

## Voices from the Region

*My favorite thing about work is the people I work with and the opportunity for promotion/succession.*

*-Administrative Supervisor/Manager, Utah*

*The direct team I work with is amazing, they care about their patients and work to integrate medical and mental health.*

*-Clinical Exec./Provider, South Dakota*

## 2019 CHAMPS Region VIII Health Center Recruitment & Retention Survey Report



*I love our patients as they really seem to be thankful for the services we provide. I feel that I am really contributing to my community by working at a health center like ours.*

*-Administrative Support Staff, Colorado*

*Our mission aligns with putting the patient and team needs first. Both are in need of support to have a healthy balance, and I feel we do that well.*

*-Clinical Exec./Provider, Montana*



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**H**ealth  
**A**ssociation of  
**M**ountain/  
**P**lains  
**S**tates

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## A. EXECUTIVE SUMMARY

### Introduction

The **2019 CHAMPS Region VIII Health Center Recruitment & Retention Survey Report** provides an analysis of data collected in February 2019 from staff members of Bureau of Primary Health Care (BPHC) Health Center Program awardees and Look-Alikes (primarily community, migrant, and homeless health centers – called “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 awardees 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 dynamic program expectations and ongoing challenges in finding and keeping highly qualified employees.

A total of **1,031** employees from **59** Region VIII health centers responded to the survey, an approximate response rate of 11.6% of the region’s staff members from 93.7% of the region’s health center grantees. (Please refer to the **Methodology and Participants** section, page 20, 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		
Colorado		58.4%
Montana		19.8%
North Dakota/Minnesota		6.9%
South Dakota		4.4%
Utah		6.9%
Wyoming		3.7%
Gender		
Female		82.5%
Male		15.9%
Age		
In their 20s		12.1%
In their 30s		30.4%
In their 40s		25.0%
In their 50s		19.8%
60+		10.0%
Employment Status		
Full-Time		89.7%
Part-Time		10.3%
Fluency		
Spanish		25.8%
Other Languages		4.8%
Employment Incentives		
Received loan repayment		19.5%
Received scholarship(s)		4.8%
Highest Level of Education		
Doctoral Degree		17.3%
Master’s Degree		28.5%
Bachelor’s Degree		20.7%
Associate’s Degree		11.7%
Post High School Certification		9.6%
High School Diploma/GED		8.2%
Veteran Status		
Yes		4.1%
No		84.7%

Position Groups	
Administrative Executives	12.2%
Administrative Other Supervisors/Managers	11.5%
Administrative Support	13.8%
Clinical Executives & Providers	38.6%
Clinical Support	21.0%
Top Responding Administrative Executives	
CEOs/Executive Directors	1.9%
COOs/Operations Directors	1.4%
CWOs/Human Resources Directors	1.4%
Top Responding Clinical Executives/Providers	
Physicians	8.7%
Physician Assistants	6.6%
Nurse Practitioners	5.8%
Licensed Clinical Social Workers	3.3%
Dentists	3.2%
Licensed Professional Counselors	3.1%
Length of Employment at Health Center	
Zero to two years	29.3%
Three to five years	32.1%
Six to ten years	19.8%
More than ten years	18.8%
Length of Employment in Community Health	
Zero to two years	19.7%
Three to five years	26.3%
Six to ten years	24.9%
More than ten years	20.9%
Anticipated Future Tenure	
Plan to stay for zero to three years	16.1%
Plan to stay for three to five years	9.9%
Plan to stay for five to ten years	14.4%
Want to stay at HC as long as possible	45.7%

## **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 awardees/Look-Alikes 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 24.
- More than half of the responding Region VIII health center employees were between the ages of 30 and 49; over 12% were younger, and almost 30% were older. National projections that the oldest group of the labor force will increase over time and the strong impact of employee relationships and communication indicated in the “Satisfaction & Engagement” sections of this survey may suggest that training in multi-generational issues could be useful. Additionally, an anticipated rise in age and tenure at an employee’s current organization suggests that health centers should continue to support long-term motivation and morale.
  - See **Age**, page 25.
- The survey requested information about the respondents’ highest level of education for the first time in 2019. Not surprising for health care organizations, the percentage of respondents holding college or advanced degrees was higher than national figures for employed civilians (66.5% compared with 39.7%). However, given that “need opportunities for professional growth” was the top-ranked factor provided by respondents planning to leave their health center within one to three years in the “Anticipated Future Tenure” section, and the interest in obtaining additional degrees/certifications expressed in the “Desired Continuing Education/Professional Development” section, health centers should consider opportunities to support valuable employees in their goals to advance their education while remaining at work.
  - See **Highest Level of Education**, page 26.
- Just over 30% of survey respondents reported being fluent in a language other than English (including over 25% fluent in Spanish); according to HRSA UDS information, 24.2% of Region VIII health center patients in 2017 were best served in a language other than English<sup>1</sup>. The region’s youngest employees were more likely to be fluent in Spanish than older employees.
  - See **Language**, page 28.
- The survey requested information about veteran status for the first time in 2019. Just over 4% of respondents reported having served in the military (uniformed or armed services), lower than the 8% of the adult civilian population that were veterans in 2018. Interestingly, over 51% of the responding Region VIII health center employees identifying as veterans were female; in comparison, about 10% of all veterans were female in 2018. Health centers should continue to seek opportunities to make their career opportunities visible to veterans.
  - See **Veteran Status**, page 30.

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<sup>1</sup> Health Resources and Services Administration. 2017 Health Center Data. Available from URL: <http://bphc.hrsa.gov/uds/datacenter.aspx> [accessed August 14, 2018].

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Region VIII Health Center Employees, continued***

- Almost 90% of survey respondents reported working full-time, compared to the national average of just over 82%. This, taken in tandem with the strong appreciation for flexible schedules expressed in the “Satisfaction & Engagement” portions of this survey, indicates that health centers might consider ways to provide part-time employment for more employees.
  - See ***Employment Status***, page 31.
- 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; 4.2 years nationally). The representation of employees falling within the three to five years of tenure range has increased since the previous CHAMPS survey (from 24.9% of respondents in 2011 to over 32% of respondents in 2019). Almost 5% of employees had worked for their organization for over 20 years, and almost a quarter of those planning to leave their health center within one to three years in the “Anticipated Future Tenure” section referenced an upcoming retirement, suggesting that health centers should be mindful of succession planning for all employees.
  - See ***Years at Current Organization in Any/All Positions***, page 33.
- Almost 54% of the survey’s respondents, and over 66% of the Administrative Executives and Other Supervisors/Managers, have worked in community health for six or more years.
  - See ***Years in Community Health – Any Organization***, page 35.
- Immediately previous to their health center employment, over 20% of respondents had worked in a non-hospital/non-private practice health care setting. Over 10% reported coming from each of the following locations: private practice, other non-profit, a graduate program, or other for-profit. Almost 2% reported working in a different health center immediately before being hired by their current organization.
  - See ***Previous Employer/Location***, page 36.
- Almost 52% of the responding Clinical Executives/Directors 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 ***Incentives Received***, page 39.

#### **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 work within health centers, seeking employment, and future plans.

- For the first time in 2019, the CHAMPS survey asked about the respondents’ connection to the health center mission and movement. Almost 68% indicated they did feel connected, and that “working here is my calling/passion.” Administrative and clinical support staff, however, were least likely to be connected to the health center mission/movement and were more likely than the administrative and clinical leadership, management, and provider employees indicate they were somewhat connection, but “would like to feel more connected.” Less than one half of one percent of all respondents indicated that they did not know what a health center was.
  - See ***Connection to the CHC Mission & Movement***, page 41.
- The top five reasons why survey respondents chose to work for their health center were:
  - 1) Mission to the underserved (selected by 61.9% of respondents overall, and especially important for Clinical Executives/Directors and Providers);
  - 2) Location of the health center (40.0%);
  - 3) High quality of health care (37.9%);
  - 4) It was the position available (32.9%, especially important for support staff); and
  - 5) Community-driven setting (31.1%).

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Recruitment Findings, continued***

- Providers were also very likely to choose “Opportunity of loan repayment” and “Scope of practice” as reasons for choosing to work for their health center. “Benefits package” ranked higher than “Compensation package” for all groups; “Compensation” was chosen by just under 13% 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” was high-ranking, 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 Their FQHC/CHC***, page 42.
- 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 (utilized by almost 60% of all respondents);
  - 2) Advertisements on online job boards; and
  - 3) Previous professional contacts (sites of rotations, internships, externships, volunteering, etc.).
- 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 Indeed.com, followed closely by the health center’s own site. Use of online job sites rose in rank to above word of mouth for those employed two or fewer years, and previous professional contacts remained the third-ranked resource for all staff in this group. However, when considering just support staff employed for two or fewer years, social media outranked previous professional contacts.
- Conscious effort should be made to enhance the effectiveness of “Word of mouth” recruiting, both at the community level (e.g., through involvement in local events) and regionally/nationally; health centers should also be aware of the connection between other types of advertising (e.g., newspaper advertisements) that become “Word of mouth” when someone within the community passes the information along to others. 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 (e.g., internships, externships, volunteering, etc.) is an important component of a recruitment strategy for providers and others and can not only provide necessary training but also foster an understanding of and appreciation for the health center model of care.
- Having a high-functioning and informative health center website, and keeping updated openings clearly advertised, remains of high importance; while almost 58% of respondents who had worked at their organization for zero to two years reported finding online job sites useful when seeking employment, only 25% had seen their position advertised online when they were hired. Also, the most common “Other” comments submitted related to finding the respondents’ health center job addressed some sort of direct outreach to the health center, including researching health center websites. Utilizing a variety of other online job boards is important, especially for regional/national searches. Providers reported also relying on the NHSC job board.
  - See ***Resources for Finding Career Opportunities & How Heard about CHC Opportunity***, page 46, and ***Online Job Sites***, page 49.



## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Recruitment Findings, continued***

- Survey respondents were asked to identify factors relating to their job satisfaction and engagement at work, 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/engagement at work and relationships with coworkers, supervisors, and patients, phrases relating to FQHC fundamentals (mission to the underserved, quality of care, etc.), and excitement/challenge of work. 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 and integrated care environments, 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 & Engagement***, page 54, and ***Health Center Successes Relating to Satisfaction & Engagement***, page 64.
- 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 45% of respondents indicated a desire to stay for as long as possible, with clinical support staff being more likely than others to do so (Clinical Executives/Directors and Providers were less likely than other groups to indicate a desire to stay with their organization for as long as possible). Just over 16% of all respondents anticipated leaving their organization within the next three years (16% of Administrative Executives, 15% of Administrative Other Supervisors, 14% of Administrative Support staff, 19% of Clinical Executives/Directors and Providers, and 14% of Clinical Support staff).
  - See ***Anticipated Future Tenure***, page 85.

#### **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 and engaged 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, engagement at work, and 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 13).

- When provided a list of 24-29 factors (with variations based on staff group) that might influence their current job satisfaction in either a positive or negative way, survey respondents strongly indicated the following nine as most important – all were selected by 45% or more of respondents:
  - 1) Relationships with other co-workers (selected by 60.2%);
  - 2) Quality of care that patients/clients receive (57.4%);
  - 3) Patient/client interactions (55.7%);
  - 4) Mission of the organization (52.1%);
  - 5) Opportunity for flexible work schedule (49.1%, especially impactful for the youngest staff);
  - 6) Relationships with supervisor(s) (46.9%);
  - 7) Excitement/challenge of work (46.7%);
  - 8) Compensation (46.3%); and
  - 9) Benefits package (45.8%).

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Retention Findings, continued***

- Additional important factors impacting job satisfaction (selected by 30%-44% of respondents) were Opportunity for continuing education/professional development, Family life in/around community, Opportunity to play a leadership role in the organization (especially for Administrative Executives and Other Supervisors/Managers), and Freedom to use, or restrictions in use of your own professional judgement. Team-based care environment ranked highly for Clinical Executives/Directors and Providers.
  - See **Job Satisfaction**, page 54.
- Respondents were provided the same list of 24-29 factors and asked to indicate which most impact their engagement at work (how passionate they feel about their job, how committed they are to the organization, how much effort they are willing to put into their work, etc.) in either a positive or negative way. Only two factors were selected by 45% or more of respondents as impacting engagement at work:
  - 1) Mission of the organization (57.2%); and
  - 2) Quality of care that patients/clients receive (49.6%).
- Additional important factors impacting engagement at work (selected by 30%-44% of respondents) were Relationships with other co-workers, Excitement/challenge of work, Patient/client interactions, Relationships with supervisors, and Opportunity to play a leadership role in the organization. Team-based care environment was also a high ranked engagement factor for Clinical Executives/Directors and Providers.
  - See **Engagement at Work**, page 57.
- Respondents identified more factors as impacting job satisfaction than as impacting engagement at work; 28 of the combined 31 factor choices were selected more often as impacting job satisfaction. Three factors selected more often as impacting engagement for all Region VIII respondents combined included:
  - 1) National health center policy;
  - 2) Connection to the national CHC movement; and
  - 3) Mission of the organization.
- Organizational capacity for change was more likely to impact engagement than satisfaction for Administrative Executives and Other Supervisors/Managers, while Organizational capacity for change and Opportunity to play a leadership role in the organization were both more likely to impact engagement than satisfaction for Clinical Executives/Directors and Providers. Excitement/challenge of work was slightly more likely to impact engagement than satisfaction for Administrative and Clinical Support staff.
  - See **Job Satisfaction vs. Engagement at Work**, page 60.
- Similar factors were highlighted when respondents were asked to describe what their health centers were doing well relating to their satisfaction and engagement (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 almost 44% of the respondents; over 30% referenced the organization’s staff in some way. Other important concepts included high quality patient care, serving unique needs, teamwork, service to the community, flexible schedules, integrated care, team-based care, and mission.
  - See **Health Center Successes Relating to Job Satisfaction & Engagement at Work**, page 64.

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Retention Findings, continued***

- When asked to identify what their health center could improve upon to impact their satisfaction and engagement (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, each indicated by 10% or more of the respondents, were:
  - 1) Communication (addressing communication styles or channels);
  - 2) Operations (including patient care management, workload, performance expectations, etc.);
  - 3) Staffing issues (need for higher functioning staff members, increased or otherwise adjusted staffing levels, etc.);
  - 4) Employee relationships (addressing the quality of interactions between employees);
  - 5) Facilities/equipment (including failing equipment, EHR/EMR challenges, need for more space, etc.); and
  - 6) Compensation.
- Administrative Other Supervisors/Managers, Administrative Support, and Clinical Support staff were more likely to refer to communication issues than the administrative and clinical leadership and providers, while clinical leadership/providers were more likely than others to refer to patient care management issues (patient scheduling, administrative time, patient volume, productivity issues, workflows, etc.). Interpersonal concepts were more often expressed by the youngest employees and those with the least tenure at their organization.
  - See ***Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work***, page 74.
- Almost 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, over 21% indicated a desire for a different position within the current organization (most often Administrative Other Supervisors/Managers and those in support positions) and 13.5% indicated a desire for retirement.
  - See ***Desire for Change***, page 83.
- Over 16% of respondents are anticipating leaving their organization within the next three years (16% of Administrative Executives, 15% of Administrative Other Supervisors/Managers, 14% of Administrative Support staff, 19% of Clinical Executives/Directors and Providers, and 14% of Clinical Support staff). These respondents were then asked to identify their top reason for planning to leave in the near future. The top eight reasons given (each indicated by 20% or more of these respondents) were:
  - 1) Need opportunities for professional growth (selected by 38.6% of these respondents, most impactful for Administrative Executives and Other Supervisors);
  - 2) Need higher compensation (37.1%, the highest ranking factor for Clinical Executives/Directors and Providers);
  - 3) Feelings of burnout (35.7%, selected by a lower percentage of support staff than other staff types);
  - 4) Dissatisfaction with organization (27.1%);
  - 5) Upcoming retirement (24.3%);
  - 6) Need flexibility (22.9%);
  - 7) Dissatisfaction with current position (21.4%); and
  - 8) Upcoming move/desire for new location (21.4%).
  - See ***Anticipated Future Tenure***, page 85, and ***Reasons for Anticipated Leave***, page 86.

