metro Community Provider Network, CO*
Midtown Community Health Center, UT
Migrant Health Service, Inc., ND & MN*
Montana Migrant & Seasonal Farmworker Council, Inc., MT*
Mountain Family Health Centers, CO*
Mountainlands Community Health Center, UT
Northland Community Health Center, ND*
Northwest Community Health Center, MT*
Partnership Health Center, MT
Peak Vista Community Health Centers, CO*
Plains Medical Center, CO*
Prairie Community Health, Inc., SD*
Pueblo Community Health Center, Inc., CO*
RiverStone Health, MT*
Rural Health Care, Inc., SD*
Salud Family Health Centers, CO*
Stout Street Clinic (Colorado Coalition for the Homeless), CO
Sunrise Community Health, CO*
Sweet Medical Center, MT*
Uncompahgre Medical Center, CO*
Utah Navajo Health System, Inc., UT & AZ*
Valley Community Health Centers, ND*
Valley-Wide Health Systems, Inc., CO*
Wayne Community Health Center, UT*
Wyoming Migrant Health Program (Wyoming Health Council), WY*

*Please refer to Appendix C, page 96, for a Map of Region VIII Health Center Program Grantees.*

### Primary Care Associations (PCAs)

CHAMPS collaborated with the Region VIII State Primary Care Associations (SPCAs) to design the survey tool for this project, and these SPCAs were instrumental in encouraging participation. CHAMPS coordinated the distribution of the survey and collection of responses in early December 2011, and undertook the compilation and analysis of data from all six states.

**AUCH - Association for Utah Community Health\***
www.auch.org

**CCHN - Colorado Community Health Network**\*
www.cchn.org

**CHAD - Community HealthCare Association of the Dakotas**\*
www.communityhealthcare.net

**MPCA - Montana Primary Care Association**\*
www.mtpca.org

**WYPCA - Wyoming Primary Care Association**\*
www.wypca.org

*This project would not have been possible without the partnership of these vital Region VIII Health Center Program organizations and the staff members at each.*

### *Special thanks to all!*

*\*2011-2012 CHAMPS Organizational Members as of 01/10/12*

## C. RESPONDENTS

### <u>Methodology and Participants</u>
The online survey was sent directly to Executive Leadership and Provider staff at all 57 Region VIII Health Center Program grantees.  CHAMPS also sent a link to the online survey to the Executive Directors/CEOs and Human Resources Directors at each grantee, with a request that they forward the survey to everyone within their organization, with the goal of reaching as many employees in as many disciplines as possible.  Participants were given two weeks to respond; all groups were given a reminder one week into the collection period, and CHAMPS and the Region VIII State Primary Care Associations sponsored a variety of participation incentive prizes.

**Total Responses – Region VIII:  1,229**
Approximate Response Rate – Region VIII\*:  23.3%
Survey Completion Rate – Region VIII: 90.2% *(Those reaching the end of the survey; respondents may or may not have provided responses to all individual questions.)*

**Staff members at 54 of the 57 grantees in Region VIII (94.7%) completed the survey, representing:**
- 100% of Colorado grantees
- 100% of Montana grantees
- 100% of North Dakota grantees (with site/s in Minnesota)
- 100% of South Dakota grantees
- 82% of Utah grantees (with site/s in Arizona)
- 80% of Wyoming grantees

**Total Responses – CO: 812**
Approximate Response Rate – CO\*: 24.5%

**Total Responses – MT: 142**
Approximate Response Rate – MT\*: 23.8%

**Total Responses – ND: 55**
Approximate Response Rate – ND\*: 24.5%

**Total Responses – SD: 147**
Approximate Response Rate – SD\*: 46.0%

**Total Responses – UT: 41**
Approximate Response Rate – UT\*: 6.5%

**Total Responses – WY: 30**
Approximate Response Rate – WY\*: 16.2%

**Total Responses – Other: 2**



*Graph 1:  Location of Respondents*

*\*This survey did not identify exactly how many staff members are currently employed by each of the grantees in Region VIII; however, according to Bureau of Primary Health Care (BPHC) Uniform Data System (UDS)[ii] information, the 57 Region VIII grantees employed 5,265.74 FTE in 2010.  This figure includes both full- and part-time employees, so the comparison is not exact.  These 2010 UDS FTE figures are utilized to determine the approximate response rates for Region VIII as a whole and for each Region VIII state.  For a summary of 2010 Region VIII UDS information, including total FTE for each Region VIII state, please click HERE or visit: www.champsonline.org/assets/files/ToolsProducts/PublicationsMedia/PubsMediaDocs/RVIIIUDS2006-2010.pdf.*

My favorite thing about work is the diversity of patients we have.  I like working in a place where every day is different…I also love the people I work with, we are a team that likes to make our job fun, exciting, caring, giving, and helpful for our patients and for ourselves as well.

- Clinical Support Staff, Colorado

## C. RESPONDENTS, continued

### Position Types, Region VIII

Respondents were asked to identify their position group:

- **7.8%** were Administrative – Executive-Level Leaders/Directors*
  - o CEO, COO, CFO, HR Director, etc.
- **10.3%** were Administrative – Other Supervisors/ Managers
- **24.0%** were Administrative – Support Staff
  - o Non-supervisory; e.g., reception, front desk, biller, assistant, etc.
- **27.1%** were Clinical – Executives/Directors and Providers*
  - o Medical, dental, behavioral, or pharmacy doctors and directors, plus PAs, NPs, CNMs, hygienists, LCSWs, LPCs, etc.
- **30.5%** were Clinical – Support Staff
  - o MAs, LPNs, CNAs, case managers, dental assistants, health educators, nutritionists, technicians, etc.
- **0.4%** were classified as Other, usually meaning some combination of administrative and clinical

*Graph 2: Position Types, Region VIII*
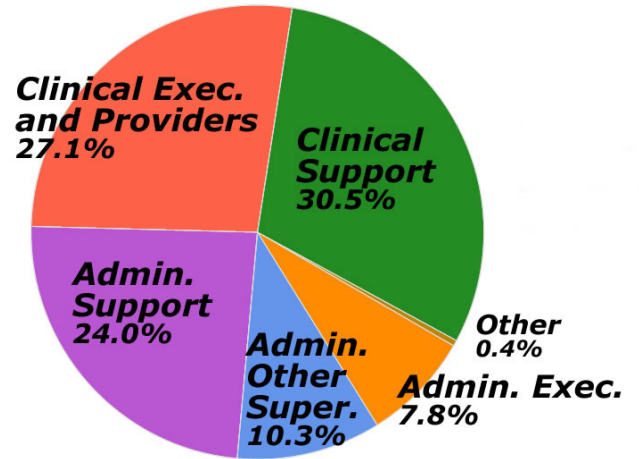


*\*See the **Selected Position Titles** section (page 21) for a breakdown of position titles included in the Administrative Executive-Level Leaders/Directors and Clinical Directors and Providers categories.*

To determine if the distribution of staff types responding to the 2011 Region VIII R&R survey fairly represented the employees at Region VIII CHCs as a whole, it was compared to the information reported in the CHAMPS 2010 Region VIII Health Center Turnover Survey[iii], where participating CHCs were asked to provide the annual average number of employees in 2009 for various staff types. Seventy-nine percent of the region's grantees in 2010 reported this data, which provided an average ratio of each staff type for Region VIII CHCs. Graph 3 below illustrates a slight imbalance – the 2011 R&R Survey has a higher representation of both administrative leaders/managers (in blue) and clinical leaders/providers (in green), and a lower representation of both administrative and clinical support staff (in red and purple), than was indicated as a typical division of roles in the 2010 Turnover Survey.

### Graph 3: Region VIII Position Types Comparison
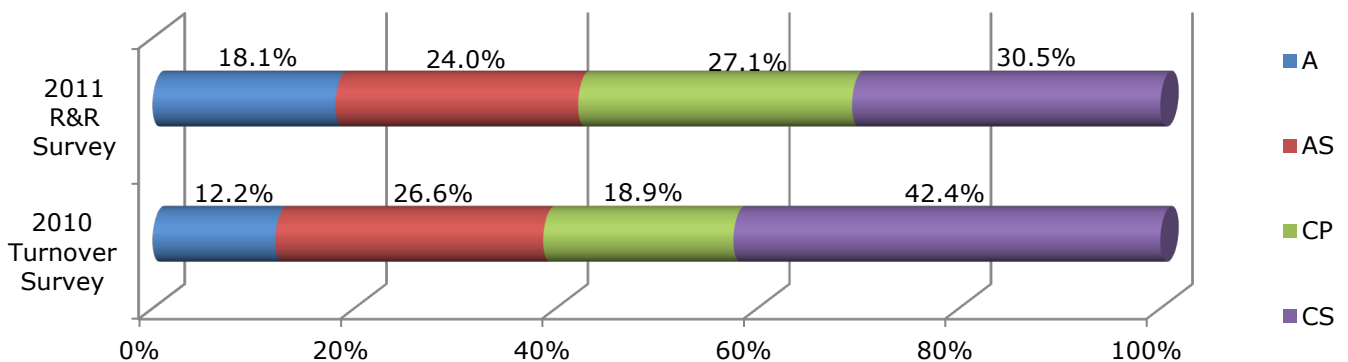


A = Administrative, includes:
  *2010 Turnover Survey: Admin. Exempt*
  *2011 R&R Survey: Admin. – Executive Level Leaders/Directors PLUS Admin. – Other Supervisors/Managers*
AS = Administrative Support, includes:
  *2010 Turnover Survey: Admin. Non-Exempt*
  *2011 R&R Survey: Admin. – Support Staff*

CP = Clinical Providers, includes:
  *2010 Turnover Survey: Clinical Providers PLUS Clinical Mid-Level*
  *2011 R&R Survey: Clinical – Directors and Providers*
CS = Clinical Support, includes:
  *2010 Turnover Survey: Clinical Support*
  *2011 R&R Survey: Clinical Support Staff*

## C. RESPONDENTS, continued

## Position Types, continued

### STATE BREAKDOWN INFORMATION

*Graph 4: Position Types, State Breakdown*
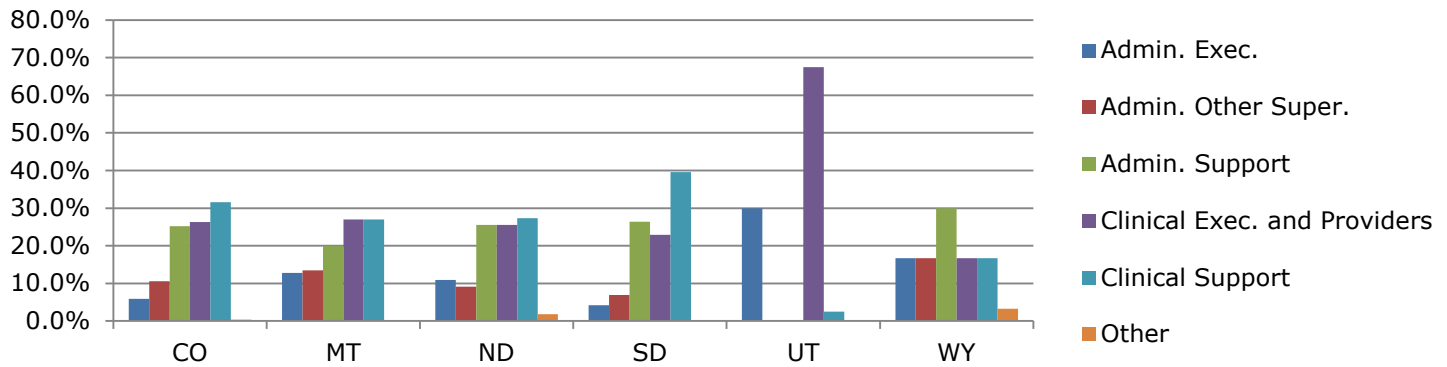


*Table 1: Position Types, Region VIII and State Breakdown*

| Position Types | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,205) | CO (794) | MT (141) | ND (55) | SD (144) | UT (40) | WY (30) |
| Administrative - Executive-Level Leaders/Directors | 7.8% | 5.9% | 12.8% | 10.9% | 4.2% | 30.0% | 16.7% |
| Administrative - Other Supervisors/Managers | 10.3% | 10.6% | 13.5% | 9.1% | 6.9% | * | 16.7% |
| Administrative - Support Staff | 24.0% | 25.2% | 19.9% | 25.5% | 26.4% | * | **30.0%** |
| Clinical - Executives & Providers | 27.1% | 26.3% | **27.0%** | 25.5% | 22.9% | **67.5%** | 16.7% |
| Clinical - Support Staff | **30.5%** | 31.6% | **27.0%** | 27.3% | 39.6% | * | 16.7% |
| Other | * | * | * | * | * | * | * |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

*Note: Due to the low number of respondents in the Other category for all of Region VIII, and in the Support categories for Utah, this information will not be broken out in the remainder of this report.*

> Being mission-centric and a non-profit makes all the difference. At the end of the day, we aren't as concerned with the finances as we are the quality and continuity of care that our patients receive. We hire great people who all want to be here for the same reason: help patients and the underserved population.
>
> - Administrative Support Staff, Montana

## C. RESPONDENTS, continued

### Selected Position Titles

Respondents that identified themselves as falling within the Administrative – Executive-Level Leaders/Directors group or the Clinical – Directors and Providers group were asked to choose their position title.  Please note that Clinical Directors/Providers were invited to "select all that apply", e.g., someone choosing CMO/Medical Director might also choose Physician or Physician Assistant.

*Table 2: Titles for Administrative – Executive Leaders/Directors, Region VIII and State Breakdown*

| Titles: Administrative - Executive Leader/Directors | % of All Administrative Executive Leaders/Directors for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | **RVIII** | **CO** | **MT** | **ND** | **SD** | **UT** | **WY** |
| CEO/Executive Director | **39.1%** | **22.7%** | **61.1%** | **28.6%** | **83.3%** | **41.7%** | **60.0%** |
| CFO/Finance Director | 15.2% | 13.6% | 16.7% | 14.3% | 16.7% | 16.7% | 20.0% |
| CIO/Information Systems Dir. | 3.3% | 2.3% | 0.0% | 14.3% | 0.0% | 8.3% | 0.0% |
| COO/Operations Director | 12.0% | 15.9% | 0.0% | **28.6%** | 0.0% | 8.3% | 20.0% |
| CWO/Human Resources Director | 14.1% | 18.2% | 11.1% | 0.0% | 0.0% | 25.0% | 0.0% |
| Development Director | 2.2% | 4.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Other Administrative Titles | 14.1% | 22.7% | 11.1% | 14.3% | 0.0% | 0.0% | 0.0% |

*Table 3: Titles for Clinical – Directors and Providers, Region VIII and State Breakdown*

| Titles: Clinical - Directors/Providers | % of All Clinical Directors/Providers for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | **RVIII** | **CO** | **MT** | **ND** | **SD** | **UT** | **WY** |
| CMO/Medical Director | 7.4% | 6.7% | 10.5% | 7.1% | 9.1% | 7.4% | 0.0% |
| Dental Director | 5.8% | 3.8% | 13.2% | 14.3% | 3.0% | 7.4% | 20.0% |
| Dental Hygienist | 7.7% | 9.1% | 7.9% | 14.3% | 3.0% | 0.0% | 0.0% |
| Dentist | 14.5% | 13.0% | 23.7% | 14.3% | 9.1% | 18.5% | 20.0% |
| Licensed Clinical Social Worker | 1.2% | 1.4% | 2.6% | 0.0% | 0.0% | 0.0% | 0.0% |
| Licensed Professional Counselor | 0.3% | 0.0% | 0.0% | 0.0% | 3.0% | 0.0% | 0.0% |
| Nurse Midwife | 1.8% | 2.4% | 0.0% | 0.0% | 3.0% | 0.0% | 0.0% |
| Nurse Practitioner | 15.1% | 11.5% | 15.8% | **42.9%** | **27.3%** | 14.8% | 0.0% |
| Nursing Director | 0.6% | 1.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Pharmacist | 4.0% | 5.8% | 0.0% | 0.0% | 0.0% | 3.7% | 0.0% |
| Pharmacy Director | 2.5% | 2.4% | 2.6% | 0.0% | 0.0% | 7.4% | 0.0% |
| Physician | **26.8%** | **28.4%** | **28.9%** | 0.0% | 24.2% | **29.6%** | 20.0% |
| Physician Assistant | 18.8% | 1.3% | 13.2% | 21.4% | **27.3%** | 25.9% | **60.0%** |
| Psychiatrist | 0.3% | 0.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Other Clinical Titles | 2.2% | 2.4% | 2.6% | 7.1% | 0.0% | 0.0% | 0.0% |

> *I enjoy the challenge of the complicated health in some patients.*
> *It encourages me to broaden my scope of practice.*
>
> *- Clinical Provider, Colorado*

## D. RESPONDENT DEMOGRAPHICS

### Gender

Female respondents outnumbered male respondents 4:1 (Graph 5), which is closely in line with US Department of Labor Bureau of Labor Statistics information for women working in non-hospital health services in 2010 (78.7% of the workforce); in contrast, women over age 16 represent 47.2% of employed persons overall[iv].  In Region VIII CHCs, women were most highly represented in the Clinical Support group (over 30% of the female respondents worked in Clinical Support positions), while men were most highly represented (over 50% of male respondents) in the Clinical Directors and Providers group.  The most equal distribution of male and female employees was seen in the Executive level groups, with the most disparity seen in the Support groups.  (Graph 6)



Female 80.9%
Male 18.2%
Prefer not to answer 0.9%
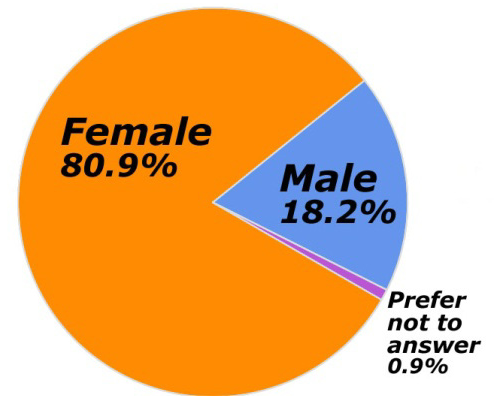
*Graph 6:  Position Types by Gender, Region VIII*
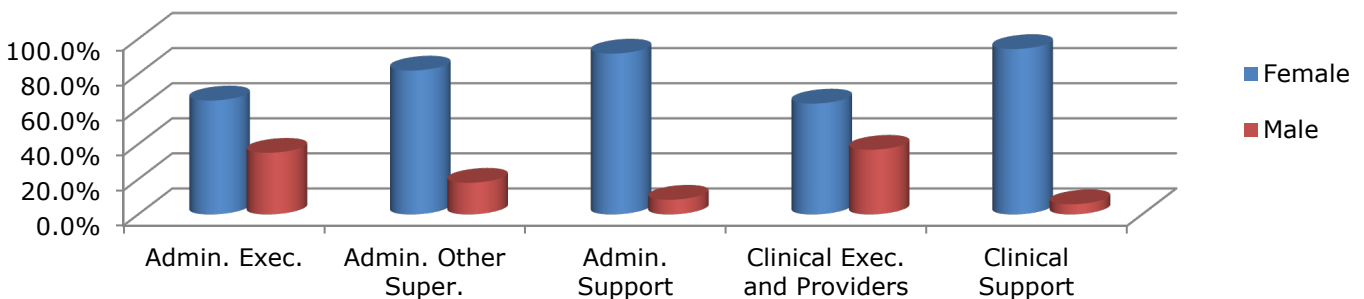


**STATE BREAKDOWN INFORMATION**

*Graph 7:  Gender, State Breakdown*
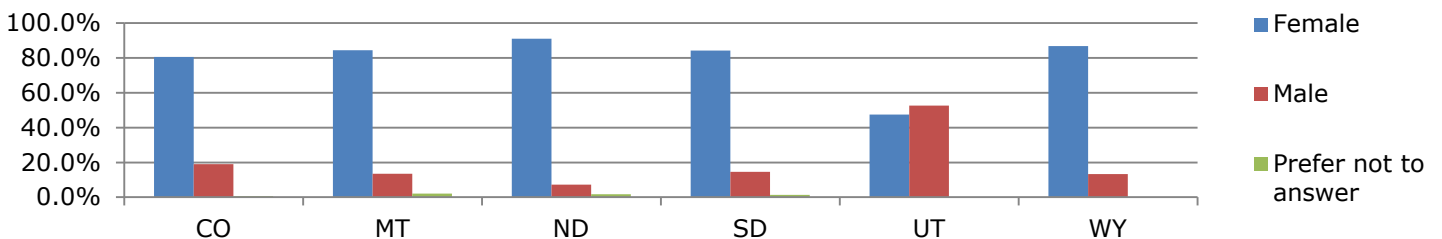


*Table 4:  Gender, Region VIII and State Breakdown*

| Gender | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,208) | CO (796) | MT (141) | ND (55) | SD (145) | UT (40) | WY (30) |
| Female | **80.9%** | **80.4%** | **84.4%** | **90.9%** | **84.1%** | 47.5% | **86.7%** |
| Male | 18.2% | 19.0% | 13.5% | * | 14.5% | **52.5%** | * |
| Prefer not to answer | 0.9% | 0.6% | * | * | * | * | * |

*Note: Due to the low number of respondents in the Prefer not to answer category, this information will not be broken out in the remainder of this report.*

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

I enjoy coming to work every day and knowing there is someone out there that I might be able to help today.  I know when I walk through the doors at work all staff will give the best of their ability.

-    Administrative Other Supervisor/Manager, South Dakota

## D. RESPONDENT DEMOGRAPHICS, continued

### Age

While very few survey respondents were under 20 years of age, there was an otherwise fairly equal distribution of the Region VIII CHC workforce for the other age groups (Graph 8), with respondents under 30 years old being much more likely to be employed in one of the Support position types. Over 20% of the Administrative Executive position group was made up of respondents 60+ years of age (Graph 9). The median reported age group for all respondents was 40-49. According to the US Bureau of Labor Statistics, the oldest members of the civilian labor force for all industries is anticipated to increase significantly between 2008 and 2018 (a decrease in workforce ages 16-24 years, from 14.3% in 2008 to 12.7% in 2018; a decrease in those ages 25-54, from 67.7% to 63.5%; and an increase in those ages 55 and above, from 18.1% to 23.9%). The median age of the labor force is also expected to rise, from 41.2 in 2008 to 42.3 in 2018.[v]

**Graph 8: Age of Respondents, Region VIII**
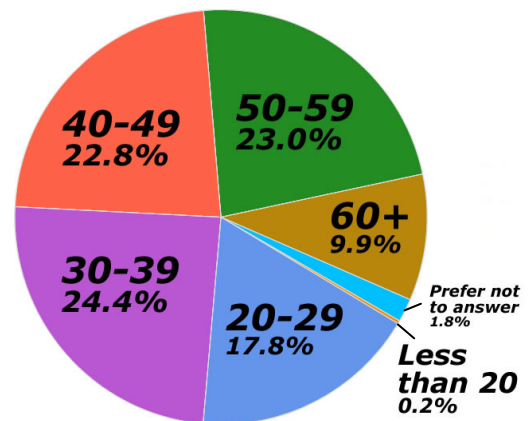


**Graph 9: Position Types by Age, Region VIII**
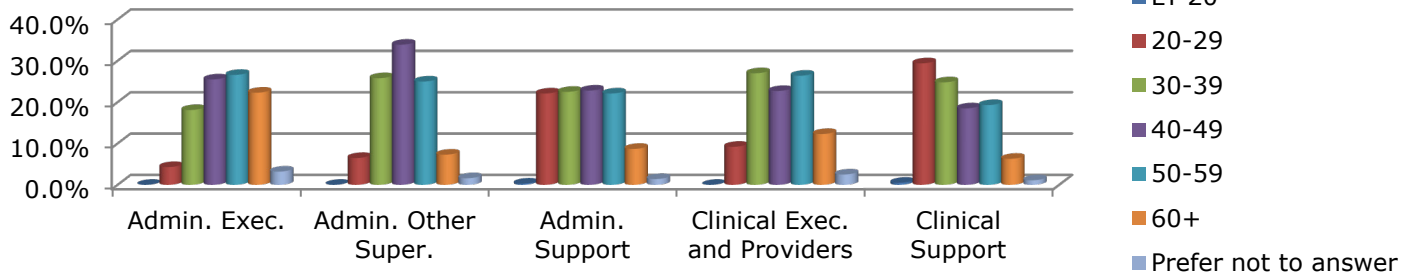


### STATE BREAKDOWN INFORMATION

**Graph 10: Age, State Breakdown**
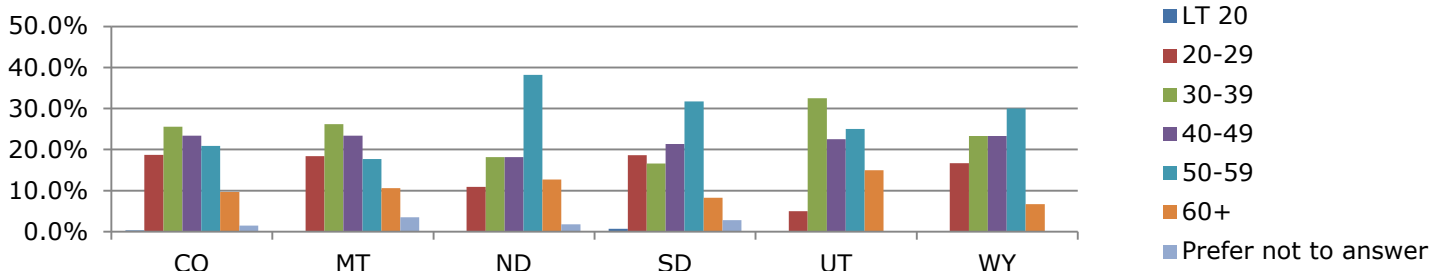


**Table 5: Age, Region VIII and State Breakdown**

| Age | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,208) | CO (796) | MT (141) | ND (55) | SD (145) | UT (40) | WY (30) |
| LT 20 | * | * | * | * | * | * | * |
| 20-29 | 17.8% | 18.7% | 18.4% | 10.9% | 18.6% | * | 16.7% |
| 30-39 | **24.4%** | **25.6%** | **26.2%** | 18.2% | 16.6% | **32.5%** | 23.3% |
| 40-49 | 22.8% | 23.4% | 23.4% | 18.2% | 21.4% | 22.5% | 23.3% |
| 50-59 | 23.0% | 20.9% | 17.7% | **38.2%** | **31.7%** | 25.0% | **30.0%** |
| 60+ | 9.9% | 9.7% | 10.6% | 12.7% | 8.3% | 15.0% | * |
| Prefer not to answer | 1.8% | 1.5% | 3.5% | * | * | * | * |

*Note: Due to the low number of respondents in the LT 20 and Prefer not to answer categories, this information will not be broken out in the remainder of this report.*

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## E. EMPLOYMENT HISTORY

### Years in Current Position & Years at Current Organization in Any Position

Respondents exhibited a fairly even distribution in terms of length of employment in their current position as well as years of employment at their current organization in any position, with the greatest percentage of respondents falling within the three to five year categories (Graphs 11 and 12). The median reported years of employment within a current organization was also three to five years, which is consistent with the January 2010 US Bureau of Labor Statistics median number of years workers had been with their current employer, 4.4 years[vi]. Responders within the Administrative Executive group were more likely than others to have been employed by their organization for more than 10 years (Graph 13).

*Graph 11: Years of Employment in Current Position, Region VIII*
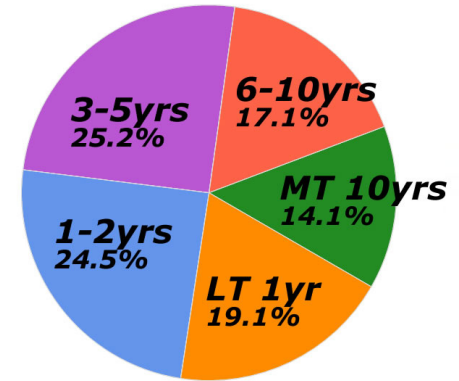


*Graph 13: Position Types by Years of Employment at Organization – Any Position, Region VIII*
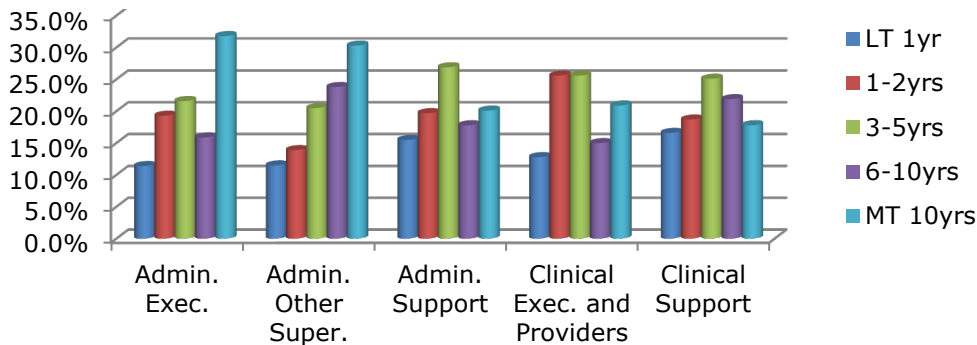


*Graph 12: Years of Employment at Current Organization – Any Position, Region VIII*
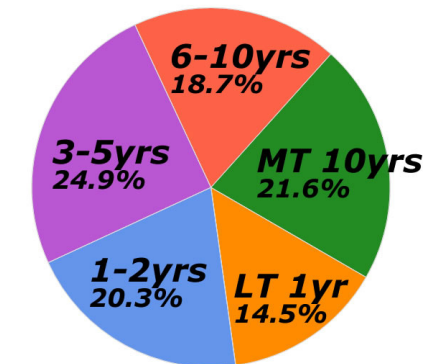


Respondents in the Administrative Other Supervisors/Managers group were most likely to have been employed by their organization for six or more years (54.1% of those respondents). Almost 44% of staff in administrative positions as a whole, and almost 38% of staff in clinical positions as a whole (40.3% of all respondents), had been employed for more than six years by their current organization. This is an increase from the 34% of Region VIII CHC staff that had been at their organization for six or more years in 2004, according to the 2004 CHAMPS Region VIII CHC Recruitment and Retention Survey[vii].

Respondents of both genders were most likely to have been employed by their organization for three to five years. Respondents that were 20-29 years old were most likely to have been employed for one to two years, 30-39 year olds were most likely to have been employed for three to five years, and all groups ages 40 and above were most likely to have been employed by their organization for more than 10 years, including 39.8% of respondents 60+ years old. (Graph 14) While 39.8% represents a high percentage of this top age group, it is lower than the 2010 national level of 53%-54% of employees ages 60 and above having 10 or more year's tenure with their current employer, according to the US Bureau of Labor Statistics[viii].

*Graph 14: Age and Gender by Years of Employment at Organization – Any Position, Region VIII*



*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*
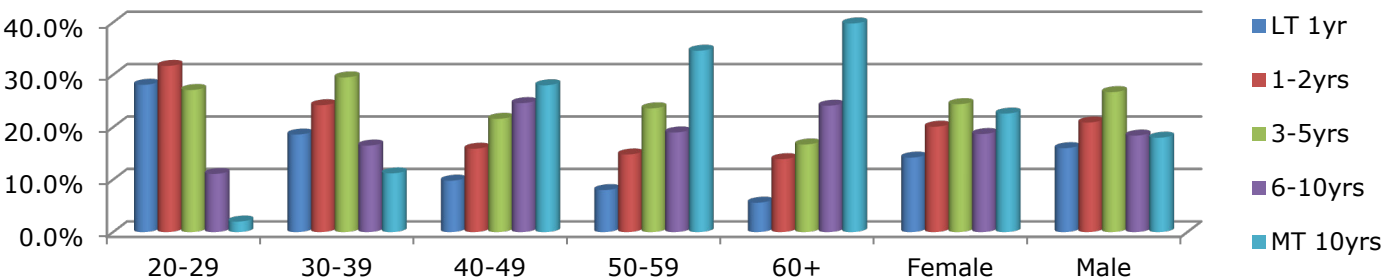
## E. EMPLOYMENT HISTORY, continued

### Years at Current Organization in Any Position, continued

**STATE BREAKDOWN INFORMATION**

*Graph 15: Years of Employment at Current Organization – Any Position, State Breakdown*
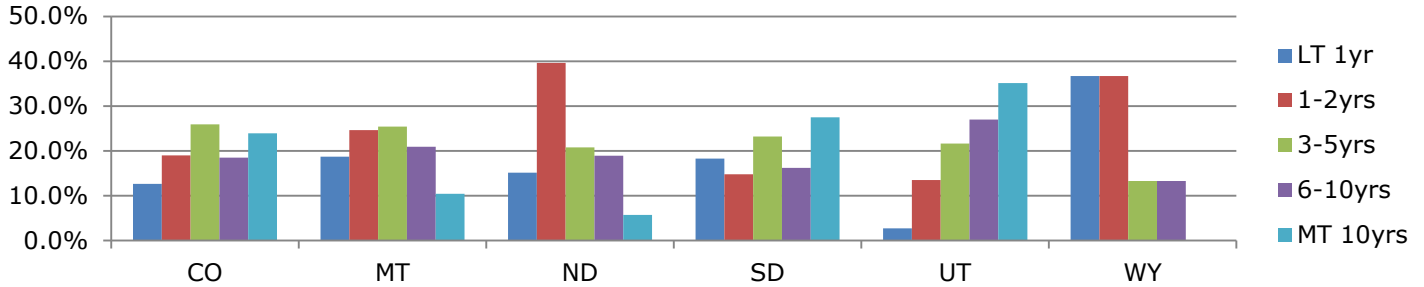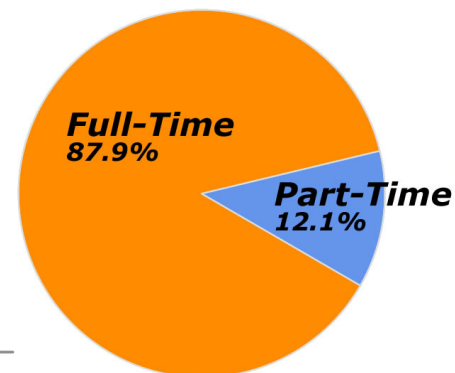


*Table 6: Years of Employment at Current Organization – Any Position, Region VIII and State Breakdown*

| Length of Employment | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,141) | CO (744) | MT (134) | ND (53) | SD (142) | UT (37) | WY (30) |
| LT 1yr | 14.5% | 12.6% | 18.7% | 15.1% | 18.3% | * | **36.7%** |
| 1-2yrs | 20.3% | 19.0% | 24.6% | **39.6%** | 14.8% | 13.5% | **36.7%** |
| 3-5yrs | **24.9%** | **25.9%** | **25.4%** | 20.8% | 23.2% | 21.6% | * |
| 6-10yrs | 18.7% | 18.5% | 20.9% | 18.9% | 16.2% | 27.0% | * |
| MT 10yrs | 21.6% | 23.9% | 10.4% | * | **27.5%** | **35.1%** | * |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

### Years in Community Health

Almost 50% of the survey respondents have worked in organizations dedicated to community health for six or more years (Graph 16). This is an increase from the 40% of Region VIII health center staff that had worked in the industry for six or more years in 2004, according to the 2004 CHAMPS R&R Survey[ix].  Administrative Executive responders had a very strong tendency to have worked in the industry for over 10 years (over 46% of those respondents); responders from the Administrative Other Supervisors, Clinical Executives/Providers, and Clinical Support groups were also most likely to have been working in community health for more than 10 years.  The Administrative Support group was most likely to have been in the industry for 3-5 years. (Graph 17)

*Graph 16: Years of Employment in Community Health – Any Organization, Region VIII*
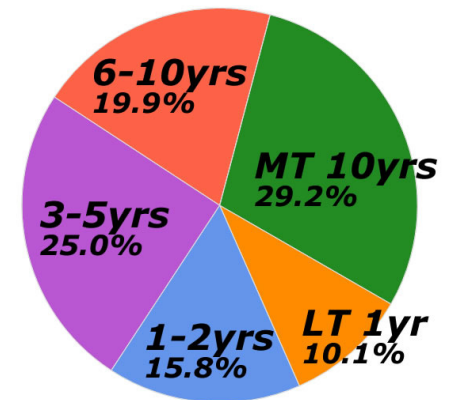


*Graph 17: Position Types by Years of Employment in Community Health – Any Organization, Region VIII*
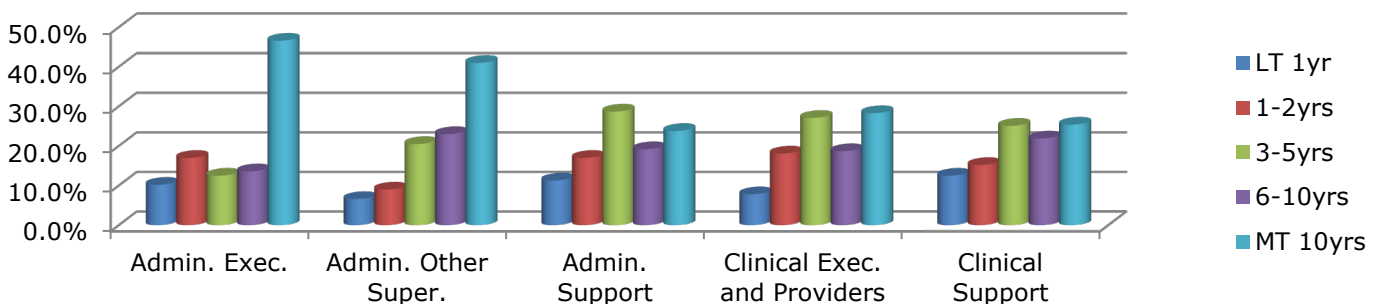
# E. EMPLOYMENT HISTORY, continued

## Years in Community Health, continued

### STATE BREAKDOWN INFORMATION

*Graph 18:  Years of Employment in Community Health – Any Organization, State Breakdown*
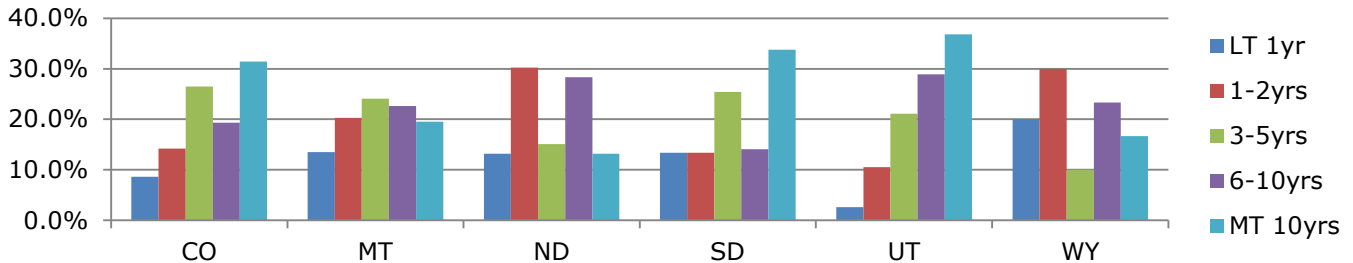


*Table 7:  Years of Employment in Community Health – Any Organization, Region VIII and State Breakdown*

| Length of Employment | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,143) | CO (746) | MT (133) | ND (53) | SD (142) | UT (38) | WY (30) |
| LT 1yr | 10.1% | 8.6% | 13.5% | 13.2% | 13.4% | * | 20.0% |
| 1-2yrs | 15.8% | 14.2% | 20.3% | **30.2%** | 13.4% | * | **30.0%** |
| 3-5yrs | **25.0%** | 26.5% | **24.1%** | 15.1% | 25.4% | 21.1% | * |
| 6-10yrs | 19.9% | 19.3% | 22.6% | 28.3% | 14.1% | 28.9% | 23.3% |
| MT 10yrs | 29.2% | **31.4%** | 19.5% | 13.2% | **33.8%** | **36.8%** | 16.7% |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

# F. OTHER IDENTIFIERS

## Employment Status

*Graph 19:  Employment Status, Region VIII*

Almost 88% of survey respondents reported working full-time for their organization (Graph 19).  This is a greater weighting for full-time employment than is reported by the US Bureau of Labor Statistics at the national level, where 80.7% of currently employed workers in 2010 were full-time employees[x]. Administrative Executive responders to this survey were least likely to work part-time while Clinical Executives/Providers were most likely to work part-time (2.3% compared to 20.4% of respondents within each category, Graph 20).