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Retention Findings, continued***

- Respondents were asked to identify additional programs and/or services that would lead to an increase in their job satisfaction and engagement at work. Over 50% of respondents expressed desires categorized as Personal, and almost 39% expressed concepts categorized as Organizational. The top eight topic subcategories in descending order of frequency (each expressed by 6% to 18% of respondents) were:
  - 1) Organizational/Staffing (typically improvements in leadership/management, different/more staff, training for staff groups, etc.; this was the top-ranking subcategory for Administrative Executives, Administrative Other Supervisors/Managers, and Clinical Executives/Directors and Providers);
  - 2) Personal/Opportunity for continuing education/training (including requests for individual training/continuing education, money for continuing education, etc.; top-ranking for Administrative and Clinical Support staff);
  - 3) Organizational/Patient services (typically new or enhanced medical, behavioral health, dental, vision, enabling, and other services);
  - 4) Personal/Enhanced compensation (improved wages, bonuses, market competitiveness, etc.);
  - 5) Personal/Opportunity for professional growth (includes opportunities for advancement, mentoring, coaching, career paths, etc.);
  - 6) Personal/Enhanced benefits (including adjustments to time off, insurance options/cost, non-traditional benefits like wellness programs and onsite daycare, etc.);
  - 7) Personal/Personal schedule (often a desire for flexible hours, ability to telecommute/work from home, etc.); and
  - 8) Interpersonal/Employee relationships (teambuilding activities, reduced negativity, etc.).
  - See ***Programs/Services to Increase Satisfaction & Engagement***, page 89.
- 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 nine top-rated general topic categories were:
  - 1) Clinical/Medical (diabetes, trauma, pain, nursing, chronic disease management, family medicine, etc.; top-ranking for Clinical Executives/Directors and Providers and Clinical Support staff);
  - 2) Clinical/Behavioral/mental health (Motivational Interviewing, EMDR, integrated behavioral health, mental health disease, etc.);
  - 3) Leadership/Leadership (leadership training and development; top-ranking for Administrative Executives and Administrative Other Supervisors/Managers);
  - 4) External/Degree/certification (an additional degree or certification);
  - 5) Global/FQHCs (typically a desire for topics specific to health centers);
  - 6) Clinical/Dental (community and public health dental care, oral health integration, sterilization, etc.);
  - 7) Clinical/Substance use (opioid use disorder, substance use, addiction, etc.);
  - 8) Operations/Coding/billing (Medicaid, Medicare, HCC coding, FQHC billing, insurance payments, etc.; top ranking for Administrative Support staff); and
  - 9) People/Communication (communication between individuals and groups, team building, public speaking, customer service, etc.).
  - See ***Desired Continuing Education/Professional Development Topics***, page 96.

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Recruitment Findings, continued***

The responses to these various questions about satisfaction, engagement, 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 Community Health Center Movement in Region VIII.

#### ***Interpersonal Issues:***

- The relationships that health center employees have with their peers, managers, leaders, and patients continue to 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 and engagement but also to provide an environment which will support effectively integrated and team-based 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. The ability to provide integrated care and a range of programs and services for patients is important for employee job satisfaction and engagement at work; however, working beyond the perceived capacity of the individual and/or facility can lead to frustration.
- Individual and organizational communication skills are of utmost importance, as they impact not only the ability of staff to engage in positive interactions with co-workers and patients but also the organization's ability to implement and manage effective programs and services.
- 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, providing the training needed to ensure the success of various staff groups, and ensuring fair compensation for work (e.g., allowing sufficient paid administrative time for providers).
- 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 effective and efficient electronic medical/health records 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.

## **A. EXECUTIVE SUMMARY, CONTINUED**

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

#### ***Recruitment Findings, continued***

##### ***Personal Issues:***

- Personal matters (salary, benefits, vacation time, etc.) were not as highly ranked by respondents in reference to engagement at work as in reference to job satisfaction. While respondents often ranked “Benefits” as more impactful than “Compensation” regarding their decision to work for their health center, “Compensation” was highly rated as a change that could improve overall satisfaction and engagement. 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.

##### ***Patient-related Issues:***

- The ability to provide high-quality health care and support the community’s specific patient populations is important not only when deciding to work for a health center but also to support job satisfaction and especially engagement at work. Positive patient relationships are important to support positive satisfaction/engagement, but negative patient relationships were not common in relation to negative satisfaction/engagement; instead, challenges with patient care management (e.g., time available for patients, a focus on productivity over quality, etc.) were more likely to negatively impact satisfaction/engagement.

##### ***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 majority of staff indicated that working for their health center was their “calling/passion,” and a significant group referenced FQHC fundamentals when addressing factors impacting their engagement at work; organizations should consider working terminology related to these health center fundamentals (e.g., mission-driven, community-driven, high quality health care, 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 (addressing not only primary care but also behavioral/mental health, substance use, dental health, etc.), 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 conflict management, change management, teamwork, etc.

*Please refer to Appendix A, page 103, for a list of CHAMPS resources supporting effective recruitment and retention of staff at Region VIII health centers.*

## **A. EXECUTIVE SUMMARY, CONTINUED**

### **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 & Participants**, page 20.
- The survey respondents for each state included a higher representation of administrative leaders/managers and especially clinical leaders/providers, and a lower representation of administrative and clinical support staff, than would be expected to be working in most centers; South Dakota, Utah, and Wyoming had an especially low response from administrative support staff.
  - See **Position Types, Region VIII**, page 21.
- Respondents from North Dakota were more likely than other states to be Female, and respondents from Utah were more likely than other states to be Male.
  - See **Gender**, page 24.
- The six Region VIII states had a fairly similar distribution of respondent ages, with the largest number of respondents for each state reporting in the 30-39 years age group for all states except Wyoming (which had the largest number of respondents in the 40-49 years age group). Utah had the highest representation of 20-29 year-olds, while South Dakota had the highest representation of respondents in the 60+ age group.
  - See **Age**, page 25.
- Respondents from Colorado, South Dakota, Utah, and Wyoming were most likely to hold a Master's degree, those from Montana were most likely to hold a Bachelor's degree, while those from North Dakota were most likely to report having an Associate's degree.
  - See **Highest Level of Education**, page 26.
- Respondents from Colorado and Utah were most likely to be fluent in a language other than English.
  - See **Language**, page 28.
- Respondents from Colorado were most likely to have served in the military.
  - See **Veteran Status**, page 30.
- Respondents from North Dakota were most likely to report working part-time; those from Wyoming were least likely to do so.
  - See **Employment Status**, page 31.
- Wyoming was more likely than other states to have respondents who had been working for their health center for one to two years; South Dakota was more likely than other states to have respondents who had been working at their health center for more than 20 years.
  - See **Years at Current Organization in Any/All Positions**, page 33.
- Utah had the highest percentage of respondents indicating they were hired by their health center directly after finishing a graduate program.
  - See **Previous Employer/Location**, page 36.
- Most of the Clinical Provider/Director and Providers that have received loan repayment and/or scholarships were from Colorado, but, by percentage, Montana respondents were most likely to have received National Health Service Corps (NHSC) loan repayment.
  - See **Incentives Received**, page 39.

## **A. EXECUTIVE SUMMARY, CONTINUED**

### **Key Findings, State Breakdown, continued**

- When asked if they felt a connection to the CHC mission and movement, respondents in Colorado and Montana were most likely to respond, “Yes, working here is my calling/passion.” Respondents in Wyoming were more likely than those from other states to indicate, “Somewhat, but I would like to feel more connected.”
  - See ***Connection to the CHC Mission & Movement***, page 41.
- When asked why they chose to work at their Federally-Qualified Health Center (FQHC)/Community Health Center (CHC), respondents from Colorado, Montana, and Utah were most likely to choose “Mission to the underserved” as their top factor. Those from Wyoming were equally likely to select “Mission to the underserved” and “It was the position available to me.” Respondents from South Dakota were most likely to select “It was the position available to me,” while those from North Dakota were most likely to choose “Location of the health center.”
  - See ***Choosing to Work at their FQHC/CHC***, page 42.
- When asked to identify the most useful resources when seeking employment at any time, respondents from all six Region VIII states selected “Word of mouth” as most useful; for Colorado, Montana, North Dakota, and Wyoming, “Advertisements on online job sites” ranked as the second most useful resource. “Previous professional contacts” was the second most valuable factor for respondents from South Dakota, while these two factors (“Advertisements on online job sites” and “Previous professional contacts”) tied for second place for Utah respondents. When asked to identify where they heard about the health center position they were hired for, “Word of mouth” was the most common resource for respondents for all six Region VIII states.
  - See ***Resources for Finding Career Opportunities & How Heard About CHC Opportunity***, page 46.
- Of those respondents using online job sites to find their health center opportunity, “Indeed.com” ranked highly in Montana, Utah, and Wyoming. “Health center website” was very important in Colorado and North Dakota.
  - See ***Online Job Sites***, page 49.
- When selecting from a list of factors to identify those that most influence job satisfaction in either a positive or negative way, all states identified two factors within their top five, “Relationships with co-workers” (top ranked for Colorado, Montana, North Dakota, and Wyoming) and “Patient/client interactions” (top-ranked for South Dakota). “Quality of Care that patients/clients receive” was top-ranked for Utah (and fell within the top five for Colorado, Montana, North Dakota, and South Dakota, and within the top ten for Wyoming). Other top ranked factors for all states included “Mission of the organization,” “Opportunity for flexible work schedule,” “Excitement/challenge of work,” “Relationships with supervisor(s),” “Compensation,” and “Benefits.”
- When selecting from the same list of factors to identify those that most influence their engagement at work in either a positive or negative way, many of the top-ranked factors were similar to those impacting satisfaction (“Mission of organization” for Colorado, South Dakota, and Utah, “Quality of care that patients/clients receive” for Montana, “Excitement/challenge of work” for North Dakota, and “Relationships with other co-workers” for Wyoming). However, “Organizational capacity for change” jumped to a top five factor for Wyoming (and top ten for Colorado, Montana, and North Dakota). “Freedom to use, or restrictions in use of, your own professional judgement” was just outside of the top five for South Dakota and Utah, while “Opportunity to play a leadership role in the organization” jumped to seventh for Colorado and North Dakota. “Opportunity for continuing education/profession development” was ranked seventh for Montana.
  - See ***Factors Influencing Satisfaction & Engagement***, page 54.



## **A. EXECUTIVE SUMMARY, CONTINUED**

### **Key Findings, State Breakdown, continued**

- When asked to identify what their health centers did really well that directly related to their satisfaction and engagement (their “favorite thing about work”), respondents from Colorado, North Dakota, South Dakota, and Wyoming were most likely to express concepts that fell within the “Organizational/Staff” area/subcategory (which ranked second for those from Montana and Utah), while respondents from Montana and Utah were most likely to express concepts that fell within the “Interpersonal/Employee relationships” area/subcategory (which ranked second for those from Colorado, North Dakota, South Dakota, and Wyoming). “Patients/Patient care” also ranked within the top five for all six Region VIII states.
  - See ***Health Center Successes Relating to Job Satisfaction & Engagement at Work***, page 64.
- When asked what their health center could improve upon, directly relating to their satisfaction and engagement (their “least favorite thing about work”), respondents from Colorado and Utah were most likely to express concepts that fell within the “Organizational/Operations” area/subcategory (and within that most likely to address patient care management), while respondents from Montana, North Dakota, and Wyoming were most likely to discuss concepts categorized as “Interpersonal/Communication.” Those from South Dakota were most likely to address issues categorized as “Organizational/Staff” (and within that most likely to address leadership issues).
  - See ***Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work***, page 74.
- When asked how long they anticipated being with their current health center, 57% or more of all respondents for each state (and up to almost 77% in the case of North Dakota) indicated that they would like to stay for as long as possible. Between 9% and 17% of respondents from Colorado, Montana, North Dakota, and Utah indicated that they planned to leave employment sometime within the next three years (there were not enough respondents from South Dakota and Wyoming in the “0-3 year” category to report).
  - See ***Desire for Change***, page 83, and ***Anticipated Future Tenure***, page 85.
- Survey participants were asked to detail the additional programs or services that would most increase their job satisfaction and engagement at work. Respondents from Colorado were most likely to express concepts that were categorized as “Organizational/Staffing,” while those from Montana and Utah were most likely to express concepts categorized as “Organizational/Patient services.” Those from North Dakota were most likely to express ideas that fell within the “Personal/Opportunity for continuing education/training” area/subcategory. Respondents from South Dakota were most likely to somehow indicate that no additional programs/services were needed (or they did not know what those might be); those from Wyoming were equally likely to express “Personal” and “Organizational” concepts, although there were not enough responses from the state to identify top ranking subcategories within these areas.
  - See ***Additional Programs/Services to Increase Satisfaction & Engagement***, page 89.
- When asked what continuing education and professional development topics would help them in their current position, respondents from Colorado, Montana, North Dakota, and South Dakota were most likely to express “Clinical/Medical” topics, while those from Utah were most likely to express concepts categorized as “Clinical/Behavioral/mental health.” Comments from Wyoming were most likely to be categorized within the “Operations” area, although there were not enough responses from the state to identify top ranking subcategories within that area.
  - See ***Desired Continuing Education/Professional Development Topics***, page 96.

## A. EXECUTIVE SUMMARY, CONTINUED

### Notes About Reading the Report

- In this document, unless otherwise noted, the terms “awardee(s),” “Look-Alike(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, or to organizations that have been certified as meeting all Health Center Program requirements, but do not receive funding under the Health Center Program. It does not refer to clinics that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants or that have been identified as a Look-Alike.
- 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 15) for state level highlights.
- Throughout this report, regional data is illustrated in pie graphs or vibrant-color column and bar graphs; state data is depicted in partially transparent column graphs. Figures are provided only for categories with five or more responses.
- 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 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.
- Comparisons with findings from the 2011 CHAMPS Region VIII Health Center Program Grantee Recruitment & Retention Survey (2011 CHAMPS R&R Survey) are included in light-blue text boxes throughout the report<sup>2</sup>.
- This report refers to several additional data sources; please refer to the footnotes on related pages for more details and links to these sources.
- Quotes from survey respondents are incorporated in light-green text boxes throughout the report (see below).
- Please note that the data being reported has not been statistically tested.

*I love the levels of integration between disciplines overall. At the provider level it is amazing to see the interdisciplinary work that comes out of collaboration.*                      *-Administrative Executive, Colorado*

*I appreciate our teamwork and connection through communication.*                      *-Administrative Executive, South Dakota*

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<sup>2</sup> 2011 CHAMPS Region VIII Health Center Program Grantee Recruitment & Retention Survey Report, February 2012.  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#RandR>.

## B. PARTICIPATING ORGANIZATIONS

### Health Centers

4th Street Clinic – Wasatch Homeless Health Center, UT  
Alluvion Health, MT  
Axis Health System, CO\*  
Bear Lake Community Health Center, UT  
Bighorn Valley Health Center, MT  
Bullhook Community Health Center, MT\*  
Carbon Medical Service Association, Inc., UT  
Clinica Family Health, CO\*  
Clínica Tepeyac, CO  
Coal Country Community Health Centers, ND\*  
Colorado Coalition for the Homeless, CO  
Community Health Center of the Black Hills, Inc., SD\*  
Community Health Center of Central Wyoming, Inc., WY  
Community Health Centers, Inc., UT\*  
Community Health Partners, MT\*  
Community Health Service Inc., ND  
Crossroads Healthcare Clinic, WY  
Denver Health Community Health Services, CO\*  
Educational Health Center of Wyoming, WY  
Falls Community Health, SD\*  
Family Healthcare, UT  
Family HealthCare, ND\*  
Flathead Community Health Center, MT\*  
Four Points Community Health Centers, UT  
Frontier Community Health Center, CO\*  
Glacier Community Health Center, MT  
Green River Medical Center, UT\*  
HealthWorks, WY\*

Heritage Health Center, WY\*  
High Plains Community Health Center, CO  
Horizon Health Care, Inc., SD\*  
Inner City Health Center, Inc., CO  
MarillacHealth, CO  
Midtown Community Health Center, UT  
Montana Migrant & Seasonal Farmworkers Council, Inc., MT\*  
Mountain Family Health Centers, CO  
Mountainlands Community Health Center, UT  
Northland Community Health Center, ND\*  
Northwest Colorado Health, CO  
Northwest Community Health Center, MT\*  
Partnership Health Center, MT\*  
Peak Vista Community Health Centers, CO\*  
Pueblo Community Health Center, Inc., CO\*  
PureView Health Center, MT\*  
River Valley Family Health Center, CO  
RiverStone Health, MT\*  
Rural Health Care, Inc., SD\*  
Salud Family Health Centers, CO  
Sheridan Health Services, CO\*  
Southwest Montana Community Health Center, MT  
Spectra Health, ND\*  
STRIDE Community Health Center, CO\*  
Summit Community Care Clinic, CO  
Sunrise Community Health, CO\*  
Uncompahgre Medical Center, CO\*  
Utah Navajo Health System, Inc., UT  
Utah Partners for Health, UT  
Valley-Wide Health Systems, Inc., CO\*  
Wayne Community Health Center, UT

*Please refer to Appendix B, page 104, for a Map of Region VIII Health Centers.*

### Primary Care Associations (PCAs)

CHAMPS collaborated with the Region VIII State Primary Care Associations (SPCAs) to update 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 and undertook the compilation and analysis of data from all six states.

**AUCH - Association for Utah Community Health**  
[www.auch.org](http://www.auch.org)

**CCHN - Colorado Community Health Network**  
[www.cchn.org](http://www.cchn.org)

**CHAD - Community HealthCare Association of the Dakotas**  
[www.communityhealthcare.net](http://www.communityhealthcare.net)

**MPCA - Montana Primary Care Association**  
[www.mtpca.org](http://www.mtpca.org)

**WYPCA - Wyoming Primary Care Association**  
[www.wypca.org](http://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!***

*\*2019-2020 CHAMPS Organizational Members as of 06/26/19.*

## C. RESPONDENTS

### Methodology & Participants

The online survey was sent directly to known executive leadership, provider, and support staff at all 63 Region VIII Health Center Program awardee and Look-Alike organizations. CHAMPS also sent a link to the online survey to the Executive Directors/CEOs and Human Resources Directors at each health center, 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 in late February 2019 to respond; all groups were given a reminder one week into the collection period, and CHAMPS sponsored a variety of participation incentive prizes.

#### **Total Responses – Region VIII: 1,031**

Approximate Response Rate – Region VIII\*: 11.6%

Survey Completion Rate – Region VIII: 85% (*Those reaching the end of the survey; respondents may or may not have provided responses to all individual questions.*)

**Staff members at 59 of the 63 health centers in Region VIII (93.7%) completed the survey, representing:**

- 100% of Colorado health centers
- 86% of Montana health centers
- 100% of North Dakota health centers (with site/s in Minnesota)
- 100% of South Dakota health centers
- 92% of Utah health centers
- 83% of Wyoming health centers

#### **Total Responses – CO: 602**

Approximate Response Rate – CO\*: 10.7%

#### **Total Responses – MT: 204**

Approximate Response Rate – MT\*: 20.1%

#### **Total Responses – ND: 71**

Approximate Response Rate – ND\*: 20.0%

#### **Total Responses – SD: 45**

Approximate Response Rate – SD\*: 8.7%

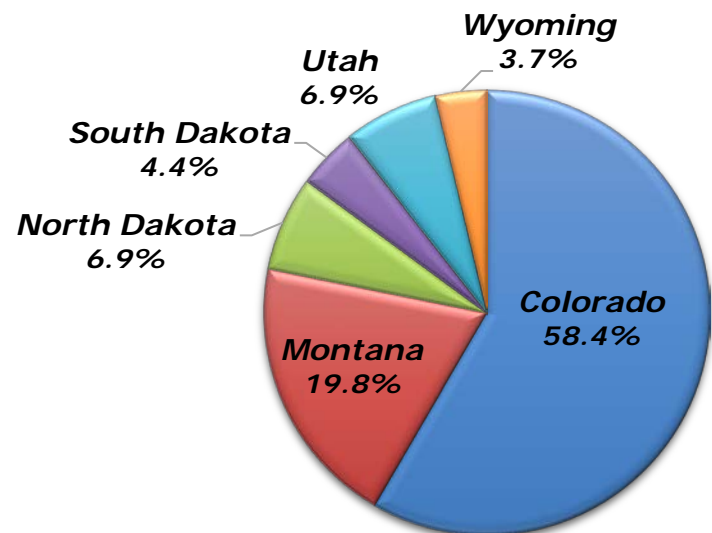
#### **Total Responses – UT: 71**

Approximate Response Rate – UT\*: 6.4%

#### **Total Responses – WY: 38**

Approximate Response Rate – WY\*: 15.2%

**Graph 1: Location of Respondents**



*\*This survey did not identify exactly how many staff members are currently employed by each of the awardees/Look-Alikes in Region VIII; however, according to Health Resources and Services Administration (HRSA) Uniform Data System (UDS)<sup>3</sup> information, 64 Region VIII awardees employed 8,855.53 FTE in 2017. This figure includes both full- and part-time employees and does not include data for a newly designated 2018 Look-Alike organization, so the comparison is not exact. These 2017 UDS FTE figures are utilized to determine the approximate response rates for Region VIII as a whole and for each Region VIII state. For summaries of Region VIII UDS information, including total FTE for each Region VIII state in 2017, please click [HERE](#) or visit: <http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#UDSsummary>.*

*My favorite thing about work is community outreach. Our availability to the community is remarkable.* –Clinical Support Staff, Montana

<sup>3</sup> Health Resources and Services Administration. 2017 Health Center Data. Available from URL: <http://bphc.hrsa.gov/uds/datacenter.aspx> [accessed August 14, 2018].

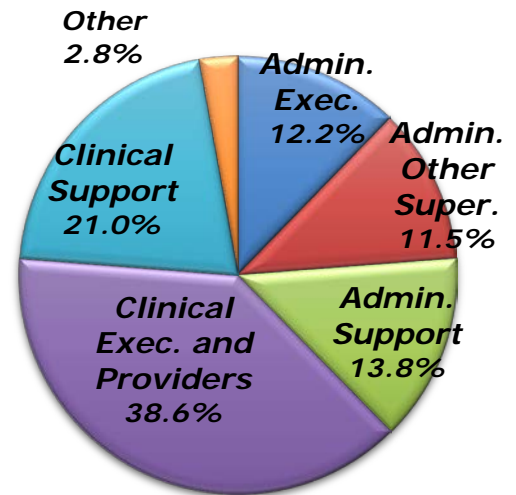
**C. RESPONDENTS, continued**

**Position Types, Region VIII**

Respondents were asked to identify their position group:

- **12.2%** were Administrative – Executive-Level Leaders/Directors\*
  - CEO, COO, CFO, HR Director, etc.
- **11.5%** were Administrative – Other Supervisors/Managers
- **13.8%** were Administrative – Support Staff
  - Non-supervisory; e.g., reception, front desk, biller, assistant, etc.
- **38.6%** were Clinical – Executives/Directors and Providers\*
  - Medical, dental, behavioral, or pharmacy doctors and directors, plus PAs, NPs, CNMs, hygienists, LCSWs, LPCs, etc.
- **21.0%** were Clinical – Support Staff
  - MAs, LPNs, CNAs, case managers, dental assistants, health educators, nutritionists, technicians, etc.
- **2.8%** were classified as Other, often meaning some combination of administrative and clinical

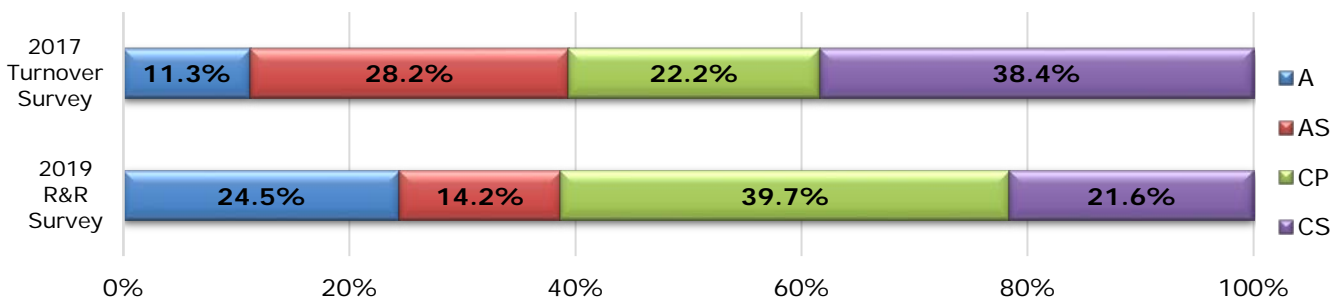
**Graph 2: Position Types, Region VIII**



\*See the **Selected Position Titles** section (page 23) 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 2019 Region VIII R&R Survey fairly represented the employees at Region VIII health centers as a whole, it was compared to the information reported in the CHAMPS 2017 Region VIII Health Center Turnover Survey<sup>4</sup>, where participating health centers were asked to provide the annual average number of employees in 2017 for various staff types. Eighty-three percent of the region's health centers in 2017 reported this data, which provided an average ratio of each staff type for Region VIII health centers. Graph 3 below illustrates a slight imbalance – the 2019 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 2017 Turnover Survey.

**Graph 3: Region VIII Position Types Comparison**



A = Administrative, includes:  
2017 Turnover Survey: Admin. Leadership/Management  
2019 R&R Survey: Admin. Executive Level Leaders/Directors PLUS Admin. Other Supervisors/Managers

AS = Administrative Support, includes:  
2017 Turnover Survey: Admin. Support Staff  
2019 R&R Survey: Admin. Support Staff

CP = Clinical Providers, includes:  
2017 Turnover Survey: Clinical Providers PLUS Clinical Advanced Practice Providers  
2019 R&R Survey: Clinical Executives/Directors and Providers

CS = Clinical Support, includes:  
2017 Turnover Survey: Clinical Support Staff  
2019 R&R Survey: Clinical Support Staff

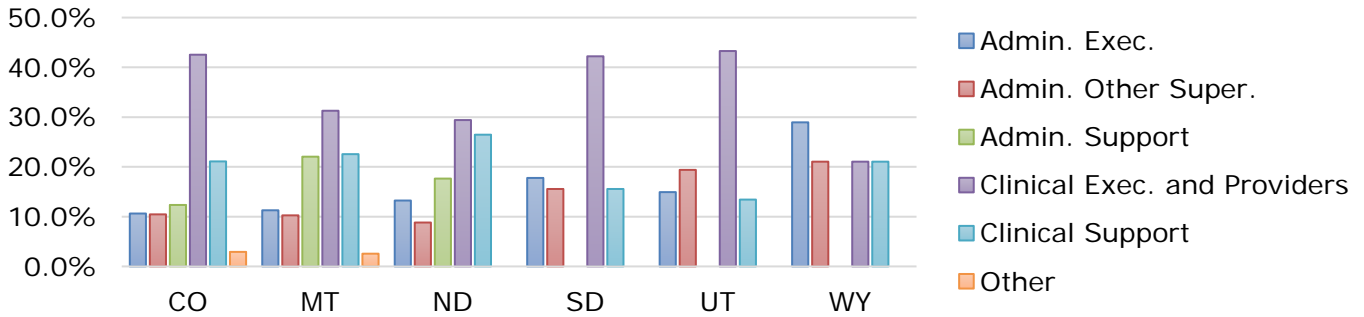
<sup>4</sup> 2018 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, November 2018; <http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#salary>.

**C. RESPONDENTS, continued**

**Position Types, continued**

**STATE BREAKDOWN INFORMATION**

**Graph 4: Position Types, State Breakdown**



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

Position Types	% of All Respondents for Location						
	RVIII (997)	CO (583)	MT (195)	ND (68)	SD (45)	UT (67)	WY (38)
Administrative – Executive-Level Leaders/Directors	12.3%	10.6%	11.3%	13.2%	17.8%	14.9%	<b>29.0%</b>
Administrative – Other Supervisors/Managers	11.5%	10.5%	10.3%	8.8%	15.6%	19.4%	21.1%
Administrative – Support Staff	13.8%	12.4%	22.1%	17.6%	*	*	*
Clinical – Executives/Directors and Providers	<b>38.6%</b>	<b>42.5%</b>	<b>31.3%</b>	<b>29.4%</b>	<b>42.2%</b>	<b>43.3%</b>	21.1%
Clinical – Support Staff	21.0%	21.1%	22.6%	26.5%	15.6%	13.4%	21.1%
Other	2.8%	2.9%	2.6%	*	*	*	*

\*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 Administrative Support category for SD, UT, and WY, this information will not be broken out in the remainder of this report.

*I love what I do and truly care for my patients. My health center is very up and coming with new technology and trying to meet the needs of our patients.*

*-Clinical Support Staff, North Dakota*

*There is a strong commitment from all staff to the mission of serving all of our community, including the underserved. We have IT support and a growing instructional design team for a strong EHR.*

*-Administrative Supervisor/Manager, Colorado*

### C. RESPONDENTS, continued

#### Selected Position Titles

Respondents who identified themselves as falling within the Administrative Executive Leaders/Directors group or the Clinical Executives/Directors and Providers group were asked to choose their position title. Please note that Clinical Executives/Directors and Providers were invited to “select all that apply.”

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

Titles: Administrative Executive Leaders/Directors	% of All Administrative Executive Leaders/Directors for Location						
	RVIII	CO	MT	ND	SD	UT	WY
CEO/Executive Director	16.1%	5.2%	18.2%	<b>22.2%</b>	<b>25.0%</b>	<b>40.0%</b>	<b>36.4%</b>
CFO/Finance Director	12.7%	8.6%	4.6%	<b>22.2%</b>	<b>25.0%</b>	<b>40.0%</b>	9.1%
CIO/Information Systems Director	0.9%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%
COO/Operations Director	11.9%	12.1%	13.6%	0.0%	<b>25.0%</b>	10.0%	9.1%
CWO/Human Resources Director	11.9%	10.3%	18.2%	<b>22.2%</b>	12.5%	0.0%	9.1%
Development Director	4.2%	8.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Program Director	11.0%	13.8%	<b>22.7%</b>	0.0%	0.0%	0.0%	0.0%
QI/Quality Director	2.5%	3.5%	0.0%	0.0%	0.0%	0.0%	9.1%
Site Director	5.1%	10.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Administrative Titles	<b>23.7%</b>	<b>27.6%</b>	<b>22.7%</b>	<b>22.2%</b>	12.5%	10.0%	27.3%

**Table 3: Titles for Clinical Executives/Directors & Providers, Region VIII & State Breakdown**

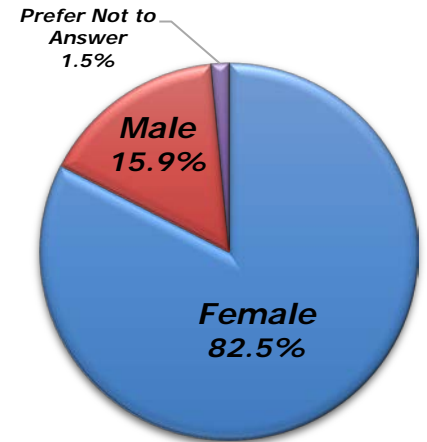
Titles: Clinical Executives/Directors & Providers	% of All Clinical Executives/Directors/Providers for Location						
	RVIII	CO	MT	ND	SD	UT	WY
Addiction Counselor	2.6%	2.8%	4.9%	0.0%	0.0%	0.0%	0.0%
Behavioral Health Director (includes Associate)	3.1%	3.6%	1.6%	10.5%	0.0%	0.0%	0.0%
Clinical Psychologist	1.3%	1.2%	3.3%	0.0%	0.0%	0.0%	0.0%
CMO/Medical Director (includes Associate)	3.9%	4.4%	1.6%	0.0%	0.0%	7.1%	12.5%
Dental Director (includes Associate)	1.1%	0.8%	3.3%	0.0%	0.0%	0.0%	0.0%
Dental Hygienist	7.3%	7.7%	6.6%	10.5%	5.6%	3.6%	12.5%
Dentist	8.4%	9.3%	8.2%	10.5%	5.6%	3.6%	0.0%
Licensed Clinical Social Worker	8.6%	9.7%	13.1%	0.0%	0.0%	3.6%	0.0%
Licensed Professional Counselor	8.1%	8.1%	3.3%	21.1%	5.6%	14.3%	0.0%
Nurse Midwife	2.1%	2.0%	0.0%	10.5%	0.0%	0.0%	12.5%
Nurse Practitioner	15.2%	12.5%	16.4%	<b>26.3%</b>	<b>44.4%</b>	7.1%	25.0%
Nursing Director	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Pharmacist	1.1%	1.2%	1.6%	0.0%	0.0%	0.0%	0.0%
Pharmacy Director (includes Associate)	0.5%	0.0%	3.3%	0.0%	0.0%	0.0%	0.0%
Physician	<b>22.8%</b>	<b>25.4%</b>	<b>26.2%</b>	10.5%	11.1%	14.3%	0.0%
Physician Assistant	17.3%	16.1%	9.8%	5.3%	22.2%	<b>42.9%</b>	<b>37.5%</b>
Psychiatrist	0.5%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Clinical Titles	6.8%	4.8%	9.8%	15.8%	11.1%	7.1%	12.5%

## D. RESPONDENT DEMOGRAPHICS

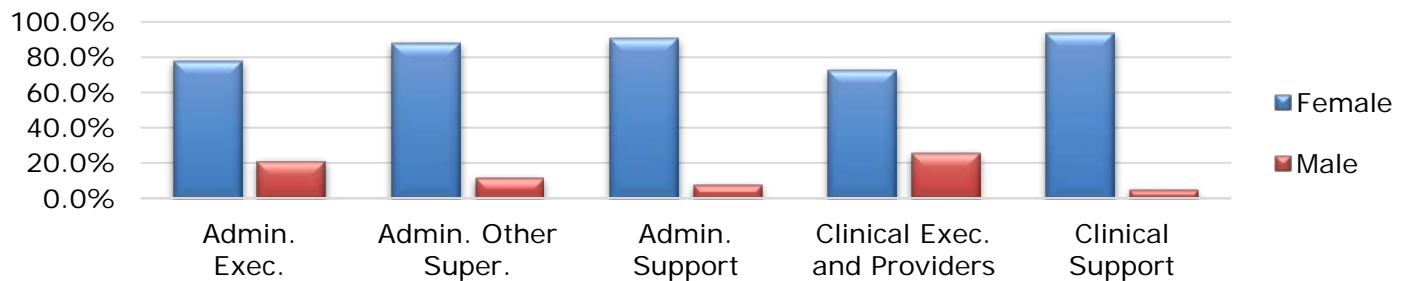
### Gender

Female respondents outnumbered male respondents more than 4:1 (Graph 5), which is closely in line with U.S. Department of Labor Bureau of Labor Statistics information for women working in non-hospital health services in 2018 (78.7% of the workforce); in contrast, women over age 16 represent 46.9% of employed persons overall<sup>5</sup>. In Region VIII health centers, women were most highly represented in the support groups (over 39% of all female respondents worked in Administrative or Clinical Support positions, and over 90% of the respondents in these two staff groups were females), while men were most highly represented in the Clinical Executives/Directors and Providers group (over 61% of all male respondents fell within this position type, and over 25% of the respondents within this staff group were male). (Graph 6)

**Graph 5: Gender of Respondents, Region VIII**

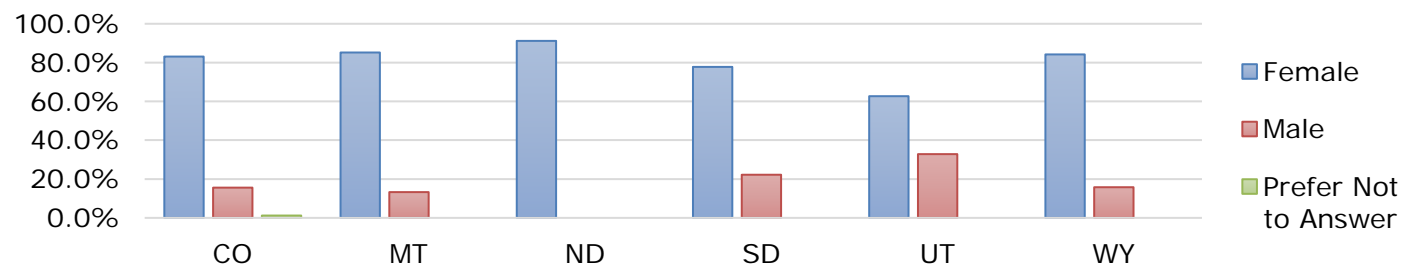


**Graph 6: Position Types by Gender, Region VIII**



## STATE BREAKDOWN INFORMATION

**Graph 7: Gender, State Breakdown**



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

Gender	% of All Respondents for Location						
	RVIII (999)	CO (584)	MT (196)	ND (68)	SD (45)	UT (67)	WY (38)
Female	82.5%	83.1%	85.2%	91.2%	77.8%	62.7%	84.2%
Male	15.9%	15.6%	13.3%	*	22.2%	32.8%	15.8%
Non-Binary/Third Gender	*	*	*	*	*	*	*
Prefer Not to Answer	1.5%	1.2%	*	*	*	*	*
Prefer to Self Describe	*	*	*	*	*	*	*

\*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 other categories, only information for Female and Male will be broken out in the remainder of this report.