*Graph 20:  Position Types by Employment Status, Region VIII*
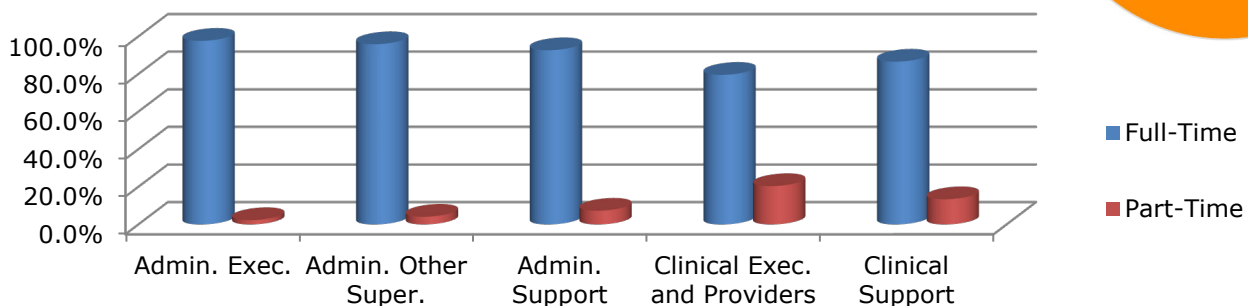


I love our mission! I seriously plan on this being my last job and will be retiring from (here).

- Administrative Other Supervisor/Manager, Colorado

## F. OTHER IDENTIFIERS, continued

### Employment Status, continued

There was little difference in part-time vs. full-time employment for males and females in this survey (14.6% of men reported working part-time, compared to 11.5% of women), but greater percentages of employees were likely to work part-time as they aged, topping out at 25.5% of responders in the 60+ age group (Graph 21).  In contrast to the Region VIII results, 2010 US Bureau of Labor Statistics (BLS) information illustrates a significant difference between males and females working part-time nationally (13% for men and 26% for women).  However, the 2010 BLS information shows a similar part-time status progression by age group (13% of employed workers ages 25-54 work part-time, while 22% of those 55 years and older did so)[xi].

*Graph 21:  Age and Gender by Employment Status, Region VIII*
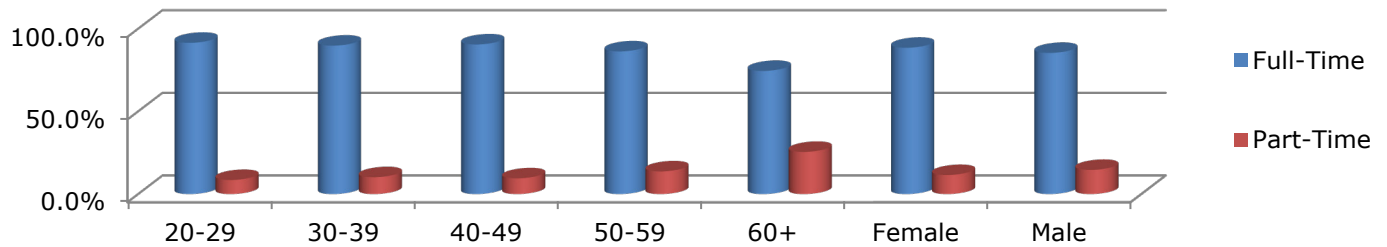


### STATE BREAKDOWN INFORMATION

*Graph 22:  Employment Status, State Breakdown*
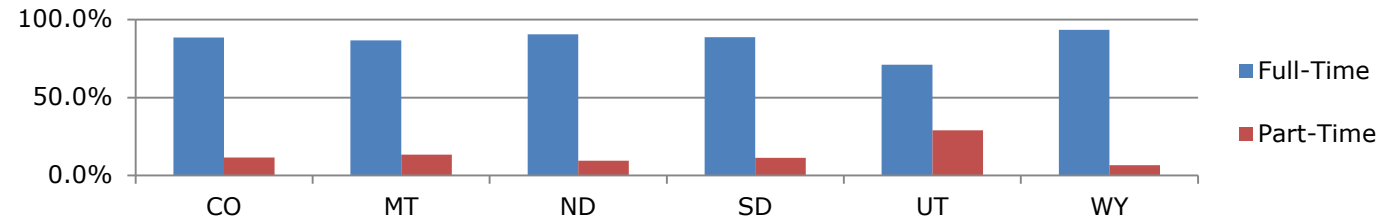


*Table 8:  Employment Status, Region VIII and State Breakdown*

| Employment Status | % of All Respondents for Location | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | RVIII (1,135) | CO (739) | MT (134) | ND (52) | SD (141) | UT (38) | WY (30) |
| Full-Time | 87.9% | 88.5% | 86.6% | 90.4% | 88.7% | 71.1% | 93.3% |
| Part-Time | 12.1% | 11.5% | 13.4% | 9.6% | 11.3% | 28.9% | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

### Language

Almost 40% of survey respondents reported being fluent in a language other than English (Graph 23); this is a slight decrease from 2004, when 44% of that year's CHAMPS R&R Survey[xii] respondents reported speaking a language other than English (however, the 2004 survey did not use the word "fluent").  Spanish fluency was the most common, increasing from 34.7% in the 2004 survey to 37.8% in 2011, followed by French, German, and other languages (Graph 23) which included American Sign Language, Cantonese, Danish, Dutch, Japanese, Kanjobal, Korean, Lingala, Navajo, Norwegian, Pilipino, Polish, Portuguese, Russian, and Vietnamese.  According to BPHC UDS information, over 23% of the region's patients in 2010 were best served in a language other than English[xiii].

*Graph 23:  Fluency in Languages Other than English, Region VIII*



*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*
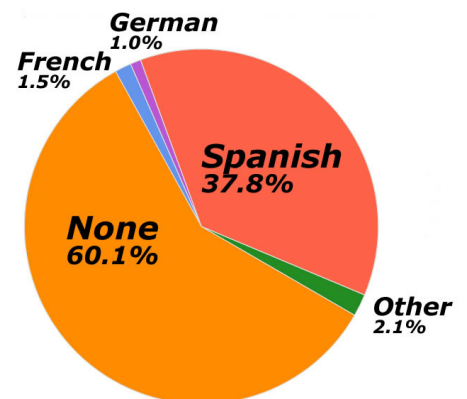
# F. OTHER IDENTIFIERS, continued

## Language, continued

Support employees were most likely to be fluent in Spanish, followed closely by Clinical Executives/Providers; Administrative Executives were least likely to be fluent in Spanish. Clinical Executives/Providers were most likely to be fluent in a language other than English or Spanish. (Graph 24)

*Graph 24: Position Types by Fluency in Languages Other than English, Region VIII*
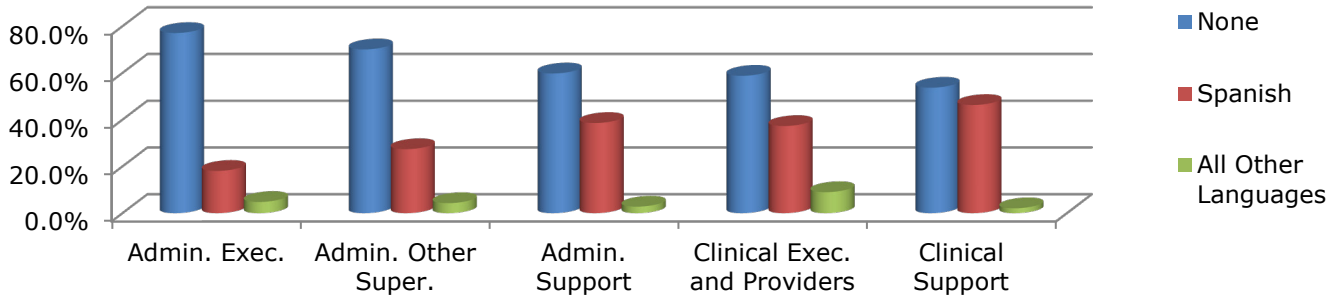


Younger employees were more likely to be fluent in Spanish than older employees, and while men and women were almost equally likely to be fluent in Spanish, men were more likely to be fluent in a non-English language other in Spanish (Graph 25).

> We find answers to our patient's questions and concerns. I never say, "I don't know" and leave it at that, I work to find the answer. I feel the entire clinic does this very well.
>
> - Clinical Support Staff, South Dakota

*Graph 25: Age and Gender by Fluency in Languages Other than English, Region VIII*



## STATE BREAKDOWN INFORMATION

*Graph 26: Fluency in Languages Other than English, State Breakdown*
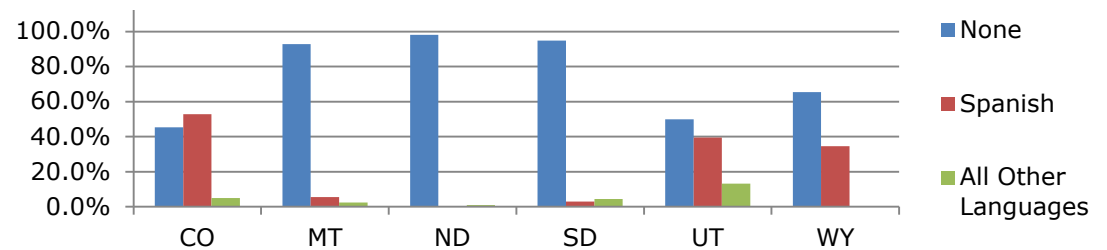


*Table 9: Fluency in Languages Other than English, Region VIII and State Breakdown*

| Language | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,105) | CO (723) | MT (125) | ND (52) | SD (137) | UT (38) | WY (29) |
| None | **60.1%** | 45.4% | **92.8%** | **98.1%** | **94.9%** | **50.0%** | **65.5%** |
| Spanish | 37.8% | **52.8%** | 5.6% | * | * | 39.5% | 34.5% |
| All Other | 4.6% | 5.0% | * | * | 4.4% | 13.1% | * |
| *LOTE Patients*** | *23.6%* | *29.6%* | *3.1%* | *4.3%* | *5.4%* | *35.4%* | *3.7%* |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*
*\*\*Patients best served in a language other than English (LOTE) according to 2010 BPHC UDS information.*

## F. OTHER IDENTIFIERS, continued

### Monetary Incentives

All respondents were asked to identify which types of monetary incentives they had received at any time (not only while working for their current employer); very few members of the Administrative Executives, Administrative Other Supervisors/Managers, Administrative Support, and Clinical Support groups had (only 4.8% of the combined Administrative Executives/Other Supervisors, and only 6.2% of the combined Support Staff). Over 39% of the Clinical Executives/ Providers group had received loan repayment, either through the National Health Service Corps (NHSC) or other state-based sources, and over 8% had received some sort of scholarship (Graph 27).
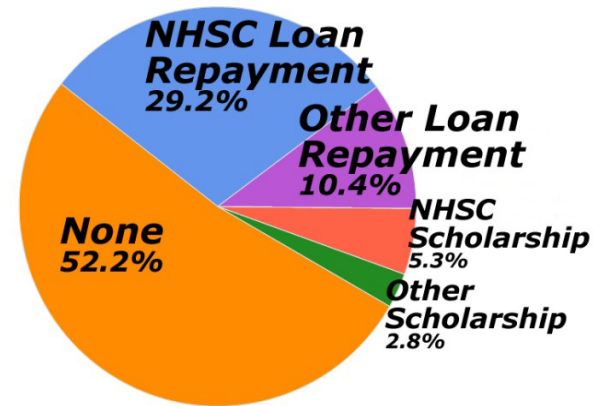


### STATE BREAKDOWN INFORMATION

*Graph 28: Number of Clinical Executive/Provider Respondents Receiving Incentives, State Breakdown*
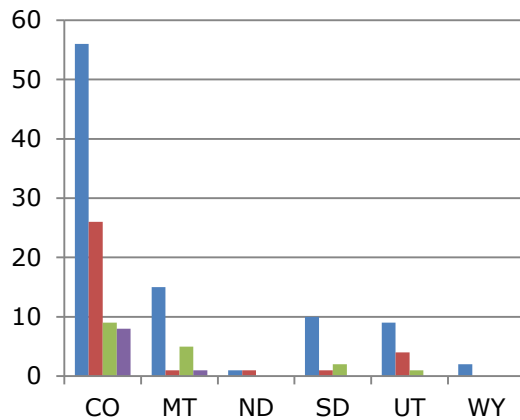
*Graph 29: Percentage of Clinical Executive/Provider Respondents Receiving Incentives, State Breakdown*
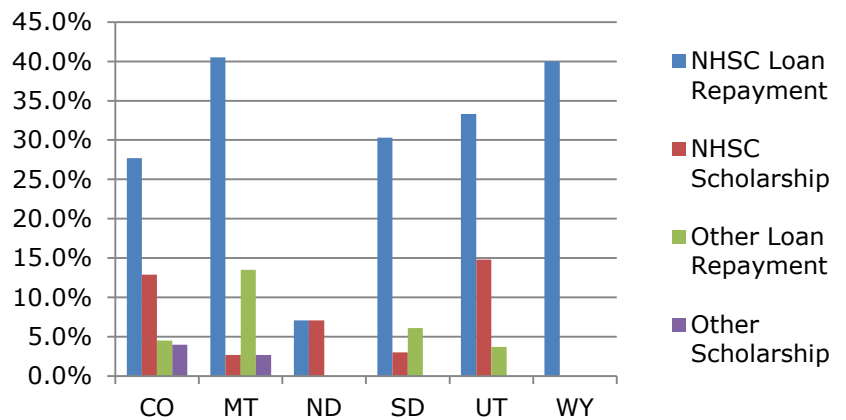




*Table 10: Clinical Executives/Providers Receiving Incentives, Region VIII and State Breakdown*

| Incentive Received | % of Clinical Executive/Provider Respondents for Location | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | RVIII (318) | CO (202) | MT (37) | ND (14) | SD (33) | UT (27) | WY (5) |
| NHSC Loan Repayment | 29.2% | 27.7% | **40.5%** | * | 30.3% | 33.3% | * |
| NHSC Scholarship | 5.3% | 12.9% | * | * | * | * | * |
| Other Loan Repayment | 10.4% | 4.5% | 13.5% | * | * | * | * |
| Other Scholarship | 2.8% | 4.0% | * | * | * | * | * |
| None | **52.2%** | **51.0%** | **40.5%** | **85.7%** | **60.6%** | **48.1%** | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

I have time to do a good job with patients. We have dedicated and caring staff. We truly care about our patients.

- Clinical Executive/Provider, Utah

# G. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)

## Knowledge of FQHCs Upon Hire & Change in Knowledge After Hire

*Graphs 30-32: Did You Know About FQHCs Before Hire? / How Much Do You Know Now?, Region VIII*

*Graph 30: Administrative – Executives & Other Supervisors/Managers*
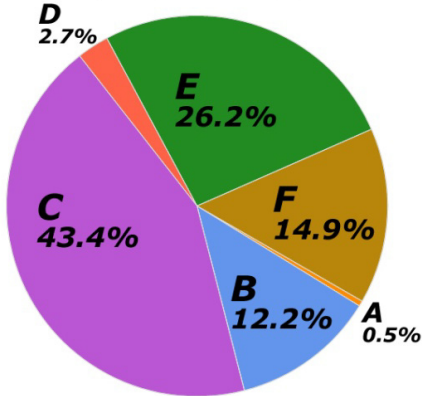
*Graph 31: Clinical Executives & Providers*
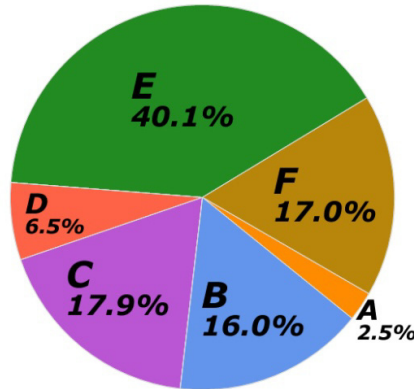
*Graph 32: Administrative & Clinical Support Staff*
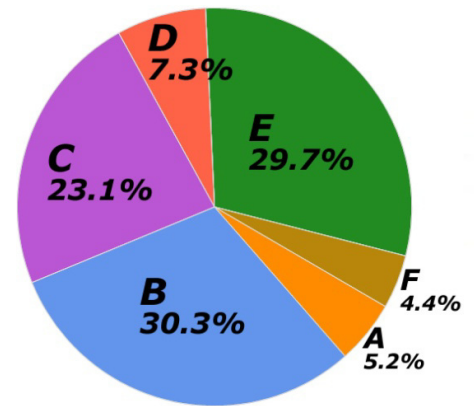


| | |
|---|---|
| A. No, and I still don't. | D. Yes, I knew a little, but I haven't learned much more. |
| B. No, but I know some now. | E. Yes, I knew a little, and I know more now. |
| C. No, but I know a lot now. | F. Yes, I knew quite a bit. |

Clinical Executives/Providers were most likely to know something about Federally-Qualified Health Centers (FQHCs) before being hired by one (indicated by the D, E, and F "Yes" categories in Graph 31 above, representing 63.6% of responders in that position group); 43.8% of Administrative Executives/Supervisors (Graph 30) and 41.4% of Support staff (Graph 32) knew about FQHCs before being hired (indicating that Support staff were least likely to have that knowledge before hire). Only 9.7% of respondents overall felt that they had learned little more since their hire (categories A and D). (Graphs 30-32)

## STATE BREAKDOWN INFORMATION

*Graph 33: Did You Know About FQHCs Before Being Hired?, State Breakdown*
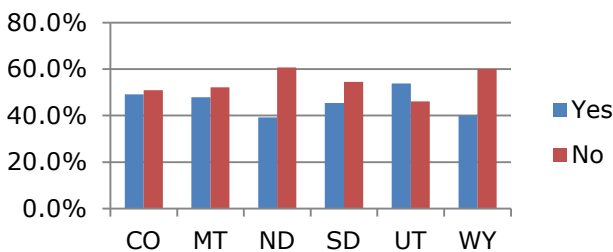
*Graph 34: How Much Do You Know About FQHCs Now?, State Breakdown*
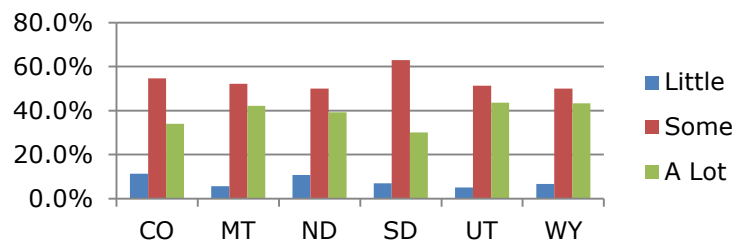


*Table 11: Knowledge of FQHCs, Upon Hire and Currently, Region VIII and State Breakdown*

| | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| **Did You Know About FQHCs Before Hire?** | **RVIII (1,185)** | **CO (776)** | **MT (140)** | **ND (56)** | **SD (143)** | **UT (39)** | **WY (30)** |
| Yes (Options D, E, & F) | 47.9% | 49.1% | 47.9% | 39.3% | 45.5% | **53.8%** | 40.0% |
| No (Options A, B, & C) | **52.1%** | **50.9%** | **52.1%** | **60.7%** | **54.5%** | 46.2% | **60.0%** |
| **How Much Do You Know Now?** | **RVIII** | **CO** | **MT** | **ND** | **SD** | **UT** | **WY** |
| Little (Options A & D) | 9.7% | 11.3% | 5.7% | 10.7% | 7.0% | * | * |
| Some (Options B & E) | **54.9%** | **54.6%** | **52.1%** | **50.0%** | **62.9%** | **51.3%** | **50.0%** |
| A Lot (Options C & F) | 35.3% | 34.0% | 42.1% | 39.3% | 30.1% | 43.6% | 43.3% |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

## G. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs), continued

### Choosing to Work at an FQHC

Respondents were asked to identify all reasons why they chose to work at a health center. "Mission to the Underserved" was the top response for the region (chosen by over 55% of all respondents – Graph 35), and was the top choice for both the combined Administrative Executives/Other Supervisors group and the Clinical Executives/Providers group (Graphs 36 and 37). The majority of Administrative and Clinical Support Staff (over 57%) chose "It was the position that was available to me" (Graph 38); this was the 2nd ranked choice for the Administrative Executives group (Graph 36) and the 4th choice for Clinical Executives/Providers (Graph 37). "Scope of Practice" and "Opportunity for Loan Repayment/Scholarship" ranked 2nd and 3rd for Clinical Executives/Providers (Graph 37). "Compensation package" ranked in the bottom half of responses for the region and for all position groups; "Benefits package" ranked as more important than "Compensation package" for all groups, and was most highly ranked by the combined Support group (Graphs 35-38; choices in all graphs are listed from highest ranked reason to lowest).

*Graphs 35-38: Reasons for Choosing to Work at a Health Center, Region VIII*

*Graph 35: All Survey Respondents Combined*
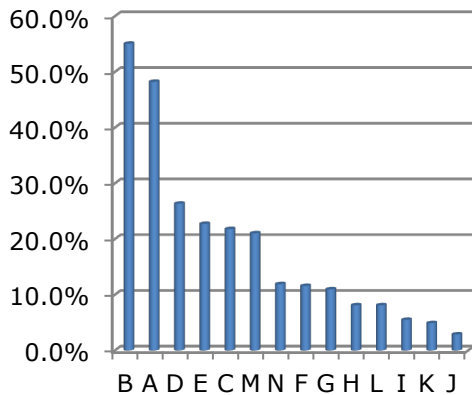
*Graph 36: Administrative – Executives & Other Supervisors/Managers*
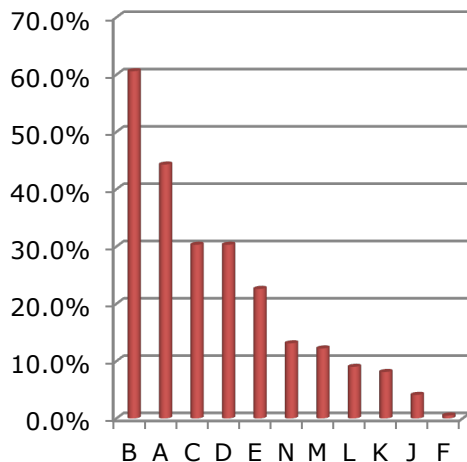
A. It was the position that was available to me
B. Mission to the underserved
C. Community-driven setting (patients/clients as board of directors members)
D. High quality of health care
E. Strong team orientation
F. Opportunity for loan repayment/scholarship
G. Scope of practice*
H. Intellectual challenge of clinical problems seen*
I. Practice autonomy*
J. Available technology
K. State, regional, and national networks of support
L. Compensation package
M. Benefits package
N. Other

*Options given to Clinical Executives/Providers only.*

*Graph 37: Clinical Executives & Providers*
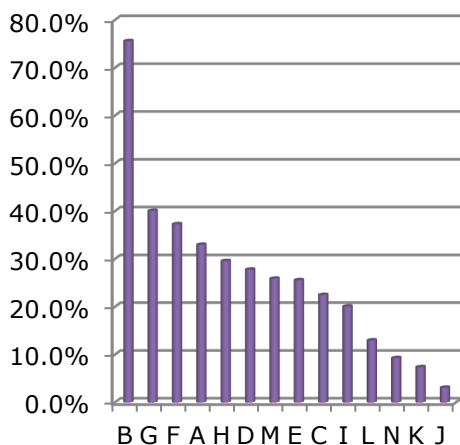
*Graph 38: Administrative & Clinical Support Staff*
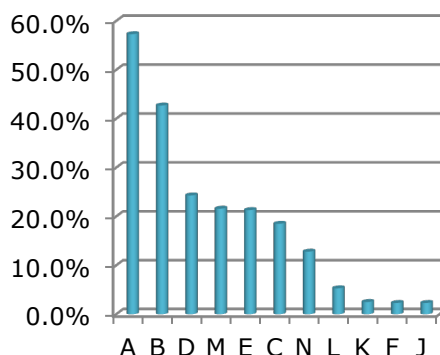
CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report

## Choosing to Work at an FQHC, continued

### STATE BREAKDOWN INFORMATION

A. It was the position that was available to me

B. Mission to the underserved

C. Community-driven setting (patients/clients as board of directors members)

D. High quality of health care

E. Strong team orientation

F. Opportunity for loan repayment/scholarship

G. Scope of practice*

H. Intellectual challenge of clinical problems seen*

I. Practice autonomy*

J. Available technology

K. State, regional, and national networks of support

L. Compensation package

M. Benefits package

N. Other

*Options given to Clinical Executives/Providers only.*

ALL = All Respondents Combined
A: E&OS = Administrative Executives and Other Supervisors/Managers
C: E&P = Clinical Executives/Providers
A&C: S = Administrative and Clinical Support Staff

*Graphs 39-44:  Reasons for Choosing to Work at a Health Center, State Breakdowns*

*Graph 39:  Colorado*
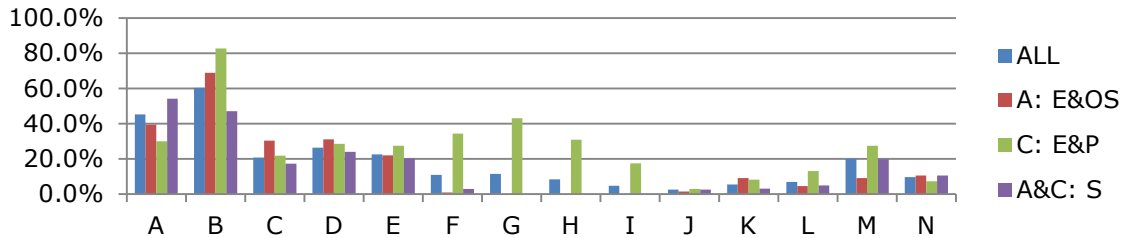


*Graph 40:  Montana*
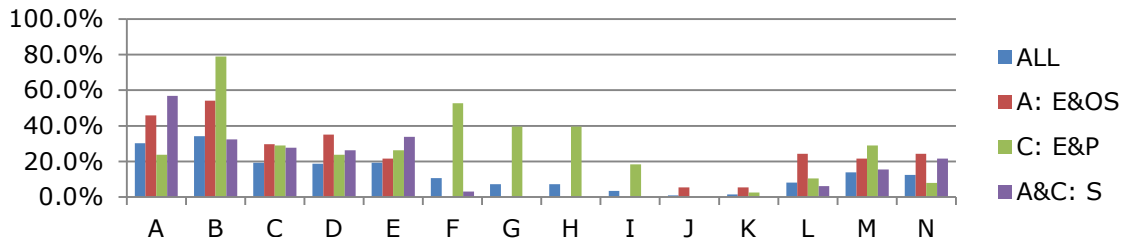


*Graph 41:  North Dakota*
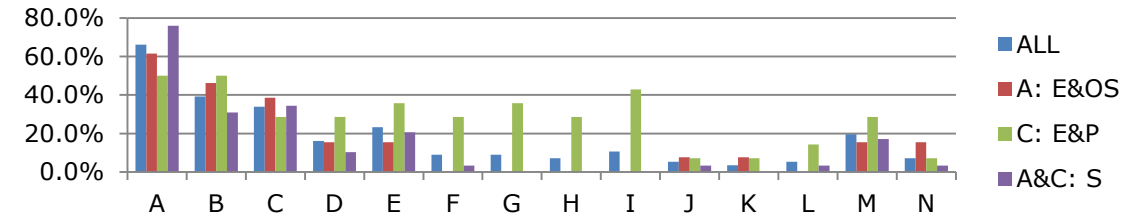


*Graph 42:  South Dakota*
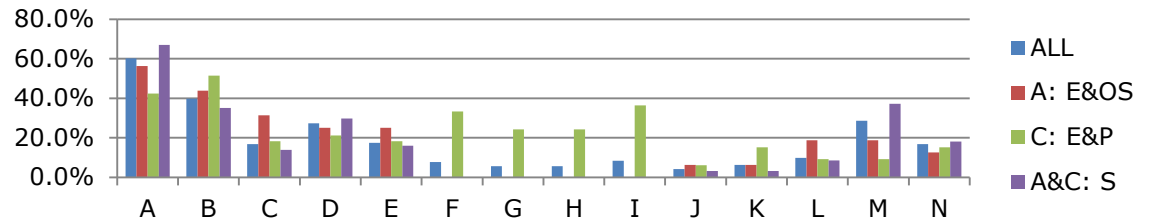


*Graph 43:  Utah*



*Graph 44:  Wyoming*

## G. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs), continued

## Choosing to Work at an FQHC, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 12: Reasons for Choosing to Work at a Health Center, Region VIII and State Breakdown*

| Reasons for Choosing to Work at an FQHC | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,184) | CO (775 | MT (208) | ND (56) | SD (143) | UT (39) | WY (30) |
| A. It was the position that was available to me | 48.2% | 45.2% | 30.3% | 66.1% | 60.1% | 51.3% | **46.7%** |
| B. Mission to the underserved | **55.1%** | **60.3%** | **34.1%** | **39.3%** | **39.9%** | **56.4%** | 43.3% |
| C. Community-driven setting | 21.8% | 20.6% | 19.2% | 33.9% | 16.8% | 17.9% | 26.7% |
| D. High quality of health care | 26.4% | 26.3% | 18.8% | 16.1% | 27.3% | 38.5% | 20.0% |
| E. Strong team orientation | 22.7% | 22.6% | 19.2% | 23.2% | 17.5% | 25.6% | 20.0% |
| F. Opportunity for loan repayment/scholarship | 11.6% | 10.8% | 10.6% | 8.9% | 7.7% | 30.8% | * |
| G. Scope of practice* | 11.0% | 11.5% | 7.2% | 8.9% | 5.6% | 30.8% | * |
| H. Intellectual challenge of clinical problems seen* | 8.1% | 8.3% | 7.2% | * | 5.6% | 12.8% | * |
| I. Practice autonomy* | 5.5% | 4.6% | 3.4% | 10.7% | 8.4% | * | * |
| J. Available technology | 2.9% | 2.5% | * | * | 4.2% | * | * |
| K. State, regional, and national networks of support | 4.9% | 5.4% | * | * | 6.3% | * | * |
| L. Compensation package | 8.1% | 7.0% | 8.2% | * | 9.8% | 20.5% | * |
| M. Benefits package | 21.0% | 20.0% | 13.9% | 19.6% | 28.7% | 28.2% | * |
| N. Other | 11.9% | 9.7% | 12.5% | * | 16.8% | 17.9% | 16.7% |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*
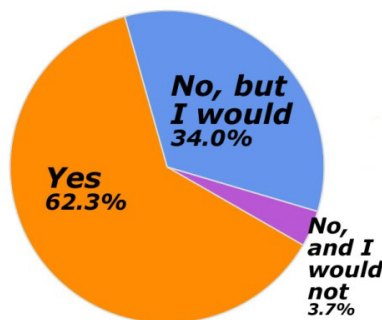
## Referring Others to an FQHC

*Graphs 45-47: Have You Referred Others to Positions within a Health Center?, Region VIII*
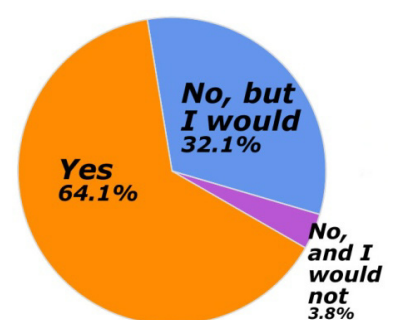
**Graph 45: Administrative – Executives & Other Supervisors/Managers**
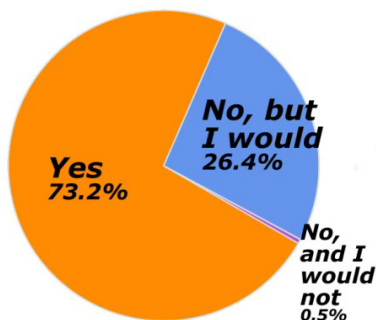


**Graph 46: Clinical Executives & Providers**



**Graph 47: Administrative & Clinical Support Staff**



Overall, 96.9% of all survey respondents have either referred friends, family members, colleagues, etc. to positions within a health center, or would be willing to do so if an appropriate position were available. Respondents within the combined Administrative – Executives and Other Supervisors/Managers group were most likely to have already made such referrals, and least likely to indicate an unwillingness to do so; Clinical Providers/Executives and Administrative & Clinical Support Staff were equally likely to indicate a reluctance to refer others (Graphs 45-47).

## G. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs), continued

### Referring Others to an FQHC, continued

When asked to explain why they would not be comfortable making referrals, the most common theme for Clinical Providers/Executives was dissatisfaction with some aspect of their current organization; in response to this question Support Staff respondents were equally likely to express dissatisfaction with the organization or to be concerned with how a referral might affect relationships either with the referred party or with others in the organization.

**STATE BREAKDOWN INFORMATION**

*Graphs 48-53: Have You Referred Others to Positions within a Health Center?, State Breakdown*

**Graph 48: Colorado**
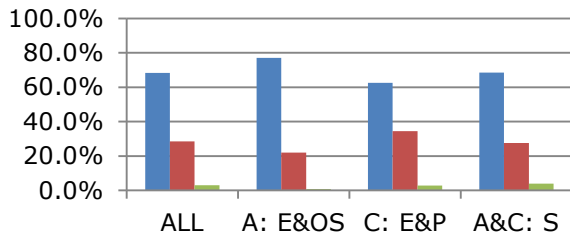
**Graph 49: Montana**
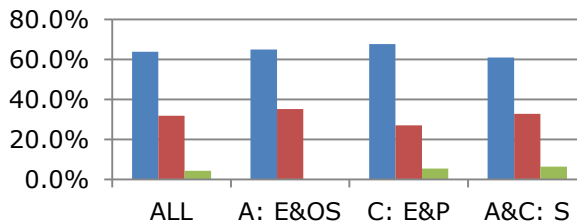
ALL = All Respondents Combined

A: E&OS = Administrative Executives and Other Supervisors/Managers

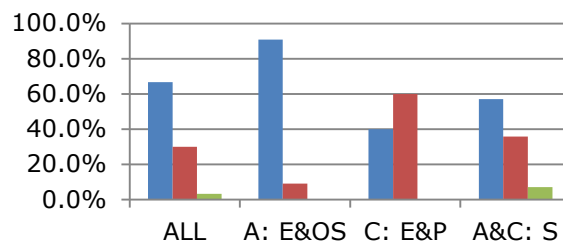**Graph 50: North Dakota**
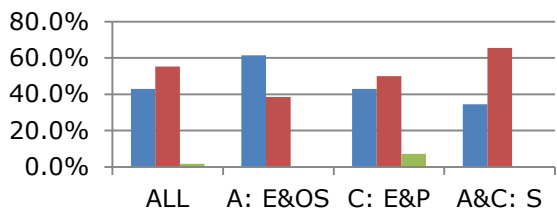
**Graph 51: South Dakota**
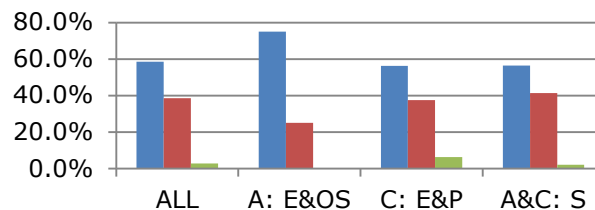
C: E&P = Clinical Executives/Providers

A&C: S = Administrative and Clinical Support Staff

**Graph 52: Utah**
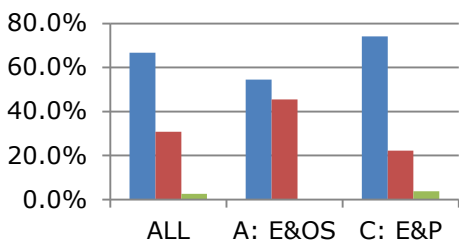
**Graph 53: Wyoming**

- Yes.
- No, but I would.
- No, and I would not.

*Table 13: Have You Referred Others to Positions within a Health Center?, Region VIII and State Breakdown*

| Have you referred others to positions in a health center? | % of All Respondents for Location | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | RVIII (1,176) | CO (772) | MT (138) | ND (56) | SD (140) | UT (39) | WY (30) |
| Yes. | **65.3%** | **68.4%** | **63.8%** | 42.9% | **58.6%** | **66.7%** | **66.7%** |
| No, but I would. | 31.5% | 28.5% | 31.9% | **55.4%** | 38.6% | 30.8% | 30.0% |
| No, and I would not. | 3.1% | 3.1% | 4.3% | * | * | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

> I love interacting with the community. The good makes me smile and feel like we are truly helping people. The bad makes me strive to problem solve.
> – Clinical Support Staff, Wyoming

## H. SEEKING EMPLOYMENT

### Resources for Finding Career Opportunities & How Heard About CHC Opportunity

Survey participants were asked to identify the resources that were most useful for them when seeking any type of employment in the past, and then asked to identify the one or more ways they heard about the opportunity when hired by their health center. "Word of Mouth" was the most popular response from all respondents region-wide (Graph 54) in both instances. To assess the resources most currently utilized by job seekers, the data was analyzed with a focus on those respondents who had worked at their health center for **two or fewer years** (Graphs 55 and 56):

- For all combined position groups, word of mouth and online job sites were most utilized, followed by previous professional contacts and newspaper ads; ads in professional journals and job/career fairs rated very low in terms of usefulness, and were rarely used to find a CHC opportunity.
- Word of mouth advertising was highly weighted by Administrative Executives, both when looking for employment in general and when they heard about the opportunity at their CHC.
- Administrative Other Supervisors/Managers rated online job sites as very useful when looking for employment, but when hired by their CHC, they were most likely to have heard about the opportunity in the newspaper.
- Clinical Executives/Providers were most likely to utilize previous professional contacts when looking for employment.
- While online job sites and word of mouth were similarly important to Administrative and Clinical Support Staff when seeking employment in general, they were most likely to have heard about their CHC opportunity via word of mouth.
- The most common "Other" option for how respondents heard about the available position at their organization was some sort of direct approach (walk-in, cold-call, etc.).