<sup>5</sup> U.S. Department of Labor Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey, Household Data Annual Averages, Table 18: Employed persons by detailed industry, sex, race, and Hispanic or Latino ethnicity – 2018. <https://www.bls.gov/cps/cpsaat18.htm> [accessed April 9, 2019].

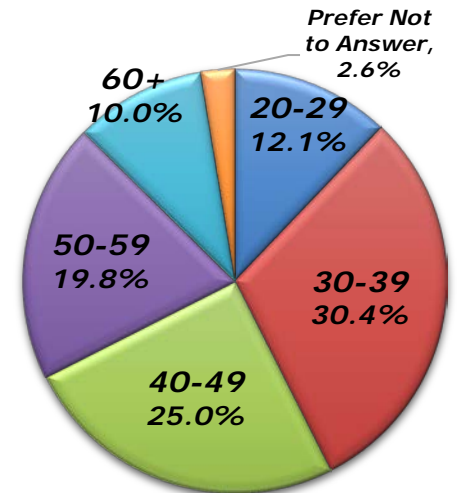


## D. RESPONDENT DEMOGRAPHICS, continued

### Age

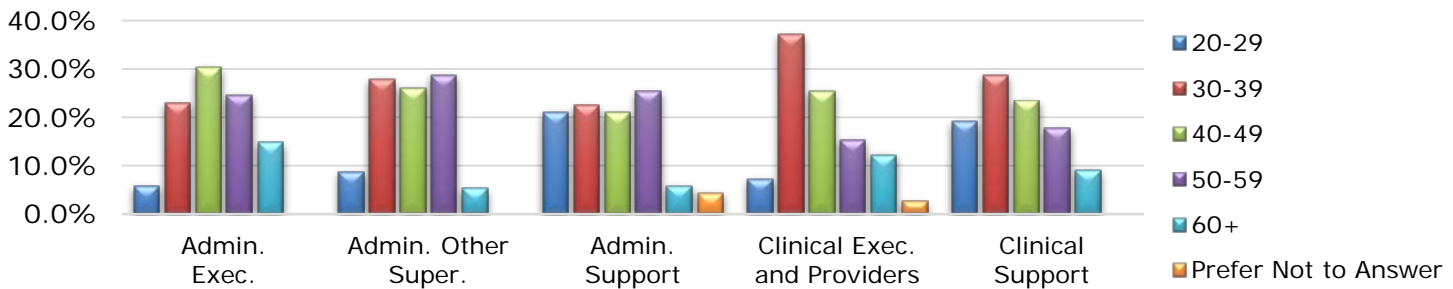
No survey respondents were under 20 years of age, and more than 50% of respondents fell between the ages of 30 and 49 (Graph 8). Respondents under 30 years old were much more likely to be employed in one of the Support position types (Graph 9). The median reported age group for all respondents was 40-49. According to the U.S. Bureau of Labor Statistics, the oldest group of the civilian labor force for all industries is anticipated to increase in size between 2016 and 2026 (an anticipated 17.9% increase in those ages 55 and above, compared with a 5.3% increase in those aged 25-54, and a 6.3% drop in those aged 16-24). The median age of the labor force is also expected to rise slightly, from 42.0 in 2016 to 42.3 in 2026.<sup>6</sup>

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



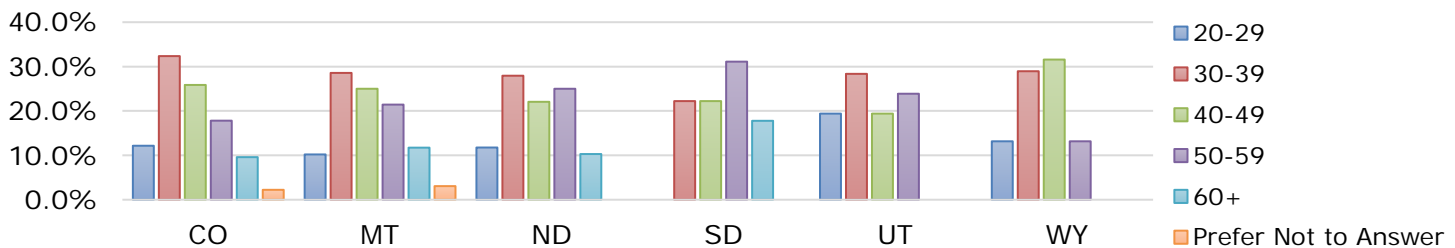
Median reported age group for all respondents to the 2011 CHAMPS R&R Survey: **40-49 Years.**

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



## STATE BREAKDOWN INFORMATION

**Graph 10: Age, State Breakdown**



*I appreciate the people I work with, the opportunity for promotion/succession, and a flexible work schedule.*

*-Administrative Supervisor/Manager, Utah*

<sup>6</sup> U.S. Department of Labor Bureau of Labor Statistics. Employment Projections, Table 3.3: Civilian labor force by age, sex, race, and ethnicity, 1996, 2006, 2016, and projected 2026. <https://www.bls.gov/emp/tables/civilian-labor-force-participation-rate.htm> [accessed 4/15/19]. Employment Projections, Table 3.6: Median age of the labor force by sex, race, and ethnicity, 1996, 2006, 2016, and projected 2026. <https://www.bls.gov/emp/tables/median-age-labor-force.htm> [accessed 4/15/19].

**D. RESPONDENT DEMOGRAPHICS, continued**

**Age, continued**

**STATE BREAKDOWN INFORMATION, continued**

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

Age	% of All Respondents for Location						
	RVIII (999)	CO (584)	MT (196)	ND (68)	SD (45)	UT (67)	WY (38)
Less Than 20	*	*	*	*	*	*	*
20-29	12.1%	12.2%	10.2%	11.8%	*	19.4%	13.2%
30-39	<b>30.4%</b>	<b>32.4%</b>	<b>28.6%</b>	<b>27.9%</b>	<b>22.2%</b>	<b>28.4%</b>	29.0%
40-49	25.0%	25.9%	25.0%	22.1%	<b>22.2%</b>	19.4%	<b>31.6%</b>
50-59	19.8%	17.8%	21.4%	25.0%	31.1%	23.9%	13.2%
60+	10.0%	9.6%	11.7%	10.3%	17.8%	*	*
Prefer Not to Answer	2.6%	2.2%	3.1%	*	*	*	*

\*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 (\*).

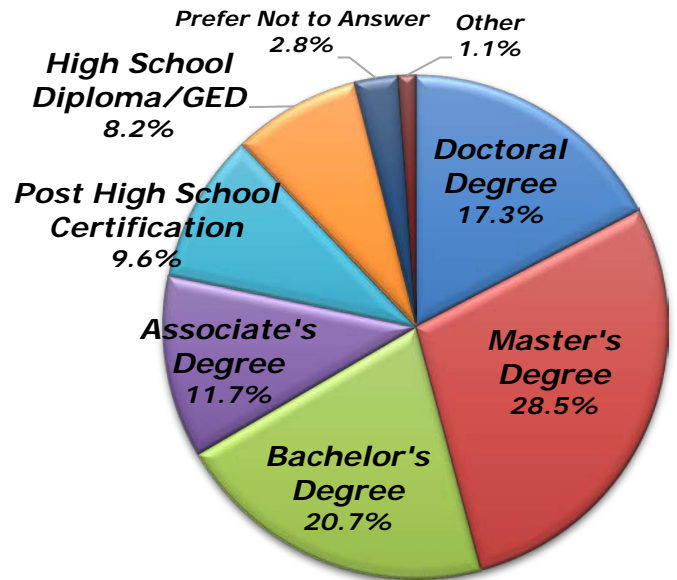
Note: Due to the low number of respondents in the LT 20 and Prefer Not to Answer categories, this information will not be broken out in the remainder of this report.

**Highest Level of Education**

Over 66% of survey respondents held Bachelor’s, Master’s, or Doctoral Degrees (Graph 11). This is more than the 43% of employees, on average, that were reported as having college or advanced degrees by health centers participating in the CHAMPS 2018 Region VIII Health Center Salary Survey<sup>7</sup>, and also higher than the 39.7% of employed civilian noninstitutional population 25 years and over having Bachelor’s and Advanced degrees in 2018 according to the U.S. Bureau of Labor Statistics<sup>8</sup>.

Administrative Executives and Clinical Executives/ Directors and Providers were most likely to hold Master’s degrees, and Clinical Executives/Directors and Providers were more likely than any other group to hold Doctoral degrees. The Administrative Support group was much more likely than any other to report High School Diploma/GED as the highest level of education obtained. (Graph 12, following page)

**Graph 11: Highest Level of Education, Region VIII**



<sup>7</sup> 2018 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, November 2018.

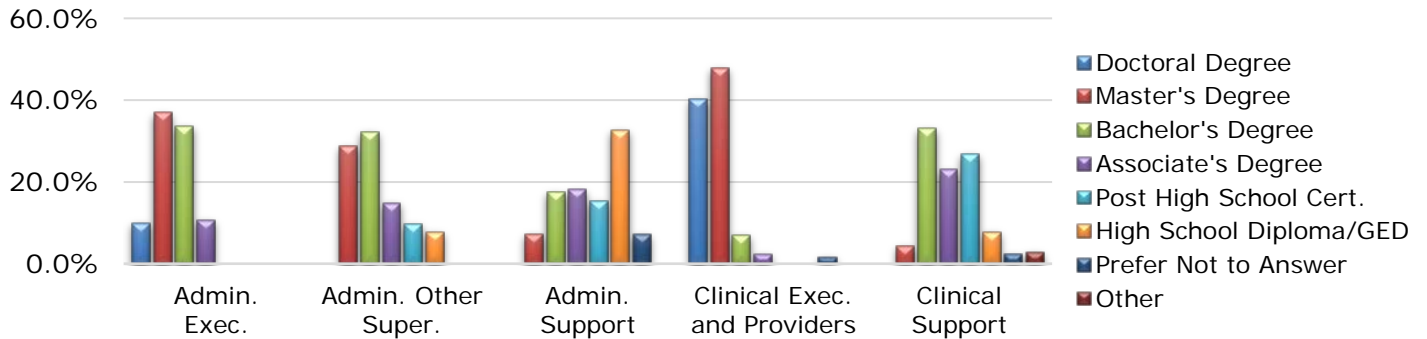
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#salary>.

<sup>8</sup> U.S. Department of Labor Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey, Household Data Annual Averages, Table 7: Employment status of the civilian noninstitutional population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity – 2018. <https://www.bls.gov/cps/cpsaat07.htm> [accessed 04/11/2019].

**D. RESPONDENT DEMOGRAPHICS, continued**

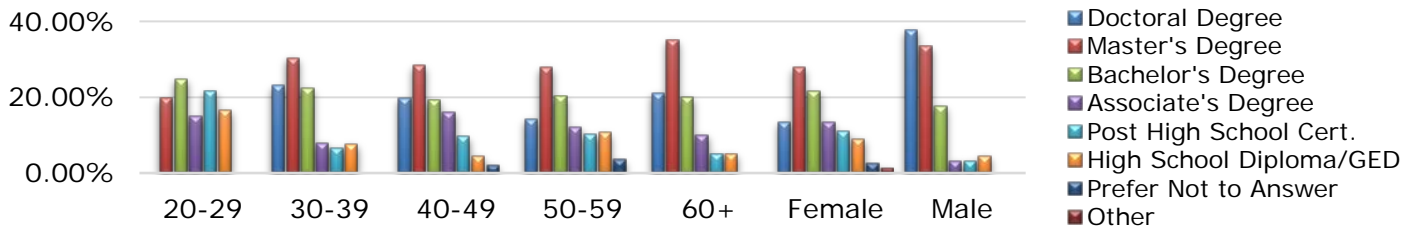
**Highest Level of Education, continued**

**Graph 12: Position Types by Highest Level of Education, Region VIII**



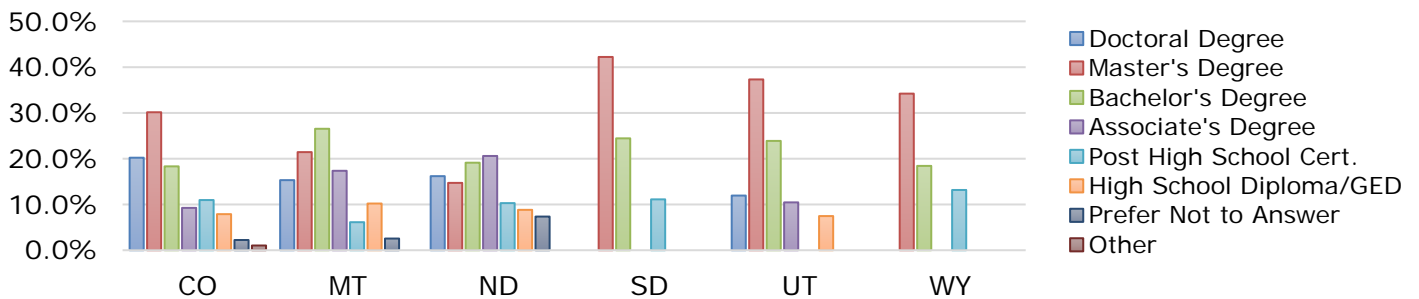
Survey participants in the 30s, 40s, 50s, and 60+ age groups, as well as female respondents, were most likely to hold a Master's Degree. Male survey respondents were most likely to hold a Doctoral Degree. (Graph 13)

**Graph 13: Age & Gender by Highest Level of Education, Region VIII**



**STATE BREAKDOWN INFORMATION**

**Graph 14: Highest Level of Education, State Breakdown**



*I appreciate spending adequate time with our patients, getting to know them and developing an individualized health plan.*

*-Clinical Executive/Provider, Utah*

**D. RESPONDENT DEMOGRAPHICS, continued**

**Highest Level of Education, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 6: Highest Level of Education, Region VIII & State Breakdown**

Highest Level of Education	% of All Respondents for Location						
	RVIII (999)	CO (584)	MT (196)	ND (68)	SD (45)	UT (67)	WY (38)
Doctoral Degree	17.3%	20.2%	15.3%	16.2%	*	11.9%	*
Master's Degree	<b>28.5%</b>	<b>30.1%</b>	21.4%	14.7%	<b>42.2%</b>	<b>37.3%</b>	<b>34.2%</b>
Bachelor's Degree	20.7%	18.3%	<b>26.5%</b>	19.1%	24.4%	23.9%	18.4%
Associate's Degree	11.7%	9.3%	17.4%	<b>20.6%</b>	*	10.5%	*
Post High School Certification	9.6%	11.0%	6.1%	10.3%	11.1%	*	13.2%
High School Diploma/GED	8.2%	7.9%	10.2%	8.8%	*	7.5%	*
Prefer Not to Answer	2.8%	2.2%	2.6%	7.4%	*	*	*
Other	1.1%	1.0%	*	*	*	*	*

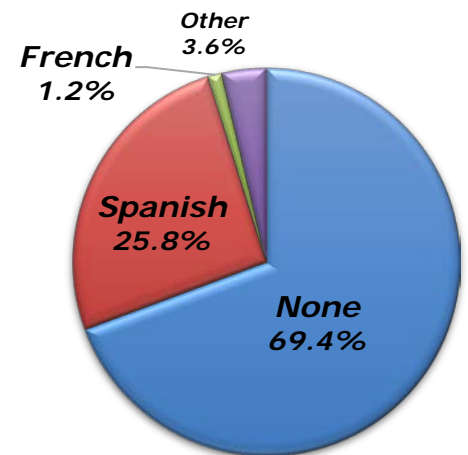
\*In order to report on a category, it must have at least five responses. Any category with less than five responses is marked with an asterisk (\*).

Note: Due to the low number of respondents in the Prefer Not to Answer and Other categories, this information will not be broken out in the remainder of this report.

**Language**

Over 30% of survey respondents reported being fluent in a language other than English (Graph 15). Spanish fluency was the most common (reported by almost 26% of respondents), followed by French, and other languages including American Sign Language, Portuguese, Navajo, German, Mandarin, Hebrew, Dutch, Edo, Farsi, Hindi, Italian, Japanese, Korean, Kreo, Maay Maay, Nepali, Polish, Punjabi, Russian, Somali, Tagalog, Tamil, Thai, Vietnamese, and Yoruba (Graph 15). According to HRSA UDS information, over 24% of the region's patients in 2017 were best served in a language other than English<sup>9</sup>.

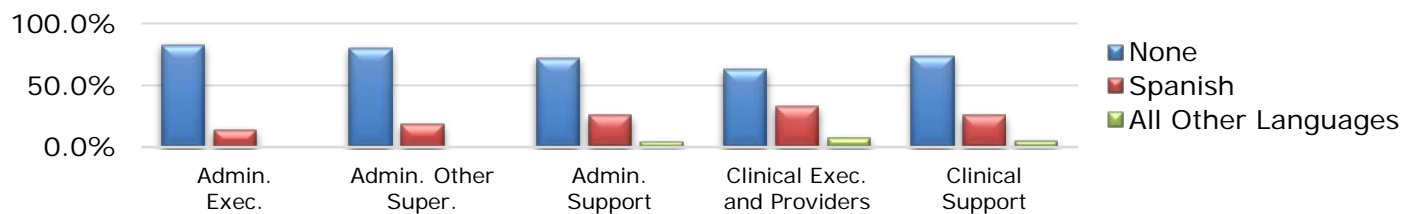
**Graph 15: Fluency in Languages Other than English, Region VIII**



2011 CHAMPS R&R Survey respondents reporting being fluent in Spanish: **37.8%**.

Clinical Executives/Directors and Providers were most likely to be fluent in Spanish, followed closely by Support employees; Administrative Executives were least likely to be fluent in Spanish. Clinical Executives/Directors and Providers were most likely to be fluent in a language other than English or Spanish. (Graph 16)

**Graph 16: Position Types by Fluency in Languages Other than English, Region VIII**



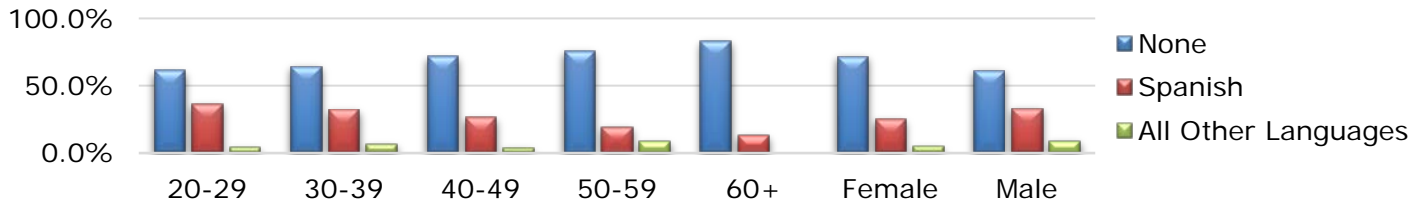
<sup>9</sup> Health Resources and Services Administration. 2017 Health Center Data. Available from URL: <http://bphc.hrsa.gov/uds/datacenter.aspx> [accessed August 14, 2018].

## D. RESPONDENT DEMOGRAPHICS, continued

### Language, continued

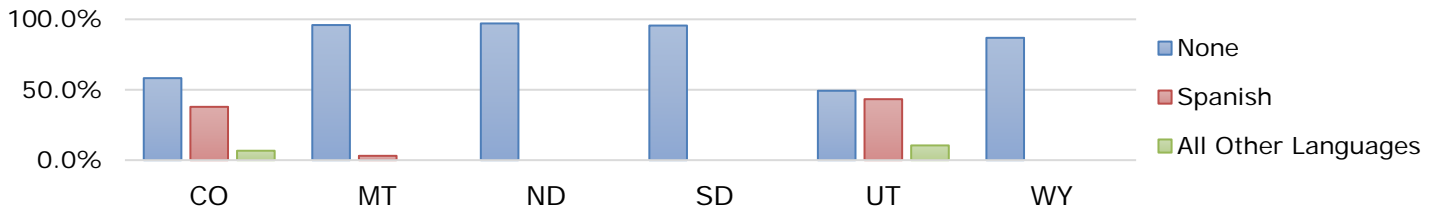
Younger employees were more likely to be fluent in Spanish than older employees, and men were more slightly likely than women to be fluent in Spanish and in a non-English language other than Spanish (Graph 17).

**Graph 17: Age & Gender by Fluency in Languages Other than English, Region VIII**



## STATE BREAKDOWN INFORMATION

**Graph 18: Fluency in Languages Other than English, State Breakdown**



**Table 7: Fluency in Languages Other than English, Region VIII & State Breakdown**

Language	% of All Respondents for Location						
	RVIII (999)	CO (584)	MT (196)	ND (68)	SD (45)	UT (67)	WY (38)
None	69.5%	58.2%	95.9%	97.1%	95.6%	49.3%	86.8%
Spanish	25.8%	37.8%	3.1%	*	*	43.3%	*
All Other	4.8%	6.7%	*	*	*	10.4%	*
2017 LOTE Patients** <sup>10</sup>	24.2%	27.4%	2.7%	10.4%	13.1%	38.2%	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), as a percentage of all patients.

*My favorite thing about work is being able to make a positive impact on the community as well as make positive changes and improvement to our CHC.*

*-Administrative Support Staff, Montana*

<sup>10</sup> Health Resources and Services Administration. 2017 Health Center Data. Available from URL: <http://bphc.hrsa.gov/uds/datacenter.aspx> [accessed August 14, 2018].

**D. RESPONDENT DEMOGRAPHICS, continued**

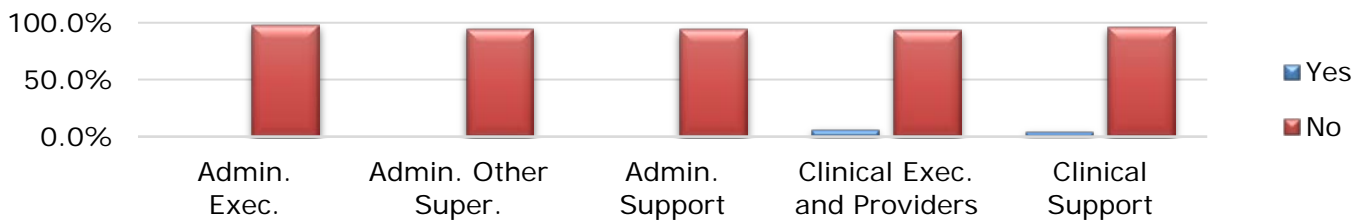
**Veteran Status**

Just over 4% of survey respondents reported that they had served in the military (uniformed or armed services, Graph 19), very similar to the 4% of employees, on average, that were reported as veterans by health centers participating in the CHAMPS 2018 Region VIII Health Center Salary Survey<sup>11</sup>. Over 51% of the respondents who identified as having served in the military were female. However, according to the U.S. Bureau of Labor Statistics, 8% of the civilian noninstitutional population age 18 and over were veterans in 2018, and about 10% of all veterans were female<sup>12</sup>. Veteran survey respondents were most likely to be employed in the Clinical Executives/Directors and Providers group (5.5% of these staff members identified as having served in the military, Graph 20).

**Graph 19: Veteran Status, Region VIII**



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

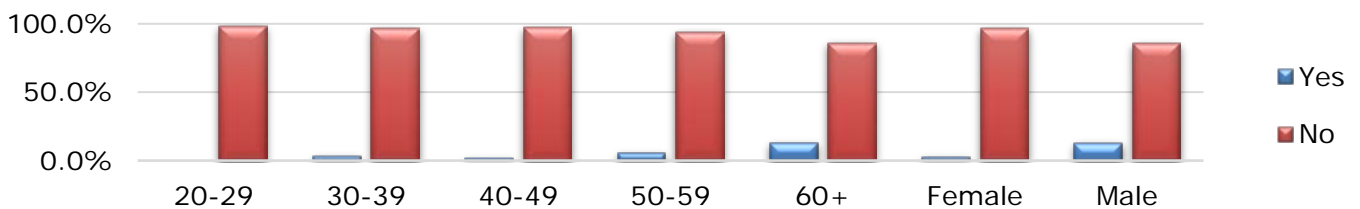


*My health center is very driven and works well as a team, allowing the center to be productive and better serve the community.*

*-Clinical Support Staff, North Dakota*

Male respondents to the survey were more likely than females to be veterans (12.6% of male respondents reported having served in the military, compared with 2.6% of female respondents), and greater percentages of employees in the older age groups were likely to be veterans, topping out at 13.0% of responders in the 60+ age group (Graph 21).

**Graph 21: Age & Gender by Veteran Status, Region VIII**



<sup>11</sup> 2018 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, November 2018.

<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#salary>.

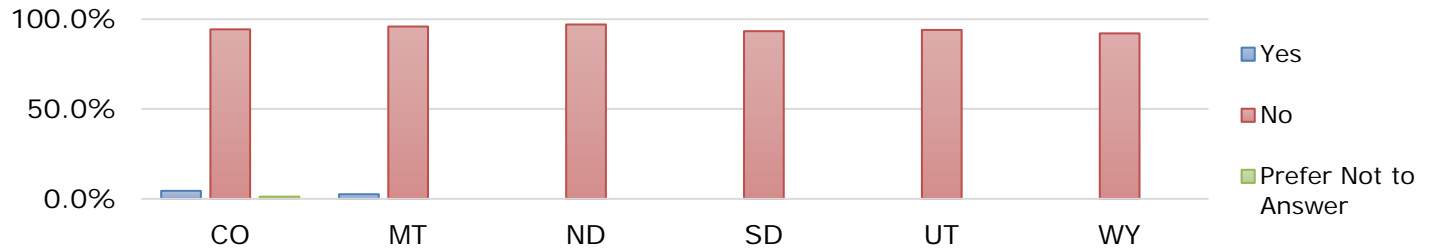
<sup>12</sup> U.S. Department of Labor Bureau of Labor Statistics. Employment Situation of Veterans – 2018. Economic News Release, March 21, 2019. <https://www.bls.gov/news.release/vet.nr0.htm>.

## D. RESPONDENT DEMOGRAPHICS, continued

### Veteran Status, continued

#### STATE BREAKDOWN INFORMATION

**Graph 22: Veteran Status, State Breakdown**



**Table 8: Veteran Status, Region VIII & State Breakdown**

Served in the Military (Uniformed or Armed Services)	% of All Respondents for Location						
	RVIII (999)	CO (584)	MT (196)	ND (68)	SD (45)	UT (67)	WY (38)
Yes	4.1%	4.5%	2.6%	*	*	*	*
No	<b>94.7%</b>	<b>94.4%</b>	<b>95.9%</b>	<b>97.1%</b>	<b>93.3%</b>	<b>94.0%</b>	<b>92.1%</b>
Prefer Not to Answer	1.2%	1.2%	*	*	*	*	*

\*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 (\*).

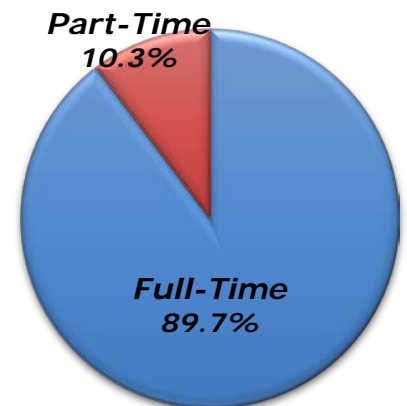
### Employment Status

Almost 90% of survey respondents reported working full-time for their organization (“full-time” was not defined; Graph 23). This is a greater weighting for full-time employment than is reported by the U.S. Bureau of Labor Statistics at the national level, where 82.5% of currently employed workers in 2018 were full-time employees (35 hours or more per week)<sup>13</sup>. Just over 79% of employees were reported as working 40 hours per week in the 2018 Region VIII Salary Survey, and 82.6% were reported as working 35 hours or more per week<sup>14</sup>.

2011 CHAMPS R&R Survey respondents working full-time: **88%**.

All Administrative Executive responders were full-time employees; Clinical Executives/Directors and Providers were more likely than other groups to work part-time – 16.9% of respondents within this category were part-time employees (Graph 24, following page).

**Graph 23: Employment Status, Region VIII**



*We have passion to help those in need and the ability to do so.*

*–Clinical Executive/Provider, South Dakota*

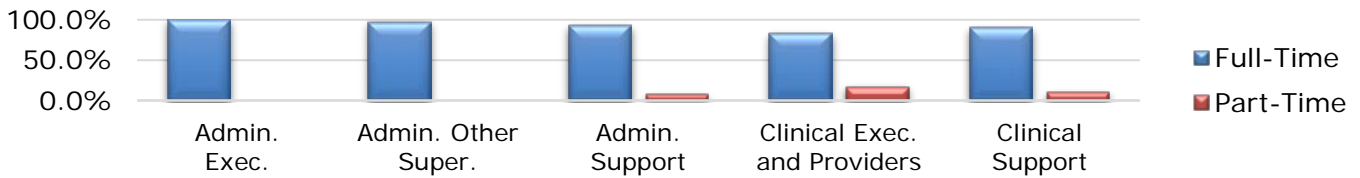
<sup>13</sup> U.S. Department of Labor Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey, Household Data Annual Averages, Table 8: Employed and unemployed full- and part-time workers by age, sex, race, and Hispanic or Latino ethnicity – 2018. <https://www.bls.gov/cps/cpsaat08.htm> [accessed 4/15/19].

<sup>14</sup> 2018 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, November 2018; <http://championline.org/tools-products/publications-electronic-media/champs-publications#salary>.

## D. RESPONDENT DEMOGRAPHICS, continued

### Employment Status, continued

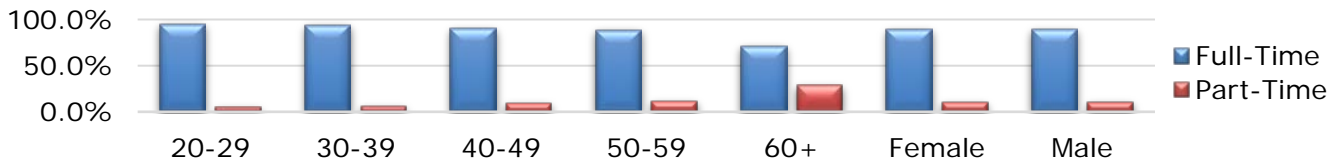
**Graph 24: Position Types by Employment Status, Region VIII**



There was little difference in part-time vs. full-time employment for males and females in this survey (10.4% of men reported working part-time, compared to 10.3% of women), but greater percentages of employees were likely to work part-time as they aged, topping out at 28.6% of responders in the 60+ age group (Graph 25). In contrast to the Region VIII results, 2018 U.S. Bureau of Labor Statistics (BLS) information illustrates a significant difference between males and females working part-time nationally (11.8% for men and 23.8% for women). However, the 2018 BLS information shows a similar part-time status progression by age group (11.3% of employed workers ages 25-54 worked part-time, while 21.3% of those 55 years and older did so)<sup>15</sup>.

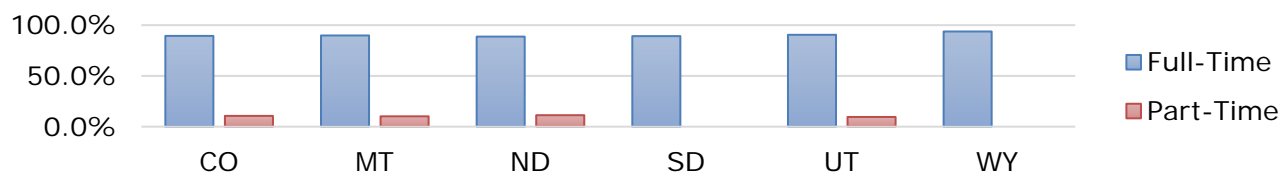
2011 CHAMPS R&R Survey respondents aged 60+ working part-time: **25.5%**.