A. Advertisements in local papers
B. Advertisements on online job sites
C. Advertisements in professional journals
D. Job/career fairs
E. Previous professional contacts (sites of rotations, internships, externships, volunteering, etc.)
F. Word of mouth (family members, friends, colleagues, etc.)
G. Other



*Graph 54: Most Useful Resources When Seeking Employment & How Respondents Heard About Opportunity at CHC, Region VIIII*
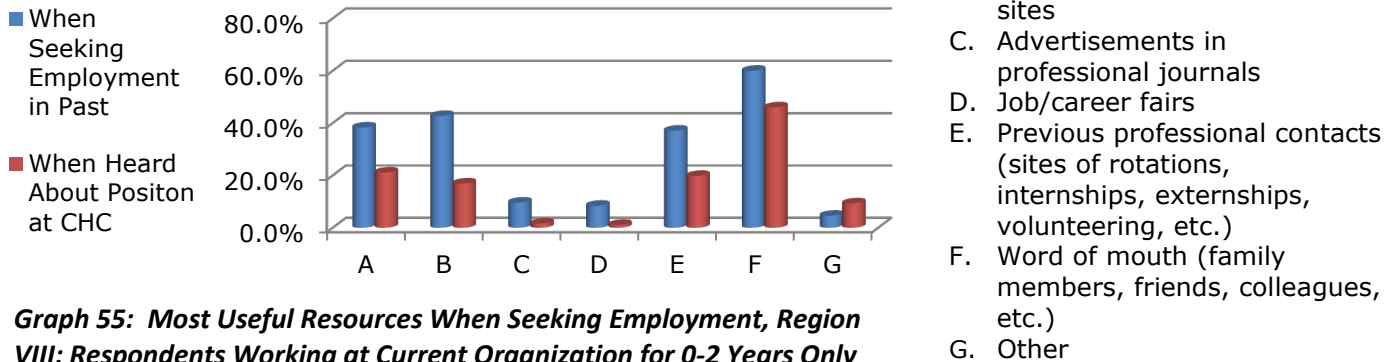


*Graph 55: Most Useful Resources When Seeking Employment, Region VIII: Respondents Working at Current Organization for 0-2 Years Only*
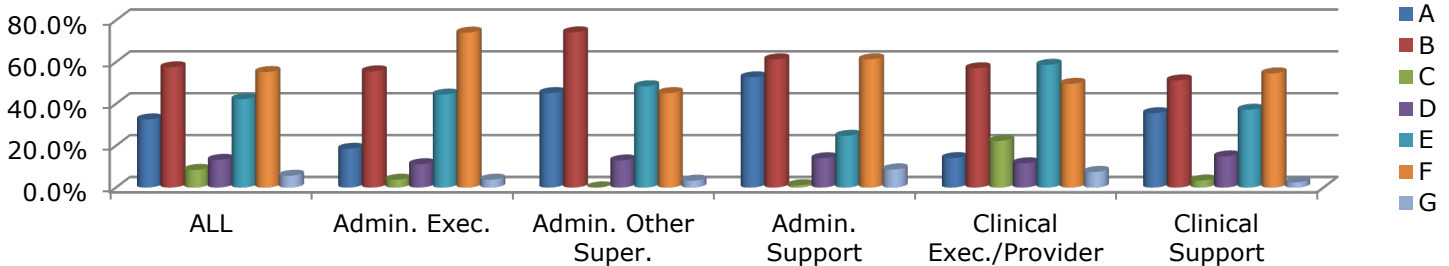


*Graph 56: How Respondent Heard About Opportunity at CHC, Region VIII: Respondents Working at Current Organization for 0-2 Years Only*
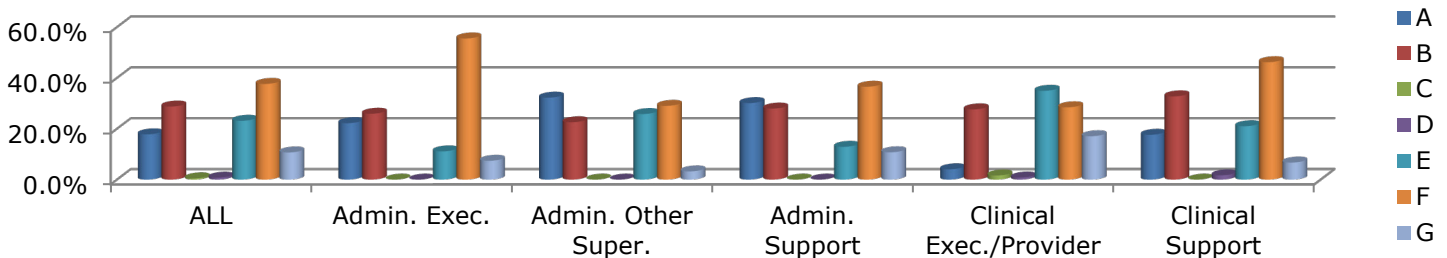
*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*

## Resources for Finding Career Opportunities &
## How Heard About CHC Opportunity, continued

### STATE BREAKDOWN INFORMATION

A. Advertisements in local papers
B. Advertisements on online job sites
C. Advertisements in professional journals
D. Job/career fairs
E. Previous professional contacts (sites of rotations, internships, externships, volunteering, etc.)
F. Word of mouth (family members, friends, colleagues, etc.)
G. Other

*Graph 57: Most Useful Resources When Seeking Employment, State Breakdown: Respondents Working at Current Organization for 0-2 Years Only*
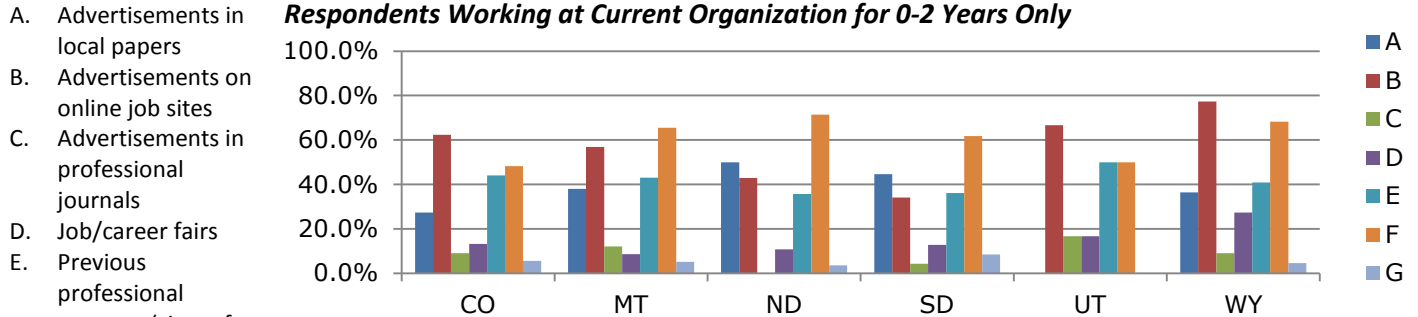


*Graph 58: How Respondents Heard About Opportunity at CHC, State Breakdown: Respondents Working at Current Organization for 0-2 Years Only*
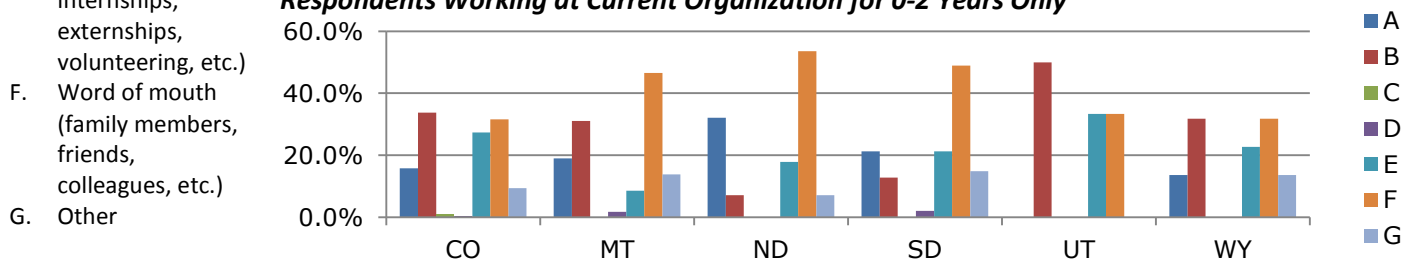


*Table 14: Most Useful Resources When Seeking Employment &*
*How Respondents Heard About Opportunity at CHC, Region VIII and State Breakdown*

| Most Useful Resources when Seeking Employment in the Past | % of Respondents for Location Working for Current Organization for 0-2 Years | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (393) | CO (234) | MT (58) | ND (28) | SD (47) | UT (6) | WY (22) |
| A. Advertisements in local papers | 32.6% | 27.4% | 37.9% | 50.0% | 44.7% | * | 36.4% |
| B. Advertisements on online job sites | **57.5%** | **62.4%** | 56.9% | 42.9% | 34.0% | * | **77.3%** |
| C. Advertisements in professional journals | 8.4% | 9.0% | 12.1% | * | * | * | * |
| D. Job/career fairs | 13.2% | 13.2% | 8.6% | * | 12.8% | * | 27.3% |
| E. Previous professional contacts | 42.2% | 44.0% | 43.1% | 35.7% | 36.2% | * | 40.9% |
| F. Word of mouth | 55.2% | 48.3% | **65.5%** | **71.4%** | **61.7%** | * | 68.2% |
| G. Other | 5.6% | 5.6% | * | * | * | * | * |
| **How Heard About CHC Opportunity** | RVIII (393) | CO (234) | MT (58) | ND (28) | SD (47) | UT (6) | WY (22) |
| A. Advertisements in local papers | 17.8% | 15.8% | 19.0% | 32.1% | 21.3% | * | * |
| B. Advertisements on online job sites | 28.8% | **33.8%** | 31.0% | * | 12.8% | * | **31.8%** |
| C. Advertisements in professional journals | * | * | * | * | * | * | * |
| D. Job/career fairs | * | * | * | * | * | * | * |
| E. Previous professional contacts | 23.2% | 27.4% | 8.6% | 17.9% | 21.3% | * | 22.7% |
| F. Word of mouth | **37.7%** | 31.6% | **46.6%** | **53.6%** | **48.9%** | * | **31.8%** |
| G. Other | 10.7% | 9.4% | 13.8% | * | 14.9% | * | * |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

## H. SEEKING EMPLOYMENT, continued
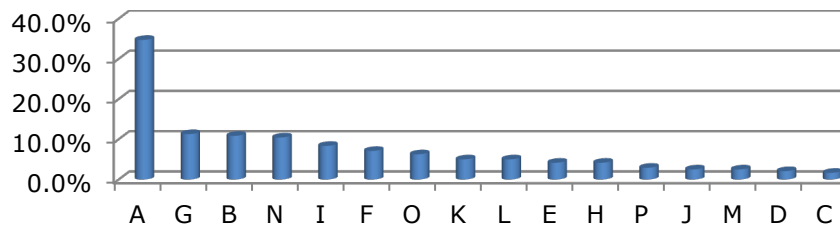
### Online Job Sites

When asked if they had utilized online job sites when seeking employment of any type in the past, 54.6% of all respondents indicated that they had done so. The top five most useful sites for those respondents, when seeking employment in the past, were health center websites, Monster.com, CareerBuilder.com, CraigsList.org, and Indeed.com (Graph 59). When asked if they had found their CHC opportunity on an online job site, only 23.6% of respondents said they had. Of those who had seen their job advertised on an online site, most (almost 35%) had seen it on the health center's website; the other resources ranked in the top five were CraigsList.org, the National Health Service Corps (NHSC) job board, Indeed.com, and a variety of other online job boards (Graph 60). The choices in the following graphs are listed from highest ranked reason to lowest.

*Graph 59: Most Useful Online Job Sites When Seeking Employment, for Those Using Online Job Sites, Region VIII*
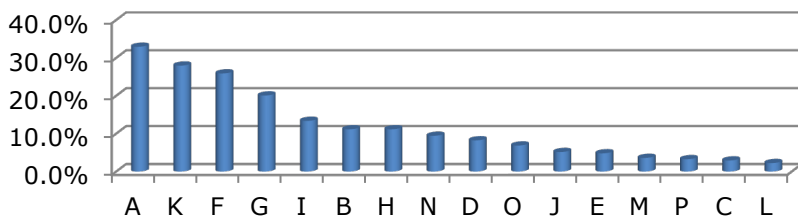


A. Health center website(s)
B. NHSC Job Board
C. NACHC Job Board
D. CHAMPS Job Opportunities Bank
E. 3RNet Job Board
F. CareerBuilder.com
G. CraigsList.org
H. HealtheCareers.com
I. Indeed.com
J. JobsHQ.com
K. Monster.com
L. Newspaper sites – various
M. Professional association sites – various
N. Job service sites – various
O. Other online job boards – various
P. Other

*Graph 60: Online Job Sites Used to Find CHC Opportunity, for Those Using Online Job Sites, Region VIII*



To assess the online job sites most currently utilized by job seekers, the data was analyzed with a focus on those respondents who had worked at their health center for **two or fewer years**. Over 70% of respondents in this group reported finding online job sites to be useful when seeking employment, compared to 42.7% of all respondents (Administrative Executives were most likely to find online job sites useful at over 80% of the "0-2 years" group, while Clinical Support Staff were least likely, at just under 65%). However, only 37.3% of all respondents who had worked for their health center for two or fewer years reported seeing their CHC job advertised on an online job site. (Graph 61)

*Graph 61: Using Online Job Sites When Seeking Employment & Using Online Job Sites to Find CHC Opportunity, Region VIII: Respondents Working at Current Organization for 0-2 Years Only*
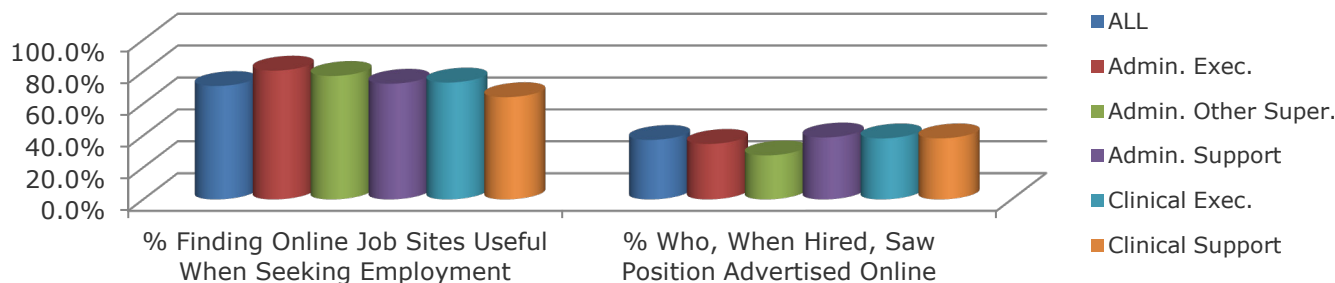


Graphs 62-65 (following pages) illustrate the use of online job sites by position group, first listing the resources in descending order of usefulness in the "when seeking employment" category, and then, leaving the resources in the same order, showing change in use for where those same respondents found their CHC opportunities.

## H. SEEKING EMPLOYMENT, continued

### Online Job Sites, continued

- For all position groups combined, the top five most useful online job sites when seeking employment (for those employed 0-2 years) were health center websites, CraigsList.org, Monster.com, Indeed.com, and CareerBuilder.com. Health center websites remained the top-ranked online resource when this same group found their CHC jobs, but various state and local job service online sites, as well as the National Health Service Corps (NHSC) job board, jumped into the top five to join CraigsList.org and Indeed.com (Graph 62).
- Administrative Executives and Other Supervisors/Managers ranked CraigsList.org, Indeed.com, and Monster.com as almost equally useful when seeking employment, but they were much more likely to have found their CHC opportunity on a state or local job service website or on the health center's site (Graph 63).
- Clinical Executives and Providers ranked the NHSC job board and health center websites as first and second in terms of usefulness when seeking employment, and these were also the resources most often used when finding their specific CHC opportunities (Graph 64).
- While Administrative and Clinical Support Staff were likely to use a wide variety of online resources when seeking employment, they were much more likely to have found their CHC job advertised on the health center's website (Graph 65).
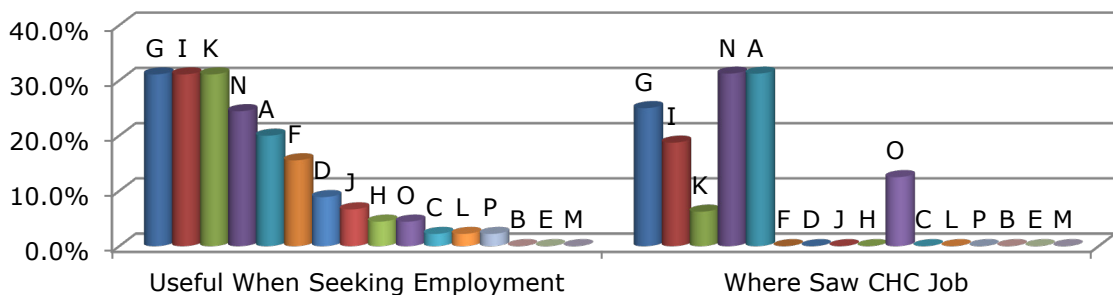
*Graphs 62-65: Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find CHC Opportunity, Region VIII: Respondents Working at Current Organization for 0-2 Years Only*

### Graph 62: All Respondents Using Online Job Sites
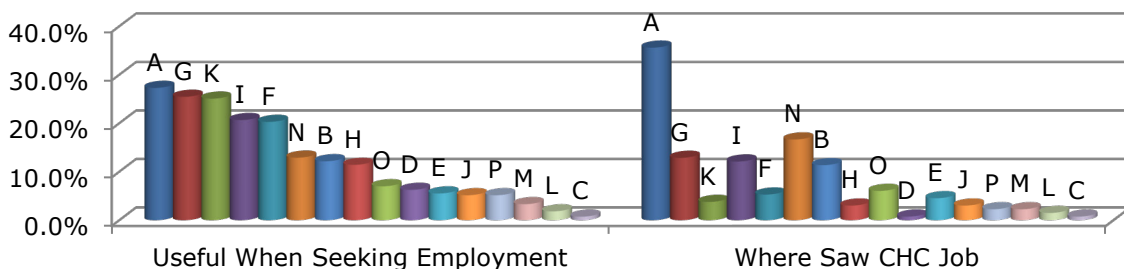


A. Health center website(s)
B. NHSC Job Board
C. NACHC Job Board
D. CHAMPS Job Opportunities Bank
E. 3RNet Job Board
F. CareerBuilder.com
G. CraigsList.org
H. HealtheCareers.com
I. Indeed.com
J. JobsHQ.com
K. Monster.com
L. Newspaper sites – various
M. Professional association sites – various
N. State/local job service sites – various
O. Other online job boards – various
P. Other

### Graph 63: Administrative – Executives & Other Supervisors/Managers Using Online Job Sites



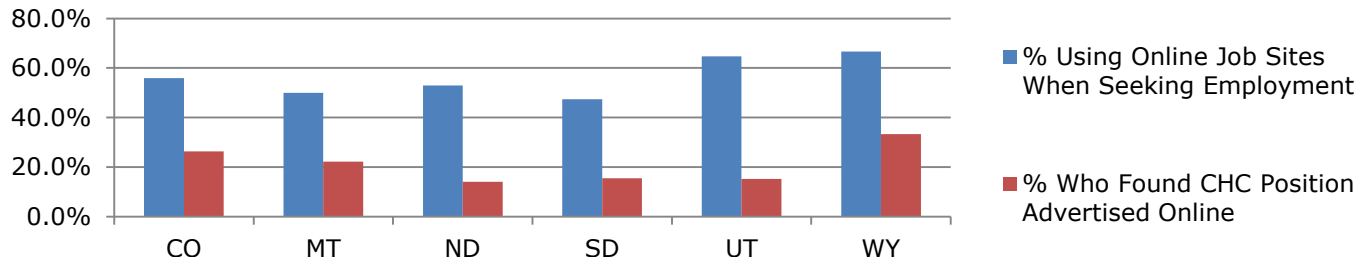### Graph 64: Clinical Executives & Providers Using Online Job Sites
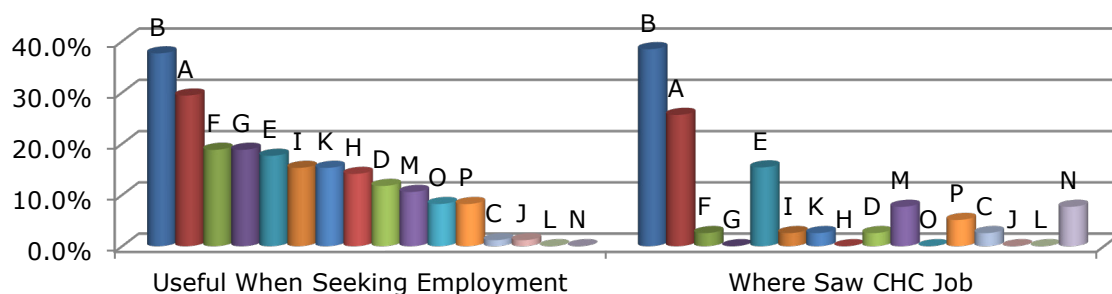
## Online Job Sites, continued

**Graphs 62-65, continued:  Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find CHC Opportunity, Region VIII:  Respondents Working at Current Organization for 0-2 Years Only**

### Graph 65:  Administrative & Clinical Support Staff Using Online Job Sites
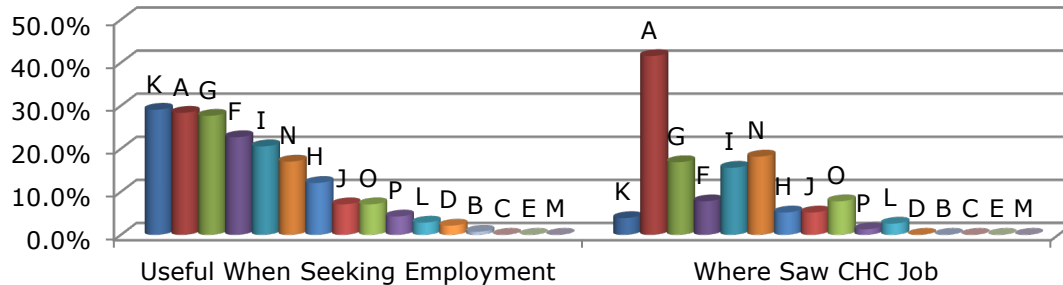


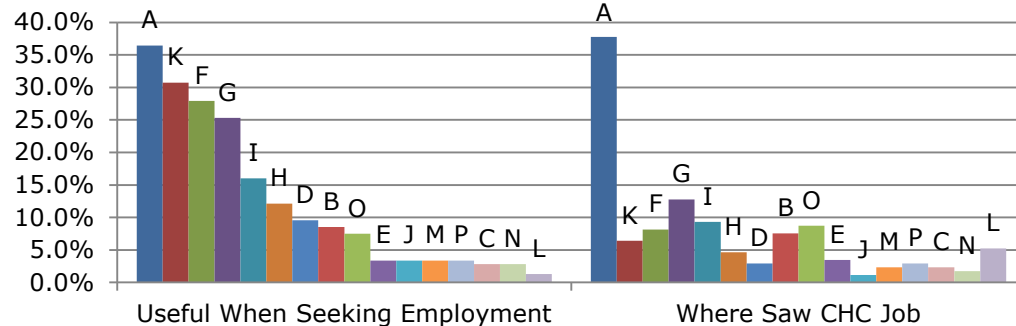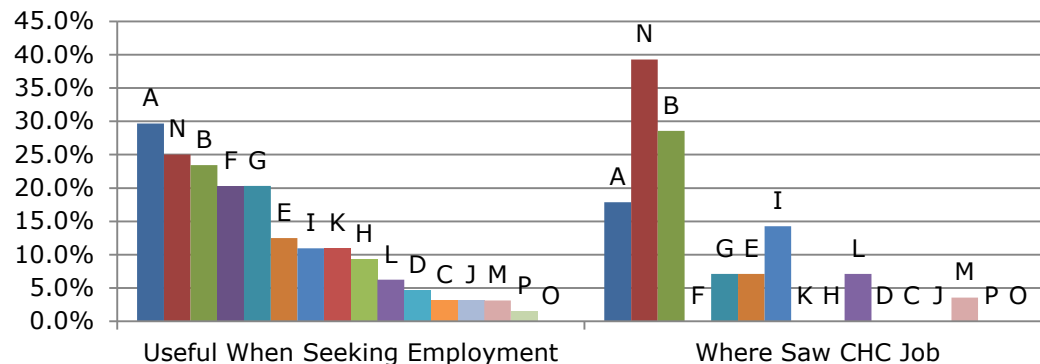*See below for definitions of data categories (A, B, C, etc.).*

## STATE BREAKDOWN INFORMATION

**Graph 66:  Respondents Using Online Job Sites, State Breakdown (Regardless of Length of Employment)**



- % Using Online Job Sites When Seeking Employment
- % Who Found CHC Position Advertised Online

**Graphs 67-72:  For Those Using Online Job Sites, Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find CHC Opportunity, State Breakdowns (Regardless of Length of Employment)**

### Graph 67:  Colorado



### Graph 68:  Montana



A.  Health center website(s)
B.  NHSC Job Board
C.  NACHC Job Board
D.  CHAMPS Job Opportunities Bank
E.  3RNet Job Board
F.  CareerBuilder.com
G.  CraigsList.org
H.  HealtheCareers.com
I.  Indeed.com
J.  JobsHQ.com
K.  Monster.com
L.  Newspaper sites – various
M.  Professional association sites – various
N.  State/local job service sites – various
O.  Other online job boards – various
P.  Other

## H. SEEKING EMPLOYMENT, continued
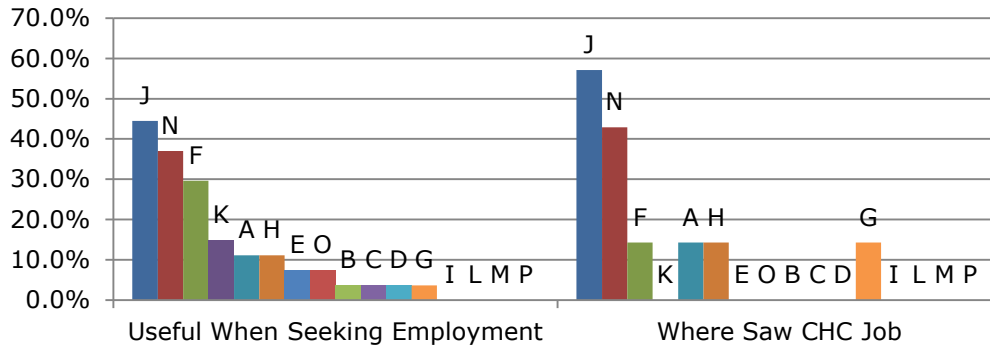
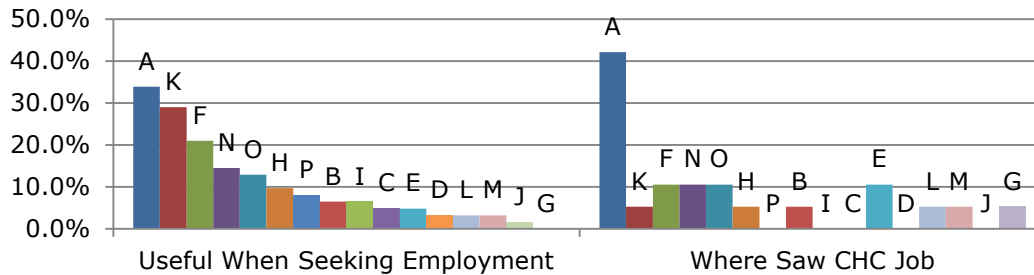### Online Job Sites, continued

**Graphs 67-72, continued:  For Those Using Online Job Sites, Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find CHC Opportunity, State Breakdowns (Regardless of Length of Employment)**
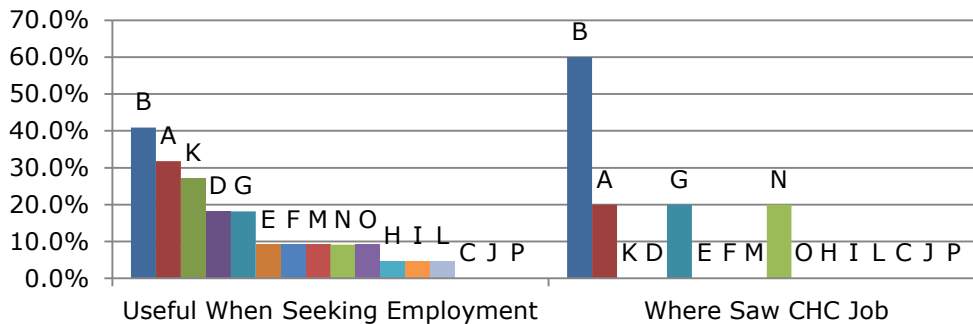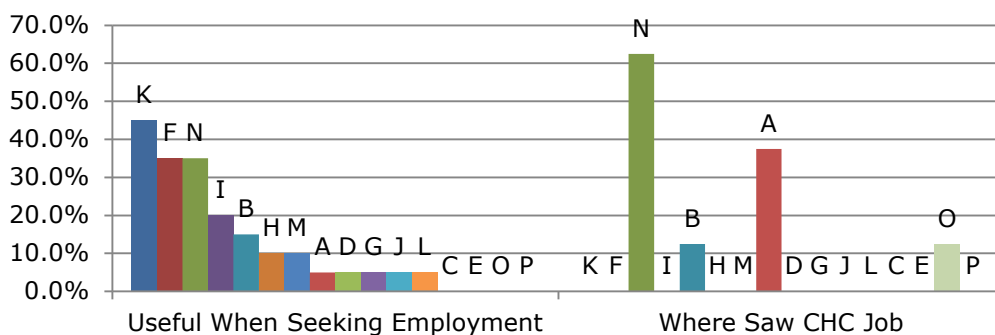
*Graph 69:  North Dakota*



*Graph 70:  South Dakota*



*Graph 71:  Utah*



*Graph 72:  Wyoming*



A. Health center website(s)
B. NHSC Job Board
C. NACHC Job Board
D. CHAMPS Job Opportunities Bank
E. 3RNet Job Board
F. CareerBuilder.com
G. CraigsList.org
H. HealtheCareers.com
I. Indeed.com
J. JobsHQ.com
K. Monster.com
L. Newspaper sites – various
M. Professional association sites – various
N. State/local job service sites – various
O. Other online job boards – various
P. Other

> *There is always a lot to do in billing, it's never boring. It is very detailed work, which appeals to me. The job is very flexible, and I like my co-workers and supervisor.*
>
> *- Administrative Support Staff, Montana*

# H. SEEKING EMPLOYMENT, continued

## Online Job Sites, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 15:  Most Useful Online Job Sites When Seeking Employment &*
*Online Job Sites Used to Find Opportunity at CHC, Region VIII and State Breakdown*

| | % of Respondents for Location Using Online Job Sites (Regardless of Length of Employment) | | | | | | |
|---|---|---|---|---|---|---|---|
| **Most Useful Online Job Sites when Seeking Employment** | **RVIII (582)** | **CO (387)** | **MT (64)** | **ND (27)** | **SD (62)** | **UT (22)** | **WY (20)** |
| A. Health center website(s) | **32.9%** | **36.4%** | **29.7%** | * | **33.9%** | 31.8% | * |
| B. NHSC Job Board | 11.1% | 8.5% | 23.4% | * | * | 40.9% | * |
| C. NACHC Job Board | 2.9% | 2.8% | * | * | * | * | * |
| D. CHAMPS Job Opportunities Bank (JOB) | 8.2% | 9.6% | * | * | * | * | * |
| E. 3RNet Job Board | 4.8% | 3.4% | 12.5% | * | * | * | * |
| F. CareerBuilder.com | 25.9% | 27.9% | 20.3% | 29.6% | 21.0% | * | 35.0% |
| G. CraigsList.org | 20.1% | 25.3% | 20.3% | * | * | * | * |
| H. HealtheCareers.com | 11.1% | 12.1% | 9.4% | * | * | * | * |
| I. Indeed.com | 13.4% | 16.0% | 10.9% | * | * | * | * |
| J. JobsHQ.com | 5.1% | 3.4% | * | **44.4%** | * | * | * |
| K. Monster.com | 28.0% | 30.7% | 10.9% | * | 29.0% | 27.3% | **45.0%** |
| L. Newspaper Sites - Various | 2.2% | 1.3% | * | * | * | * | * |
| M. Professional Association Sites - Various | 3.6% | 3.4% | * | * | * | * | * |
| N. Job Service Sites - Various | 9.4% | 2.8% | 25.0% | 37.0% | 14.5% | * | 35.0% |
| O. Other Online Job Boards - Various | 6.9% | 7.5% | * | * | 12.9% | * | * |
| P. Other | 3.3% | 3.4% | * | * | 8.1% | * | * |
| **Online Job Sites Used to Find CHC Opportunity** | **RVIII (239)** | **CO (172)** | **MT (28)** | **ND (7)** | **SD (19)** | **UT (5)** | **WY (8)** |
| A. Health center website(s) | **34.7%** | **37.8%** | 17.9% | * | **42.1%** | * | * |
| B. NHSC Job Board | 10.9% | 7.6% | 28.6% | * | * | * | * |
| C. NACHC Job Board | * | * | * | * | * | * | * |
| D. CHAMPS Job Opportunities Bank (JOB) | 2.1% | 2.9% | * | * | * | * | * |
| E. 3RNet Job Board | 4.2% | 3.5% | * | * | * | * | * |
| F. CareerBuilder.com | 7.1% | 8.1% | * | * | * | * | * |
| G. CraigsList.org | 11.3% | 12.8% | * | * | * | * | * |
| H. HealtheCareers.com | 4.2% | 4.7% | * | * | * | * | * |
| I. Indeed.com | 8.4% | 9.3% | * | * | * | * | * |
| J. JobsHQ.com | 2.5% | * | * | * | * | * | * |
| K. Monster.com | 5.0% | 6.4% | * | * | * | * | * |
| L. Newspaper Sites - Various | 5.0% | 5.2% | * | * | * | * | * |
| M. Professional Association Sites - Various | 2.5% | * | * | * | * | * | * |
| N. Job Service Sites - Various | 10.5% | * | **39.3%** | * | * | * | **62.5%** |
| O. Other Online Job Boards - Various | 6.3% | 8.7% | * | * | * | * | * |
| P. Other | 2.9% | 2.9% | * | * | * | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## H. SEEKING EMPLOYMENT, continued

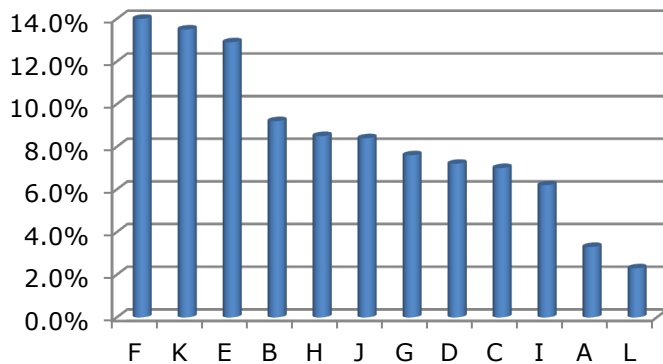## Previous Employer/Location

In order to help grantees and PCAs target recruitment efforts, survey respondents were asked to identify where they were in their career immediately before being hired by their health center. Almost half of all respondents (45.5%) identified one of three areas: "Other health-care setting", "College/University undergraduate program", or "Private practice clinic" (Graph 73). Please note that a fairly high percentage of respondents chose "Other" (15.8% originally); however, the respondents' open text responses provide details which indicate that the majority would likely have fit into one of the specifically listed locations; the one possible exception to this is "Residency", which has been pulled out of "Other" for separate analysis in Graphs 73-82, below and next page.