**Graph 25: Age & Gender by Employment Status, Region VIII**



### STATE BREAKDOWN INFORMATION

**Graph 26: Employment Status, State Breakdown**



**Table 9: Employment Status, Region VIII & State Breakdown**

Employment Status	% of All Respondents for Location						
	RVIII (891)	CO (519)	MT (177)	ND (62)	SD (37)	UT (63)	WY (32)
Full-Time	89.7%	89.4%	89.8%	88.7%	89.2%	90.5%	93.8%
Part-Time	10.3%	10.6%	10.2%	11.3%	*	9.5%	*

\*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 (\*).

<sup>15</sup> U.S. Department of Labor Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey, Household Data Annual Averages, Table 8: Employed and unemployed full- and part-time workers by age, sex, race, and Hispanic or Latino ethnicity – 2018. <https://www.bls.gov/cps/cpsaat08.htm> [accessed 4/15/19].

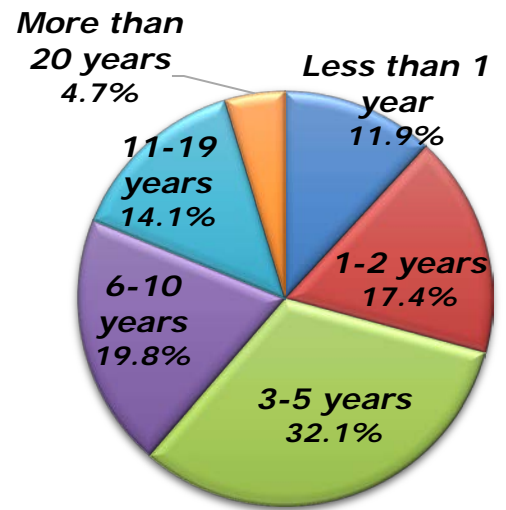


## E. EMPLOYMENT HISTORY

### Years at Current Organization in Any/All Positions

Over 60% of respondents reported having worked for their current health center organization (in any/all positions) for less than six years, and the greatest percentage of respondents fell within the three to five year category (32.1%, Graph 27). The median reported years of employment within the current organization was also three to five years, which is consistent with the January 2018 U.S. Bureau of Labor Statistics median number of years workers had been with their current employer, 4.2 years<sup>16</sup>. However, while the average years of service reported for employees in the 2018 Region VIII Salary Survey (based on the date hired by the organization) was 4.9 years, the median years of service for those same employees was 2.7 years<sup>17</sup>. Over 42% of staff in administrative positions as a whole, and over 36% of staff in clinical positions as a whole (almost 39% of all respondents), had been employed for more than six years by their current organization (Graph 27).

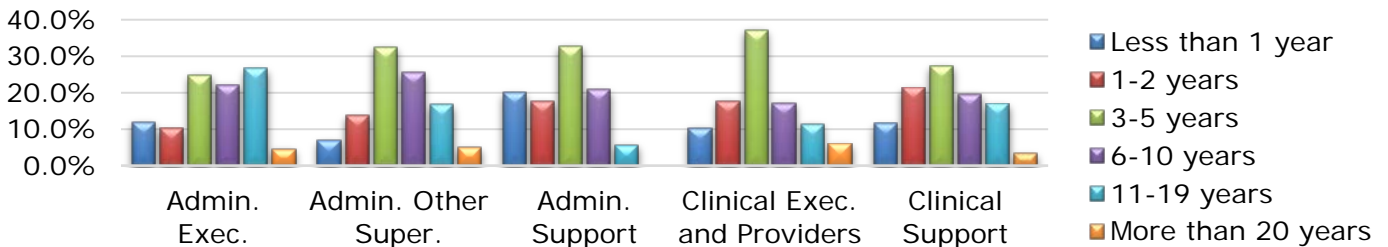
**Graph 27: Years of Employment at Current Organization – Any/All Positions, Region VIII**



2011 CHAMPS R&R Survey respondents who had been at their organization for six or more years: **40.3%**.

Responders within the Administrative Executive group were more likely than others to have been employed by their organization for more than 10 years (31.2% of those respondents), although Clinical Executives/Directors and Providers were most likely to have been employed for more than 20 years (6.0% of respondents in the group, Graph 28).

**Graph 28: Position Types by Years of Employment at Organization – Any/All Positions, Region VIII**



*I love that everyone in the clinic works closely and helps deliver an exceptional health service to those in need. It feels like a family and it is rewarding to see how many people are helped.*

*–Administrative Support Staff, Colorado*

<sup>16</sup> U.S. Department of Labor Bureau of Labor Statistics. Economic News Release, Table 1: Median years of tenure with current employer for employed wage and salary workers by age and sex, selected years, 2008-2018.

<https://www.bls.gov/news.release/tenure.t01.htm> [accessed 4/15/19].

<sup>17</sup> 2018 CHAMPS Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report, November 2018;

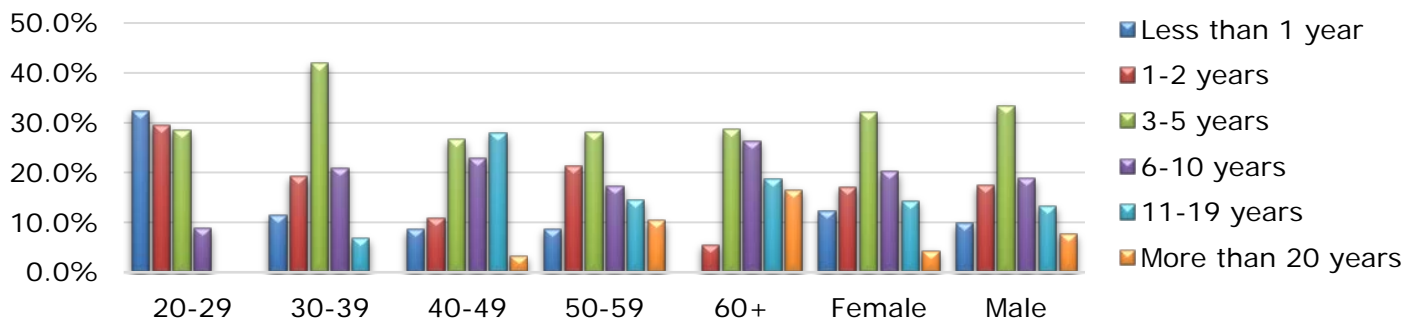
<http://CHAMPSOnline.org/tools-products/publications-electronic-media/champs-publications#salary>.

## E. EMPLOYMENT HISTORY, continued

### Years at Current Organization in Any/All Positions, continued

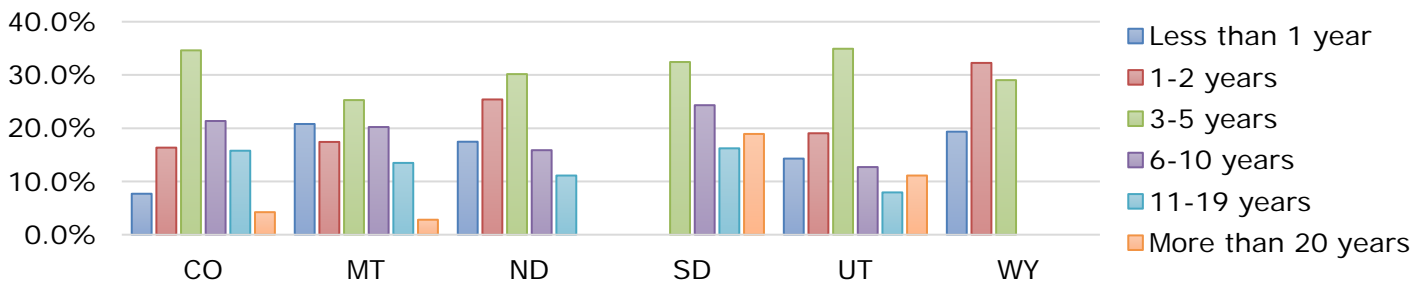
Respondents of both genders were most likely to have been employed by their organization for three to five years. Respondents who were 20-29 years old were most likely to have been employed for less than one year, while those in the 30-39, 50-59, and 60+ categories were most likely to have been employed for three to five years. Respondents aged 40-49 were slightly more likely to have been employed by their organization for 11-19 years. (Graph 29) 35.2% of respondents aged 60+ had worked for their health center for 11 or more years, lower than the January 2018 level of 54%-56% of employees ages 60+ having 10 or more year's tenure with their current employer, according to the U.S. Bureau of Labor Statistics<sup>18</sup>.

**Graph 29: Age & Gender by Years of Employment at Organization – Any/All Positions, Region VIII**



## STATE BREAKDOWN INFORMATION

**Graph 30: Years of Employment at Current Organization – Any/All Positions, State Breakdown**



**Table 10: Years of Employment at Current Organization – Any/All Positions, Region VIII & State Breakdown**

Length of Employment	% of All Respondents for Location						
	RVIII (593)	CO (520)	MT (178)	ND (63)	SD (37)	UT (63)	WY (31)
Less than 1 year	11.9%	7.7%	20.8%	17.5%	*	14.3%	19.4%
1-2 years	17.4%	16.4%	17.4%	25.4%	*	19.1%	<b>32.3%</b>
3-5 years	<b>32.1%</b>	<b>34.6%</b>	<b>25.3%</b>	<b>30.2%</b>	<b>32.4%</b>	<b>34.9%</b>	29.0%
6-10 years	19.8%	21.4%	20.2%	15.9%	24.3%	12.7%	*
11-19 years	14.1%	15.8%	13.5%	11.1%	16.2%	7.9%	*
More than 20 years	4.7%	4.2%	2.8%	*	18.9%	11.1%	*

\*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 (\*).

<sup>18</sup> U.S. Department of Labor Bureau of Labor Statistics. Economic News Release Table 2: 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, 2008-2018. <https://www.bls.gov/news.release/tenure.t02.htm> [accessed 4/15/19].

**E. EMPLOYMENT HISTORY, continued**

**Years in Community Health**

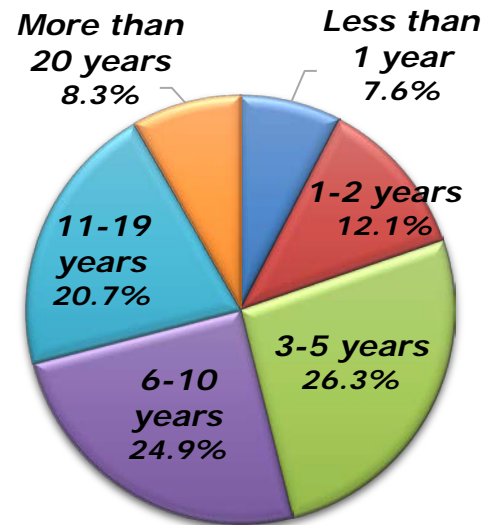
Almost 54% of the survey respondents reported working in organizations dedicated to community health for six or more years (Graph 31).

2011 CHAMPS R&R Survey respondents who had worked in community health for six or more years: **51%**.

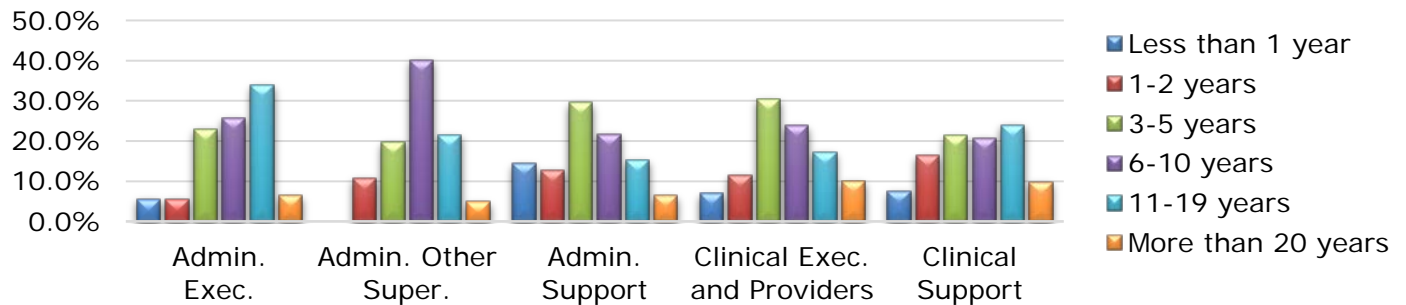
2004 CHAMPS R&R Survey respondents who had worked in community health for six or more years: **40%**.

Administrative Executive and Clinical Support responders were most likely to have worked in the industry for over 10 years (over 40% of the Administrative Executives and almost 34% of the Clinical Support staff); responders from the Administrative Other Supervisors/Managers group were most likely to have been working in community health for 6-10 years, while those from the Administrative Support and Clinical Executives/Directors and Providers groups were most likely to have been working in community health for 3-5 years (Graph 32).

**Graph 31: Years of Employment in Community Health – Any Organization, Region VIII**

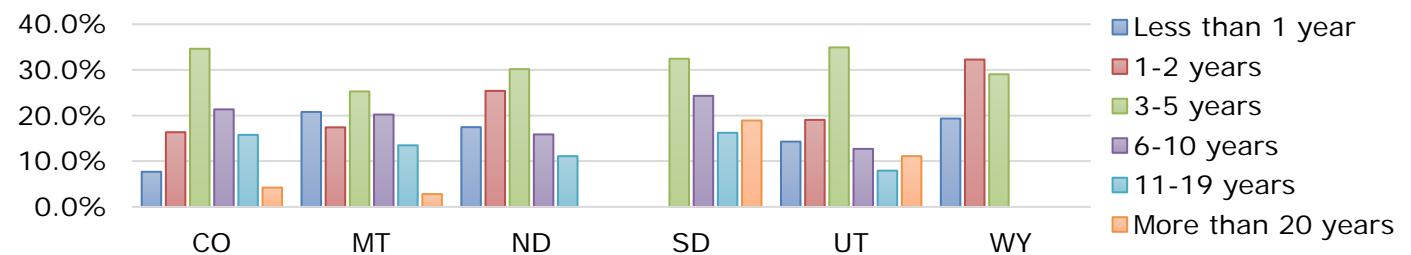


**Graph 32: Position Types by Years of Employment in Community Health – Any Organization, Region VIII**



**STATE BREAKDOWN INFORMATION**

**Graph 33: Years of Employment in Community Health – Any Organization, State Breakdown**



*I appreciate that everyone believes in our mission; to take care of the underserved and be compassionate. The team is very caring for our patients.*

*-Clinical Executive/Provider, Colorado*

**E. EMPLOYMENT HISTORY, continued**

**Years in Community Health, continued**

**Table 11: Years of Employment in Community Health – Any Organization, Region VIII & State Breakdown**

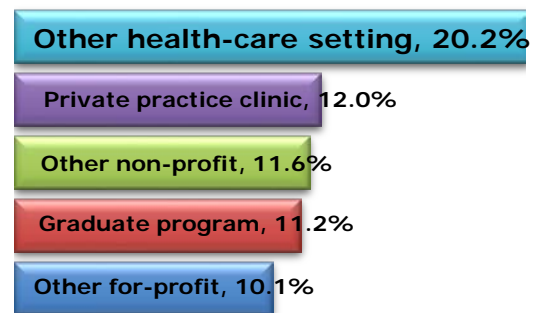
Length of Employment	% of All Respondents for Location						
	RVIII (892)	CO (520)	MT (177)	ND (62)	SD (37)	UT (63)	WY (32)
Less than 1 year	7.6%	7.7%	20.8%	17.5%	*	14.3%	19.4%
1-2 years	12.1%	16.4%	17.4%	25.4%	*	19.1%	<b>32.3%</b>
3-5 years	<b>26.3%</b>	<b>34.6%</b>	<b>25.3%</b>	<b>30.2%</b>	<b>32.4%</b>	<b>34.9%</b>	29.0%
6-10 years	24.9%	21.4%	20.2%	15.9%	24.3%	12.7%	*
11-19 years	20.7%	15.8%	13.5%	11.1%	16.2%	7.9%	*
More than 20 years	8.3%	4.2%	2.8%	*	18.9%	11.1%	*

\*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 (\*).