- Respondents in the combined Administrative – Executives & Other Supervisors/Managers group were more likely than other respondents to have come to their health center from non-profit and for-profit settings not associated with health care.
- The previous locations of Clinical Executives & Providers were less diverse than other groups of respondents; they were most likely to have previously worked at a private practice clinic. This group was also more likely than other respondents to have been hired by their organization out of a graduate program.
- Administrative and Clinical Support Staff were more likely than other respondent groups to have been hired by their organization after being in a college/university undergraduate program, and were also the most likely group to have been unemployed before hire.
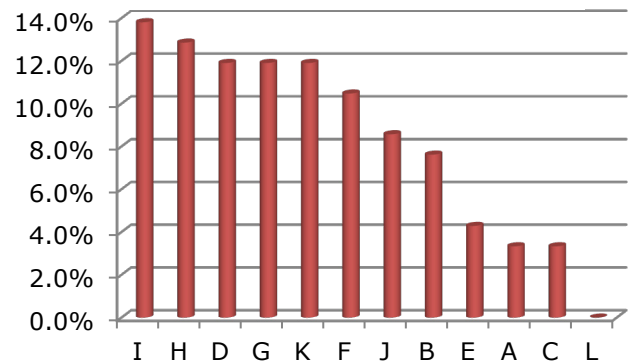
A. High school
B. College/University undergraduate program
C. Graduate program
D. Hospital
E. Private practice clinic
F. Other health-care setting
G. Other public service (e.g., school, government, etc.)
H. Other non-profit
I. Other for-profit
J. Unemployed
K. Other
L. Residency (pulled from "Other")

### Graphs 73-76: Previous Employer/Location, Region VIII

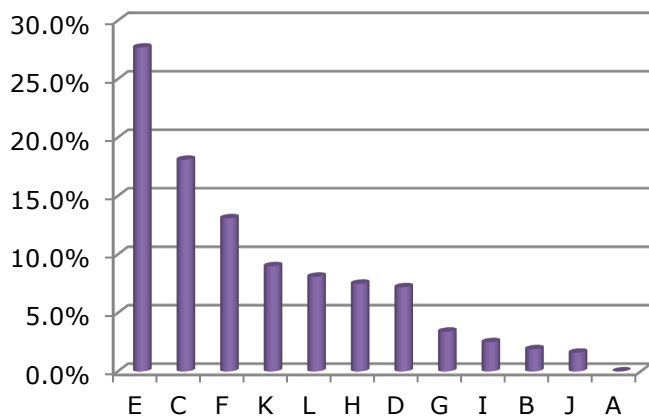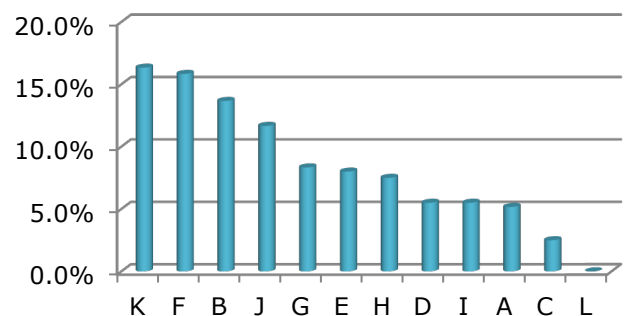#### Graph 73: All Survey Respondents Combined



#### Graph 74: Administrative – Executives & Other Supervisors/Managers



#### Graph 75: Clinical Executives & Providers



#### Graph 76: Administrative & Clinical Support Staff



CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report
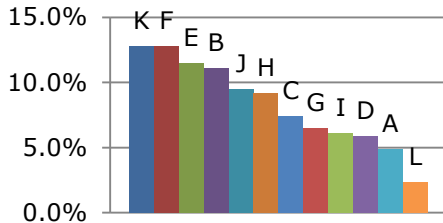
## H. SEEKING EMPLOYMENT, continued
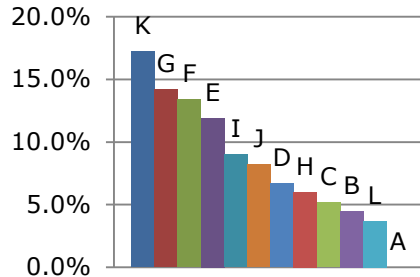
## Previous Employer/Location, continued

### STATE BREAKDOWN INFORMATION

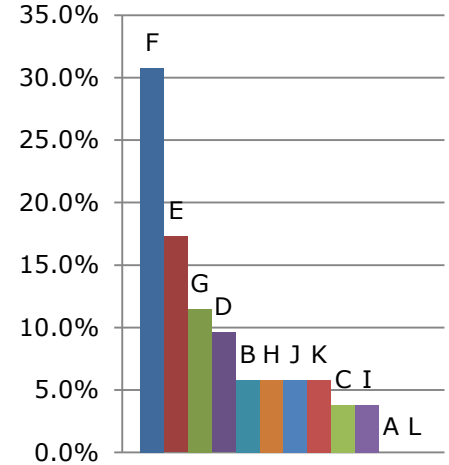*Graphs 77-82: Previous Employer/Location, State Breakdowns*
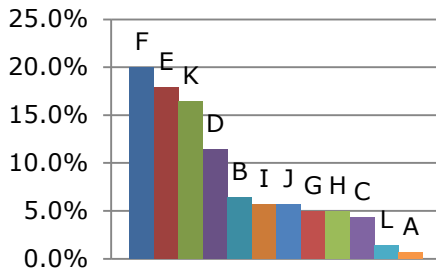
**Graph 77: Colorado**



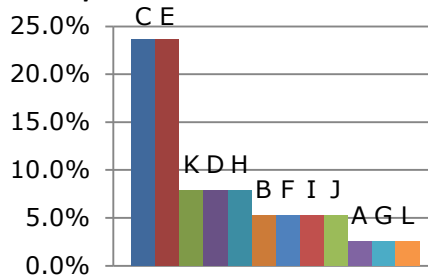**Graph 78: Montana**



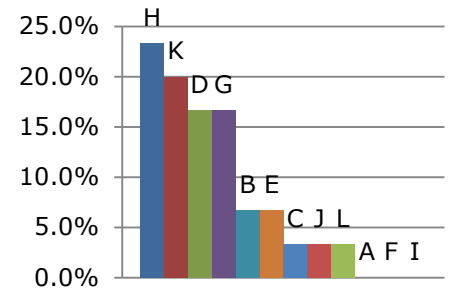**Graph 79: North Dakota**



**Graph 80: South Dakota**



**Graph 81: Utah**



**Graph 82: Wyoming**



A. High school
B. College/University undergraduate program
C. Graduate program
D. Hospital
E. Private practice clinic
F. Other health-care setting
G. Other public service (e.g., school, government, etc.)
H. Other non-profit
I. Other for-profit
J. Unemployed
K. Other
L. Residency (pulled from "Other")

*Table 16: Previous Employer/Location, Region VIII and State Breakdown*

| Previous Employer/Location | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,135) | CO (740) | MT (134) | ND (52) | SD (140) | UT (38) | WY (30) |
| A. High School | 3.3% | 4.9% | * | * | * | * | * |
| B. College/University undergraduate program | 9.2% | 11.1% | 4.5% | * | 6.4% | * | * |
| C. Graduate program | 7.0% | 7.4% | 5.2% | * | 4.3% | **23.7%** | * |
| D. Hospital | 7.2% | 5.9% | 6.7% | 9.6% | 11.4% | * | 16.7% |
| E. Private practice clinic | 12.9% | 11.5% | 11.9% | 17.3% | 17.9% | **23.7%** | * |
| F. Other health-care setting | **14.0%** | **12.8%** | 13.4% | **30.8%** | **20.0%** | * | * |
| G. Other public service (e.g., school, government, etc.) | 7.6% | 6.5% | 14.2% | 11.5% | 5.0% | * | 16.7% |
| H. Other non-profit | 8.5% | 9.2% | 6.0% | * | 5.0% | * | **23.3%** |
| I. Other for-profit | 6.2% | 6.1% | 9.0% | * | 5.7% | * | * |
| J. Unemployed | 8.4% | 9.5% | 8.2% | * | 5.7% | * | * |
| K. Other | 13.5% | **12.8%** | **17.2%** | * | 16.4% | * | 20.0% |
| L. Residency (pulled from "Other") | 2.3% | 2.3% | 3.7% | * | * | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

# I. JOB SATISFACTION

## Factors Influencing Satisfaction

To help grantees and PCAs identify the factors influencing the retention of health center staff, respondents were asked to identify up to five characteristics that most influence their job satisfaction in either a positive or negative way. (Please note that respondents were not required to choose five, nor did the survey limit them to choosing only five.) The top ten characteristics (of 24 options) selected by all respondents, as illustrated in Graph 83, were:
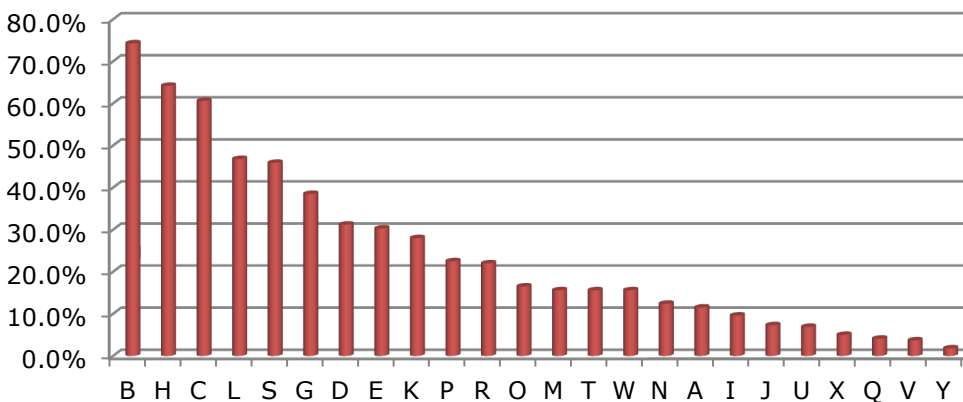
1. Quality of care that patients/clients receive (chosen by 59.3% of respondents)
2. Relationships with other co-workers (55.0%)
3. Mission of organization (54.2%)
4. Patient/client interactions (51.7%)
5. Excitement/challenge of work (46.3%)
6. Relationships with supervisor(s) (32.8%)
7. Benefits package (31.9%)
8. Opportunity for flexible work schedule (29.9%)
9. Family life in/around community (25.8%)
10. Specific job duties (24.4%)

*Graph 83: Factors Influencing Satisfaction, Region VIII*
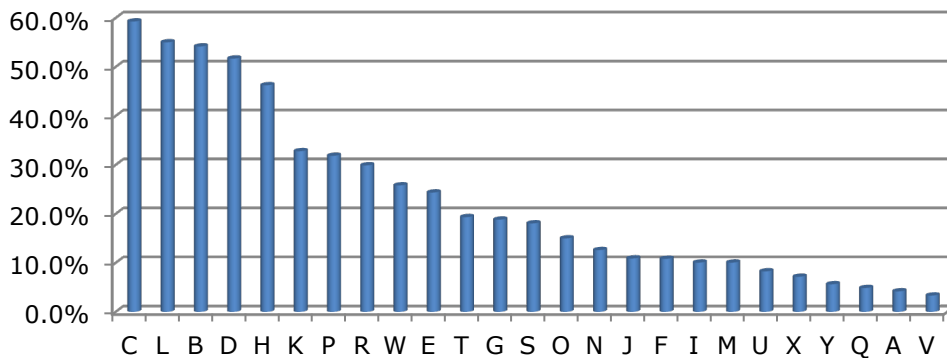


For respondents in the combined **Administrative Executives and Other Supervisors/Managers** group, "Opportunity to play a leadership role" and "Freedom to use, or restrictions in use of, your own professional judgment" appeared in the top 10, supplanting "Opportunity for flexible work schedule", which fell to 11th place, and "Family life in/around community", which moved to 15th place (Graph 84).

*Graph 84: Factors Influencing Satisfaction; Administrative – Executives & Other Supervisors/Managers, Region VIII*



A. National health center policy*
B. Mission of organization
C. Quality of care that patients/clients receive
D. Patient/client interactions
E. Specific job duties**
F. Scope of practice***
G. Freedom to use, or restrictions in use of, your own professional judgment*
H. Excitement/challenge of work
I. Availability of technology
J. Quality of equipment/facilities
K. Relationships with supervisor(s)
L. Relationships with other co-workers
M. Competency of support staff*
N. Organizational communication style
O. Compensation package
P. Benefits package
Q. Recognition activities/programs
R. Opportunity for flexible work schedule
S. Opportunity to play a leadership role in the organization
T. Opportunity for continuing education/professional development
U. Opportunity for promotion
V. Opportunity to participate in a mentoring program
W. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)
X. Recreational opportunities around community
Y. Other

*Options not given to Support Staff
**Option not given to Clinical Executives/Providers
***Option given only to Clinical Executives/Providers

## I. JOB SATISFACTION, continued

### Factors Influencing Satisfaction, continued

Respondents in the **Clinical Executives/Providers** group also ranked "Freedom to use, or restrictions in use of, your own professional judgment" in the top 10, supplanting "Family life in/around community", which moved to 11th place. Clinical Executives/Providers were given the option "Scope of practice" instead of "Specific job duties", and this option did place in their top 10 factors influencing satisfaction. "Compensation package" was more important to this group than to any other (selected by over 27% of Clinical Executives/Providers, compared to 16.5% of the Administrative Executives/Other Supervisors and 8.2% of the Support Staff). Over 13% of the Clinical Executives/Providers selected "Recreational opportunities", a larger percentage than any other position group. (Graph 85)

*Graph 85: Factors Influencing Satisfaction; Clinical Executives & Providers, Region VIII*
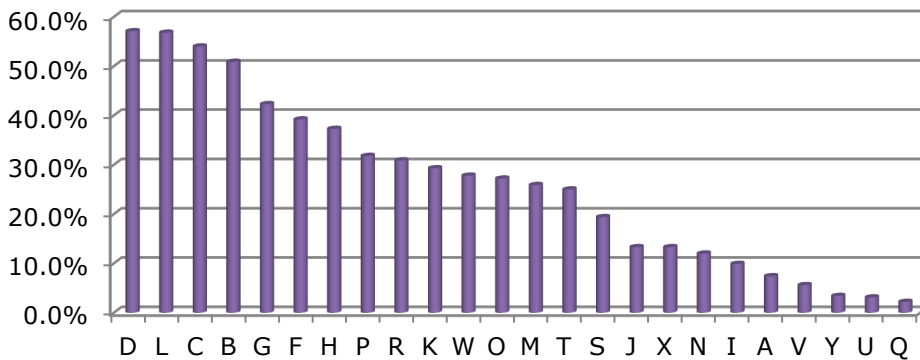


While the top ten ranked factors for the combined **Administrative and Clinical Support Staff** group were the same as for All Staff combined, they were more likely to chose "Opportunity for promotion" (at 11.4%, compared to 6.9% of the Administrative Executives/Other Supervisors group, and 3.1% of the Clinical Executives/Providers group). (Graph 86)

*Graph 86: Factors Influencing Satisfaction; Administrative & Clinical Support Staff, Region VIII*
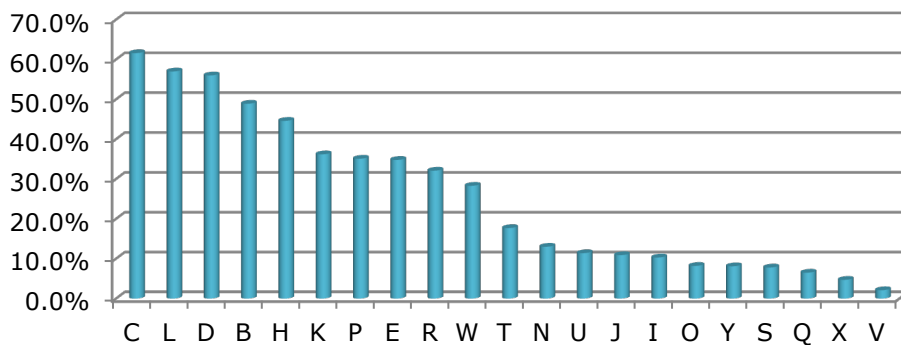


Overall, "Benefits package" was selected more than twice as often as "Compensation package"; "Recognition activities/programs" and "Opportunity to participate in a mentoring program" were the least selected characteristics for all groups combined.

A. National health center policy*
B. Mission of organization
C. Quality of care that patients/clients receive
D. Patient/client interactions
E. Specific job duties**
F. Scope of practice***
G. Freedom to use, or restrictions in use of, your own professional judgment*
H. Excitement/challenge of work
I. Availability of technology
J. Quality of equipment/facilities
K. Relationships with supervisor(s)
L. Relationships with other co-workers
M. Competency of support staff*
N. Organizational communication style
O. Compensation package
P. Benefits package
Q. Recognition activities/programs
R. Opportunity for flexible work schedule
S. Opportunity to play a leadership role in the organization
T. Opportunity for continuing education/professional development
U. Opportunity for promotion
V. Opportunity to participate in a mentoring program
W. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)
X. Recreational opportunities around community
Y. Other

*Options not given to Support Staff
**Option not given to Clinical Executives/Providers
***Option given only to Clinical Executives/Providers

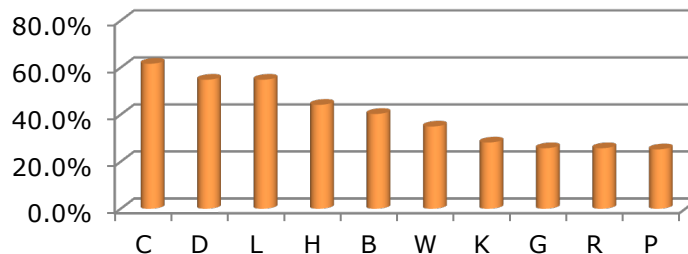## I. JOB SATISFACTION, continued

### Factors Influencing Satisfaction, continued

To assess whether an organization's size had an influence on these factors, CHAMPS reviewed the data based on number of Full-Time Equivalents (FTEs) reported via 2010 BPHC UDS[xiv], breaking the respondents' health centers into three groups:

- **Small** – organizations employing less than 50 FTEs in 2010
  - o 17.6% of the respondents to the "factors influencing satisfaction" question
- **Medium** – organizations employing between 50 and 140 FTEs in 2010
  - o 17.2% of these respondents
- **Large** – organizations employing more than 140 FTEs in 2010
  - o 62.6% of these respondents

"Quality of care that patients/clients receive" ranked as first or second for all three groups. While "Mission of the organization" was the first ranked factor for respondents working for Large organizations, it was ranked 4th for those working at Medium organizations and 5th for those at Small organizations. "Relationships with other co-workers", "Patient/client interactions", and "Excitement/challenge of work" were also in the top five for all three organizational size groups. The factors ranking 6th-10th for each group were also very similar; all three organizational size groups selected "Family life in/around community", "Relationships with supervisor(s)", "Opportunity for flexible work schedule", and "Benefits package." However, while the top 10 list for Medium and Large groups included "Specific job duties", respondents from Small organizations included "Freedom to use, or restrictions in use of, your own professional judgment". (Graphs 87-89)
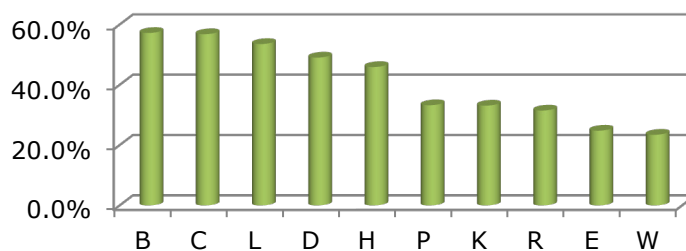
A. National health center policy*
B. Mission of organization
C. Quality of care that patients/clients receive
D. Patient/client interactions
E. Specific job duties**
F. Scope of practice***
G. Freedom to use, or restrictions in use of, your own professional judgment*
H. Excitement/challenge of work
I. Availability of technology
J. Quality of equipment/facilities
K. Relationships with supervisor(s)
L. Relationships with other co-workers
M. Competency of support staff*
N. Organizational communication style
O. Compensation package
P. Benefits package
Q. Recognition activities/programs
R. Opportunity for flexible work schedule
S. Opportunity to play a leadership role in the organization
T. Opportunity for continuing education/professional development
U. Opportunity for promotion
V. Opportunity to participate in a mentoring program
W. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)
X. Recreational opportunities around community
Y. Other

*Options not given to Support Staff
**Option not given to Clinical Executives/Providers
***Option given only to Clinical Executives/Providers

*Graph 87: Top 10 Factors Influencing Satisfaction, Small organizations (LT 50 FTE), Region VIII*



*Graph 88: Top 10 Factors Influencing Satisfaction, Medium organizations (50-140 FTE), Region VIII*
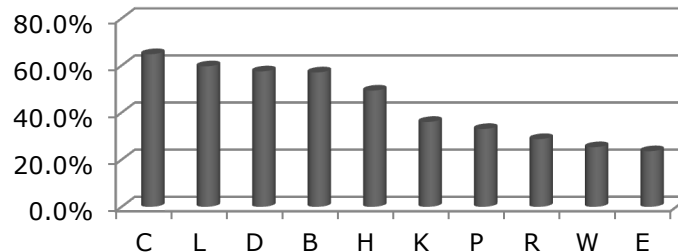


*Graph 89: Top 10 Factors Influencing Satisfaction, Large organizations (MT 140 FTE), Region VIII*

# I. JOB SATISFACTION, continued

## Factors Influencing Satisfaction, continued

### STATE BREAKDOWN INFORMATION

*Graphs 90-95: Factors Influencing Satisfaction, State Breakdowns*

#### Graph 90: Colorado
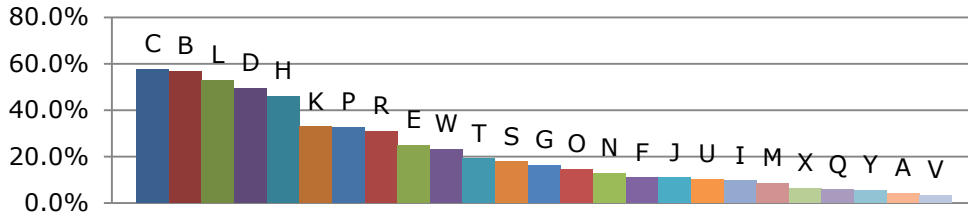


#### Graph 91: Montana
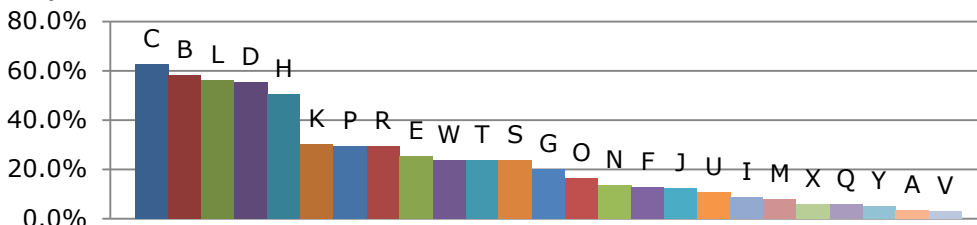


#### Graph 92: North Dakota
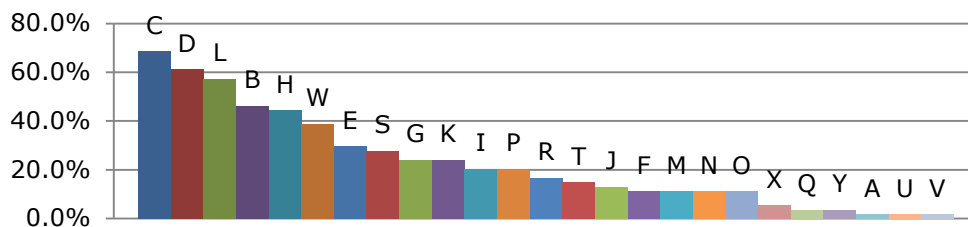


#### Graph 93: South Dakota
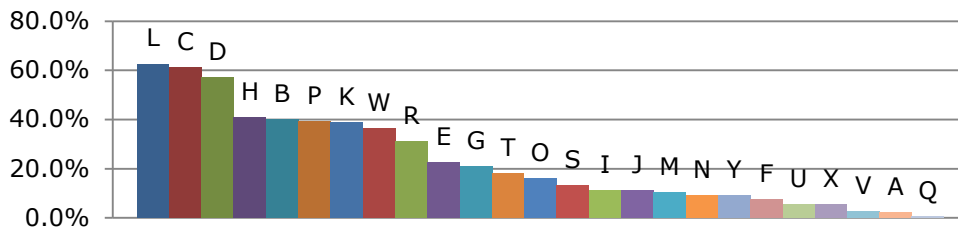


#### Graph 94: Utah
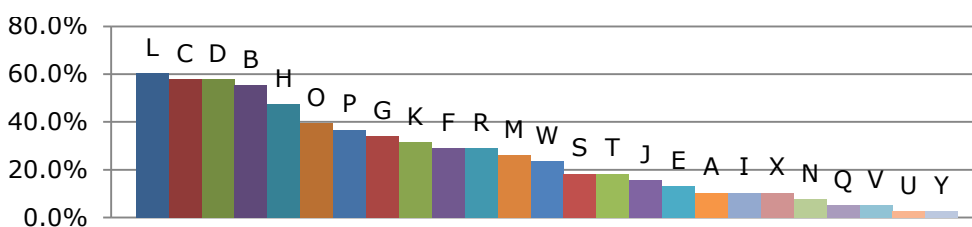


#### Graph 95: Wyoming



A. National health center policy*
B. Mission of organization
C. Quality of care that patients/clients receive
D. Patient/client interactions
E. Specific job duties**
F. Scope of practice***
G. Freedom to use, or restrictions in use of, your own professional judgment*
H. Excitement/challenge of work
I. Availability of technology
J. Quality of equipment/facilities
K. Relationships with supervisor(s)
L. Relationships with other co-workers
M. Competency of support staff*
N. Organizational communication style
O. Compensation package
P. Benefits package
Q. Recognition activities/programs
R. Opportunity for flexible work schedule
S. Opportunity to play a leadership role in the organization
T. Opportunity for continuing education/professional development
U. Opportunity for promotion
V. Opportunity to participate in a mentoring program
W. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)
X. Recreational opportunities around community
Y. Other

*Options not given to Support Staff*
**Option not given to Clinical Executives/Providers*
***Option given only to Clinical Executives/Providers*

## I. JOB SATISFACTION, continued
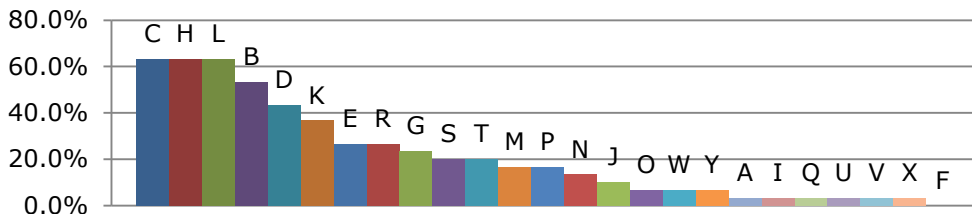
## Factors Influencing Satisfaction, continued

*Table 17: Factors Influencing Satisfaction, Region VIII and State Breakdown*

| Previous Employer/Location | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,174) | CO (770) | MT (139) | ND (54) | SD (142) | UT (38) | WY (30) |
| A. National health center policy^ | 4.2% | 4.2% | 5.8% | * | 2.1% | 10.5% | 3.3% |
| B. Mission of organization | 54.2% | 56.6% | 58.3% | 46.3% | 40.1% | 55.3% | 53.3% |
| C. Quality of care that patients/clients receive | **59.3%** | **57.5%** | **62.6%** | **68.5%** | 61.3% | 57.9% | **63.3%** |
| D. Patient/client interactions | 51.7% | 49.4% | 56.1% | 61.1% | 57.0% | 57.9% | 43.3% |
| E. Specific job duties^^ | 24.4% | 24.8% | 23.7% | 29.6% | 22.5% | 13.2% | 26.7% |
| F. Scope of practice^^^ | 10.8% | 10.9% | 10.8% | 11.1% | 7.7% | 28.9% | 0.0% |
| G. Freedom to use, or restrictions in use of, your own professional judgment^ | 18.8% | 16.2% | 23.7% | 24.1% | 21.1% | 34.2% | 23.3% |
| H. Excitement/challenge of work | 46.3% | 46.0% | 50.4% | 44.4% | 40.8% | 47.4% | 63.3% |
| I. Availability of technology | 10.1% | 9.6% | 7.9% | 20.4% | 11.3% | 10.5% | 3.3% |
| J. Quality of equipment/facilities | 10.9% | 10.9% | 8.6% | 13.0% | 11.3% | 15.8% | 10.0% |
| K. Relationships with supervisor(s) | 32.8% | 32.9% | 29.5% | 24.1% | 38.7% | 31.6% | 36.7% |
| L. Relationships with other co-workers | 55.0% | 52.7% | 55.4% | 57.4% | **62.7%** | **60.5%** | 63.3% |
| M. Competency of support staff^ | 10.1% | 8.4% | 12.2% | 11.1% | 10.6% | 26.3% | 16.7% |
| N. Organizational communication style | 12.6% | 12.9% | 16.5% | 11.1% | 9.2% | 7.9% | 13.3% |
| O. Compensation package | 15.0% | 14.4% | 12.9% | 11.1% | 16.2% | 39.5% | 6.7% |
| P. Benefits package | 31.9% | 32.7% | 25.2% | 20.4% | 39.4% | 36.8% | 16.7% |
| Q. Recognition activities/programs | 4.9% | 5.7% | 5.0% | * | 0.7% | 5.3% | 3.3% |
| R. Opportunity for flexible work schedule | 29.9% | 30.8% | 30.2% | 16.7% | 31.0% | 28.9% | 26.7% |
| S. Opportunity to play a leadership role in the organization | 18.1% | 17.8% | 20.1% | 27.8% | 13.4% | 18.4% | 20.0% |
| T. Opportunity for continuing education/professional development | 19.3% | 19.1% | 23.7% | 14.8% | 18.3% | 18.4% | 20.0% |
| U. Opportunity for promotion | 8.3% | 10.1% | 5.8% | * | 5.6% | 2.6% | 3.3% |
| V. Opportunity to participate in a mentoring program | 3.3% | 3.5% | * | * | 2.8% | 5.3% | 3.3% |
| W. Family life in/around community | 25.8% | 23.1% | 29.5% | 38.9% | 36.6% | 23.7% | 6.7% |
| X. Recreational opportunities in/around community | 7.2% | 6.4% | 13.7% | * | 5.6% | 10.5% | 3.3% |
| Y. Other | 5.6% | 5.6% | 3.6% | * | 9.2% | 2.6% | 6.7% |

^Options not given to Support Staff
^^Option not given to Clinical Executives/Providers
^^^Option given only to Clinical Executives/Providers

*In order to report on a category, it must have at least five responses. Any category with less than five responses is marked with an asterisk (*).*

> My nurse practitioner is perhaps the best provider I have ever worked for in my entire professional career.
>
> – Clinical Support Staff, North Dakota

## I. JOB SATISFACTION, continued

### Health Center Successes Relating to Satisfaction

Able to Help  Atmosphere  Autonomy  Benefits  Care
Clients  Communication  Community  Coworkers
Enjoy Working  Enviroment  Flexibility  Freedom  Helping
Patients  Mission  Opportunities to Learn  Patient Interaction
People  Schedule  Serve  Services  Staff  Team Approach
Team Work  Underserved Population  Variety  Work Environment

*Cloud View 1: Health Center Successes Relating to Satisfaction- Top Words and Phrases Used by Respondents (Larger Size = Greater Frequency)*

To identify the strengths of Region VIII health center grantees, survey participants were asked to identify one to three things, specifically contributing to their job satisfaction, that their health center does really well (e.g., "what is your favorite thing about work?"). (Please note that excerpts of these comments are included in green-shaded text boxes throughout this report.) A Cloud View of the most utilized words and phrases in those open text responses is shown above; however, the Cloud View does not convey the exact meanings intended by the respondents. Therefore, the various components of each open text response were coded to identify trends in subject and intent (most responses expressed multiple concepts and therefore received multiple codes).
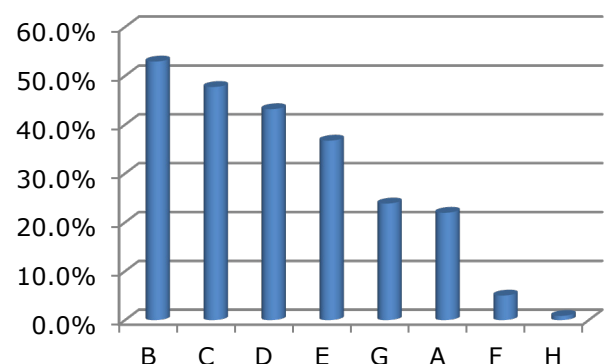
Responses were categorized into one or more of the following overarching areas:
- A. **Personal** (involving concepts that directly benefit the individual)
- B. **Interpersonal** (involving specific relationships and/or interactions with other people)
- C. **Patients** (involving references specifically to patients)
- D. **Organizational** (involving larger operations, structure, staffing, etc.)
- E. **FQHC** (involving Health Center Program Fundamentals[xv] terms and concepts)
- F. **External** (involving people, ideas, etc. outside of the organization's immediate control)
- G. **Values** (involving references to ideals, ethics, etc.)
- H. **Negative** (involving references to dissatisfaction)

It is important to note that these overarching areas do overlap; one respondent comment may have been coded into more than one area; e.g., "good relationships with patients" is coded into both "B. Interpersonal" and "C. Patients"; "I enjoy working with our provider group" is coded into both "B. Interpersonal" and "D. Organizational". **People** (components of multiple overarching areas) has emerged to be the strongest theme relating to positive job satisfaction. Specifically, Interpersonal relationships were shown to have the highest correlation; more than half of the respondents (52.9%) made a reference to interactions and relationships with others.

*Graph 96: Health Center Successes Relating to Job Satisfaction, Overarching Areas, Region VIII*



Issues coded into the Patients and Organizational categories were also very impactful; each was referenced by more than 40% of respondents (47.7% and 43.2% respectively). Responses categorized in the FQHC area rounded out the top five, provided by 36.7% of respondents. Subjects relating to Values and Personal issues were addressed by more than 20% of respondents each. External issues were mentioned by 5.0% of respondents, and very few (less than 1.0%) made a comment that was categorized as Negative. (Graph 96)
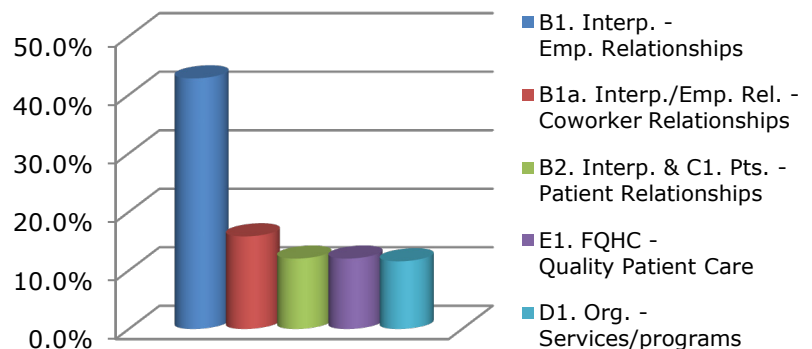
# I. JOB SATISFACTION, continued

## Health Center Successes Relating to Satisfaction, continued

Each overarching area (except for Negative) was broken down into subgroups to identify more specific concepts within each. Not all comments were categorized into subgroups; only specific subconcepts/topics that were mentioned by at least five respondents were combined into a subgroup; the largest subgroups (e.g., B1. Interpersonal – Employee relationships) were further broken down into additional common concepts. A concept/topic may have been assigned to more than one subgroup; e.g., "my executive team is great to work with" is coded both into "B1d. Interpersonal/Employee relationships – Leadership/Management" and "D3. Organizational – Leadership/Management (see below for a list of subgroups for each area). Graph 97 below illustrates the top five subgroup concepts (expressed by at least 10% of respondents).

Employee relationships, a grouping of staff interactions at all levels, was by far the most popular subcategory; 42.8% of all respondents expressed a concept within this group. Coworker relationships, a subgroup of "Employee relationships" was high-ranking in its own right, expressed by 14.8% of respondents. The top five is rounded out by Patient relationships (considered part of both the Interpersonal and Patients area, 12.0%), Quality Patient Care (part of the FQHC area, 12.0%) and Services/programs (part of the Organizational area, 11.6%). (Graph 97)

**Graph 97: Health Center Successes Relating to Job Satisfaction, Top Concept Subgroups, Region VIII**



Legend:
- B1. Interp. - Emp. Relationships
- B1a. Interp./Emp. Rel. - Coworker Relationships
- B2. Interp. & C1. Pts. - Patient Relationships
- E1. FQHC - Quality Patient Care
- D1. Org. - Services/programs

The list below illustrates the subgroups within each overarching area of **health center successes relating to satisfaction** (survey respondents' "**favorite thing(s) about work**"). Subgroup topics expressed by 10% or more of respondents are shown in **orange text**; subgroup topics expressed by 5.0%-9.9% of respondents are shown in **purple text**.

A. **Personal Area (addressed by 22.0% of all respondents)**, includes Subgroups:
   1. **Flexibility of personal schedule: 5.9%** - focusing on the employee being allowed to maintain flexible hours and/or work locations; key words and phrases included: flexibility in hours/schedule, work from home, availability of part-time, etc.
   2. **Benefits: 5.3%** - specific or general references to components of employee benefits packages; key words and phrases included: benefits, benefits package, PTO, time off, personal time, health plan, health insurance, etc.
   3. **Opportunities for professional growth: 5.1%** - addressing professional advancement and growth; key words and phrases included: encouragement to grow, opportunity for advancement, move into leadership, continuing education, learn new things, advance, etc.
   4. Other identified Personal concepts included: Autonomy in position (4.9%), Recognition for good performance/pride in personal performance (1.9%), Compensation (1.2%), Utilizing personal skills (0.8%), and Job security (0.7%).

B. **Interpersonal Area (52.9%)**, includes Subgroups:
   1. **Employee relationships: 42.8%** - relationships between coworkers, supervisors, management, support staff, providers, etc.; key words and phrases included: support of supervisor, open management, coworkers, staff, executive team, working with inspirational people, staff relationships, work well together, friendly staff, supportive staff, good staff, people I work with, etc.

# I. JOB SATISFACTION, continued

## Health Center Successes Relating to Satisfaction, continued

**Subgroups for Overarching Areas, continued**
   **B. Interpersonal Area, continued**
      **1. Employee relationships, continued**

        a) **Relationships with coworkers, peers, colleagues:  15.8%** - a subset of Employee relationships, directly indicating peer relationships; key words and phrases included: coworkers, people/staff I work with, etc.

        b) **Teamwork:  9.9%** - a subset of Employee relationships; key words and phrases included: teamwork, connection with team, work well together, teams, team approach, etc.

        c) **Providers:  5.7%** - a subset of Employee relationships (also cross-coded in Organizational area, see below), specifically addressing satisfaction with an individual, or group of, providers; key words and phrases included: motivated clinical staff, provider's leadership, working with providers, excellent care providers, work closely with medical providers, provider autonomy, provider teamwork, providers who listen and care, etc.

        d) **Leadership/management:  5.6%** - a subset of Employee relationships (also cross-coded in Organizational area, see below), specifically addressing the leadership and/or management of the organization;  key words and phrases included: communication with management, management staff, executive team, innovative/strong leadership, those in charge show interest, support from leadership, administration listens, administrative support, does not micromanage, talented leaders, etc.

        e) Other identified Interpersonal-Employee relationships concepts included: Supervisor relationship (4.2%), Relationship between provider and support staff (1.8%).

      **2. Patient relationships:  12.0%** - directly involving interactions and/or relationships with patients (also cross-coded in Patients area, see below), key words and phrases included:  relationships with patients, my patients, enjoy the interaction with patients, the patients I see, working/talking with the patients, helping patients, communication with patients, etc.

      **3. Support/family:  6.0%** - a feeling of support ("family") within the organization; key words and phrases included:  supportive and/or understanding administration, leadership, management, supervisor, providers, etc.; family-oriented, family-like atmosphere, family-friendly, cares about employees, feeling of community, etc.

      **4.** Another identified Interpersonal concept was Communication (4.8%), with a subset of Listened to/heard by organization (2.4%).

  **C. Patients Area (47.7%)**, includes a large number of general references to "patients", "clients", etc., as well as the following Subgroups:

    **1. Patient relationships:  12.0%** - directly involving interactions and/or relationships with patients (also cross-coded in Interpersonal area, see above), key words and phrases included:  relationships with patients, my patients, enjoy the interaction with patients, the patients I see, working/talking with the patients, helping patients, communication with patients, etc.

    **2.** Other identified Patients concepts included: Patient-centered care (4.4%), Patient population (3.6%), Patient satisfaction/gratitude (3.1%), Patient health outcomes (2.3%), and Patient diversity (1.7%).

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*My favorite thing about work is serving people who really appreciate the care they receive.*

                      *– Clinical Provider, South Dakota*

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## *Health Center Successes Relating to Satisfaction, continued*

### *Subgroups for Overarching Areas, continued*

D. **Organizational Area (43.2%)**, includes Subgroups:
1. **Services/programs: 12.0%** - any mention, generally or specifically, of services, programs, departments; key words and phrases included: expanding services, provide prescription/oral/behavioral health care, provide services, resources for patients, integrated health, comprehensive care, increased patient education and support, home visits, innovative programs, quality care, appointments for patients, medical home, referring patients, full scope, etc.
   a) Sub-sets of Organizational-Services/Programs included Education (2.0%), Oral health (1.9%), Behavioral health (1.6%), Pharmacy (1.0%), Women's health (0.9%), Language (0.6%), and Outreach (0.6%).
2. **Providers: 5.7%** - comments addressing satisfaction with an individual, or group of, providers (also cross-coded in Interpersonal – Employee relationships area, see below); key words and phrases included: motivated clinical staff, provider's leadership, working with providers, excellent care providers, work closely with medical providers, provider autonomy, provider teamwork, providers who listen and care, etc.
3. **Leadership/management: 5.6%** - concepts specifically addressing the leadership and/or management of the organization (also cross-coded in Interpersonal – Employee relationships area, see above); key words and phrases included: communication with management, management staff, executive team, innovative/strong leadership, those in charge show interest, support from leadership, administration listens, administrative support, does not micromanage, talented leaders, etc.
4. **Individual job duties: 5.2%** - relating to the employees responsibilities; key words and phrases included: scope of practice, work that I do, specific role, reasonable work load, variety of tasks, type of work, working with computer, my position, flexibility in tasks, performing my duties, etc.
5. Other identified Organizational concepts included: Work environment/culture (4.5%), Staff motivation (4.3%), Organizational innovation (3.5%), Performance expectations (3.4%), Facilities/Equipment/Technology (3.2%), Opportunity to influence organizational change (3.1%), Employee hours/schedule (2.8%), Policies/procedures (1.9%), Support staff/nurses (1.5%), and Training for employees (0.9%).

E. **FQHC Area (36.7%)**, includes Subgroups:
1. **Quality patient care: 12.0%** - comments focused on the quality of care provided; key words and phrases included: excellent patient care, clinical quality, great care, best care, quality of care with patients, high quality care, improve patient health, commitment to quality, excellent care, etc.
2. **Mission: 7.6%** - comments referring specifically to the mission, vision, and/or values of the organization; key words and phrases included: mission-driven, mission/values statement, mission of helping people, great vision, the mission, mission to the underserved, etc.
3. **Underserved: 6.9%** - comments referring to the patient population as underserved; key words and phrases included: help/serve the underserved, serve the under-privileged, meet the needs of/care for the underserved, helping an underserved population, quality care for the underserved, etc.

## I. JOB SATISFACTION, continued

## Health Center Successes Relating to Satisfaction, continued

***Subgroups for Overarching Areas, continued***
    ***E. FQHC Area, continued***

        4. **Helping those in need:  6.6%** - comments referring to helping a needy population; key words and phrases included: people who really need it, really sick people in to see the doctor, help families in need, serving people that really need good health care, helping those with access barriers, helping those less fortunate, help others, etc.
        5. **Financial need/sliding fee scale:  6.5%** - comments specifically addressing income level, affordability, etc.; key words and phrases included: regardless of insurance, affordable pricing, uninsured and underinsured, resources for low-income patients, sliding fee scale, accepts uninsured as well as insured, preauthorizing insurance, care regardless of ability to pay, medications at affordable prices, etc.
        6. **Community-driven:  6.3%** - comments specifically referencing the community; key words and phrases included: want to help community, services to the community, difference in our community, work in my community, make change in health care needs of the community, patient care where they live, community focus, contributing to the community, etc.
        7. Other identified FQHC concepts included: Access (2.1%) and Service for all (2.0%).

    F.  **External Area\* (5.0%)**, includes Subgroups:
        1. Identified External concepts included: Networking/collaboration (2.1%), Location (1.9%), and National policies/issues (1.1%).

    G.  **Values Area (23.9%)**, includes Subgroups:
        1. **Helping people:  7.1%** - relating to providing a human service by helping people; key words and phrases included: help/assist/serve the underserved, help community, mission of helping people, help another human being, help those who need it, help people, work with the public, serving others in need, etc.
        2. **Change/variety/challenge:  6.5%** - concepts addressing an appreciation for challenges, the ability to change or adapt, and variety within work; key words and phrases included: constantly changing, striving, challenging work, challenge it brings, variety of tasks, always learning, new ideas, variety of health problems, different day every day, change in responsibilities, never boring, etc.
        3. Other identified Values concepts included:  Trust/respect (2.9%), Making a difference (2.7%), Flexibility (2.1%), Personal values (1.7%), Equality/fairness (1.3%), Professionalism (1.2%), and Customer service (0.8%).

*\*Note: Due to the low number of respondents in the External overarching area, this information will not be broken out for the remainder of this question (Health Center Successes Relating to Satisfaction).*

> The people I work with are very caring and client centered.
>
> I love my clients and the range of needs and I like that my job challenges me.
>
>              - Clinical Provider, Montana

## I. JOB SATISFACTION, continued

### Health Center Successes Relating to Satisfaction, continued

Respondents within the Administrative Executives group were more likely than others to express positive satisfaction concepts relating to the FQHC area (59.7% of this group), although FQHC-related concepts were mentioned by more than 30% of the respondents within each of the other position groups. Administrative Other Supervisors, Administrative Support Staff, and Clinical Executives/Providers were all most likely to express concepts within the Interpersonal area (each at 50% or above). While Clinical Support Staff did express concepts within the Interpersonal area 55% of the time, they were slightly more likely to express job satisfaction concepts relating to Patients, at 55.9% of the time; other position groups expressed concepts relating to Patients over 40% of the time (except for Administrative Executives – their comments about job satisfaction related to Patients only 26% of the time). (Graph 98)

*Graph 98: Health Center Successes Relating to Satisfaction by Position Type, Overarching Areas, Region VIII*
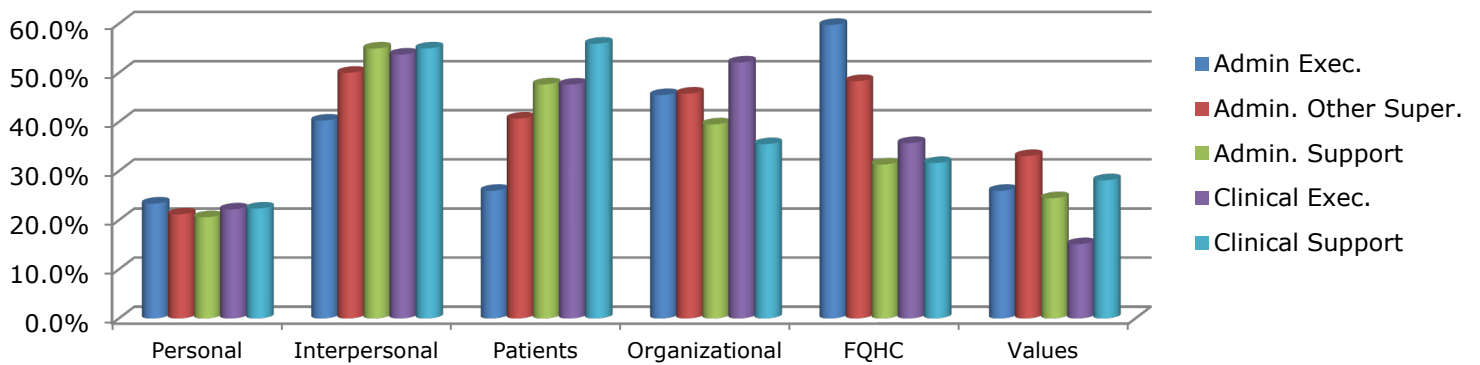


Personal concepts were expressed least often by the oldest employees (those 50+ years of age). Interpersonal concepts were very important to all groups, regardless of tenure at health center, age, or organizational size (number of Full-Time Equivalents/FTEs). The youngest respondents (those younger than 30) were least likely to express Organizational concepts. Respondents who had worked for their health center for six or more years, and those ages 50 and above, were more likely than others to express FQHC-related concepts. (Graphs 99 and 100)

*Graphs 99 & 100: Health Center Successes Relating to Satisfaction by Tenure, Age, and Organizational FTEs, Overarching Areas, Region VIII*
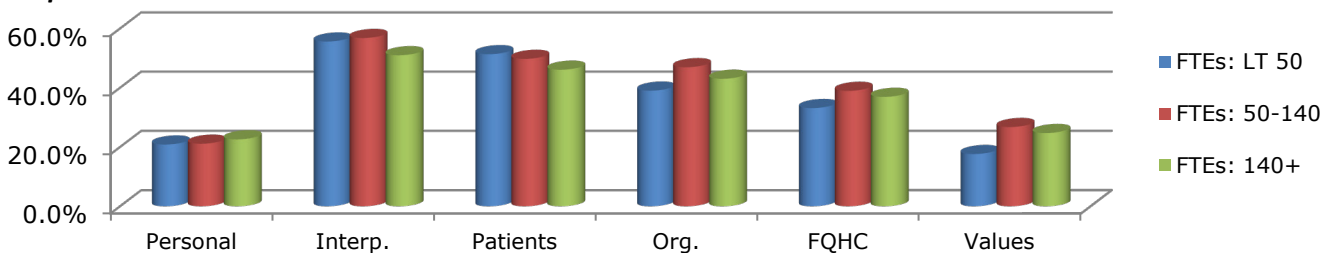
## I. JOB SATISFACTION, continued

### Health Center Successes Relating to Satisfaction, continued

**Top Ranking Subgroups of Health Center Successes Relating to Satisfaction:**
*(Those expressed by 10% or more of each respondent group)*

**By Position Type**

**Admin. Executives:**
B1. Interpersonal – Employee relationships (37.7% of group)
E2. FQHC – Mission (23.4%)
E1. FQHC – Quality patient care (19.5%)
D1. Organizational – Services/programs (14.3%)
E6. FQHC – Community-driven (14.3%)
G2. Values – Change/variety/challenge (13.0%)
B1b. Interpersonal/Employee relationships – Teamwork (11.7%)
B1d. Interpersonal/Employee relationships & D3. Organizational – Leadership/management (10.4%)
D5. Organizational – Organizational innovation (10.4%)

**Admin. Other Super.:**
B1. Interpersonal – Employee relationships (45.8%)
B1a. Interpersonal/Employee relationships – Relationships with coworkers (16.9%)
E1. FQHC – Quality patient care (16.9%)
D1. Organizational – Services/programs (12.7%)
E2. FQHC – Mission (11.0%)
D5. Organizational – Staff motivation (11.0%)
G2. Values – Change/variety/challenge (10.2%)

**Admin. Support:**
B1. Interpersonal – Employee relationships (40.8%)
B1a. Interpersonal/Employee relationships – Relationships with coworkers (18.9%)
B2. Interpersonal & C1. Patients – Patient relationships (12.9%)

**Clinical Exec./Providers:**
B1. Interpersonal – Employee relationships (47.6%)
D1. Organizational – Services/programs (15.4%)
B1a. Interpersonal/Employee relationships – Relationships with coworkers (15.1%)
E1. FQHC – Quality patient care (12.5%)
B1b. Interpersonal/Employee relationships – Teamwork (12.2%)
B2. Interpersonal & C1. Patients – Patient relationships (10.6%)

**Clinical Support:**
B1. Interpersonal – Employee relationships (39.6%)
B2. Interpersonal & C1. Patients – Patient relationships (17.9%)
B1a. Interpersonal/Employee relationships – Relationships with coworkers (16.6%)

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*It brings me so much satisfaction knowing that every day we are making a difference in someone's life. I also love the people I work with, amazing managers who always seem to have a new idea to bring to the table.*

*- Administrative Other Supervisor/Manager, Colorado*

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## I. JOB SATISFACTION, continued

## Health Center Successes Relating to Satisfaction, continued

***Top Ranking Subgroups of Health Center Successes Relating to Satisfaction, continued:***
*(Those expressed by 10% or more of each respondent group)*

### By Tenure at Health Center

**0-5 Years at Health Center:**
B1. Interpersonal –
Employee relationships (45.2%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (17.0%)
B2. Interpersonal & C1. Patients –
Patient relationships (12.7%)
B1b. Interpersonal/Employee relationships –
Teamwork (11.3%)
D1. Organizational –
Services/programs (10.5%)

**6+ Years at Health Center:**
B1. Interpersonal –
Employee relationships (39.2%)
E1. FQHC – Quality patient care (16.3%)
D1. Organizational –
Services/programs (14.4%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (13.9%)
B2. Interpersonal & C1. Patients – Patient
relationships (11.1%)
E2. FQHC – Mission (10.8%)

### By Age

**Up to 29 Years of Age:**
B1. Interpersonal –
Employee relationships (39.9%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (18.1%)
G1. Values – Helping people (13.3%)
B1b. Interpersonal/Employee relationships –
Teamwork (10.6%)
B2. Interpersonal & C1. Patients –
Patient relationships (10.6%)

**30-49 Years of Age:**
B1. Interpersonal –
Employee relationships (44.5%)
B2. Interpersonal/Employee relationships –
Relationships with coworkers (15.9%)
B2. Interpersonal & C1. Patients –
Patient relationships (12.6%)
D1. Organizational –
Services/programs (11.4%)
E1. FQHC – Quality patient care (10.6%)

**50+ Years of Age:**
B1. Interpersonal –
Employee relationships (42.6%)
D1. Organizational –
Services/programs (15.7%)
E1. FQHC – Quality patient care (15.4%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (11.9%)
B1b. Interpersonal/Employee relationships –
Teamwork (10.1%)

### By Size of Health Center

**Less than 50 Full-Time Equivalents (FTEs)**
B1. Interpersonal –
Employee relationships (40.6%)
B2. Interpersonal & C1. Patients –
Patient relationships (17.6%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (13.9%)
E6. FQHC – Community-driven (10.7%)

**50-140 FTEs:**
B1. Interpersonal –
Employee relationships (49.3%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (19.7%)
E1. FQHC – Quality patient care (12.7%)
B1b. Interpersonal/Employee relationships –
Teamwork (12.2%)
B2. Interpersonal & C1. Patients –
Patient relationships (11.7%)
D1. Organizational –
Services/programs (10.8%)
E2. FQHC – Mission (10.8%)
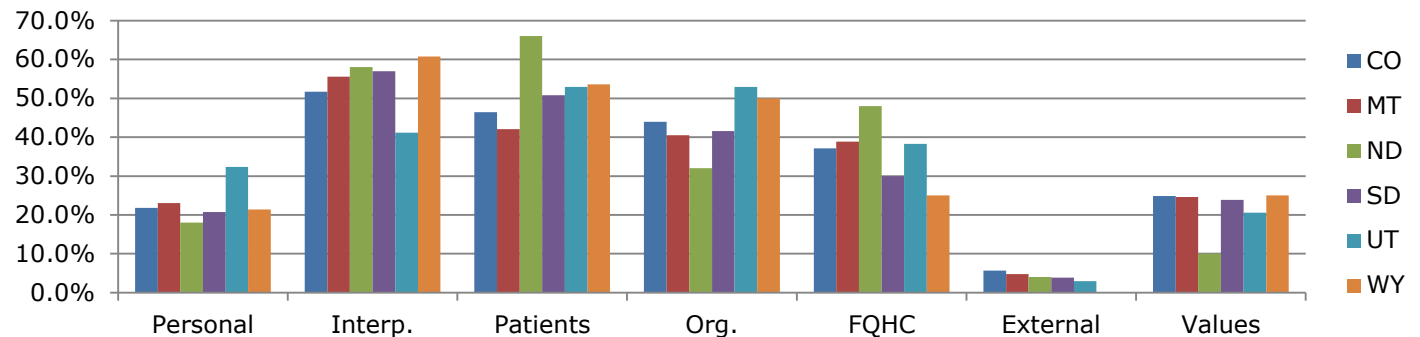
**More than 140 FTEs:**
B1. Interpersonal –
Employee relationships (41.4%)
B1a. Interpersonal/Employee relationships –
Relationships with coworkers (15.1%)
D1. Organizational –
Services/programs (13.4%)
E1. FQHC – Quality patient care (12.4%)
B2. Interpersonal & C1. Patients –
Patient relationships (10.5%)
B1b. Interpersonal/Employee relationships –
Teamwork (10.1%)

## I. JOB SATISFACTION, continued

## *Health Center Successes Relating to Satisfaction, continued*

**STATE BREAKDOWN INFORMATION**

***Graph 101: Health Center Successes Relating to Satisfaction, Overarching Areas, State Breakdown***



**Top Ranking Subgroups of Health Center Successes Relating to Satisfaction:**
*(Those expressed by 10% or more of each respondent group;*
*see Table 18 on page 58 for specific percentages for all subgroups.)*

**By State**

**CO:**
B1. Interpersonal – Employee relationships
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
D1. Organizational – Services/programs
E1. FQHC – Quality patient care
B2. Interpersonal & C1. Patients –
Patient relationships
B1b. Interpersonal/Employee relationships –
Teamwork

**MT:**
B1. Interpersonal – Employee relationships
E2. FQHC – Mission
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
B2. Interpersonal & C1. Patients –
Patient relationships
B1b. Interpersonal/Employee relationships –
Teamwork
E6. FQHC – Community-driven

**ND:**
B1. Interpersonal – Employee relations
B2. Interpersonal & C1. Patients –
Patient relationships
E1. FQHC – Quality patient care
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
E5. FQHC – Financial need/sliding fee scale
E4. FQHC – Helping those in need
B1b. Interpersonal/Employee relationships –
Teamwork

**SD:**
B1. Interpersonal – Employee relationships
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
B2. Interpersonal & C1. Patients –
Patient relationships
E1. FQHC – Quality patient care
D1. Organizational – Services/programs

**UT:**
B1. Interpersonal – Employee relationships
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
E2. FQHC - Mission
A1. Personal – Flexibility of personal schedule
D1. Organizational – Services/programs
E1. FQHC – Quality patient care
G2. Values – Change/variety/challenge

**WY:**
B1. Interpersonal – Employee relationships
B1d. Interpersonal/Employee relationships & D3.
Organizational – Leadership/management
B1a. Interpersonal/Employee relationships –
Relationships with coworkers
B2. Interpersonal & C1. Patients –
Patient relationships

## Health Center Successes Relating to Satisfaction, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 18:  Health Center Successes Relating to Satisfaction, Overarching Areas and Top Subgroups (Those indicated by 3% or more of Region VIII), Region VIII and State Breakdown*

| Health Center Successes Relating to Satisfaction | % of All Survey Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1056) | CO (687) | MT (126) | ND (50) | SD (130) | UT (34) | WY (28) |
| **A. Personal – all combined** | 22.0% | 21.8% | 23.0% | 18.0% | 20.8% | 32.4% | 21.4% |
| 1. Flexibility of personal schedule | 5.9% | 5.4% | 7.1% | * | 5.4% | 14.7% | * |
| 2. Benefits | 5.3% | 5.1% | 5.6% | * | 5.4% | * | * |
| 3. Opp. for professional growth | 5.1% | 5.1% | 5.6% | * | 4.6% | * | * |
| 4. Autonomy in position | 4.9% | 5.2% | 4.0% | * | 4.6% | * | * |
| **B. Interpersonal – all combined** | **52.9%** | **51.7%** | **55.6%** | 58.0% | **56.9%** | 41.2% | **60.7%** |
| 1. Employee relationships | *42.8%* | *42.1%* | *42.1%* | *40.0%* | *47.7%* | *41.2%* | *50.0%* |
| a. Relationships with coworkers | 15.8% | 15.1% | 12.7% | 16.0% | 21.5% | 17.6% | 17.9% |
| b. Teamwork | 9.9% | 10.3% | 10.3% | 10.0% | 8.5% | * | * |
| c. Providers | 5.7% | 6.4% | * | * | 6.9% | * | * |
| d. Leadership/management | 5.6% | 5.2% | 4.0% | * | 6.9% | * | 21.4% |
| e. Supervisor relationship | 4.2% | 3.8% | 5.6% | * | 6.9% | * | * |
| 2. Patient relationships | 12.0% | 11.1% | 11.9% | 26.0% | 12.3% | * | * |
| 3. Support/family | 6.0% | 6.3% | 7.9% | * | 3.8% | * | * |
| 4. Communication | 4.8% | 4.9% | * | * | 5.4% | * | * |
| **C. Patients – all combined** | 47.7% | 46.4% | 42.1% | **66.0%** | 50.8% | **52.9%** | 53.6% |
| 1. Patient relationships | 12.0% | 11.1% | 11.9% | 26.0% | 12.3% | * | * |
| 2a. Patient-centered care | 4.4% | 3.8% | 9.5% | * | * | * | * |
| b. Patient population | 3.6% | 4.2% | * | * | * | * | * |
| c. Patient satisfaction/gratitude | 3.1% | 2.8% | * | * | 5.4% | * | * |
| **D. Organizational – all combined** | 43.2% | 44.0% | 40.5% | 32.0% | 41.5% | **52.9%** | 50.0% |
| 1. Services/Programs | 12.0% | 13.2% | 9.5% | * | 10.0% | 14.7% | * |
| 2. Leadership/management | 5.6% | 5.2% | 4.0% | * | 6.9% | * | 21.4% |
| 3. Providers | 5.7% | 6.4% | * | * | 6.9% | * | * |
| 4. Individual job duties | 5.2% | 6.0% | * | * | 4.6% | * | * |
| 5a. Work environment/culture | 4.5% | 4.1% | 6.3% | * | 5.4% | * | * |
| b. Staff motivation | 4.3% | 3.3% | 7.1% | * | 4.6% | * | * |
| c. Organizational innovation | 3.5% | 3.6% | 4.0% | * | * | * | * |
| d. Performance expectations | 3.4% | 3.2% | 4.8% | * | 3.8% | * | * |
| e. Facilities/Equipment/Technology | 3.2% | 3.2% | 4.0% | * | * | * | * |
| f. Opp. to influence change | 3.1% | 3.3% | * | * | 3.8% | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## Health Center Successes Relating to Satisfaction, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 18:  Health Center Successes Relating to Satisfaction, Overarching Areas and Top Subgroups*
*(Those indicated by 3% or more of Region VIII), Region VIII and State Breakdown, continued*

| Health Center Successes Relating to Satisfaction | % of All Survey Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1056) | CO (687) | MT (126) | ND (50) | SD (130) | UT (34) | WY (28) |
| **E. FQHC - all combined** | 36.7% | 37.1% | 38.9% | 48.0% | 30.0% | 38.2% | 25.0% |
| 1. Quality patient care | 12.0% | 12.2% | 8.7% | 18.0% | 11.5% | 14.7% | * |
| 2. Mission | 7.6% | 7.1% | 15.1% | * | * | 17.6% | * |
| 3. Underserved | 6.9% | 8.4% | 4.0% | * | 5.4% | * | * |
| 4. Helping those in need | 6.6% | 6.4% | 6.3% | 12.0% | 6.2% | * | * |
| 5. Financial need/sliding scale | 6.5% | 6.1% | 7.1% | 12.0% | 6.2% | * | * |
| 6. Community-driven | 6.3% | 6.0% | 10.3% | * | 3.8% | * | * |
| **F. External - all combined** | 5.0% | 5.7% | 4.8% | * | 3.8% | * | * |
| **G. Values - all combined** | 23.9% | 24.9% | 24.6% | 10.0% | 23.8% | 20.6% | 25.0% |
| 1. Service to others | 7.1% | 8.3% | * | * | 7.7% | * | * |
| 2. Change/variety/challenge | 6.5% | 5.8% | 8.7% | * | 6.9% | 14.7% | * |
| **H. Negative** | 0.9% | 0.7% | * | * | * | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

> We closely monitor quality and consistency; when something is not working well, we fix it.  I enjoy flexibility; I have the ability to create new projects and always have a variety of activities.
>
> - Administrative Executive, Colorado

## I. JOB SATISFACTION, continued

### Health Center Improvement Needs Relating to Satisfaction

Care Clinic **Communication**
**Compensation** Customer Service **Employees**
Equipment Wages Health Center Job Medical
**Patients** Pay Raises Salary **Scheduling**
Team Technology **Staff** EMR Work Load Workers

*Cloud View 2: Health Center Needs for Improvement Relating to Satisfaction- Top Words and Phrases Used by Respondents (Larger Size = Greater Frequency)*

To identify broad areas where Region VIII PCAs might focus training and technical assistance for health center grantees, survey participants were asked to identify one to three things, specifically contributing to their job satisfaction, that their health center needs to improve upon (e.g., "what is your least favorite thing about work?"). A Cloud View of the most utilized words and phrases in those open text responses is shown above; however, the Cloud View does not convey the exact meanings intended by the respondents. Therefore, the various components of each open text response were coded to identify trends in subject and intent (responses may have expressed more than one concept). This question received fewer answers overall than the "what are my health center's successes" question, indicating an overall trend that health center employees are more satisfied with their jobs than they are dissatisfied. The responses should not be used to make further conclusions about *how* dissatisfied employees may be, but to identify common areas in which health centers and PCAs might best focus support and improvement efforts.

Responses were categorized into one or more of the following overarching areas:
- A. **Personal** (involving concepts that directly benefit the individual)
- B. **Interpersonal** (involving specific relationships and/or interactions with other people)
- C. **Patients** (involving references specifically to patients)
- D. **Organizational** (involving larger operations, structure, staffing, etc.)
- E. **FQHC** (involving Health Center Program Fundamentals[xvi] terms and concepts)
- F. **Values** (involving references to ideals, ethics, etc.)
- G. **External** (involving people, ideas, etc. outside of the organization's immediate control)
- H. **Positive** (involving references to positive satisfaction)

It is important to note that these overarching areas do overlap; one respondent comment may have been coded into more than one area; e.g., "underpaid support staff" is coded into both "A. Personal" (for the compensation component) and "D. Organizational" (for the staffing component). As in the responses to the question about positive satisfaction, **people**, in general, remains a strong theme, and is coded into many areas (mostly in Interpersonal and Organizational). Organizational issues as a group were most often cited in relation to negative job satisfaction; 65.0% of all respondents made reference to an Organizational issue negatively affecting their job satisfaction. Interpersonal issues still were very common, cited by 55.1% of question respondents. Frequency of common themes drops off after this; Personal issues were cited by 22.7% of respondents, while comments relating directly to Patients were made 18.6% of the time. Responses addressing concepts categorized in the Values were provided by 15.3% of respondents; those in the FQHC area were provided by 8.4% of respondents. External issues were mentioned by 7.6% of respondents, and 6.5% made a Positive comment when asked about dissatisfaction. (Graph 102)
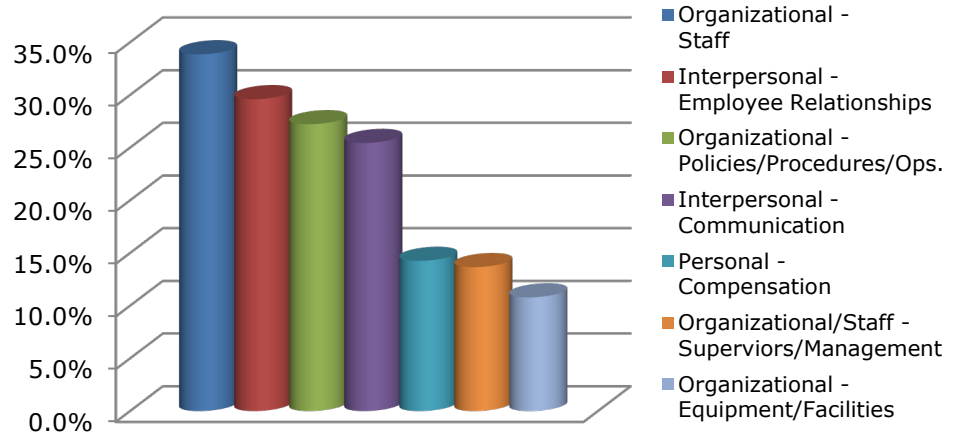
*Graph 102: Health Center Improvement Needs Relating to Job Satisfaction, Overarching Areas, Region VIII*

# I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

Each overarching area (except for Positive) was broken down into subgroups to identify more specific concepts within each. (Not all comments were categorized into subgroups; only specific subconcepts/topics that were mentioned by at least five respondents were combined into a subgroup; the largest subgroups (e.g., D1. Organizational – Staff) were further broken down into additional common concepts. A concept/topic may have been assigned to more than one subgroup; e.g., "make the employee feel valued" is coded both into "A2. Personal – Recognition" and "F1. Values – Trust/Respect" (see below for a list of subgroups for each area). Graph 103 below illustrates the top seven subgroup concepts, each expressed by at least 10% of respondents.

Four subcategories were addressed by a quarter or more of the respondents. Organizational – Staff issues were most common; 33.9% of all respondents expressed a concept within this group. Employee relationships, in the Interpersonal area, were mentioned by 29.6% of respondents, followed closely by Organizational – Policies/ Procedures/Operations (27.2%) and Interpersonal – Communication (25.4%).

*Graph 103: Health Center Improvement Needs Relating to Job Satisfaction, Top Concept Subgroups, Region VIII*



Three additional subgroups were mentioned by more than 10% of the respondents: Compensation (in the Personal area, 14.3%), Supervisors/Management (a subgroup of Organizational – Staff, 13.7%), and Equipment/Facilities (10.8%). (Graph 103)

The list below illustrates the subgroups within each overarching area of **health center improvement needs relating to satisfaction** (survey respondents' "**least favorite thing(s) about work**"). Subgroup topics expressed by 10% or more of respondents are shown in **orange text**; subgroup topics expressed by 5.0%-9.9% of respondents are shown in **purple text**.

A. **Personal Area (addressed by 22.7% of all respondents)**, includes Subgroups:
   1. **Compensation: 14.3%** - focusing on changes in monetary compensation; key words and phrases included: compensation, pay, more compensation, salary, pay freezes, level of pay, get paid more, pay cut, reimbursement for work, low pay, pay not competitive, more competitive salary package, etc.
   2. Other identified Personal concepts included: Benefits (4.4%), Recognition (3.6%), Opportunity for advancement (2.7%), and Continuing education/professional development (1.4%).

B. **Interpersonal Area (55.1%)**, includes Subgroups:
   1. **Employee relationships: 29.6%** - relationships and interactions between employees and other employee groups, e.g., leadership, administration, providers, etc.

## I. JOB SATISFACTION, continued

### Health Center Improvement Needs Relating to Satisfaction, continued

**Subgroups for Overarching Areas, continued**
   **B. Interpersonal Area, continued**
      **1. Employee relationships, continued**
         a. **Employee support/team:  5.0%** - a sub-set of Employee relationships, addressing a feeling of lack of support or teamwork between individuals or groups of employees; key words and phrases included: team, teambuilding, would be able to help my provider, that we help each other, improve as a team, more assistance to physicians, lack of team unity, insufficient nursing support, lack of help from management, others not helping, managers need to support us, more team oriented, employee care, team cohesiveness, etc.
         b. Other identified Interpersonal/Employee relations concepts included: Supervisor relationships (1.6%) and Coworker relationships (1.4%).
      2. **Communication:  25.4%** - addressing communication styles or channels between individuals, groups of staff, sites, etc., specifically or generally; key words and phrases included: lack of communication, communication barriers/breakdowns, communication challenges, organizational communication, administration is not listening, miscommunication, confusion, gossip, not enough information, not interested in feedback, lack of responsiveness, telling us different things, etc.
         a. An identified subset of Interpersonal/Communication included:  Being listened to/heard (3.5%).
      3. **Personalities/negativity:  8.7%** - commentary addressing a dislike of personality traits or behaviors of a specific employee or group of employees; key words and phrases included: trying to be everybody's friend, people that gossip, demeanor is demoralizing, how they treat others, improve the way she acts and talks, bad behavior, negative behavior allowed to continue, ego, lazy, ready to help rather than complain, negativity, infighting, less fighting, politics, dysfunctional relationships, bickering, quarrels, etc.
      4. **Divisions:  6.0%** - addressing a lack of unity, usually between specific groups of employees; key words and phrases included: silos between support staff and clinic staff, dominated by non-clinical side, dislike how those with authority treat others, division between clinical and administration staff, disconnect between executive team and front line, relationship between administration and providers, etc.

   C. **Patients Area (18.6%)**, includes a large number of general references to "patients", "clients", etc. (usually cross-coded into other areas; e.g., a comment addressing "patient care" may be coded under "Organizational/Services" and/or "FQHC/Quality of care"), as well as the following Subgroups:
      1. Identified Patients concepts included: Time/quality for patients (4.3%), and Patient relationships (3.6%).

   D. **Organizational Area (65.0%)**, includes Subgroups:
      1. **Staff:  33.9%** - addressing staff in general, or specific groups of employees; many, but not all, comments overlap with the Interpersonal area
         a. **Supervisors/Management:  13.7%** - a subset of Organizational/Staff, addressing management of the organization or site, a specific supervisor, etc.; key words and phrases included: improved clinic management, when a worker needs a member of management, manager needs to be a leader, management needs to set a better example, manager has to improve, etc.

## I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

**Subgroups for Overarching Areas, continued**
   **D. Organizational Area, continued**
      **1. Staff, continued**
         **a. Supervisors/Management, continued**
            i. **Management style:  5.0%** - a subgroup of Organizational/Staff/Supervisors/managers, addressing a manager's or supervisor's specific style; key words and phrases included: interferes with decision making, set better example, be a professional leader, lack of help, etc.

        b. **Leadership:  9.6%** - a subset of Organizational/Staff, addressing executive leaders, administration, etc.; key words and phrases included: weak executive staff, administration is not listening, lack of leadership, upper management has poor understanding, forgotten about by administration, director interferes, administration staff out of touch, disconnect with executive team, upper management involvement, leadership skills, director needs to change, etc.

        c. **Providers: 7.5%** - a subset of Organizational/Staff, addressing providers, provider interactions, staffing levels, etc.; key words and phrases included: providers attempting to control schedules, lack of respect from providers, division with clinical staff, double standards for physicians, need liaison for medical staff, more assistance for physicians, more providers, listen to provider input, recruit more providers, MD turnover, provider accountability, not enough providers, etc.

        d. **Support Staff:  5.7%** - a subset of Organizational/Staff, addressing support staff interactions, staffing levels, etc.; key words and phrases included: support staff, insufficient nursing support, better training of support staff, retention of support staff, support staff experience, more support staff, more training, communication between providers and support staff, etc.

        e. Other identified Organizational/Staff concepts included:  Training (4.7%) and Staff motivation/morale (3.0%).

      2. **Policies/Procedures/Operations:  27.2%** - addressing organizational ways of operating; key words and phrases included: pace of change, work load, schedules, job descriptions, meetings, size of organization, policies, procedures, bureaucracy, administrative vs. clinical duties, push to see patients, etc.

        a. **Work load:  8.9%** - addressing a feeling of being asked to do too much, the balance between tasks, etc.; key words and phrases included: work load, passing jobs along, little time to accomplish projects, overworked, working after hours, endless paperwork, pressure to work through breaks, take on a lot more, many priorities, not enough time in the day, etc.

        b. **Scheduling:  7.6%** - addressing both individual work schedules and how patients are scheduled; key words and phrases included: scheduling, providers controlling schedules, need flexibility in regular schedule, wait times, more and more patients, full-time, part-time, patient scheduling issues, new patient waiting list, no-shows, hours, etc.

        c. **Work flow/organization/efficiencies:  7.1%** - typically addressing how well the site manages patient care; key words and phrases included: organization size, pace, increase in patients seen, not enough time for new patient physicals, timely test results, productivity, more time with patients, improve efficiency, etc.

# I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

**Subgroups for Overarching Areas, continued**
  **D. Organizational Area, continued**
    **2. Policies/Procedures/Operations, continued**

        d. **Performance/expectations/accountability:  6.1%** - addressing unreasonable expectations, unequal expectations, staff performance, etc.; key words and phrases included: staff accountability, realistic expectations, consistent expectations, job performance of staff, how authority reviewed on performance, staff job ability, staff experience, staff reliability, not enough accountability, unrealistic production goals, etc.

    3. **Equipment/Facilities:  10.8%** - addressing buildings, equipment, etc.; key words and phrases included: larger break-room, more space, x-ray equipment, upgrade technology (see below), emergency equipment, quality of equipment, facility design, workspace, phone lines, need for expansion, more supplies, etc.

        a. **Technology:  5.9%** - addressing computer systems, electronic health records, etc.; key words and phrases included: technology, upgrade website, utilize available technology, new EHR system, lack of technology, software applications, implement EMR, computers, outdated computer systems, full utilization of EMR, unreliable EMR, etc.

    4. **Workforce:  8.2%** - addressing issues relating to turnover, recruitment, retention, effective hiring, etc.; key words and phrases included: workforce development, choosing the right employee, recruitment, more staffing, hiring fluent bilingual, not enough staff, more support staff, increase in staff, hire more providers, retention of support staff, MD turnover, limited staff, need more providers, short-staffed, staff turnover, understaffing, retention of admin employees, hire more help, etc.

    5. **Services/Programs:  5.0%** - references to general or specific patient services; key words and phrases included: expand on services, reach more with mobile clinic, services, outreach events, lack of OB, pharmacy upgrade, translators, restrictions on scope of practice, limited services, need psychiatric coverage, more access to birth control, little follow up on programs, dental care, better integration for community services, etc.

        a. Identified Operations – Services/Programs concepts included:  Dental (1.3%).

    6. An additional identified Operations concept included:  Funding/finance (4.1%).

E. **FQHC Area (8.4%)**, includes references to inability to see all patients in need, inability to financially assist patients, standards of care, community connections, forgetting the mission, etc., including the following Subgroups:

  1. Identified FQHC concepts included: Access (3.5%), Quality of care (2.3%), Community (1.4%), and Underserved/financially needy (1.0%).

F. **Values Area (15.3%)**, includes Subgroups:

  1. **Trust/Respect:  6.0%** - addressing feelings of being respected, being able to trust others, etc.; key words and phrases included: providers do not respect the abilities of MAs, treat patients the way they would like to be treated, be acknowledged, feel undervalued, lack of trust, need more appreciation, need recognition for the job we do, feel like my job is not important, treat everyone with respect, need to honor promises, trust throughout, etc.

  2. Other identified Values concepts included:  Fairness/equality (4.5%), Change/variety (2.6%), Customer service (1.7%), Flexibility (1.5%), and Professionalism (1.0%).

G. **External Area (7.6%)**, includes Subgroups:

  1. Identified External concepts included: Specialists/networking (2.8%), State/national policy and programs (2.3%), Location (1.8%), and Private sector (0.7%).