**Previous Employer/Location**

In order to help health centers 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 from a list of 10 options (A-J below) plus "Other." CHAMPS reviewed the open text responses provided by respondents selecting "Other" and was able to pull out three locations for separate analysis (K-M below). The top ranking location, selected by over 20% of all respondents, was "Other health-care setting" (F), followed by "Private practice clinic" (E), "Other non-profit" (H), "Graduate program" (C), and "Other for-profit" (I), each selected by more than 10% of respondents. (Graph 34)

**Graph 34: Top Five Previous Employers/Locations, Region VIII**



Top ranked previous employer/location for 2011 CHAMPS R&R Survey respondents: **"Other health-care setting" (14%).**

- 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 health center (pulled from "Other" responses)
- L. Residency/fellowship program (pulled from "Other" responses)
- M. Other educational program (pulled from "Other" responses)
- N. Remaining "Other" responses

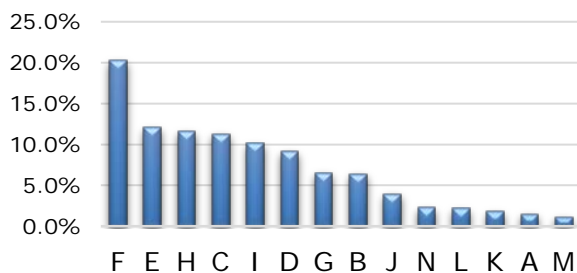
**E. EMPLOYMENT HISTORY, continued**

**Previous Employer/Location, continued**

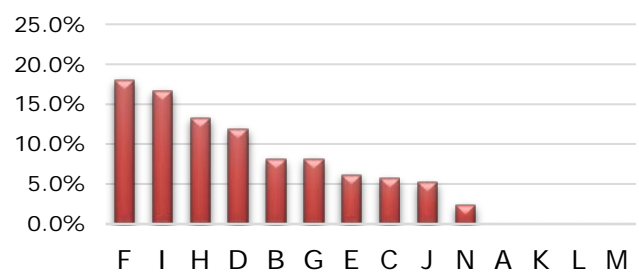
- Respondents in the combined Administrative – Executives and Other Supervisors/Managers group were more likely than other respondents to have come to their health center from for-profit settings not associated with health care (I) or from a hospital (D, Graph 36).
- The Clinical Executives/Directors and Providers were more likely than other groups to have been hired by their organization out of a graduate program (C) or a residency/fellowship program (L), or to have previously worked at a private practice clinic (E). This group was the least likely to have been unemployed before hire (J). (Graph 37)
- Administrative and Clinical Support Staff were slightly more likely than other respondent groups to have been hired by their organization after being in a college/university undergraduate program (B, Graph 38).

**Graphs 35-38: Previous Employer/Location, Region VIII**

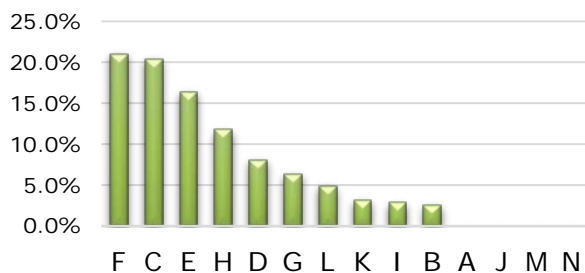
**Graph 35: All Survey Respondents Combined**



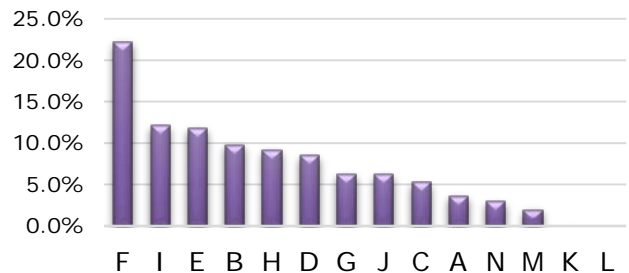
**Graph 36: Administrative – Executives & Other Supervisors/Managers**



**Graph 37: Clinical Executives/Directors & Providers**



**Graph 38: Administrative & Clinical Support Staff**



- 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 health center (pulled from "Other" responses)
- L. Residency/fellowship program (pulled from "Other" responses)
- M. Other educational program (pulled from "Other" responses)
- N. Remaining "Other" responses

*I enjoy working with community organizations to improve the underserved population.*

*-Administrative Executive, Wyoming*

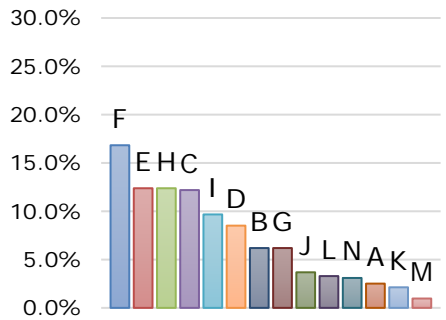
**E. EMPLOYMENT HISTORY, continued**

**Previous Employer/Location, continued**

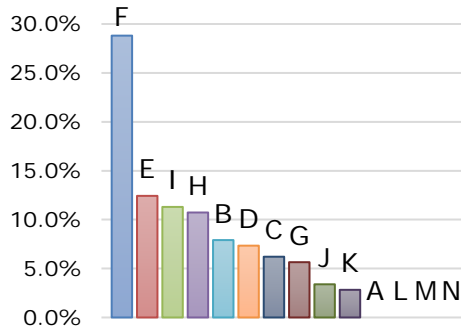
**STATE BREAKDOWN INFORMATION**

**Graphs 39-44: Previous Employer/Location, State Breakdowns**

**Graph 39: Colorado**

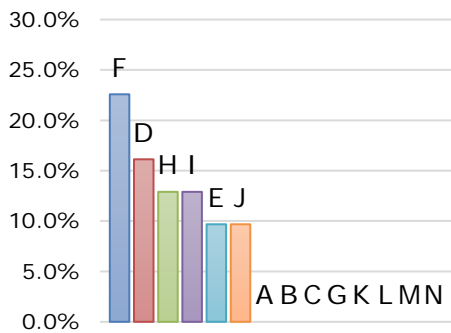


**Graph 40: Montana**

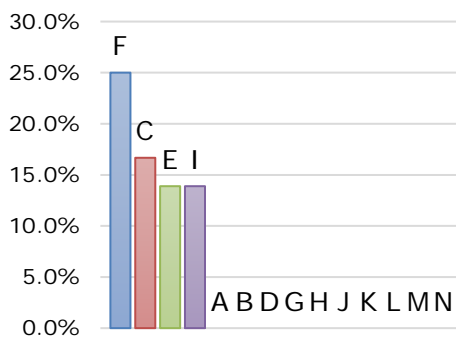


- A. High school
- B. College/university undergraduate program
- C. Graduate program
- D. Hospital
- E. Private practice clinic
- F. Other health-care setting
- G. Other public service (e.g., school, government, etc.)
- H. Other non-profit
- I. Other for-profit
- J. Unemployed
- K. Other health center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

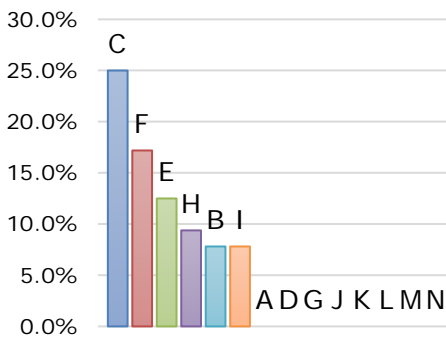
**Graph 41: North Dakota**



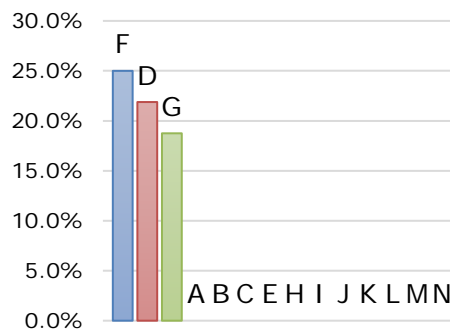
**Graph 42: South Dakota**



**Graph 43: Utah**



**Graph 44: Wyoming**



*The organization believes very strongly in reaching every person in the community in some way to engage them to be their best self.*

*-Clinical Support Staff, Montana*

**E. EMPLOYMENT HISTORY, continued**

**Previous Employer/Location, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 12: Previous Employer/Location, Region VIII & State Breakdown**

Previous Employer/Location	% of All Respondents for Location						
	RVIII (889)	CO (517)	MT (177)	ND (62)	SD (36)	UT (64)	WY (32)
A. High School	1.5%	2.5%	*	*	*	*	*
B. College/university undergraduate program	6.4%	6.2%	7.9%	*	*	7.8%	*
C. Graduate program	11.3%	12.2%	6.2%	*	16.7%	<b>25.0%</b>	*
D. Hospital	9.1%	8.5%	7.3%	16.1%	*	*	21.9%
E. Private practice clinic	12.0%	12.4%	12.4%	9.7%	13.9%	12.5%	
F. Other health-care setting	<b>20.3%</b>	<b>16.8%</b>	<b>28.8%</b>	<b>22.6%</b>	<b>25.0%</b>	17.2%	<b>25.0%</b>
G. Other public service (e.g., school, government, etc.)	6.5%	6.2%	5.7%	*	*	*	18.8%
H. Other non-profit	11.6%	12.4%	10.7%	12.9%	*	9.4%	*
I. Other for-profit	10.1%	9.7%	11.3%	12.9%	13.9%	7.8%	*
J. Unemployed	3.9%	3.7%	3.4%	9.7%	*	*	*
K. Other health center (pulled from "Other" responses)	1.8%	2.1%	2.8%	*	*	*	*
L. Residency/fellowship program (pulled from "Other" responses)	2.1%	3.3%	*	*	*	*	*
M. Other educational program (pulled from "Other" responses)	1.1%	1.0%	*	*	*	*	*
N. Remaining "Other" responses	2.3%	3.1%	*	*	*	*	*

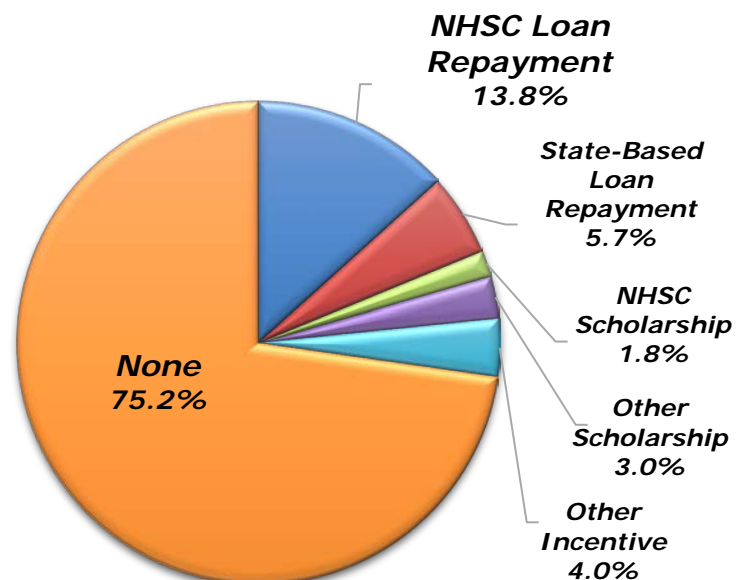
\*In order to report on a category, it must have at least five responses. Any category with less than five responses is marked with an asterisk (\*).

**Incentives Received**

All respondents were asked to identify which types of incentives they had received at any time (not only while working for their current employer); over 75% of respondents indicated they had not received any type of loan repayment or scholarship (Graph 45).

Few of the Administrative or Clinical Support staff reported receiving loan repayment or scholarships (87% of the combined Administrative Executives/Other Supervisors and 93% of the combined Support staff had not received either type of incentive at any time). Almost 32% of the Clinical Executives/Directors and Providers had received National Health Service Corps (NHSC) loan repayment. Over 12% of these clinicians reported receiving some type of state-based loan repayment and over 4% had received an NHSC scholarship. (Graph 46, following page)

**Graph 45: Incentives Received, Region VIII**

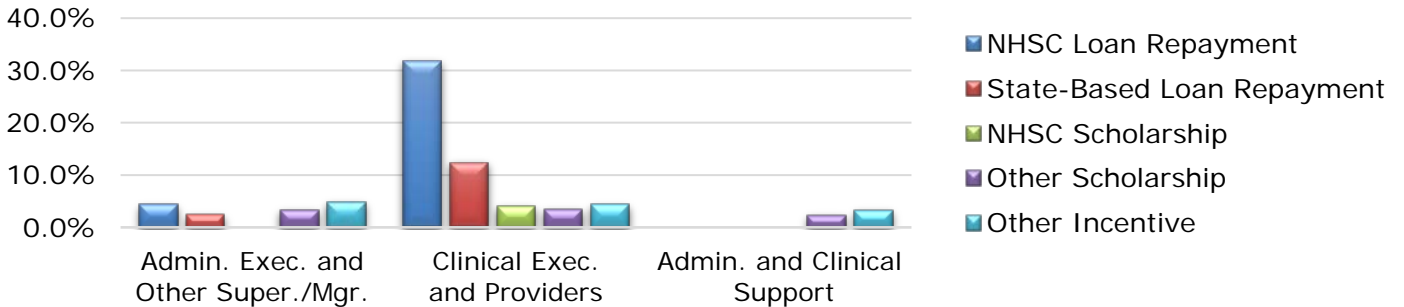


**E. EMPLOYMENT HISTORY, continued**

**Incentives Received, continued**

Clinical Executive/Director and Provider respondents to the 2011 CHAMPS R&R Survey who reported receiving NHSC loan repayment: **29%**.

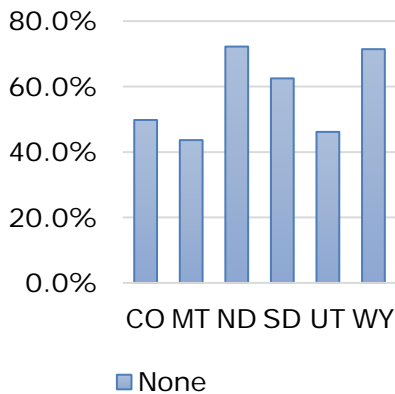
**Graph 46: Position Types by Incentives Received, Region VIII**



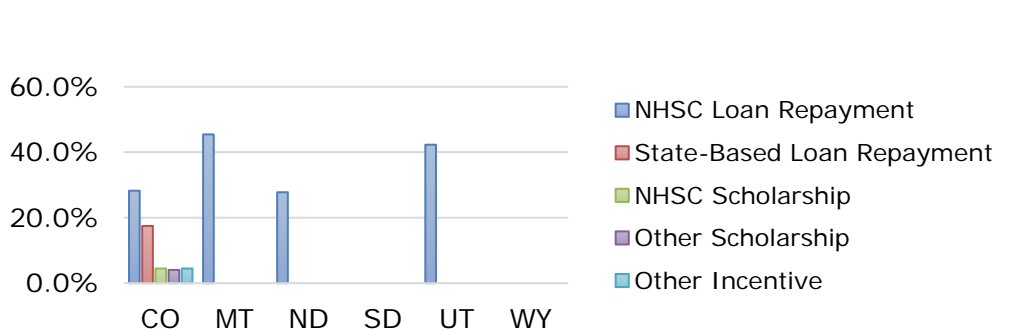
**STATE BREAKDOWN INFORMATION**

**Graphs 47-48: Incentives Received by Clinical Executive/Director & Provider Respondents, State Breakdowns**

**Graph 47**



**Graph 48**



**Table 13: Clinical Executives/Directors & Providers Receiving Incentives, Region VIII & State Breakdown**

Incentive Received	% of Clinical Executive/Director & Provider Respondents for Location						
	RVIII (345)	CO (223)	MT (55)	ND (16)	SD (10)	UT (26)	WY (7)
NHSC Loan Repayment	31.9%	28.3%	<b>45.5%</b>	27.8%	*	42.3%	*
State-Based Loan Repayment	12.5%	17.5%	*	*	*	*	*
NHSC Scholarship	4.1%	4.5%	*	*	*	*	*
Other Scholarship	3.5%	4.0%	*	*	*	*	*
Other Incentive	4.4%	4.5%	*	*	*	*	*
None	<b>50.7%</b>	<b>49.8%</b>	43.6%	<b>72.2%</b>	<b>62.5%</b>	<b>46.2%</b>	<b>71.4%</b>

\*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 (\*).



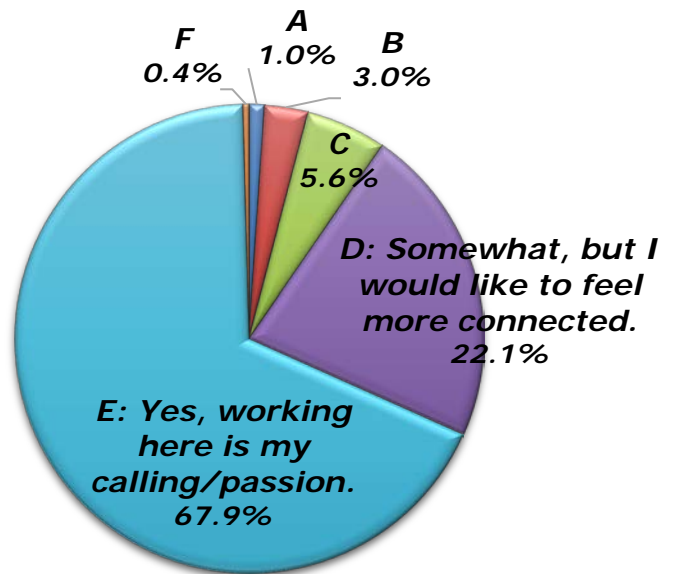
## F. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)/ COMMUNITY HEALTH CENTERS (CHCs)/HEALTH CENTERS

### Connection to the CHC Mission & Movement

When asked if they felt connected to the Community Health Center (CHC) mission and movement, the majority of respondents (almost 68%) responded, "Yes, working here is my calling/passion." The next largest group of respondents, over 22%, indicated being somewhat connected to the CHC mission and movement, but they would like to feel more connected. Less than one half of one percent of respondents did not know what a CHC was. (Graph 49)

- A. No, but it isn't important that I feel connected.
- B. No, but I would like to feel connected.
- C. Somewhat, but it isn't important that I feel connected.
- D. Somewhat, but I would like to feel more connected.
- E. Yes, working here is my calling/passion.
- F. I don't know what an FQHC/CHC is.