# I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

*Note: Due to the low number of respondents in the External overarching area, this information will not be broken out for the remainder of this question (Health Center Improvement Needs Relating to Satisfaction).*

Clinical Executives/Providers were most likely to express concepts in the Organizational area (76.1% of these respondents contributed Organizational concepts as affecting their job satisfaction in a negative way), although more than 50% of respondents in all other groups also expressed Organizational concepts. Clinical Executives/Providers and Administrative Executives were less likely than Administrative Other Supervisors and Support Staff to express Interpersonal concepts as impacting job satisfaction in a negative way; Clinical Support staff expressed Interpersonal concepts most often, at 62.6%. Administrative Executives, not surprisingly, were least likely to express concepts relating directly to Patients (only 1.3% of this group attributed negative satisfaction to this group); Clinical Executives/Providers were most likely to express concepts within the Patients area. (Graph 104)

*Graph 104: Health Center Needs for Improvement Relating to Satisfaction by Position Type, Overarching Areas, Region VIII*
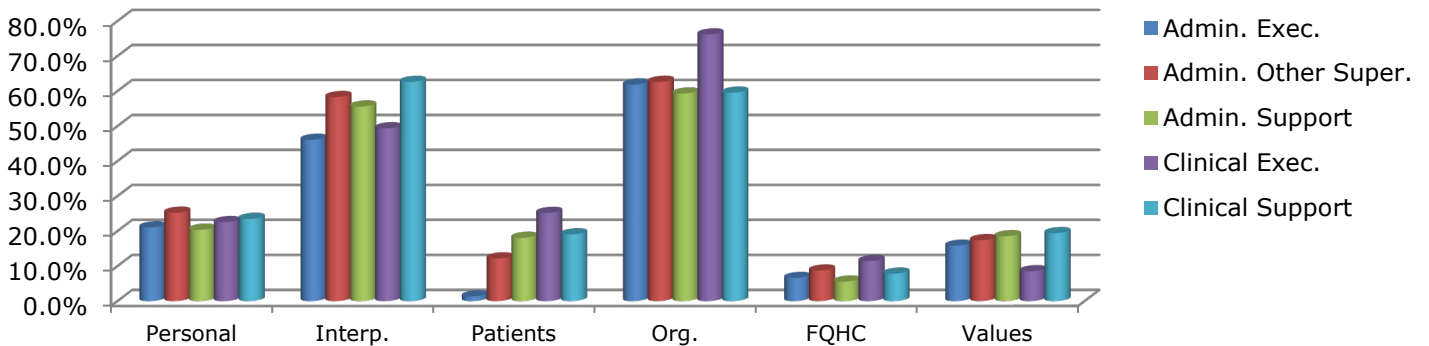


Interpersonal concepts were expressed most often by the youngest employees (those under 30 years of age), and by those at the smallest organizations (those with fewer than 50 full-time equivalents). (Graph 105 and Graph 106)

*Graphs 105 & 106: Health Center Needs for Improvement Relating to Satisfaction by Tenure, Age, and Organizational FTEs, Overarching Areas, Region VIII*

*Graph 105*
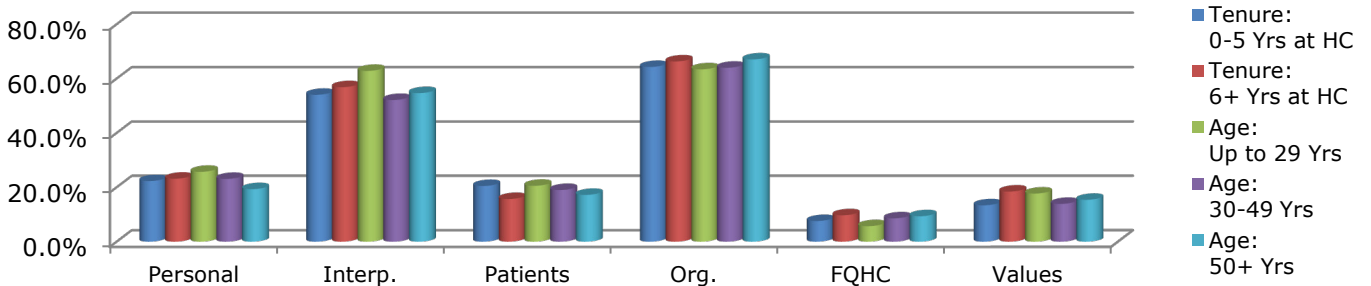


*Graph 106*
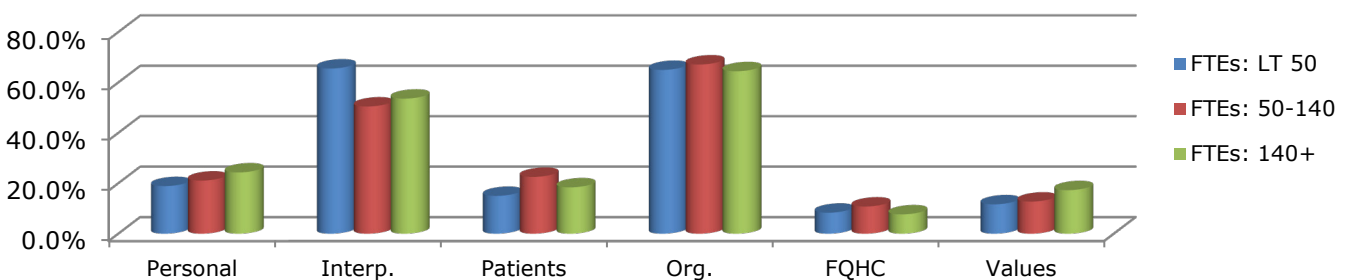


*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*

## I. JOB SATISFACTION, continued

### Health Center Improvement Needs Relating to Satisfaction, continued

**Top Ranking Subgroups of Health Center Improvement Needs Relating to Satisfaction:**
*(Those expressed by 10% or more of each respondent group)*

#### By Position Type

**Admin. Executives:**
B2. Interpersonal – Communication (25.0% of group)
D1. Organizational – Staff (22.4%)
D2. Organizational – Policies/procedures/operations (19.7%)
B1. Interpersonal – Employee relationships (14.5%)
A1. Personal – Compensation (13.2%)
B3. Interpersonal – Personalities/Negativity (11.8%)
D2a. Organizational/Policies/procedures/ops. – Work load (11.8%)
F2. Values – Change/Variety (11.8%)
D3. Organizational – Equipment/Facilities (10.5%)

**Admin. Other Super.:**
D1. Organizational – Staff (39.1%)
B2. Interpersonal – Communication (30.4%)
B1. Interpersonal – Employee relationships (28.7%)
D2. Organizational – Policies/procedures/operations (25.2%)
A1. Personal – Compensation (16.5%)
D1b. Organizational/Staff – Leadership (13.0%)
D1a. Organizational/Staff – Supervisors/management (11.3%)

**Admin. Support:**
D1. Organizational – Staff (31.5%)
B1. Interpersonal – Employee relationships (30.6%)
B2. Interpersonal – Communication (25.5%)
D2. Organizational – Policies/procedures/operations (24.1%)
D1a. Organizational/Staff – Supervisors/management (13.0%)
A1. Personal – Compensation (11.6%)

**Clinical Exec./Providers:**
D1. Organizational – Staff (37.9%)
D2. Organizational – Policies/procedures/operations (35.6%)
B1. Interpersonal – Employee relationships (30.4%)
B2. Interpersonal – Communication (20.6%)
D3. Organizational – Equipment/facilities (17.0%)
A1. Personal – Compensation (16.3%)
D1a. Organizational/Staff – Supervisors/management (13.4%)
D2a. Organizational/Policies/procedures/ops. – Work load (13.1%)
D2b. Organizational/Policies/procedures/ops. – Scheduling (13.1%)
D1c. Organizational/Staff – Providers (11.4%)
D1b. Organizational/Staff – Leadership (11.1%)
D3a. Organizational/Equipment/facilities – Technology (10.1%)

**Clinical Support:**
B1. Interpersonal – Employee relationships (32.7%)
D1. Organizational – Staff (32.3%)
B2. Interpersonal – Communication (28.9%)
D2. Organizational – Policies/procedures/operations (23.1%)
D1a. Organizational/Staff – Supervisors/management (17.7%)
B3. Interpersonal – Personalities/Negativity (13.6%)
A1. Personal – Compensation (13.3%)
D3. Organizational – Equipment/facilities (10.2%)

## I. JOB SATISFACTION, continued

### Health Center Improvement Needs Relating to Satisfaction, continued

**Top Ranking Subgroups of Health Center Improvement Needs Relating to Satisfaction, continued:**
(Those expressed by 10% or more of each respondent group)

**By Tenure at Health Center**

**0-5 Years at Health Center:**
D1. Organizational – Staff (32.2%)
B1. Interpersonal – Employee relationships (28.6%)
B2. Interpersonal – Communication (26.0%)
D2. Organizational – Policies/procedures/operations (24.6%)
A1. Personal – Compensation (14.7%)
D1a. Organizational/Staff – Supervisors/management (12.8%)
D3. Organizational – Equipment/facilities (11.7%)

**6+ Years at Health Center:**
D1. Organizational – Staff (36.2%)
B1. Interpersonal – Employee relationships (31.2%)
D2. Organizational – Policies/procedures/operations (30.9%)
B2. Interpersonal – Communication (24.4%)
D1a. Organizational/Staff – Supervisors/management (15.0%)
A1. Personal – Compensation (13.5%)
D1b. Organizational/Staff – Leadership (12.0%)
D2a. Organizational/Policies/procedures/operations –
Work load (10.2%)

**By Age**

**Up to 29 Years of Age:**
B1. Interpersonal – Employee relationships (33.7%)
D1. Organizational – Staff (32.6%)
B2. Interpersonal – Communication (26.3%)
D2. Organizational – Policies/procedures/operations (24.0%)
A1. Personal – Compensation (19.4%)
D1a. Organizational/Staff – Supervisors/management (12.6%)

**30-49 Years of Age:**
D1. Organizational – Staff (31.7%)
D2. Organizational – Policies/procedures/operations (27.2%)
B1. Interpersonal – Employee relationships (26.6%)
B2. Interpersonal – Communication (25.2%)
D1a. Organizational/Staff – Supervisors/management (12.9%)
A1. Personal – Compensation (12.5%)

**50+ Years of Age:**
D1. Organizational – Staff (37.2%)
B1. Interpersonal – Employee relationships (30.8%)
D2. Organizational – Policies/procedures/operations (29.3%)
B2. Interpersonal – Communication (25.7%)
D1a. Organizational/Staff – Supervisors/management (14.8%)
D3. Organizational – Equipment/facilities (14.5%)
A1. Personal – Compensation (13.3%)
D2a. Organizational/Policies/procedures/operations –
Work load (11.2%)
D1b. Organizational/Staff – Leadership (10.9%)

# I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

**Top Ranking Subgroups of Health Center Improvement Needs Relating to Satisfaction, continued:**
*(Those expressed by 10% or more of each respondent group)*

### By Size of Health Center

**Less than 50 Full-Time Equivalents (FTEs):**
- B2. Interpersonal – Communication (37.2%)
- D1. Organizational – Staff (35.6%)
- B1. Interpersonal – Employee relationships (34.4%)
- D2. Organizational – Policies/procedures/operations (22.2%)
- D1b. Organizational/Staff – Leadership (15.6%)
- D1a. Organizational/Staff – Supervisors/management (15.0%)
- A1. Personal – Compensation (11.7%)

**50-140 FTEs:**
- D1. Organizational – Staff (34.3%)
- D2. Organizational – Policies/procedures/operations (27.9%)
- B1. Interpersonal – Employee relationships (27.0%)
- B2. Interpersonal – Communication (23.5%)
- A1. Personal – Compensation (17.2%)
- D1a. Organizational/Staff – Supervisors/management (15.0%)
- D3. Organizational – Equipment/facilities (10.8%)

**More than 140 FTEs:**
- D1. Organizational – Staff (33.3%)
- B1. Interpersonal – Employee relationships (29.1%)
- D2. Organizational – Policies/procedures/operations (28.5%)
- B2. Interpersonal – Communication (22.6%)
- A1. Personal – Compensation (14.1%)
- D1a. Organizational/Staff – Supervisors/management (15.0%)
- D3. Organizational – Equipment/facilities (10.8%)

## STATE BREAKDOWN INFORMATION

*Graph 107: Health Center Improvement Needs Relating to Satisfaction, Overarching Areas, State Breakdown*
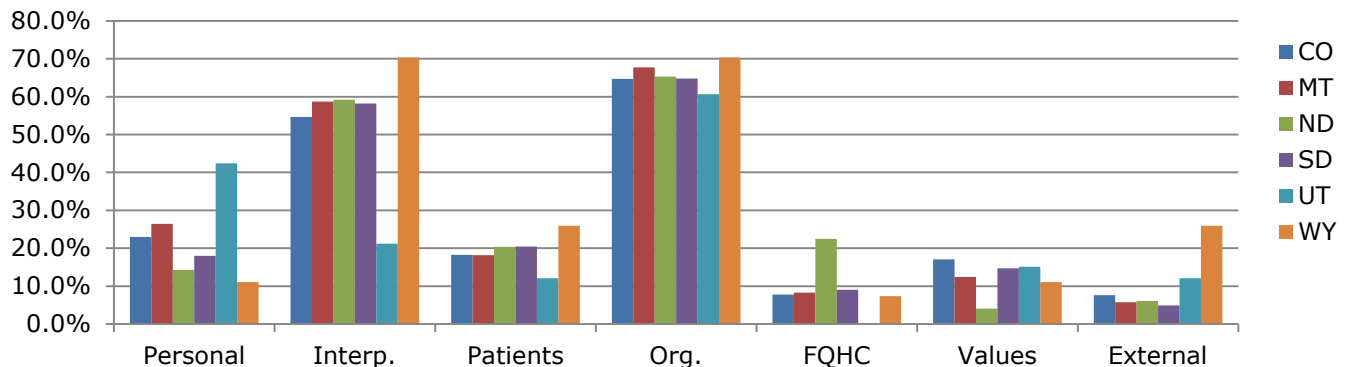


> I enjoy that our organization's focus is on patient needs rather than targeting a group need. This approach helps us provide patients with individual care.
>
> - Clinical Provider, Colorado

# I. JOB SATISFACTION, continued

## Health Center Improvement Needs Relating to Satisfaction, continued

### STATE BREAKDOWN INFORMATION, continued

**Top Ranking Subgroups of Health Center Improvement Needs Relating to Satisfaction:**
*(Those expressed by 10% or more of each respondent group;*
*see Table 19 on page 70 for specific percentages for all subgroups.)*

### By State

**Colorado:**
D1. Organizational – Staff
B1. Interpersonal – Employee relationships
D2. Organizational – Policies/procedures/operations
B2. Interpersonal – Communication
D1a. Organizational/Staff – Supervisors/management
A1. Personal – Compensation
D3. Organizational – Equipment/facilities

**Montana:**
D1. Organizational – Staff
B1. Interpersonal – Employee relationships
D2. Organizational – Policies/procedures/operations
B2. Interpersonal – Communication
A1. Personal – Compensation
D1a. Organizational/Staff – Supervisors/management
B3. Interpersonal – Personalities/negativity
D1b. Organizational/Staff – Leadership
D2a. Organizational/Policies/procedures/ops. – Work load
D1c. Organizational/Staff – Providers

**North Dakota:**
D1. Organizational – Staff
B2. Interpersonal – Communication
B1. Interpersonal – Employee relationships
D4. Organizational – Workforce
D1b. Organizational/Staff – Leadership
D3. Organizational – Equipment/facilities
A1. Personal – Compensation
D1c. Organizational/Staff – Providers
D2. Organizational – Policies/procedures/operations
D1a. Organizational/Staff – Supervisors/management

**South Dakota:**
B2. Interpersonal – Communication
B1. Interpersonal – Employee relationships
D1. Organizational – Staff
D2. Organizational – Policies/procedures/operations
D1a. Organizational/Staff – Supervisors/management
B3. Interpersonal – Personalities/negativity
D3. Organizational – Equipment/facilities
A1. Personal – Compensation

**Utah:**
A1. Personal – Compensation
D2. Organizational – Policies/procedures/operations
D1. Organizational – Staff
D3. Organizational – Equipment/facilities
B2. Interpersonal – Communication
D3a. Organizational/Equipment/facilities - Technology

**Wyoming:**
B2. Interpersonal – Communication
D1. Organizational – Staff
B1. Interpersonal – Employee relationships
D2. Organizational – Policies/procedures/operations
D1a. Organizational/Staff – Supervisors/management
D2c. Organizational/Policies/procedures/ops. – Work flow/organization/efficiencies

> *The nursing staff works well together and has good communication.*
>
> *- Clinical Support Staff, North Dakota*

## Health Center Improvement Needs Relating to Satisfaction, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 19: Health Center Improvement Needs Relating to Satisfaction, Overarching Areas and Top Subgroups (Those indicated by 3% or more of Region VIII), Region VIII and State Breakdown*

| Health Center Improvement Needs Relating to Satisfaction | % of All Survey Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,010) | CO (657) | MT (121) | ND (49) | SD (122) | UT (33) | WY (27) |
| **A. Personal - all combined** | 22.7% | 23.0% | 26.4% | 14.3% | 18.0% | 42.4% | * |
| 1. Compensation | 14.3% | 12.9% | 19.8% | 12.2% | 12.3% | ***36.4%*** | * |
| 2a. Benefits | 4.4% | 4.1% | 7.4% | * | * | * | * |
| 2b. Recognition | 3.6% | 4.9% | * | * | * | * | * |
| **B. Interpersonal - all combined** | 55.1% | 54.6% | 58.7% | 59.2% | 58.2% | 21.2% | **70.4%** |
| 1. Employee relationships | 29.6% | 29.4% | 38.8% | 24.5% | 28.7% | * | 29.6% |
| a. Employee support/team | 5.0% | 5.5% | 5.0% | * | 4.9% | * | * |
| 2. Communication | 25.4% | 23.6% | 23.1% | 36.7% | ***31.1%*** | 18.2% | ***40.7%*** |
| a. Listened to/heard | 3.5% | 3.0% | * | * | 4.1% | * | * |
| 3. Personalities/negativity | 8.7% | 8.1% | 12.4% | * | 13.1% | * | * |
| 4. Divisions | 6.0% | 5.5% | 5.8% | * | 9.0% | * | * |
| **C. Patients - all combined** | 18.6% | 18.3% | 18.2% | 20.4% | 20.5% | * | 25.9% |
| 1a. Time/quality for patients | 4.3% | 4.1% | 6.6% | * | 4.1% | * | * |
| 1b. Patient relationships | 3.6% | 3.8% | * | * | 4.1% | * | * |
| **D. Organizational - all combined** | **65.0%** | **64.7%** | **67.8%** | **65.3%** | **64.8%** | **60.6%** | **70.4%** |
| 1. Staff | ***33.9%*** | ***33.2%*** | ***39.7%*** | ***46.9%*** | 28.7% | 24.2% | 37.0% |
| a. Supervisors/management | 13.7% | 13.7% | 14.0% | 10.2% | 16.4% | * | 18.5% |
| i. Management style | 5.0% | 4.6% | 6.6% | * | 4.9% | * | * |
| b. Leadership | 9.6% | 8.8% | 12.4% | 22.4% | 7.4% | * | * |
| c. Providers | 7.5% | 7.0% | 10.7% | 12.2% | * | * | * |
| d. Support staff | 5.7% | 6.1% | 5.0% | * | 4.9% | * | * |
| e1. Training | 4.7% | 5.3% | 4.1% | * | 4.1% | * | * |
| e2. Staff motivation/morale | 3.0% | 2.7% | 4.1% | * | * | * | * |
| 2. Policies/procedures/operations | 27.2% | 29.2% | 25.6% | 12.2% | 23.0% | 30.3% | 29.6% |
| a. Work load | 8.9% | 9.4% | 11.6% | * | 6.6% | * | * |
| b. Scheduling | 7.6% | 8.1% | 6.6% | * | 7.4% | * | * |
| c. Work flow/organization/ efficiencies | 7.1% | 7.6% | 4.1% | * | 6.6% | * | 18.5% |
| d. Performance/expectations/ accountability | 6.1% | 6.7% | 5.8% | * | 4.9% | * | * |
| 3. Equipment/facilities | 10.8% | 10.0% | 7.4% | 16.3% | 13.1% | 21.2% | * |
| a. Technology | 5.9% | 5.3% | * | * | 9.8% | 18.2% | * |
| 4. Workforce | 8.2% | 7.3% | 9.9% | 22.4% | 5.7% | * | * |
| 5. Services/programs | 5.0% | 5.0% | 5.0% | * | * | * | * |
| 6. Funding/finance | 4.1% | 4.0% | 6.6% | * | 4.1% | * | * |

**_Health Center Improvement Needs Relating to Satisfaction, continued_**

*STATE BREAKDOWN INFORMATION, continued*

*Table 19: Health Center Improvement Needs Relating to Satisfaction, Overarching Areas and Top Subgroups (Those indicated by 3% or more of Region VIII), Region VIII and State Breakdown, continued*

| Health Center Improvement Needs Relating to Satisfaction | % of All Survey Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,010) | CO (657) | MT (121) | ND (49) | SD (122) | UT (33) | WY (27) |
| **E. FQHC – all combined** | 8.8% | 7.8% | 8.3% | 22.4% | 9.0% | * | * |
| 1. Access | 3.5% | 3.8% | * | * | * | * | * |
| **F. Values – all combined** | 15.3% | 17.0% | 12.4% | * | 14.8% | 15.2% | * |
| 1. Trust/respect | 6.0% | 7.3% | 4.1% | * | 4.1% | * | * |
| 2. Fairness/equality | 4.5% | 4.7% | * | * | 7.4% | * | * |
| **F. External – all combined** | 7.6% | 7.6% | 5.8% | * | 4.9% | * | 25.9% |
| **F. Positive** | 6.5% | 7.8% | * | * | * | * | * |

I love the relationships
I have with my patients,
co-workers, and supervisors.
- Clinical Provider, Utah

## J. FUTURE PLANS

### Desire for Change

Respondents were asked to identify their interest in professional change, focusing on the following broad areas:

- A different position within the current organization
- Work at a different health center organization
- Work at a new organization/company within the current community
- Work at a new organization/company in a different community
- Retirement
- None of the above (stay in current situation)

Participants were also allowed to choose "Other" (as their only choice or in combination with one of the options above) and submit additional clarifying details.

The majority of respondents (almost 65%) indicated that they wanted to stay in their current situation. Clinical Executives/Providers and Administrative Executives were most likely to indicate a preference to stay in their current situation (over 70% for both groups), and Administrative Support Staff were least likely to do so. (Graph 108 a) Of the remaining respondents:

- The next most selected option was "different position within the current organization", chosen by over 16% of all respondents combined, and most likely to be selected by Administrative Support Staff; Administrative Executives and Clinical Executives/Providers were least likely to select this option (Graph 108 b).
- Administrative Executives were most likely to indicate a desire for retirement (selected by over 26% of this group - Graph 108 b).
- Clinical Executives/Providers were most likely to indicate an interest in a different community (Graph 108 b).

The information submitted by respondents choosing "Other" was coded to identify trends in subject and intent; the top three concepts expressed were: 1) a need for education (e.g., doctorate, higher education, nursing degree, other certification, etc.), 2) a need for growth (e.g., advancement/promotion, expansion of current duties, enhanced leadership role, etc.), and 3) a need for professional change (e.g., work in different area of the health center, work in different field, etc.).

*Graphs 108 a & b: Desire for Change, Region VIII*



*Graph 108 a*

*Graph 108 b*
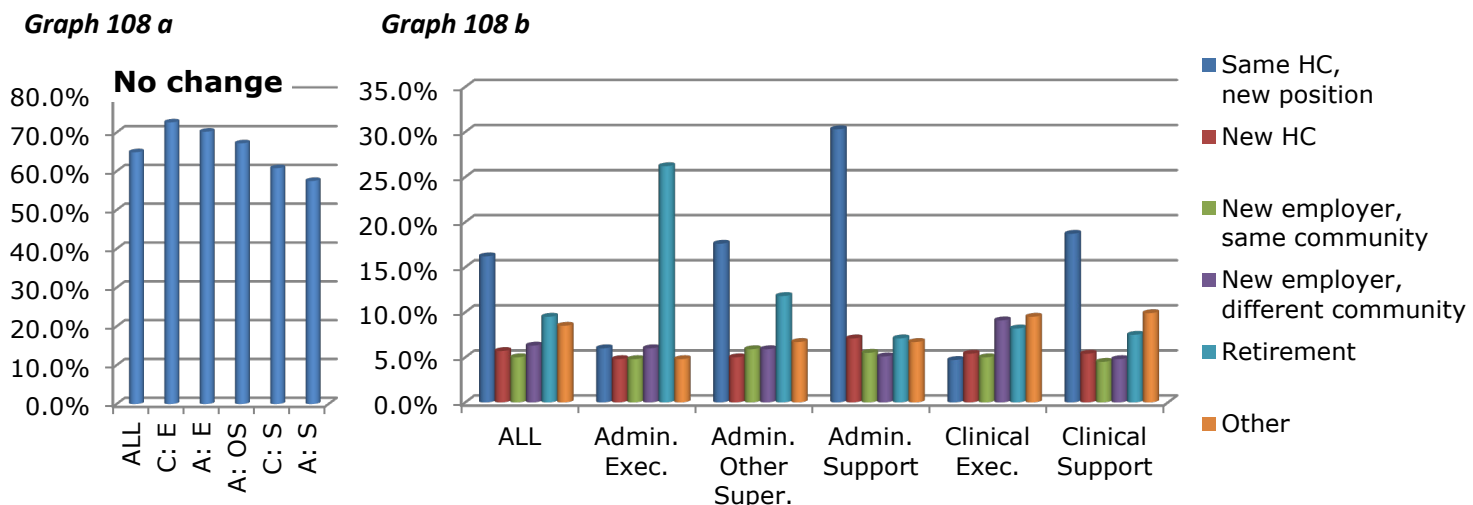
We serve our patients, play an important role in the community's safety-net, and engage in cutting edge activities.

- Administrative Executive, Wyoming

## J. FUTURE PLANS, continued

## Desire for Change, continued

### STATE BREAKDOWN INFORMATION

**Graphs 109 a & b: Desire for Change, State Breakdown**



Graph 109 a — No change

Graph 109 b

Legend:
- Same HC, new position
- New HC
- New employer, same community
- New employer, different community
- Retirement
- Other
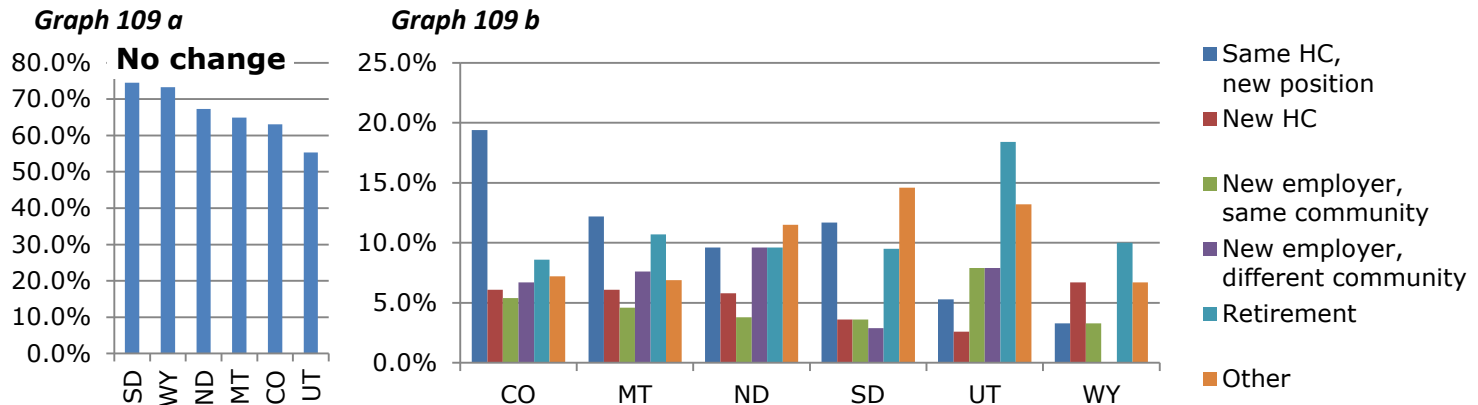
**Table 20: Desire for Change, Region VIII and State Breakdown**

| Desire for Change | % of All Respondents for Location | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | RVIII (1,110) | CO (721) | MT (131) | ND (52) | SD (137) | UT (38) | WY (30) |
| Same HC, new position | 16.2% | 19.4% | 12.2% | 9.6% | 11.7% | * | * |
| New HC | 5.7% | 6.1% | 6.1% | * | 3.6% | * | * |
| New employer, same community | 5.0% | 5.4% | 4.6% | * | 3.6% | * | * |
| New employer, different community | 6.3% | 6.7% | 7.6% | 9.6% | * | * | * |
| Retirement | 9.5% | 8.6% | 10.7% | 9.6% | 9.5% | 18.4% | * |
| No change | **64.9%** | **63.1%** | **64.9%** | **67.3%** | **74.5%** | **55.3%** | **73.3%** |
| Other | 8.5% | 7.2% | 6.9% | 11.5% | 14.6% | 13.2% | * |

*In order to report on a category, it must have at least five responses.
Any category with less than five responses is marked with an asterisk (*).*

### Anticipated Future Tenure

To help grantees and PCAs anticipate possible upcoming turnover, survey participants were asked how long they were planning to stay with their current organization. Over half of all respondents indicated a desire to stay with their organization for as long as possible. A total of 13.1% of respondents indicated that they planned to stay at their organization for either 0-1 years or 1-3 years. (These respondents were directed to the **Reasons for Anticipated Leave** question, page 75.) (Graph 110)

Administrative and Clinical Support Staff were most likely to indicate an intent to stay at their organization for as long as possible, and Administrative Executives were least likely to do so (Graph 111 a, following page). Of the remaining respondents, all position groups were similarly likely to indicate that their anticipated tenure was unknown; Clinical Executives/Providers were more likely than other groups to choose "1-3 years", while Administrative Executives were more likely than others to choose "5-10 years" (Graph 111 b).



*Graph 110: Anticipated Future Tenure at Current Organization, Region VIII*

- Unknown 15.1%
- 5-10yrs 10.7%
- 1-3yrs 9.2%
- 3-5yrs 8.5%
- 0-1yrs 3.9%
- As long as possible 52.6%
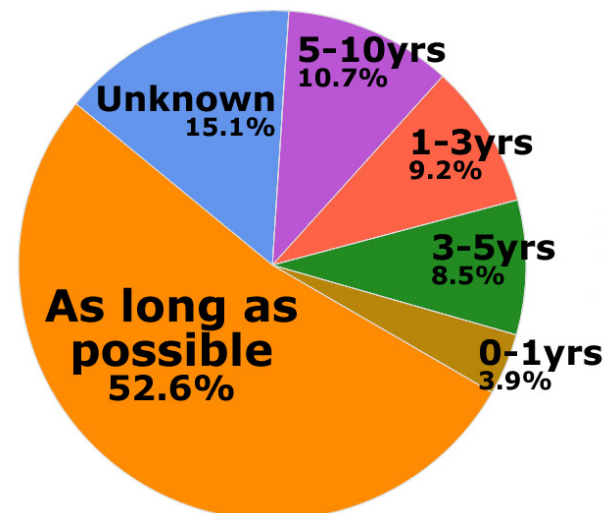
## J. FUTURE PLANS, continued

## Anticipated Future Tenure, continued

*Graphs 111 a & b: Anticipated Future Tenure at Current Organization by Position Type, Region VIII*

*Graph 111 a*

**As long as possible**



*Graph 111 b*
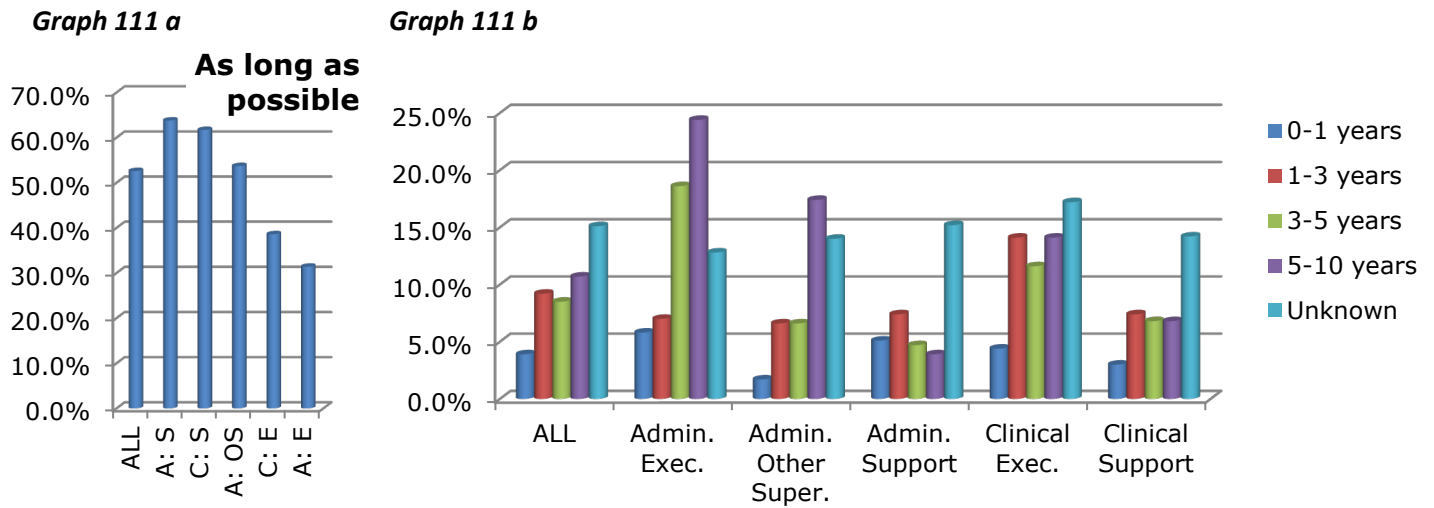


## STATE BREAKDOWN INFORMATION

*Graphs 112 a & b: Anticipated Future Tenure at Current Organization, State Breakdown*

*Graph 112 a*

**As long as possible**



*Graph 112 b*
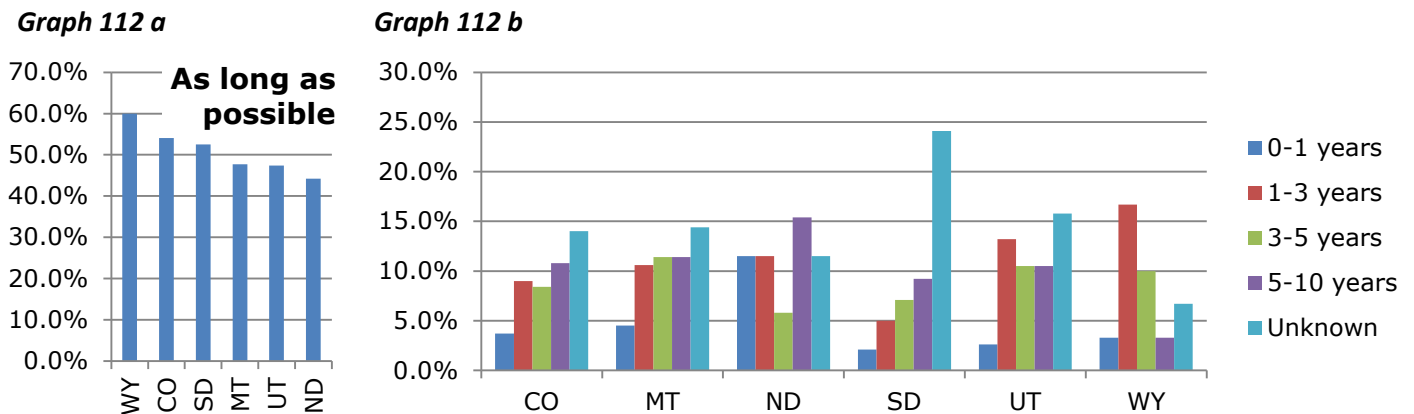


*Table 21: Anticipated Future Tenure at Current Organization, Region VIII and State Breakdown*

| Length of Planned Stay at Current HC | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,124) | CO (730) | MT (132) | ND (52) | SD (141) | UT (38) | WY (30) |
| 0-1 years | 3.9% | 3.7% | 4.5% | 11.5% | * | * | * |
| 1-3 years | 9.2% | 9.0% | 10.6% | 11.5% | 5.0% | 13.2% | 16.7% |
| 3-5 years | 8.5% | 8.4% | 11.4% | 5.8% | 7.1% | * | * |
| 5-10 years | 10.7% | 10.8% | 11.4% | 15.4% | 9.2% | * | * |
| As long as possible | **52.6%** | **54.1%** | **47.7%** | **44.2%** | **52.5%** | **47.4%** | **60.0%** |
| Unknown | 15.1% | 14.0% | 14.4% | 11.5% | 24.1% | 15.8% | * |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

## J. FUTURE PLANS, continued

### Reasons for Anticipated Leave

Administration  Career Advancement  Clinic  Decrease  Desire
Education  Experience  Family Job  Live
Management  Medical Field  Money  Opportunity
Organization  Outside  Pay  Poor  Position  Practice
Relocation  Retirement  Return  Salary  School  Staff  Status

*Cloud View 3: Reasons for Anticipated Leave - Top Words and Phrases Used by Respondents (Larger Size = Greater Frequency)*

Respondents of the **Anticipated Future Tenure** question (see page 73) who indicated that they planned to stay at their current health center for **0-1 years** or **1-3 years** (13.1% of respondents to that question) were asked to identify the top reason they were planning to leave in the near future. A Cloud View of the most utilized words and phrases in the resulting open text responses is shown above; however, the Cloud View does not convey the exact meanings intended by the respondents. Therefore, the various components of each open text response were coded to identify trends in subject and intent (responses may have expressed more than one concept).

Responses were categorized into one of the following options, shown in descending order of frequency (Graph 113):

A.  Need for growth/professional opportunity (expressed by 24.3% of respondents to this question)
   - E.g., desire for career advancement, better opportunities, more challenges, expanded skills, etc.
B.  Dissatisfaction with current position and/or organization (21.4%)
   - E.g., complaints about job duties, management, administration, work culture, work/life balance; expression of burnout, etc.
C.  Upcoming retirement (17.9%)
D.  Need for higher compensation (15.0%)
E.  Upcoming move/desire for new location (15.0%)
F.  Attending school (12.1%)
G.  Family reasons (7.9%)
   - E.g., desire to be closer to family, spouse retirement, etc.
H.  Need for flexibility (5.7%)
   - E.g., change in hours, options for telecommuting, etc.
I.  General need for change (2.9%)
J.  End of program funding (2.1%)
K.  Need for better benefits (2.1%)
L.  End of service commitment (1.4%)

*The practitioners have quality time with patients; patients really feel like people, not a chart or numbers.*

*- Clinical Support Staff, North Dakota*

*Graph 113: Reasons for Anticipated Leave, Region VIII*
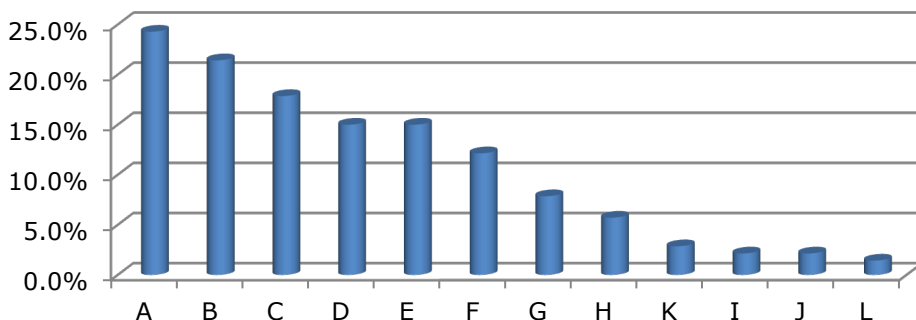
## J. FUTURE PLANS, continued

### Reasons for Anticipated Leave, continued

Of the survey respondents answering this question, 14.3% were from the combined Administrative Executives and Other Supervisors group, 40.0% were Clinical Executives/Providers, and 45.7% were from the combined Administrative and Clinical Support Staff group.  Graphs 114-116 below, showing the coded reasons for anticipated leave in descending order, illustrate:

- Administrative Executives and Other Supervisors were much more likely than other respondents to be anticipating retirement (this reason was provided by 40% of these respondents, compared to 21.4% of Clinical Executives/Providers and 7.8% of the combined Administrative and Clinical Support Staff group).
- Clinical Executives/Providers were more likely than other groups to identify an upcoming move or desire for a new location (26.8% of this group, compared to 9.4% of the combined Support group, and none of the Administrative Executives and Other Supervisors group).
- The first ranked reason for the combined Administrative and Clinical Support Staff group was "need for growth/professional opportunity" (selected by 28.1% of this group); 25% of the combined Administrative Executives/Other Supervisors group and 19.6% of the Clinical Executives/Providers indicated a similar interest.
- "Need for higher compensation" was most highly ranked by the combined Administrative & Clinical Support Staff; it was indicated by over 20% of the group.  This was also the only group to indicate a need for better benefits as a reason for leaving their organization in the future.

*Graph 114:  Reasons for Anticipated Leave; Administrative Executives & Other Supervisors, Region VIII*
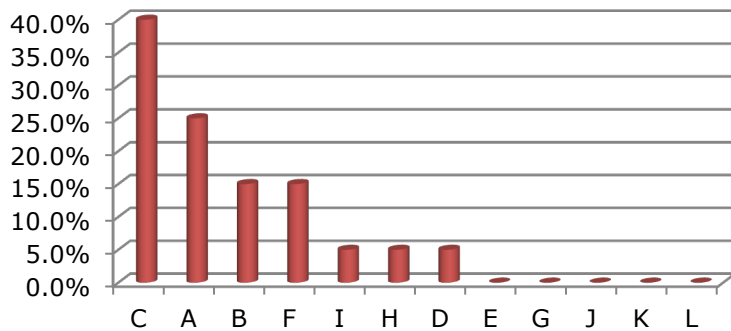


A. Need for growth/professional opportunity
B. Dissatisfaction with current position and/or organization
C. Upcoming retirement
D. Need for higher compensation
E. Upcoming move/desire for new location
F. Attending school
G. Family reasons
H. Need for flexibility
I. General need for change
J. End of program funding
K. Need for better benefits
L. End of service commitment

*Graph 115:  Reasons for Anticipated Leave;*
*Clinical Executives & Providers, Region VIII*
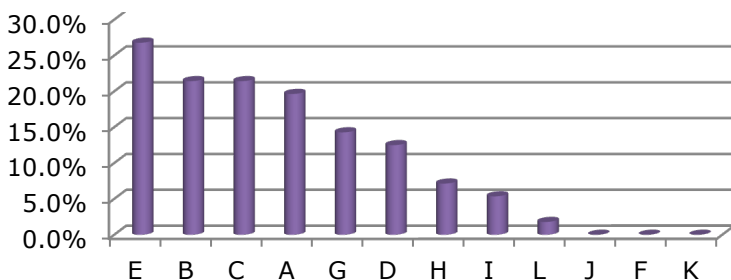


*Graph 116:  Reasons for Anticipated Leave;*
*Administrative & Clinical Support Staff, Region VIII*
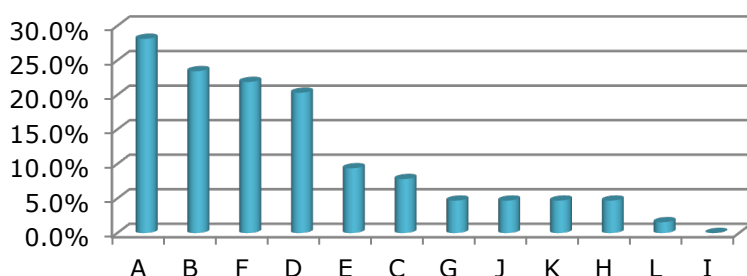


> *My favorite thing about work is the closeness I have with the patients after all these years. They know they can count on me.*
>
> *- Clinical Support Staff, Montana*

# J. FUTURE PLANS, continued

## Reasons for Anticipated Leave, continued

**STATE BREAKDOWN INFORMATION**
**Top Ranking Reasons for Anticipated Leave:**

**CO:** A. Need for growth/professional opportunity
B. Dissatisfaction with current position and/or organization

**MT:** B. Dissatisfaction with current position and/or organization
C. Upcoming retirement
E. Upcoming move/desire for new location

**ND:** C. Upcoming retirement
D. Need for higher compensation

**SD:** C. Upcoming retirement
G. Family reasons

**UT:** D. Need for higher compensation
H. Need for flexibility

**WY:** A. Need for growth/professional opportunity
B. Dissatisfaction with current position and/or organization

*Graph 117: % of All Respondents Anticipating Leave in 0-1 or 1-3 Years, State Breakdown*
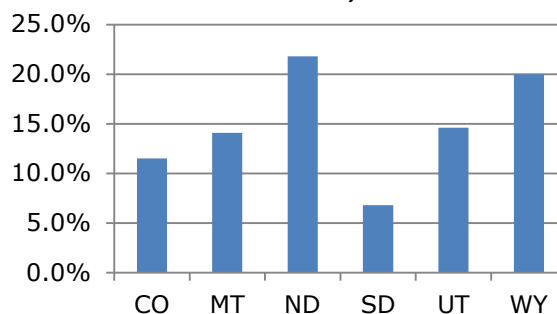


*Table 22: Respondents Anticipating Leave, Region VIII and State Breakdown*

| | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | **RVIII (1,124)** | **CO (730)** | **MT (132)** | **ND (52)** | **SD (141)** | **UT (38)** | **WY (30)** |
| Respondents anticipating leaving current organization in 0-1 or 1-3 years | 13.1% | 12.7% | 15.2% | **23.1%** | 7.1% | 15.8% | 20.0% |

*Table 23: Reasons for Anticipated Leave, Region VIII and State Breakdown*

| Reason for Anticipated Leave | % of Participating Respondents for Location (Those anticipating leaving organization in 0-1 or 1-3 years & providing reasons for anticipated leave) | | | | | | |
|---|---|---|---|---|---|---|---|
| | **RVIII (140)** | **CO (87)** | **MT (20)** | **ND (12)** | **SD (9)** | **UT (6)** | **WY (6)** |
| A. Need for growth/professional opportunity | **24.3%** | **28.7%** | * | * | * | * | * |
| B. Dissatisfaction with current position and/or organization | 21.4% | 23.0% | **25.0%** | * | * | * | * |
| C. Upcoming retirement | 17.9% | 13.8% | **25.0%** | * | * | * | * |
| D. Need for higher compensation | 15.0% | 13.8% | * | * | * | * | * |
| E. Upcoming move/desire for new location | 15.0% | 13.8% | **25.0%** | * | * | * | * |
| F. Attending school | 12.1% | 16.1% | * | * | * | * | * |
| G. Family reasons | 7.9% | 5.7% | * | * | * | * | * |
| H. Need for flexibility | 5.7% | * | * | * | * | * | * |
| I. General need for change | * | * | * | * | * | * | * |
| J. End of program funding | * | * | * | * | * | * | * |
| K. Need for better benefits | * | * | * | * | * | * | * |
| L. End of service commitment | * | * | * | * | * | * | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## K. NEEDS

### Changes and/or Programs/Services to Increase Satisfaction

Better Benefits **Better Communication** **Clinic** Compensation
Continuing Education  Current Position   Work Week   **Health** **Improved Job**
Loan Repayment **Management** Money **Patients Pay**
**Program** **Providers** **Raise** **Salary** Satisfied  School
**Staff** Supervisor  Team  **Training**

*Cloud View 4: Changes and/or Programs/Services to Increase Satisfaction - Top Words and Phrases Used by Respondents (Larger Size = Greater Frequency)*

Survey participants were asked to identify the changes or additional programs and/or services that would increase their satisfaction in their current position.  A Cloud View of the most utilized words and phrases in those open text responses is shown above; however, the Cloud View does not convey the exact meanings intended by the respondents.  Therefore, the various components of each open text response were coded to identify trends in subject and intent (most responses expressed multiple concepts, and therefore were given multiple codes).

Responses were categorized into five overarching areas:
  A. **Personal** (involving changes or improvements that would directly affect the individual)
  B. **Interpersonal** (involving relationships and/or interactions with other people)
  C. **Organizational** (involving the larger operations of the organization)
  D. **External** (involving people, ideas, etc. outside of the organization's immediate control)
  E. **None/Unknown** (respondents either had no needed changes/improvements, or did not know what those would be)

*Graph 118:  Changes and/or Programs/Services to Increase Satisfaction, Overarching Areas, Region VIII*

The most commonly identified areas fell within the Personal and Organizational categories (41% of respondents expressed concepts categorized as Personal; 40% expressed concepts categorized as Organizational). A large group of responses (17.0%) fell within the None/Unknown category, followed by Interpersonal (11.3%) and External (7.2%).  (Graph 118)
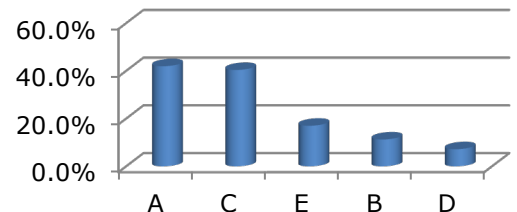
Each overarching area (except for None/Unknown) was broken down into subgroups to identify more specific concepts within each (see page 79 for a complete list of subgroups for each area). Graph 119 below illustrates the top nine subgroups (those expressed by at least 5% of respondents).   The Personal subgroups of Increased Compensation and Continuing Education/Professional Development as well as the Organizational subgroups of Patient Services and Staffing were all expressed by 10% or more of the respondents.

*Graph 119:  Changes and/or Programs/Services to Increase Satisfaction, Top Topic Subgroups, Region VIII*
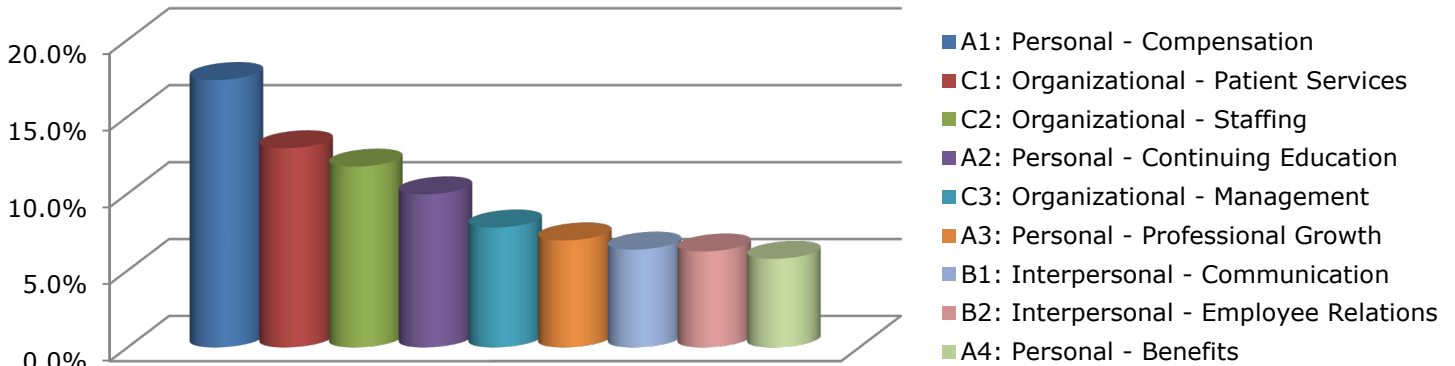
■ A1: Personal - Compensation
■ C1: Organizational - Patient Services
■ C2: Organizational - Staffing
■ A2: Personal - Continuing Education
■ C3: Organizational - Management
■ A3: Personal - Professional Growth
■ B1: Interpersonal - Communication
■ B2: Interpersonal - Employee Relations
■ A4: Personal - Benefits

*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*

### K. NEEDS, continued

### Changes and/or Programs/Services to Increase Satisfaction, continued

The list below illustrates the subgroups within each overarching area of changes and/or programs/services that would improve the job satisfaction of survey respondents. Please note that subgroup topics expressed by 10% or more of respondents are shown in **orange text**; subgroup topics expressed by 5%-9.9% of respondents are shown in **purple text**.

A. **Personal Area (43.0% of all respondents)**, includes Subgroups:
   1. **Enhanced compensation: 17.4%**
      - Key words/phrases: salary increases, raises, compensation, bonuses, incentives, etc.
   2. **Opportunity for continuing education/professional development: 10.0%**
      - Key words/phrases: training opportunities, CEUs, learning new skills, more education, etc. (Note: any specific topics mentioned were analyzed with responses to the **Desired Continuing Education/Professional Development Topics** question; see page 84.)
   3. **Opportunity for professional growth: 7.0%**
      - Key words/phrases: mentoring, room for growth, advancement, better use of skills, more challenging role, move up, more to do, more responsibility, promotion, cross-training, etc.
   4. **Enhanced benefits: 5.8%**
      - Key words/phrases: better/improved benefits, better health insurance, affordable health insurance, increased PTO/vacation time, leave, etc.
   5. Funding for education: 4.6%
   6. More control over personal schedule: 4.1%
   7. Enhanced recognition: 3.5%
   8. Greater job security: 0.7%
B. **Interpersonal Area (11.3%)**, includes Subgroups:
   1. **Organizational communication: 6.4%**
      - Key words/phrases: communication barrier, lack of communication, make information available, address the disconnect, improve communication, have input, be heard, administration that listens, etc.
   2. **Employee relationships: 6.2%**
      - Key words/phrases: team, focus on employees, treat as professional, less judgmental, improved support, happy, mature, harmony, better work environment, honesty, fairness, better relationship, etc.
   3. Patient relationships: 0.5%
C. **Organizational Area (40.4%)**, includes Subgroups:
   1. **Patient services: 12.9%**
      - Key words/phrases: Provide care, increased services, integrated, behavioral, specialists, dental, education, etc. (top concepts in descending order: access, behavioral health, education, dental, specialists, various medical, pharmacy, radiology, lab)
   2. **Staffing: 11.8%**
      - Key words/phrases: increased/more staff, more providers, dentist, behavioral health, reduce stress, help me, additional help, proper levels, support staff, etc.
   3. **Management: 7.8%**
      - Key words/phrases: improved/better management, more explanation, improved administrative/management support, run efficiently, caring supervisor, leadership, accountability of leadership, replaced/new leader/manager/supervisor, etc.
   4. Facilities/Equipment: 4.4%
   5. Policies/Procedures/Processes: 4.4%
   6. Technology: 4.2%
   7. Clinic/organization scheduling: 4.1%

## K. NEEDS, continued

## Changes and/or Programs/Services to Increase Satisfaction, continued

### Subgroups for Overarching Areas, continued

    D. **External Area (7.2%)**, includes Subgroups:
1. Funding: 3.8%
2. National/Global: 1.7%
3. Opportunities for external networking/collaboration: 1.0%
4. Patient population: 0.6%
5. Location: 0.5%

Respondents within the Administrative Executives group were far less likely than others to express desires within the Personal area (13.6% of this group); as a position group, they were most likely to express Organizational concepts (44.1% of respondents). Administrative Executives were also more likely than any other group to express desires categorized as External (18.6%). Responses from Administrative Support Staff were most likely to fall within the None/Unknown area (24.9%), followed closely by Administrative Executives (23.7%). Responses from Clinical Executives and Providers were least likely to fall within the None/Unknown area (9.0%). Clinical Support Staff respondents were most likely to express Personal concepts (48.8%), followed closely by Administrative Other Supervisors/Managers (48.32%). (Graph 120)

*Graph 120: Changes and/or Programs/Services to Increase Satisfaction by Position Type, Overarching Areas, Region VIII*
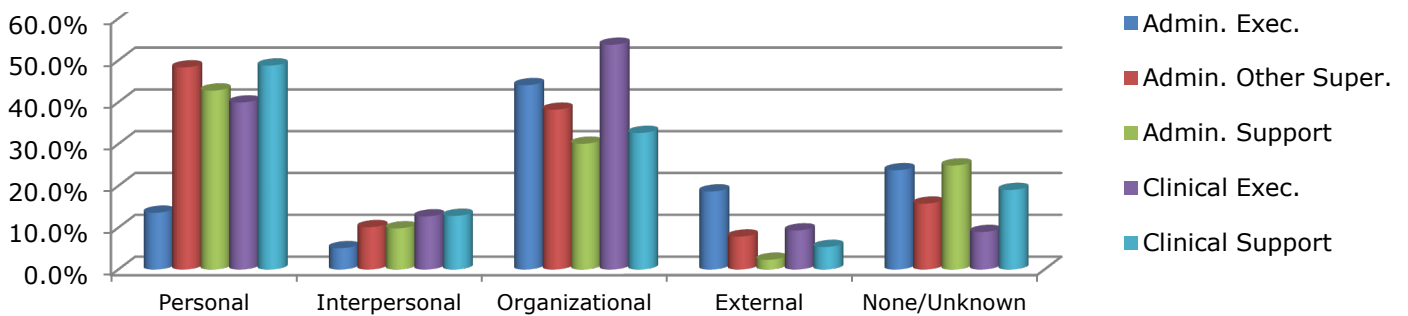


Newer staff members (respondents who had worked for their health center for five years or less) were more likely than their longer-tenured counterparts to express Personal concepts; younger respondents and those working at larger organizations were also more likely to do so. Conversely, longer-tenured staff (those working at their health centers for six or more years) were more likely than their newer counterparts to express Organizational concepts; older respondents and those at small organizations were also more likely to do so. Respondents aged 50 years or older were most likely to express External concepts. (Graph 121)

*Graph 121: Changes and/or Programs/Services to Increase Satisfaction by Tenure, Age, and Organizational FTEs, Overarching Areas, Region VIII*



*CHAMPS 2011 Region VIII Health Center Program Grantee Recruitment & Retention Survey Report*

## K. NEEDS, continued

### Changes and/or Programs/Services to Increase Satisfaction, continued

**Top Ranking Subgroups of Changes/Programs/Services to Increase Satisfaction:**
*(Those expressed by 10% or more of each respondent group)*

<u>**By Position Type**</u>

**Admin. Executives:**
C2. Organizational – Staffing (15.3%)
C5. Organizational – Policies/procedures/processes (13.6%)
C1. Organizational – Patient services (11.9%)

**Admin. Other Super.:**
A1. Personal – Compensation (19.1%)
C2. Organizational – Staffing (16.9%)
A2. Personal – Continuing education/professional development (14.6%)

**Admin. Support:**
A1. Personal – Compensation (13.3%)
A2. Personal – Continuing education/professional development (13.3%)
A3. Personal – Professional growth (12.1%)

**Clinical Exec./Providers:**
C1. Organizational – Patient services (22.0%)
A1. Personal – Compensation (19.0%)
C2. Organizational – Staffing (13.1%)

**Clinical Support:**
A1. Personal – Compensation (21.5%)
A2. Personal – Continuing education/professional development (11.6%)
C1. Organizational – Patient services (10.3%)

<u>**By Tenure at Health Center**</u>

**0-5 Yrs at Health Center:**
A1. Personal – Compensation (19.0%)
C1. Organizational – Patient services (12.2%)
C2. Organizational – Staffing (11.6%)
A2. Personal – Continuing education/professional development (11.0%)

**6+ Yrs at Health Center:**
A1. Personal – Compensation (15.1%)
C1. Organizational – Patient services (13.9%)
C2. Organizational – Staffing (12.0%)

<u>**By Age**</u>

**Up to 29 Years of Age:**
A1. Personal – Compensation (23.4%)
A2. Personal – Continuing education/professional development (11.7%)
C1. Organizational – Patient services (10.4%)

**30-49 Years of Age:**
A1. Personal – Compensation (19.1%)
C1. Organizational – Patient services (13.3%)
C2. Organizational – Staffing (11.7%)

**50+ Years of Age:**
C2. Organizational – Staffing (14.4%)
C1. Organizational – Patient services (14.0%)
A1. Personal – Compensation (12.6%)

<u>**By Size of Health Center**</u>

**Less than 50 Full-Time Equivalents (FTEs):**
C2. Organizational – Staffing (22.4%)
C1. Organizational – Patient services (18.4%)
A1. Personal – Compensation (12.5%)

**50-140 FTEs:**
A1. Personal – Compensation (22.4%)
A2. Personal – Continuing education/professional development (10.3%)

**More than 140 FTEs:**
A1. Personal – Compensation (17.2%)
C1. Organizational – Patient services (12.4%)
A2. Personal – Continuing education/professional development (10.5%)

# K. NEEDS, continued

## Changes and/or Programs/Services to Increase Satisfaction, continued

### STATE BREAKDOWN INFORMATION

*Graph 122:  Changes and/or Programs/Services to Increase Satisfaction, Overarching Areas, State Breakdown*
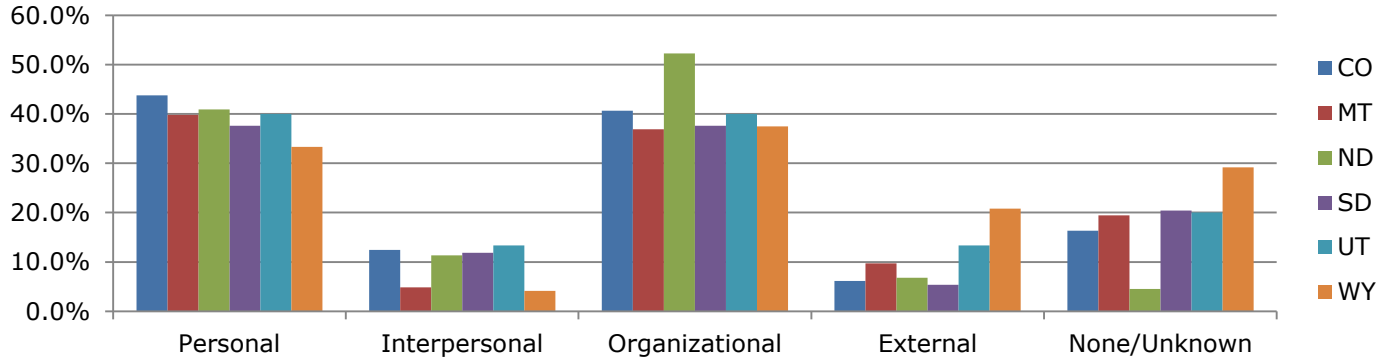


**Top Ranking Subgroups of Changes/Programs/Services to Increase Satisfaction:**
*(Those expressed by 10% or more of each respondent group;*
*see Table 24 on page 83 for specific percentages for all subgroups.)*

### By State

**CO:** A1. Personal – Compensation
C1. Organizational – Patient services
A2. Personal – Continuing education/
professional development
C2. Organizational – Staffing

**MT:** A1. Personal – Compensation
C2. Organizational – Staffing
C1. Organizational – Patient services

**ND:** C1. Organizational – Patient services
A1. Personal – Compensation
C2. Organizational – Staffing
A3. Organizational – Management

**SD:** A1. Personal – Compensation
C2. Organizational – Staffing

**UT:** A1. Personal – Compensation
A6. Personal – Personal schedule
B2. Interpersonal – Employee relations
C1. Organizational – Patient services
C7. Organizational – Clinic/organization
scheduling

**WY:** D1. External – Funding
C1. Organizational – Patient services
C2. Organizational – Staffing
A1. Personal – Compensation

> *I feel we provide a very pleasant and caring experience to all of our patients. We are continually working to make our clinic accessible to more patients. My favorite thing about work is that I can go home at the end of the day and know that we have had a positive impact on the patients we serve.*
>
> *- Administrative Other Supervisor/Manager, South Dakota*

## K. NEEDS, continued

## Changes and/or Programs/Services to Increase Satisfaction, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 24: Changes and/or Programs/Services to Increase Satisfaction, Region VIII and State Breakdown*

| Changes/Programs/Services to Increase Satisfaction | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | **RVIII** | **CO** | **MT** | **ND** | **SD** | **UT** | **WY** |
| **A. Personal - all combined** | **42.0%** | **43.8%** | **39.8%** | 40.9% | **37.6%** | **40.0%** | 33.3% |
| 1. Compensation | ***17.4%*** | ***17.1%*** | ***18.4%*** | 20.5% | ***17.2%*** | ***20.0%*** | * |
| 2. Continuing Ed./Professional Dev. | 10.0% | 10.6% | 9.7% | * | 9.7% | * | * |
| 3. Professional Growth | 7.0% | 8.7% | 5.8% | * | * | * | * |
| 4. Benefits | 5.8% | 5.6% | 8.7% | * | * | * | * |
| 5. Funding for Education | 4.6% | 5.4% | * | * | * | * | * |
| 6. Personal Schedule | 4.1% | 4.8% | * | * | * | * | * |
| 7. Recognition | 3.5% | 3.3% | 4.9% | * | * | * | * |
| 8. Security | 0.7% | * | * | * | * | * | * |
| **B. Interpersonal - all combined** | 11.3% | 12.4% | 4.9% | 11.4% | 11.8% | * | * |
| 1. Communication | 6.4% | 7.1% | * | * | 7.5% | * | * |
| 2. Employee Relations | 6.2% | 7.1% | * | * | 5.4% | * | * |
| 3. Patient Relations | * | * | * | * | * | * | * |
| **C. Organizational - all combined** | 40.4% | 40.6% | 36.9% | **52.3%** | 37.6% | **40.0%** | 37.5% |
| 1. Patient Services | 12.9% | 12.6% | 13.6% | ***27.3%*** | 6.5% | * | * |
| 2. Staffing | 11.8% | 10.4% | 16.5% | 18.2% | 11.8% | * | * |
| 3. Management | 7.8% | 8.5% | * | 11.4% | 7.5% | * | * |
| 4. Facilities/Equipment | 4.4% | 4.5% | * | * | * | * | * |
| 5. Policies/Procedures/Processes | 4.4% | 5.4% | 5.8% | * | * | * | * |
| 6. Technology | 4.2% | 3.7% | * | * | 8.6% | * | * |
| 7. Clinic/Organization Scheduling | 4.1% | 4.5% | 4.9% | * | * | * | * |
| **D. External - all combined** | 7.2% | 6.1% | 9.7% | * | 5.4% | * | 20.8% |
| 1. Funding | 3.8% | 3.3% | * | * | * | * | ***20.8%*** |
| 2. National/Global | 1.7% | 1.5% | * | * | * | * | * |
| 3. Networking/Collaboration | 1.0% | 0.9% | * | * | * | * | * |
| 4. Patient Population | 0.6% | * | * | * | * | * | * |
| 5. Location | * | * | * | * | * | * | * |
| **E. None/Unknown** | 17.0% | 16.3% | 19.4% | * | 20.4% | 20.0% | 29.2% |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

> I know that I am helping patients who probably would not be able to find help anywhere else.
>
> - Clinical Provider, Utah

## K. NEEDS, *continued*

### Desired Continuing Education/Professional Development Topics

CME  Coding  Current Position  Degree  Dental  Diabetes
Education  Family Practice  Grant Writing  Health  Tuition
Seminars  Learning  Management  Medical
Nursing  Patients  Pediatric  Programs  School
Spanish  Topics  Training  Leadership Development

Survey participants were asked to identify topics for continuing education and/or professional development that would help them in their current position. A Cloud View of the most utilized words and phrases in those open text responses is shown above; however, the Cloud View does not convey the exact meanings intended by the respondents. Therefore, the various components of each open text response were coded to identify trends in subject and intent (most responses expressed multiple concepts, and therefore were given multiple codes).

Responses were categorized into the following overarching areas:
   A. **Clinical** (medical, dental, behavioral health, pharmacy, medication, clinical equipment, etc.)
   B. **Operations** (billing/coding, development, finance, human resources, office skills, computers/technology, etc.)
   C. **Leadership** (administration, management, leadership, etc.)
   D. **People** (communication, languages, culture, etc.)
   E. **Global** (health center program, national programs, policy/legislation, etc.)
   F. **Funds/Time** (funding and/or time in schedule for education)
   G. **External Education** (certification programs, degrees, conferences, etc.)
   H. **More/Any/General**
   I. **None/Unknown/Have Enough**

*Graph 123: Desired Topics for Continuing Education/Professional Development, Overarching Areas, Region VIII*

The most commonly identified areas fell within the Clinical category (31.5% of respondents expressed concepts categorized as Clinical). A large group of respondents (19.1%) fell within the None/Unknown/Have Enough category, followed closely by respondents expressing topics falling within the Operations category (17.9%). Leadership and External topics were each expressed by 10.0% of respondents, followed by topics in the People category (9.5%), Global category (5.2%) and Funds/Time category (4.5%). (Graph 123)
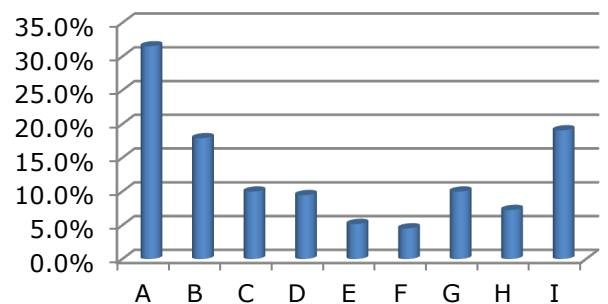
Most overarching areas were broken down into subgroups to identify more specific concepts within each (exceptions are Funds/Time, More/Any/General, and None/Unknown/Have Enough; see page 85 for a complete list of subgroups for each of the other overarching areas). Graph 124 (following page) illustrates the top seven subgroups (those expressed by at least 4% of respondents). The Clinical – Medical subgroup was by far the most prevalent, expressed by 19.5% of respondents. A desire for some sort of external degree, certification, or ability to attend conferences ranked second (7.7% of respondents), followed by topics categorized as Operations – Computers/Data (7.5%), Leadership – Management (5.7%), Operations – Coding/Billing (5.3%), People – Communications (4.8%), and Global – FQHC (4.0%). (See the list beneath Graph 124 for information about topics included in each of these higher-ranking subgroups.)

## K. NEEDS, *continued*

### *Desired Continuing Education/Professional Development Topics, continued*

**Graph 124:  Desired Continuing Education/ Professional Development, Top Topic Subgroups, Region VIII**



Legend:
- A1. Clinical-Medical
- G1. External-Degree/Certification
- B1. Operations-Computers/Data
- C1. Leadership-Management
- B2. Operations-Coding/Billing
- D1. People-Communication
- E1. Global-FQHC
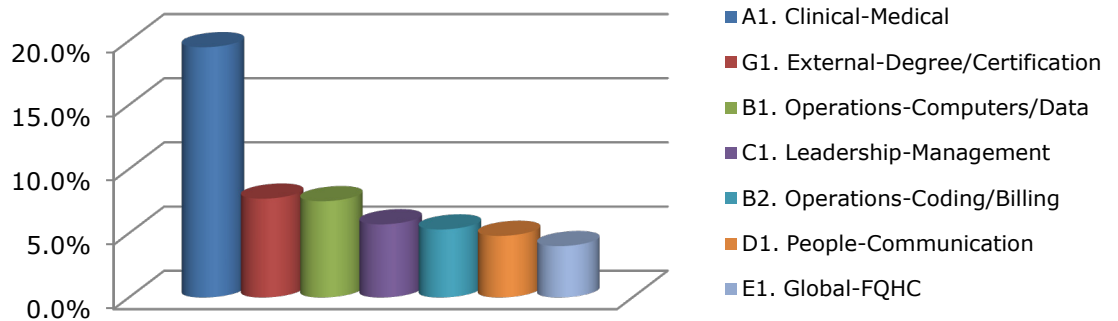
The list below illustrates the subgroups within each overarching area of desired topics for continuing education and/or professional development.  Please note that subgroup topics expressed by 5% or more of respondents are shown in **orange text**; subgroup topics expressed by 3.0%-4.9% of respondents are shown in **purple text**.  (Please note that complete lists of desired topics will be provided to the Regional and State Primary Care Associations of Region VIII for use in developing ongoing training and technical assistance.)

A. **Clinical Area (31.5% of all respondents)**, includes Subgroups:
   1. **Medical:  19.5%**
      - Key words/phrases:  medical, nursing, pediatric, FP, OB, IM, disease, CV, DM, Ortho, chronic pain, medical terminology, procedures, obesity, etc.
   2. Behavioral Health:  3.9%
   3. Pharmacy/Medication:  3.9%
   4. Dental:  3.5%
   5. Equipment:  1.2%
   6. Teaching Sites/Teaching Health Centers:  0.5%
   7. Clinical Management:  0.9%
   8. General/Other Clinical Topics:  4.9%
B. **Operations Area (17.9%)**, includes Subgroups:
   1. **Computers/Technology:  7.5%**
      - Key words/phrases:  computer skills, computer training, electronic, EHR, EMR, Excel, Access, PowerPoint, technology, etc.
   2. **Coding/Billing:  5.3%**
      - Key words/phrases:  coding, ICD-10, billing, Medicaid/Medicare, insurance, etc.
   3. Office Skills:  1.9%
   4. Finance:  1.6%
   5. Development:  1.3%
   6. Human Resources:  1.2%
C. **Leadership Area (10.0%)**, includes Subgroups:
   1. **Management:  5.7%**
      - Key words/phrases:  management training, any management, managing people, management skills, supervisor training, etc.
   2. Leadership:  3.4%
   3. Administration:  1.3%

> *My favorite things about work are watching the patients get quality dental care that they can afford, improving the overall health of my patients, and serving the underserved; "My mission in life."*
>
> *- Clinical Provider, Wyoming*

## K. NEEDS, continued

### Desired Continuing Education/Professional Development Topics, continued

**Subgroups for Overarching Areas, continued**
  D. **People Area (9.5%)**, includes Subgroups:
1.   **Communication:  4.8%**
       - Key words/phrases:  customer service, satisfaction, self-help, teamwork, morale, speaking, communication, dealing with conflict, difficult people, client interactions, etc.
2.  Spanish Language:  3.6%
3.  Other Language/Culture:  1.4%
  E. **Global Area (5.2%)**, includes Subgroups:
1.  **FQHC:  4.0%**
       - Key words/phrases:  regulations, FQHC, other health centers, perspective of community health clinic, community health centers, FQHC programs, etc.
2.  Other National Programs:  1.2%
3.  Policy/Legislation:  0.8%
  G. **External Area (10.0%)**, includes Subgroups:
1.  **Degree/Certification:  7.7%**
       - Key words/phrases:  certification (various disciplines), nursing school, Bachelor's, Master's, college, medical school, back to school, business degree, etc.
2.  Conferences:  2.2%

Administrative Executives expressed interest in continuing education/professional development in a wide variety of areas – three of the main overarching topic areas were indicated by over 20% of these respondents (Operations – 30.4%, Leadership – 23.2%, and Global – 21.4%). Administrative Other Supervisors/Managers were most likely to express topics categorized as Leadership (32.9%) and Operations (23.2%).   Over 34% of the Administrative Support respondents expressed topics in the Operations area, while Clinical Executives/Providers and Clinical Support Staff showed a strong preference for Clinical topics (52.3% of the former, and 35.5% of the later).  (Graphs 125-129)  (See page 88 for top subgroups for each position group.)

*Graphs 125-129:  Continuing Education/Professional Development Topic Areas by Position Type, Region*

*Graph 125:  Admin. Executives*
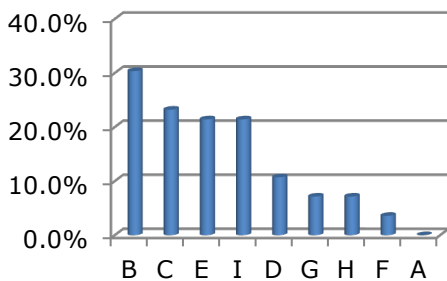


*Graph 126:  Admin. Other Super.*
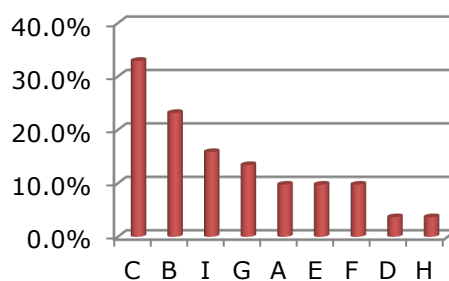


*Graph 127:  Admin. Support*
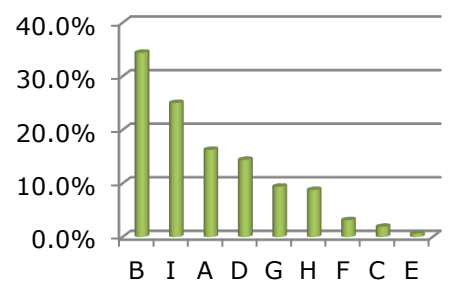


*Graph 128:  Clinical Exec./Provider*
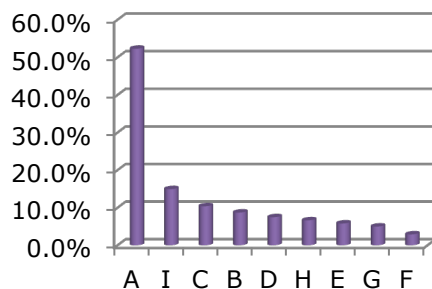


*Graph 129:  Clinical Support*
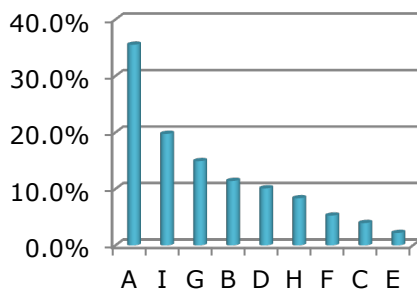


A. Clinical
B. Operations
C. Leadership
D. People
E. Global
F. Funds/Time
G. External
H. Any/More/General
I. None/Unknown/Have Enough

## K. NEEDS, continued

### _Desired Continuing Education/Professional Development Topics, continued_

Clinical topics (and those within the Clinical – Medical subgroup specifically) were the most expressed by all respondent groups when analyzed by length of tenure at the health center, age, and size of (number of FTEs at) their organization (Graphs 130-132). However, newer staff members (respondents who had worked for their health center for five years or less) were more likely to express topics in the Clinical area than longer-tenured respondents; they were also less likely to provide responses categorized as None/Unknown/Have Enough (Graph 130). Younger staff members (those up to 29 years of age) were much more likely than older respondents to express an interest in external education (degrees/certifications and/or conferences), and respondents overall were more likely to express topics within the Operations area as they aged (Graph 131). Clinical and Operations topics were more likely to be expressed by respondents from small organizations (those with less than 50 Full-Time Equivalents/FTEs) than by respondents from larger organizations; respondents from large organizations (those with more than 140 FTEs) were more likely than other FTE groups to express topics categorized in the People area (Graph 132).

_Graphs 130-132: Continuing Education/Professional Development Topic Areas by Tenure, Age, and Organizational Full-Time Equivalents (FTEs), Region VIII_

_Graph 130: Length of Tenure at Health Center_
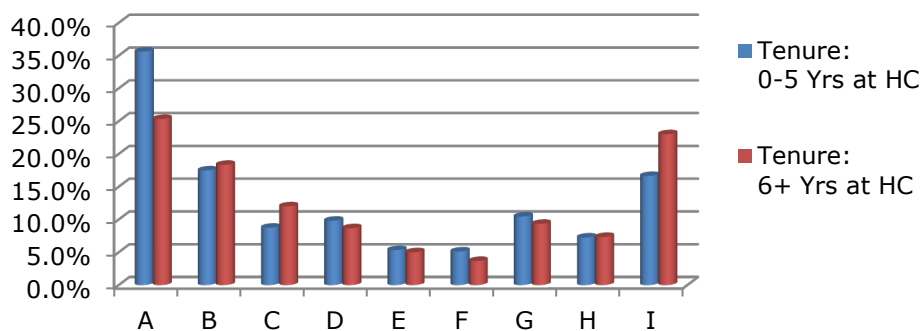


A. Clinical
B. Operations
C. Leadership
D. People
E. Global
F. Funds/Time
G. External
H. Any/More/General
I. None/Unknown/ Have Enough

_Graph 131: Age_
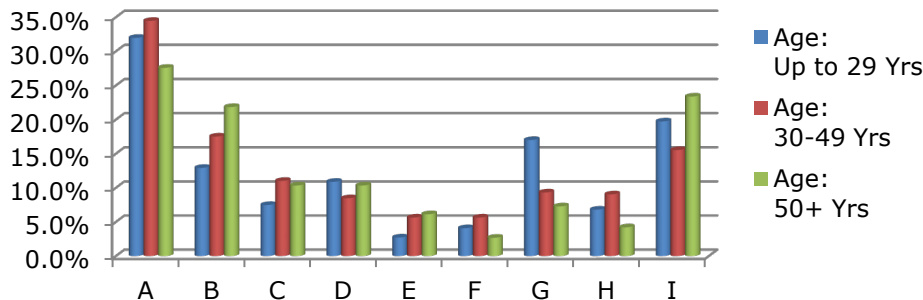


_Graph 132: Organizational FTEs_
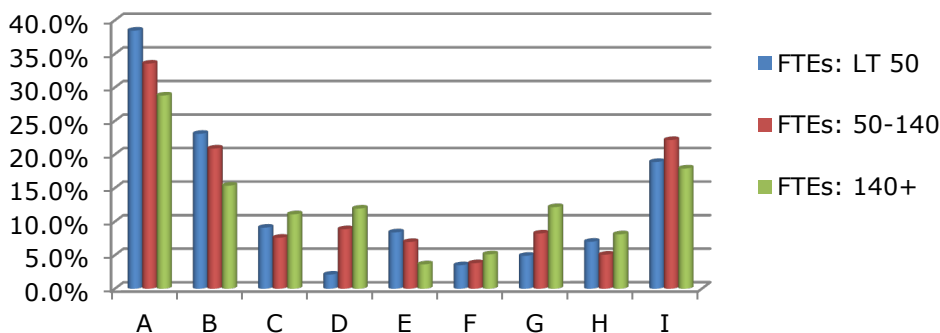


What we are doing is important and worthwhile.
 - Clinical Provider, Colorado

## K. NEEDS, continued

### Desired Continuing Education/Professional Development Topics, continued

**Top Ranking Subgroups of Continuing Education/Professional Development Topic Areas:**
*(Those expressed by 5% or more of each respondent group)*

**By Position Type**

**Administrative Executives:**
E1. Global – FQHC (21.4% of group)
B1. Operations – Computers/Technology (12.5%)
B4. Operations – Finance (10.7%)
C1. Leadership – Management (10.7%)
C2. Leadership – Leadership (8.9%)
D1. People – Communication (8.9%)

**Clinical Executives/Providers:**
A1. Clinical – Medical (32.0%)
A4. Clinical – Dental (9.5%)
A2. Clinical – Behavioral Health (6.6%)
B1. Operations – Computers/Technology (5.8%)
C2. Leadership – Leadership (5.4%)
A8. Clinical – General/Other Topics (5.0%)

**Administrative Other Supervisors:**
C1. Leadership – Management (26.8%)
G1. External – Degree/Certification (12.2%)
A1. Clinical – Medical (7.3%)
B1. Operations – Computers/Technology (7.3%)
C2. Leadership – Leadership (7.3%)
B2. Operations – Coding/Billing (6.1%)
E1. Global – FQHC (6.1%)

**Clinical Support:**
A1. Clinical – Medical (21.5%)
G1. External – Degree/Certification (12.7%)
A8. Clinical – General/Other Topics (7.5%)
A3. Clinical – Pharmacy/Medication (6.6%)

**Administrative Support:**
B2. Operations – Coding/Billing (14.4%)
B1. Operations – Computers/Technology (13.1%)
A1. Clinical – Medical (10.0%)
D1. People – Communication (8.1%)
G1. External – Degree/Certification (7.7%)
D2. People – Spanish Language (5.0%)

**By Tenure at Health Center**

**0-5 Years at Health Center:**
A1. Clinical – Medical (20.9%)
G1. External – Degree/Certification (8.1%)
B2. Operations – Coding/Billing (6.0%)
B1. Operations – Computers/Technology (5.5%)
A2. Clinical – Behavioral Health (5.1%)
C1. Leadership – Management (5.1%)
D1. People – Communication (5.1%)

**6+ Years at Health Center:**
A1. Clinical – Medical (17.3%)
B1. Operations – Computers/Technology (10.3%)
G1. External – Degree/Certification (7.0%)
C1. Leadership – Management (6.7%)
A8. Clinical – General/Other Topics (5.3%)

> *I really feel that our organization strives to meet our mission by keeping up on innovations, both medical and technological, and by really trying to put ourselves in the patient's shoes and doing what we can for our patients.*
>
> *- Administrative Support Staff, Colorado*

## K. NEEDS, continued

### Desired Continuing Education/Professional Development Topics, continued

**Top Ranking Subgroups of Continuing Education/Professional Development Topic Areas, continued:**
(Those expressed by 5% or more of each respondent group)

#### By Age

**Up to 29 Years of Age:**
A1. Clinical – Medical (22.4%)
G1. External – Degree/Certification (15.0%)
D1. People – Communication (7.5%)
A8. Clinical – General/Other Topics (5.4%)

**30-49 Years of Age:**
A1. Clinical – Medical (22.3%)
G1. External – Degree/Certification (7.6%)
B1. Operations – Computers/Technology (6.8%)
B2. Operations – Coding/Billing (6.5%)
C1. Leadership – Management (6.2%)

**50+ Years of Age:**
A1. Clinical – Medical (14.2%)
B1. Operations – Computers/Technology (11.1%)
A8. Clinical – General/Other Topics (6.5%)
C1. Leadership – Management (6.5%)
B2. Operations – Coding/Billing (5.0%)

#### By Size of Health Center

**Less than 50 Full-Time Equivalents (FTEs):**
A1. Clinical – Medical (25.2%)
B1. Operations – Computers/Technology (10.5%)
A3. Clinical – Pharmacy/Medication (7.0%)
E1. Global – FQHC (7.0%)
A8. Clinical – General/Other Topics (6.3%)

**50-140 FTEs:**
A1. Clinical – Medical (17.7%)
B1. Operations – Computers/Technology (7.6%)
A2. Clinical – Behavioral Health (6.3%)
A8. Clinical – General/Other Topics (6.3%)
B2. Operations – Coding/Billing (6.3%)
G1. External – Degree/Certification (6.3%)
A4. Clinical – Dental (5.7%)
C1. Leadership – Management (5.1%)
E1. Global – FQHC (5.1%)

**More than 140 FTEs:**
A1. Clinical – Medical (18.3%)
G1. External – Degree/Certification (6.3%)
B1. Operations – Computers/Technology (7.6%)
C1. Leadership – Management (5.1%)
D1. People – Communication (7.5%)
B2. Operations – Coding/Billing (6.3%)

> *My favorite thing about work would have to be my co-workers. Working with friendly, fun, and hard-working people under the direction of a strong leadership team working well together creates an excellent place to work.*
> *- Administrative Other Supervisor/Manager, South Dakota*

# K. NEEDS, continued

## Desired Continuing Education/Professional Development Topics, continued

### STATE BREAKDOWN INFORMATION

*Graph 133: Continuing Education/Professional Development Topic Areas, State Breakdown*
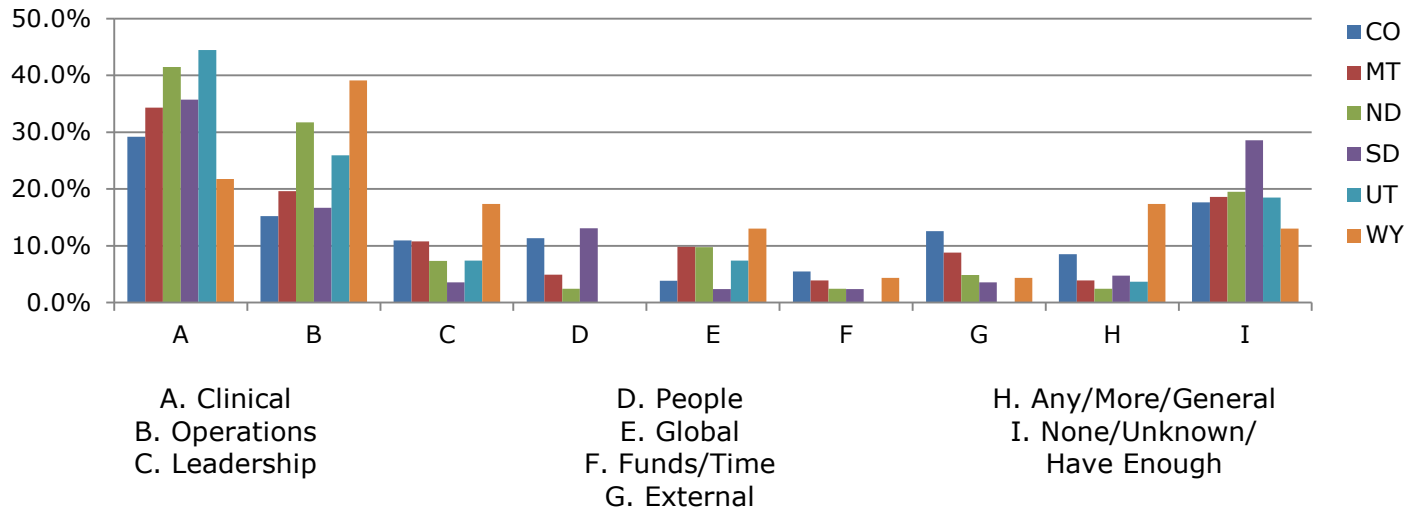


| | |
|---|---|
| A. Clinical | D. People | H. Any/More/General |
| B. Operations | E. Global | I. None/Unknown/ |
| C. Leadership | F. Funds/Time | Have Enough |
| | G. External | |

**Top Ranking Subgroups of Continuing Education/Professional Development Topic Areas:**
*(Those expressed by 5% or more of each respondent group; see Table 25 on page 91 for specific percentages for all subgroups.)*

### By State

**Colorado:**
A1. Clinical – Medical
G1. External – Degree/Certification
C1. Leadership – Management
B1. Operations – Computers/Technology
D1. People – Communication
B2. Operations – Coding/Billing

**Montana:**
A1. Clinical – Medical
A8. Clinical – General/Other Topics
B1. Operations – Computers/Technology
A2. Clinical – Behavioral Health
E1. Global – FQHC
B2. Operations – Coding/Billing
A3. Clinical – Pharmacy/Medication
C1. Leadership – Management
C2. Leadership – Leadership

**North Dakota:**
A1. Clinical – Medical
B1. Operations – Computers/Technology
A3. Clinical – Pharmacy/Medication
E1. Global – FQHC
B2. Operations – Coding/Billing
B5. Operations - Development

**South Dakota:**
A1. Clinical – Medical
A8. Clinical – General/Other Topics
B1. Operations – Computers/Technology

**Utah:**
A1. Clinical – Medical
B1. Operations – Computers/Technology

**Wyoming:**
A1. Clinical - Medical
C1. Leadership - Management
E1. Global - FQHC
A2. Clinical – Behavioral Health
B5. Operations – Development
B4. Operations – Finance
B6. Operations – Human Resources
B1. Operations – Computers/Technology

## Desired Continuing Education/Professional Development Topics, continued

### STATE BREAKDOWN INFORMATION, continued

*Table 25: Continuing Education/Professional Development Topic Areas, Region VIII and State Breakdown*

| Continuing Education/ Professional Development Topics to Help in Current Position | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII | CO | MT | ND | SD | UT | WY |
| **A. Clinical - all combined** | **31.5%** | **29.2%** | **34.3%** | **41.5%** | **35.7%** | **44.4%** | 21.7% |
| 1. Medical | ***19.5%*** | ***18.5%*** | ***17.6%*** | ***31.7%*** | ***21.4%*** | ***22.2%*** | * |
| 2. Behavioral Health | 3.9% | 2.6% | 7.8% | * | * | * | * |
| 3. Pharmacy/Medication | 3.9% | 3.2% | 5.9% | * | * | * | * |
| 4. Dental | 3.5% | 3.2% | * | * | * | * | * |
| 5. Equipment | 1.2% | 1.0% | * | * | * | * | * |
| 6. Teaching Sites | 0.5% | * | * | * | * | * | * |
| 7. Clinical Management | 0.9% | 1.0% | * | * | * | * | * |
| 8. General/Other Clinical Topics | 4.9% | 4.1% | 8.8% | * | 6.0% | * | * |
| **B. Operations - all combined** | 17.9% | 15.2% | 19.6% | 31.7% | 16.7% | 25.9% | **39.1%** |
| 1. Computers/Technology | 7.5% | 6.1% | 8.8% | 14.6% | 6.0% | ***22.2%*** | * |
| 2. Coding/Billing | 5.3% | 5.3% | 6.9% | * | * | * | * |
| 3. Office Skills | 1.9% | 2.0% | * | * | * | * | * |
| 4. Finance | 1.6% | 1.2% | * | * | * | * | * |
| 5. Development | 1.3% | * | * | * | * | * | * |
| 6. Human Resources | 1.2% | * | * | * | * | * | * |
| **C. Leadership - all combined** | 10.0% | 11.0% | 10.8% | * | * | * | * |
| 1. Management | 5.7% | 6.7% | 5.9% | * | * | * | * |
| 2. Leadership | 3.4% | 3.4% | 5.9% | * | * | * | * |
| 3. Administration | 1.3% | 1.2% | * | * | * | * | * |
| **D. People - all combined** | 9.5% | 11.4% | 4.9% | * | 13.1% | * | * |
| 1. Communication | 4.8% | 5.5% | 4.9% | * | * | * | * |
| 2. Spanish Language | 3.6% | 4.7% | * | * | * | * | * |
| 3. Other Language/Culture | 1.4% | 1.6% | * | * | * | * | * |
| **E. Global - all combined** | 5.2% | 3.9% | 9.8% | * | * | * | * |
| 1. FQHC | 4.0% | 2.8% | 7.8% | * | * | * | * |
| 2. Other National Programs | 1.2% | * | * | * | * | * | * |
| 3. Policy/Legislation | 0.8% | * | * | * | * | * | * |
| **F. Funds/Time for Education** | 4.5% | 5.5% | * | * | * | * | * |
| **G. External - all combined** | 10.0% | 12.6% | 8.8% | * | * | * | * |
| 1. Degree/Certification | 7.7% | 10.1% | 4.9% | * | * | * | * |
| 2. Conferences | 2.2% | 2.2% | * | * | * | * | * |
| **H. More/Any/General** | 7.3% | 8.5% | * | * | * | * | * |
| **I. None/Unsure/Have Enough** | 19.1% | 17.6% | 18.6% | 19.5% | 28.6% | 18.5% | * |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## L. PRIMARY CARE ASSOCIATIONS (PCAs)

### Utilization of Regional and State PCA Programs and Services

Survey participants were given a brief definition of Primary Care Associations (PCAs) and a list of the regional and state PCAs in Region VIII before being asked how often they utilize the programs and services of these organizations. Over 38% of respondents expressed using PCA programs and/or services Very Often or Sometimes (Graph 134), including 88.0% of Administrative Executives (almost equally split between Very Often and Sometimes). None of the Administrative Executive respondents chose Never. The Administrative and Clinical Support Staff groups were most likely to choose Never (29.4% of the former group, and 27.8% of the later), and also most likely to choose Unknown (23.8% for Administrative Support, and 23.4% for Clinical Support). Clinical Executives/Providers were more likely than other groups to choose Rarely. (Graph 135)

*Graph 134: Use of Regional & State PCA Programs/Services, Region VIII*
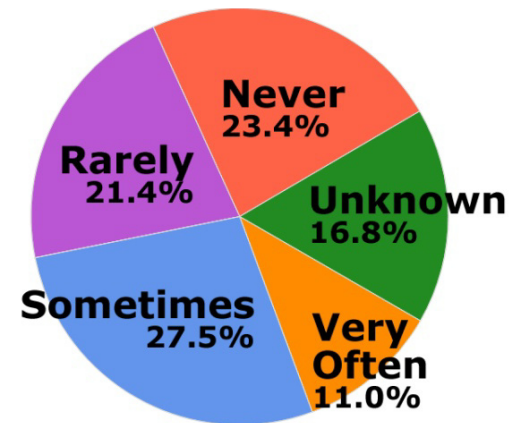


*Graph 135: Use of Regional & State PCA Programs/Services by Position Type, Region VIII*
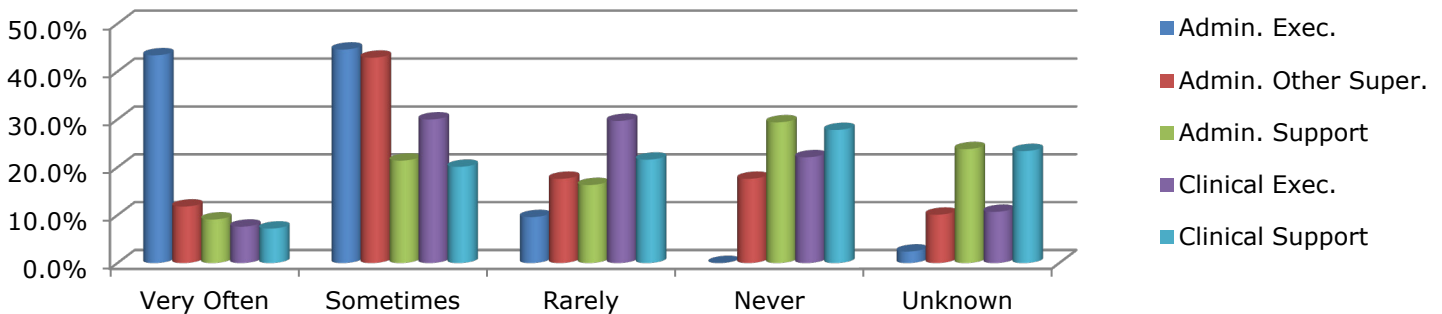


### STATE BREAKDOWN INFORMATION

*Graph 136: Use of Regional & State PCA Programs/Services, State Breakdown*
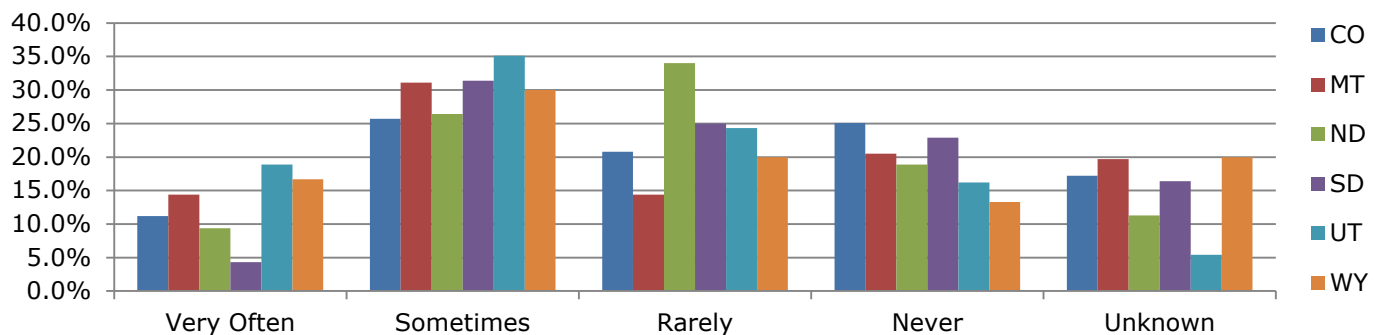


*Table 26: Use of Regional & State PCA Programs/Services, Region VIII and State Breakdown*

| Use of R/SPCA Programs/Services | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,109) | CO (716) | MT (132) | ND (53) | SD (140) | UT (37) | WY (30) |
| Very Often | 11.0% | 11.2% | 14.4% | 9.4% | 4.3% | 18.9% | 16.7% |
| Sometimes | **27.5%** | **25.7%** | **31.1%** | 26.4% | **31.4%** | **35.1%** | **30.0%** |
| Rarely | 21.4% | 20.8% | 14.4% | **34.0%** | 25.0% | 24.3% | 20.0% |
| Never | 23.4% | 25.1% | 20.5% | 18.9% | 22.9% | 16.2% | * |
| Unknown | 16.8% | 17.2% | 19.7% | 11.3% | 16.4% | * | 20.0% |

*\*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (\*).*

## L. PRIMARY CARE ASSOCIATIONS (PCAs), continued

### Value of Regional and State PCA Programs and Services

When asked to rate the value of their state and regional PCA programs and services for health centers in general, the majority (53.6%) of respondents selected Very Valuable or Valuable. Administrative Executive responders were more likely than other groups to rate PCA programs and services as Very Valuable (41.7%) Administrative and Clinical Support Staff and Clinical Executives/Providers were more likely than Administrative Executives and Administrative Other Supervisors/Managers to indicate that the value of their state and regional PCAs was unknown. (Graph 138)

*Graph 137: Value of Regional & State PCA Programs/Services for Health Centers, Region VIII*
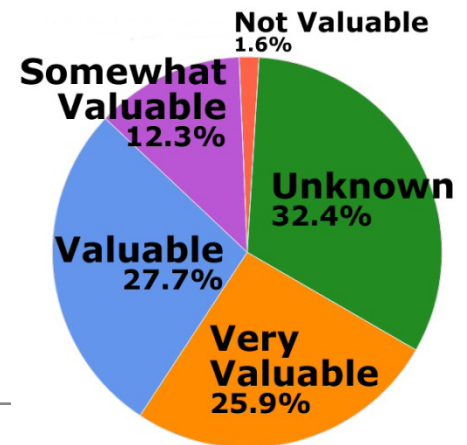


*Graph 138: Value of Regional & State PCA Programs/Services by Position Type, Region VIII*
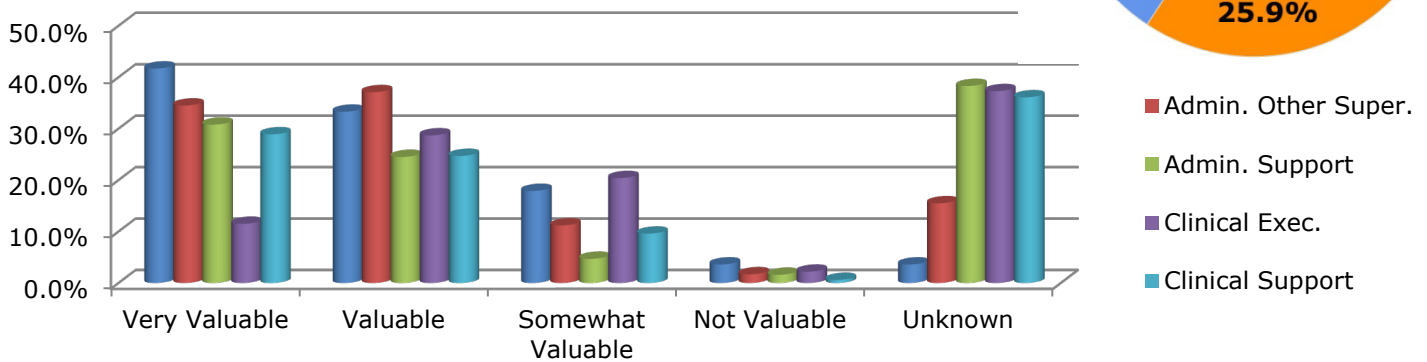


### STATE BREAKDOWN INFORMATION

*Graph 139: Value of Regional & State PCA Programs/Services, State Breakdown*
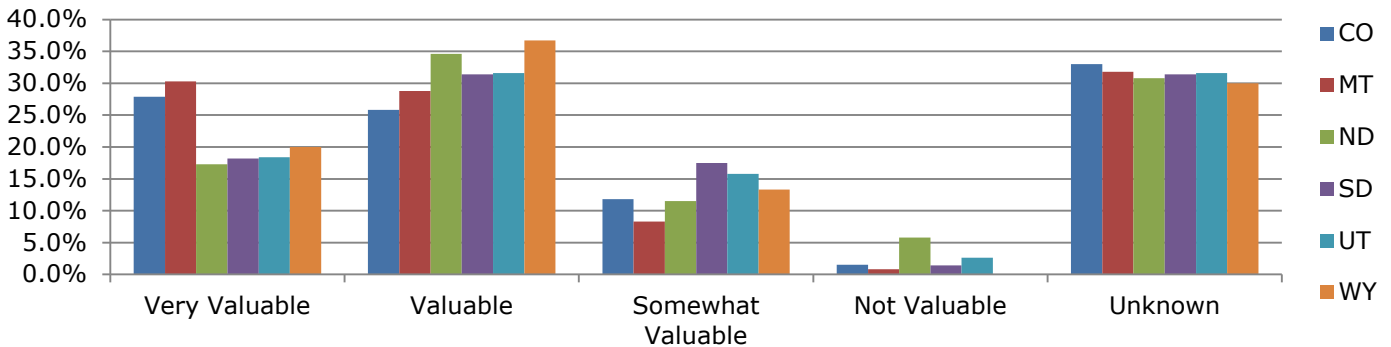


*Table 27: Value of Regional & State PCA Programs/Services, Region VIII and State Breakdown*

| Value of R/SPCA Programs/Services | % of All Respondents for Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | RVIII (1,103) | CO (713) | MT (132) | ND (52) | SD (137) | UT (38) | WY (30) |
| Very Valuable | 25.9% | **27.9%** | **30.3%** | 17.3% | 18.2% | 18.4% | 20.0% |
| Valuable | **27.7%** | 25.8% | 28.8% | **34.6%** | **31.4%** | **31.6%** | **36.7%** |
| Somewhat Valuable | 12.3% | 11.8% | 8.3% | 11.5% | 17.5% | 15.8% | * |
| Not Valuable | 1.6% | 1.5% | * | * | * | * | * |
| Unknown | 32.4% | 33.0% | 31.8% | 30.8% | 31.4% | 31.6% | 30.0% |

*In order to report on a category, it must have at least five responses.*
*Any category with less than five responses is marked with an asterisk (*).*

## Appendix A:  Most Utilized Online Job Sites

**All Respondents Using Online Job Sites:**
1. Health center websites
2. CraigsList.org
3. Monster.com
4. Indeed.com
5. CareerBuilder.com
6. State and local job service sites (various)
7. National Health Service Corps (NHSC) job board
8. HealtheCareers.com
9. CHAMPS Job Opportunities Bank (JOB)
10. 3RNet job board
11. JobsHQ.com
12. Professional association sites (various)
13. Newspaper sites
14. NACHC job board

**Administrative Executives and Other Supervisors/Managers:**
1. CraigsList.org
2. Indeed.com
3. Monster.com
4. State and local job service sites (various)
5. Health center websites
6. CareerBuilder.com
7. CHAMPS Job Opportunities Bank (JOB)
8. JobsHQ.com
9. HealtheCareers.com
10. NACHC job board
11. Newspaper sites

**Clinical Executives and Providers:**
1. National Health Service Corps (NHSC) job board
2. Health center websites
3. CareerBuilder.com
4. CraigsList.org
5. 3RNet job board
6. Indeed.com
7. Monster.com
8. HealtheCareers.com
9. CHAMPS Job Opportunities Bank (JOB)
10. Professional association sites (various)
11. NACHC job board
12. JobsHQ.com

**Administrative and Clinical Support Staff:**
1. Monster.com
2. Health center websites
3. CraigsList.org
4. CareerBuilder.com
5. Indeed.com
6. State/local job service sites (various)
7. HealtheCareers.com
8. JobsHQ.com
9. Newspaper sites
10. CHAMPS Job Opportunities Bank (JOB)

**Sample State and Local Job Service Sites:**
- Black Hills Help Wanted
- Connecting Colorado
- Havre Job Service
- Job Service North Dakota
- Kootenai Job Service
- Livingston Job Service
- Montana Workforce Services Division
- Northern Colorado Help Wanted
- South Dakota Bureau of Personnel
- South Dakota Department of Labor
- Utah Department of Workforce Services
- Weld County Department of Human Resources
- Wyoming Department of Workforce Services
- Wyoming at Work

**Sample Professional Association Sites:**
- Academy of General Dentistry
- American Health Information Management Association
- American Academy of Family Physicians
- American Academy of Physician Assistants
- American Academy of Professional Coders
- American College of Nurse Midwives
- American Dental Association
- American Physical Therapy Association
- Colorado Academy of Family Physicians
- Colorado Academy of Physician Assistants
- Other state dental societies
- Other state physician assistant sites
- Midwife Jobs
- Utah Dental Association

**Other Referenced Online Job Sites:**
- Americorps.gov
- Coloradononprofits.org
- Comphealth.com
- Dice.com
- DocCafe.com
- Idealist.org
- iHireJobNetwork.com
- Jobing.com
- Manta.com
- NNOHA.org/dentalcareers.html
- Practicelink.com
- Rxcareercenter.com
- Simplyhired.com
- Usajobs.gov

## Appendix B:  CHAMPS Recruitment and Retention (R&R) Support Resources

**Job Opportunities Bank (JOB)**
Online searchable job bank of employment opportunities within Region VIII health centers
www.champsonline.org/JobBank.html

**Events and Trainings**
Annual conference, distance learning (webcasts and teleconferences), leadership learning, Spanish language training, plus an online Calendar of Events
www.champsonline.org/Events.html

**Recruitment and Retention (R&R) Resources**
Advantages for working within FQHCs, understanding HPSAs and MUAs, CHC-related federal and state programs, physician recruitment information, staff orientation and retention resources and materials, links to R&R surveys and data, links to other state, regional, and national sources supporting health center workforce, etc.
www.champsonline.org/ToolsProducts/RRResources.html

**Clinical Resources**
Clinical reference materials, patient education tools, evidence-based clinical guidelines, disease and chronic condition specific resources, Up-to-Date group purchasing offer, etc.
www.champsonline.org/ToolsProducts/ClinicalResources.html

**Cross-Disciplinary Resources**
Health center terms and acronyms, cultural competency, migrant and seasonal farmworker resources, Spanish language resources, emergency preparedness, health information technology and meaningful use, needs assessment data sources, quality improvement and patient-centered medical home
www.champsonline.org/ToolsProducts/CrossDiscResources.html

**Health Center Board Resources**
Information about health center board composition, recruitment, orientation, retention, roles and responsibilities, meetings, committees, evaluation and assessment, ongoing education, and the relationship between board members and the health center Executive Director
www.champsonline.org/ToolsProducts/CHCBoardResources.html

**Workforce Data**
Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Reports
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#salary
Region VIII Health Center Recruitment & Retention Survey Reports
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#RandR
Region VIII Job Opportunities Bank (JOB) Data Comparison Report
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#job
Region VIII Uniform Data System (UDS) Summary Reports
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#UDSsummary

**Peer Support**
Mountain/Plains Clinical Network (MPCN)
www.champsonline.org/About/MPCN.html
Region VIII Health Center Directory
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#directory
Links to Region VIII CHCs, PCAs Nationwide, and Other Sites
www.champsonline.org/Links.html
CHAMPS Staff Contact Information
www.champsonline.org/ContactUs.html

# 2011 Region VIII
# Health Center Program Grantees

*As of February 8, 2012*
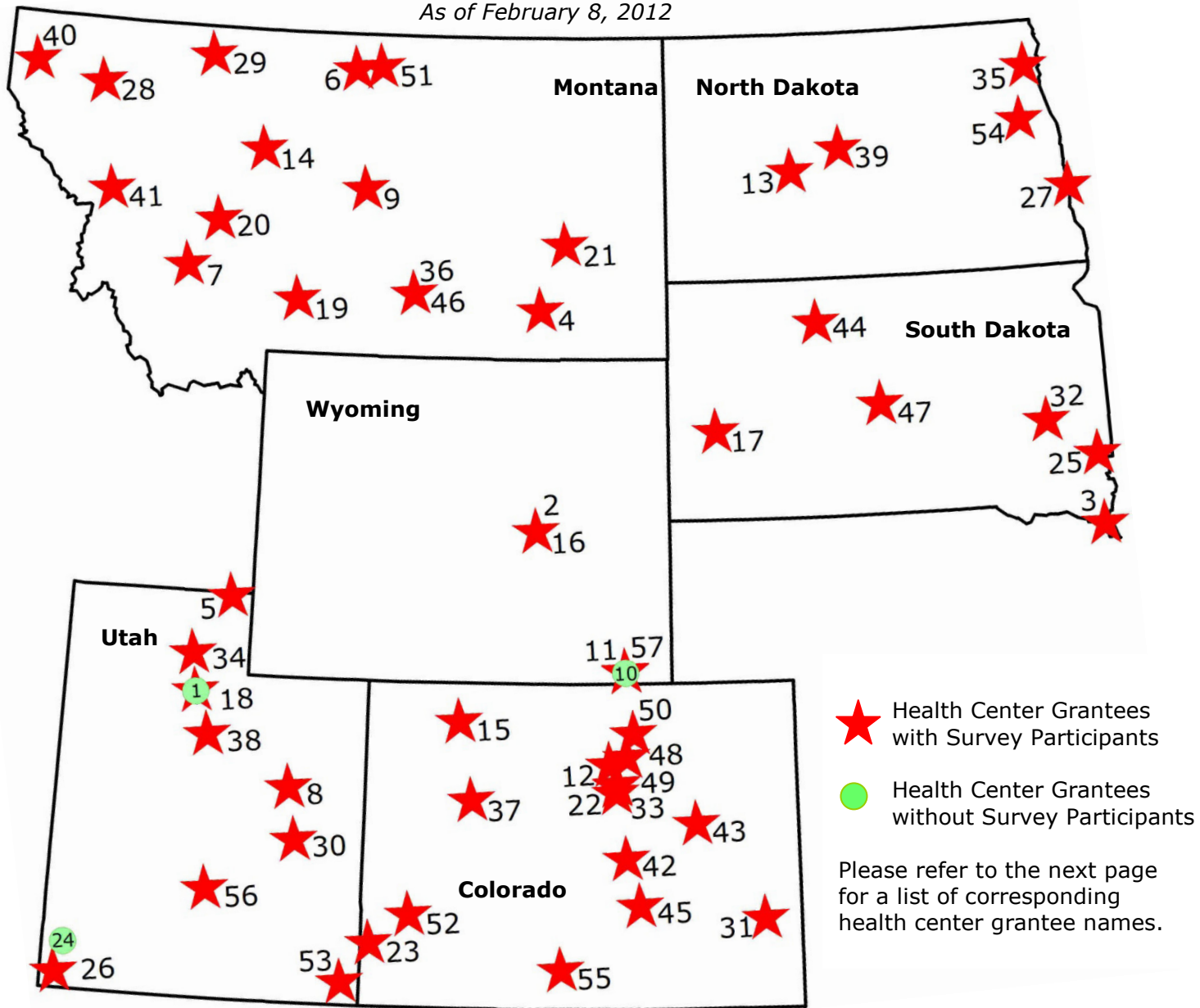


Please Note: Most health centers operate multiple service sites.
Only the main administrative site for each health center is marked above.

| Symbol | Name of Health Center | City | ST |
|---|---|---|---|
| 1 | 4th Street Clinic – Wasatch Homeless Health Care, Inc. | Salt Lake City | UT |
| 2 | 12th St. Health Care for the Homeless Clinic – Community Action Partnership of Natrona Co. | Casper | WY |
| 3 | *allPOINTS* Health Services | Elk Point | SD |
| 4 | Ashland Community Health Center | Ashland | MT |
| 5 | Bear Lake Community Health Center | Garden City | UT |
| 6 | Bullhook Community Health Center | Havre | MT |
| 7 | Butte Community Health Center | Butte | MT |
| 8 | Carbon Medical Service Association, Inc. | East Carbon | UT |
| 9 | Central Montana Community Health Center | Lewistown | MT |
| 10 | Cheyenne Crossroads Clinic | Cheyenne | WY |
| 11 | Cheyenne Health and Wellness Center | Cheyenne | WY |
| 12 | Clinica Family Health Services | Lafayette | CO |
| 13 | Coal Country Community Health Centers | Beulah | ND |
| 14 | Community Health Care Center, Inc. | Great Falls | MT |
| 15 | Community Health Center – Moffat Co. (Northwest Colorado Visiting Nurse Association) | Craig | CO |
| 16 | Community Health Center of Central Wyoming, Inc. | Casper | WY |
| 17 | Community Health Center of the Black Hills, Inc. | Rapid City | SD |
| 18 | Community Health Centers, Inc. | Salt Lake City | UT |
| 19 | Community Health Partners | Livingston | MT |
| 20 | Cooperative Health Center | Helena | MT |
| 21 | Custer County Community Health Center | Miles City | MT |
| 22 | Denver Health Community Health Services | Denver | CO |
| 23 | Dove Creek Community Health Clinic | Dove Creek | CO |
| 24 | Enterprise Valley Medical Clinic | Enterprise | UT |
| 25 | Falls Community Health | Sioux Falls | SD |
| 26 | Family Healthcare | Saint George | UT |
| 27 | Family HealthCare Center | Fargo | ND |
| 28 | Flathead Community Health Center | Kalispell | MT |
| 29 | Glacier Community Health Center | Cut Bank | MT |
| 30 | Green River Medical Center | Green River | UT |
| 31 | High Plains Community Health Center | Lamar | CO |
| 32 | Horizon Health Care, Inc. | Howard | SD |
| 33 | Metro Community Provider Network | Englewood | CO |
| 34 | Midtown Community Health Center | Ogden | UT |
| 35 | Migrant Health Service, Inc. | Grafton | ND |
| 36 | Montana Migrant & Seasonal Farmworker Council, Inc. | Billings | MT |
| 37 | Mountain Family Health Centers | Glenwood Springs | CO |
| 38 | Mountainlands Community Health Center | Provo | UT |
| 39 | Northland Community Health Center | Turtle Lake | ND |
| 40 | Northwest Community Health Center | Libby | MT |
| 41 | Partnership Health Center | Missoula | MT |
| 42 | Peak Vista Community Health Centers | Colorado Springs | CO |
| 43 | Plains Medical Center | Limon | CO |
| 44 | Prairie Community Health, Inc. | Isabel | SD |
| 45 | Pueblo Community Health Center, Inc. | Pueblo | CO |
| 46 | RiverStone Health | Billings | MT |
| 47 | Rural Health Care, Inc. | Fort Pierre | SD |
| 48 | Salud Family Health Centers | Fort Lupton | CO |
| 49 | Stout Street Clinic – Colorado Coalition for the Homeless | Denver | CO |
| 50 | Sunrise Community Health | Evans | CO |
| 51 | Sweet Medical Center | Chinook | MT |
| 52 | Uncompahgre Medical Center | Norwood | CO |
| 53 | Utah Navajo Health System, Inc. | Montezuma Creek | UT |
| 54 | Valley Community Health Centers | Northwood | ND |
| 55 | Valley-Wide Health Systems, Inc. | Alamosa | CO |
| 56 | Wayne Community Health Center | Bicknell | UT |
| 57 | Wyoming Migrant Health Program – Wyoming Health Council | Cheyenne | WY |

*As of February 8, 2012*

## Appendix D:  Index of Graphs and Tables

**Appendix D:  Index of Graphs and Tables, continued**

## Appendix E:  Bibliography

Community Health Association of Mountain/Plains States (CHAMPS) 2010 Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, October 2010; www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#salary

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United States Department of Labor Bureau of Labor Statistics; www.bls.gov/

# ENDNOTES

[i] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) Uniform Data System (UDS);
http://bphc.hrsa.gov/healthcenterdatastatistics/index.html

[ii] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) Uniform Data System (UDS);
http://bphc.hrsa.gov/healthcenterdatastatistics/index.html

[iii] 2010 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, October 2010;
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#salary

[iv] US Department of Labor Bureau of Labor Statistics, Women in the Labor Force: A Databook (2011 Edition), Table 14. Employed persons by detailed industry and sex, 2010 annual averages; www.bls.gov/cps/wlf-table14-2011.pdf

[v] US Department of Labor Bureau of Labor Statistics: Employment Projections: Civilian labor force by age, sex, race, and ethnicity, 1988, 1998, 2008, and projected 2018, www.bls.gov/emp/ep_table_304.htm; Employment Projections: Median age of the labor force  by sex, race and ethnicity, www.bls.gov/emp/ep_table_306.htm

[vi] US Department of Labor Bureau of Labor Statistics: Median years of tenure with current employer for employed wage and salary workers by industry, selected years, 2000-10, www.bls.gov/news.release/tenure.t06.htm

[vii] 2004 CHAMPS Region VIII CHC Recruitment and Retention Survey, July 2004;
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#RandR

[viii] US Department of Labor Bureau of Labor Statistics: Percent of employed wage and salary workers 25 years and over who had 10 years or more of tenure with their current employer by age and sex, selected years, 1996-2010, www.bls.gov/news.release/tenure.t02.htm

[ix] 2004 CHAMPS Region VIII CHC Recruitment and Retention Survey, July 2004;
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#RandR

[x] US Department of Labor Bureau of Labor Statistics, Household Data Annual Averages: Employed and unemployed full- and part-time workers by age, sex, race, and Hispanic or Latino ethnicity, 2010; www.bls.gov/cps/cpsaat8.pdf

[xi] US Department of Labor Bureau of Labor Statistics, Household Data Annual Averages: Employed and unemployed full- and part-time workers by age, sex, race, and Hispanic or Latino ethnicity, 2010; www.bls.gov/cps/cpsaat8.pdf

[xii] 2004 CHAMPS Region VIII CHC Recruitment and Retention Survey, July 2004;
www.champsonline.org/ToolsProducts/PublicationsMedia/Publications.html#RandR

[xiii] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) Uniform Data System (UDS);
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[xiv] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) Uniform Data System (UDS);
http://bphc.hrsa.gov/healthcenterdatastatistics/index.html

[xv] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center?
http://www.bphc.hrsa.gov/about/

[xvi] Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center?
http://www.bphc.hrsa.gov/about/