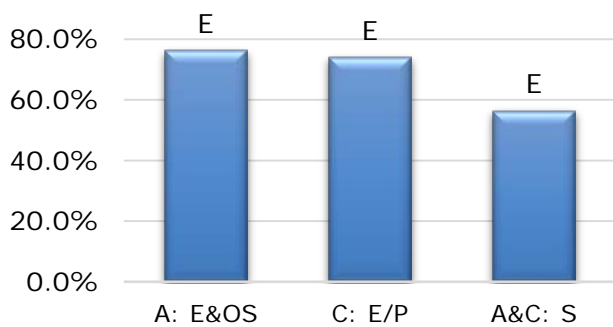
Graph 49: Connection to the CHC Mission & Movement, Region VIII



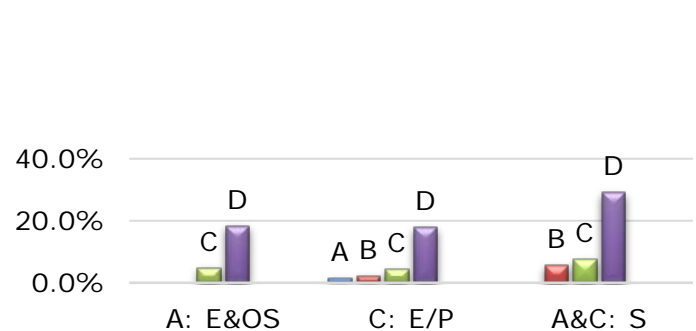
Respondents in the combined Administrative Executives/Other Supervisors (A: E&OS) group were most likely to indicate that working for their health center was their calling/passion; this option (E) was selected by over 76% of the group. This was followed closely by Clinical Executives/Directors and Providers (C: E/P); almost 74% of these respondents selected the "calling/passion" option. (Graph 50) The combined Administrative and Clinical Support group (A&C: S) was more likely than the other two respondent groups to choose "Somewhat, but I would like to feel more connected." This option (D) was selected by over 29% of this combined Support group. (Graph 51)

### Graphs 50-51: Position Types by Connection to the CHC Mission & Movement, Region VIII

Graph 50: Yes, working here is my calling/passion.



Graph 51: Other Responses



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

*My health center provides the opportunity to contribute to offering high quality health care to the underserved.*

*-Clinical Support Staff, North Dakota*

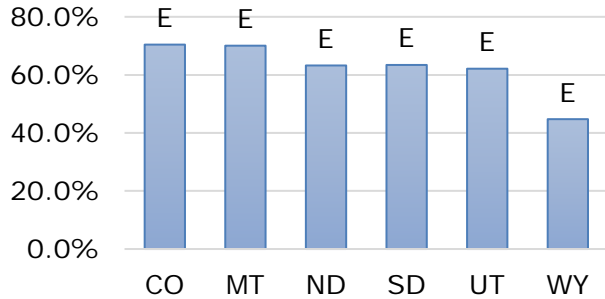
**F. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)/ COMMUNITY HEALTH CENTERS (CHCs)/HEALTH CENTERS, continued**

**Connection to the CHC Mission & Movement, continued**

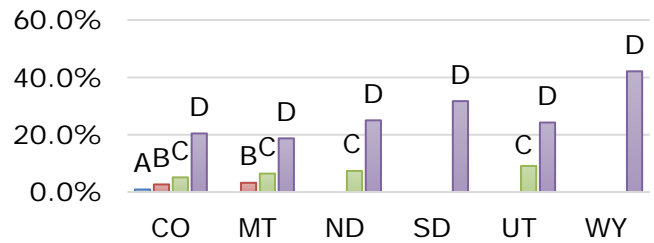
**STATE BREAKDOWN INFORMATION**

**Graphs 52-53: Position Types by Connection to the CHC Mission & Movement, State Breakdown**

**Graph 52: Yes, working here is my calling/passion.**



**Graph 53: Other Responses**



**Table 14: Connection to the CHC Mission & Movement, Region VIII & State Breakdown**

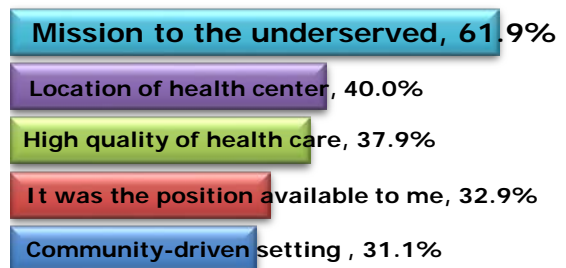
Feeling of Connection to the FQHC/CHC Mission & Movement	% of All Respondents for Location						
	RVIII (969)	CO (568)	MT (187)	ND (68)	SD (41)	UT (66)	WY (38)
A. No, but it isn't important that I feel connected.	1.0%	0.9%	*	*	*	*	*
B. No, but I would like to feel connected.	3.0%	2.6%	3.2%	*	*	*	*
C. Somewhat, but it isn't important that I feel connected.	5.6%	5.1%	6.4%	7.4%	*	9.1%	*
D. Somewhat, but I would like to feel more connected.	22.1%	20.4%	18.7%	25.0%	31.7%	24.2%	42.1%
E. Yes, working here is my calling/passion.	<b>67.9%</b>	<b>70.4%</b>	<b>70.1%</b>	<b>63.2%</b>	<b>63.4%</b>	<b>62.1%</b>	<b>44.7%</b>
F. I don't know what an FQHC/CHC is.	0.4%	*	*	*	*	*	*

\*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 (\*).

**Choosing to Work at Their FQHC/CHC**

Respondents were asked to identify all reasons why they chose to work at their health center from a list of 17 options (A-Q, listed on the following page) plus "Other." Mission to the underserved (B) was the top response for the region in 2019, chosen by almost 62% of all respondents. More than a third of all respondents also selected Location of health center (Q), High quality of health care (D), It was the position that was available to me (A), and Community-driven setting (C). (Graph 54)

**Graph 54: Top Five Reasons for Choosing to Work at Their FQHC/CHC, Region VIII**



Top ranked reason to work at an FQHC/CHC for 2011 CHAMPS R&R Survey respondents: **Mission to the underserved (55.1%)**.

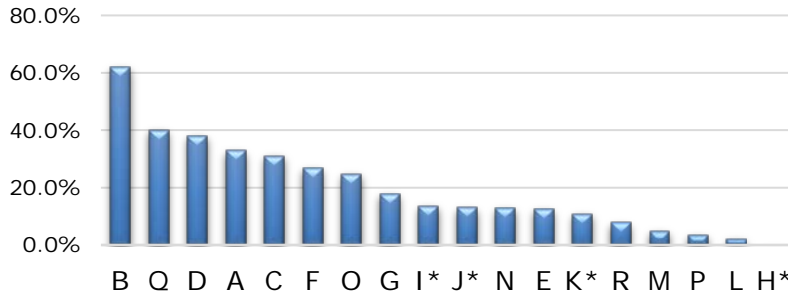
**F. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)/ COMMUNITY HEALTH CENTERS (CHCs)/HEALTH CENTERS, continued**

**Choosing to Work at Their FQHC/CHC, continued**

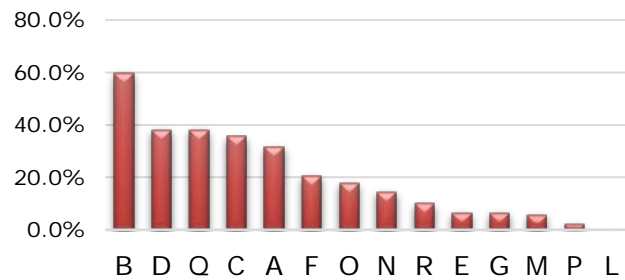
Opportunity for loan repayment/scholarship (G) and Scope of practice (I) ranked 4<sup>th</sup> and 5<sup>th</sup> for Clinical Executives/Directors and Providers (Graph 57). Compensation package (N) ranked in the bottom half of responses for the region and for all position groups; Benefits package (O) ranked as more important than Compensation package (N) for all groups and was most highly ranked by the combined Support group (Graphs 56-58).

**Graphs 55-58: Reasons for Choosing to Work at Their FQHC/CHC, Region VIII**

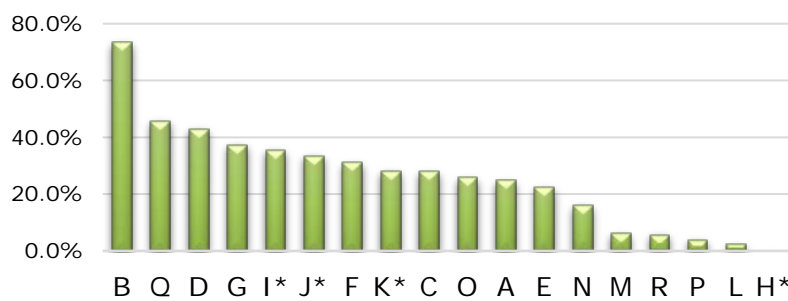
**Graph 55:**  
**All Survey Respondents Combined**



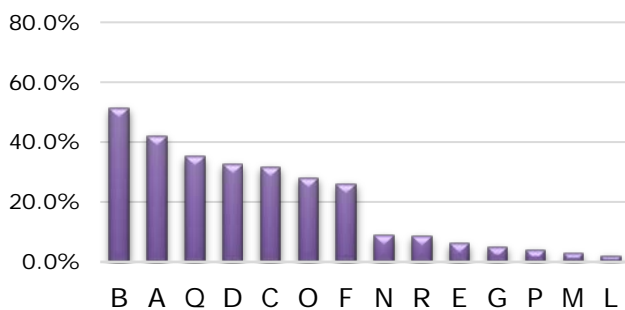
**Graph 56:**  
**Admin. Executives & Other Supervisors/Managers**



**Graph 57:**  
**Clinical Executives/Directors & Providers**



**Graph 58:**  
**Admin. & Clinical Support Staff**



- 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. Completed a health professions training at a health center (e.g., student rotation, internship, residency, etc.)
- F. Strong team orientation
- G. Opportunity for loan repayment/scholarship
- H. Approved J1 Visa Waiver program site\*
- I. Scope of practice\*
- J. Intellectual challenge of clinical problems seen\*
- K. Practice autonomy\*
- L. Available technology
- M. State, regional, and national networks of support
- N. Compensation package
- O. Benefits package
- P. Employment opportunities for spouse/other family members
- Q. Location of health center
- R. Other

\*Options given to Clinical Executives/Directors and Providers only.

**F. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)/ COMMUNITY HEALTH CENTERS (CHCs)/HEALTH CENTERS, continued**

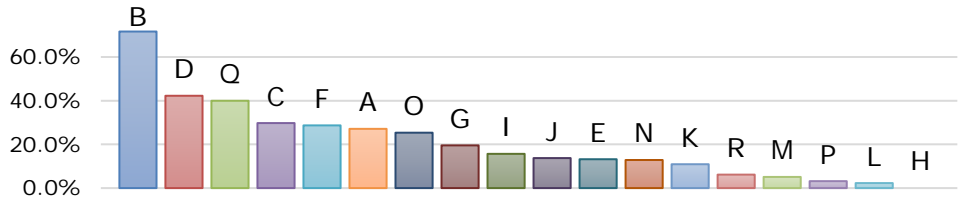
**Choosing to Work at Their FQHC/CHC, continued**

**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. Completed a health professions training at a health center (e.g., student rotation, internship, residency, etc.)
- F. Strong team orientation
- G. Opportunity for loan repayment/scholarship
- H. Approved J1 Visa Waiver program site\*
- I. Scope of practice\*
- J. Intellectual challenge of clinical problems seen\*
- K. Practice autonomy\*
- L. Available technology
- M. State, regional, and national networks of support
- N. Compensation package
- O. Benefits package
- P. Employment opportunities for spouse/other family members
- Q. Location of health center
- R. Other

**Graphs 59-64: Reasons for Choosing to Work at Their FQHC/CHC, State Breakdowns**

**Graph 59: Colorado**



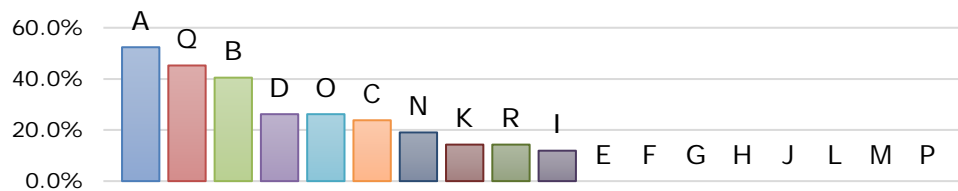
**Graph 60: Montana**



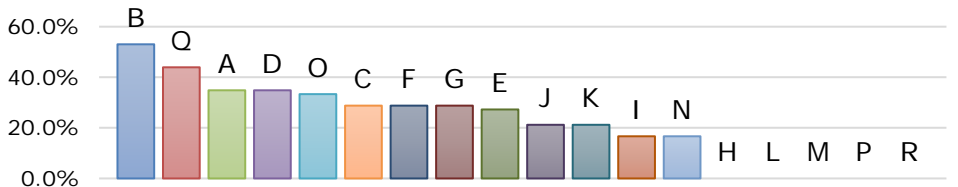
**Graph 61: North Dakota**



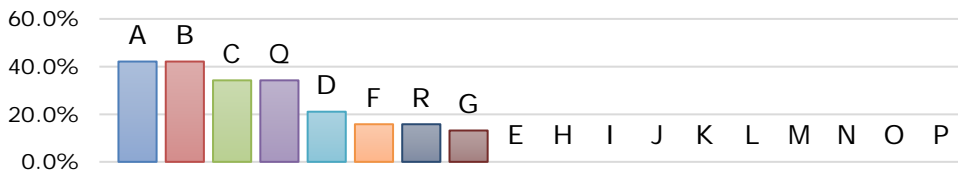
**Graph 62: South Dakota**



**Graph 63: Utah**



**Graph 64: Wyoming**



\*Options given to Clinical Executives/Directors and Providers only.

**F. WORKING FOR FEDERALLY-QUALIFIED HEALTH CENTERS (FQHCs)/ COMMUNITY HEALTH CENTERS (CHCs)/HEALTH CENTERS, continued**

**Choosing to Work at Their FQHC/CHC, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 15: Reasons for Choosing to Work at a Their FQHC/CHC, Region VIII & State Breakdown**

Reasons for Choosing to Work at their FQHC/CHC	% of All Respondents for Location						
	RVIII (971)	CO (568)	MT (190)	ND (66)	SD (42)	UT (66)	WY (38)
A. It was the position that was available to me	32.9%	27.1%	37.9%	47.0%	<b>52.4%</b>	34.8%	<b>42.1%</b>
B. Mission to the underserved	<b>61.9%</b>	<b>71.7%</b>	<b>51.1%</b>	43.9%	40.5%	<b>53.0%</b>	<b>42.1%</b>
C. Community-driven setting	31.1%	29.8%	36.8%	31.8%	23.8%	28.8%	34.2%
D. High quality of health care	37.9%	42.3%	36.3%	25.8%	26.2%	34.8%	21.1%
E. Completed a health professions training at a health center	12.5%	13.2%	11.6%	*	*	27.3%	*
F. Strong team orientation	26.7%	28.7%	28.4%	21.2%	*	28.8%	15.8%
G. Opportunity for loan repayment/scholarship	17.8%	19.5%	13.2%	13.6%	*	28.8%	13.2%
H. Approved J1 Visa Waiver program site**	*	*	*	*	*	*	*
I. Scope of practice**	13.7%	15.7%	10.0%	7.6%	11.9%	16.7%	*
J. Intellectual challenge of clinical problems seen**	13.0%	13.7%	12.6%	10.6%	*	21.2%	*
K. Practice autonomy**	10.9%	10.9%	8.4%	10.6%	14.3%	21.2%	*
L. Available technology	2.0%	2.3%	*	*	*	*	*
M. State, regional, and national networks of support	4.7%	5.1%	4.7%	*	*	*	*
N. Compensation package	12.9%	12.9%	14.2%	*	19.0%	16.7%	*
O. Benefits package	24.7%	25.4%	25.3%	18.2%	26.2%	33.3%	*
P. Employment opportunities for spouse/other family members	3.4%	3.2%	2.6%	*	*	*	*
Q. Location of health center	40.0%	40.0%	34.2%	<b>53.0%</b>	45.2%	43.9%	34.2%
R. Other	7.7%	6.2%	10.5%	*	14.3%	*	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 (\*).

\*\*Options given to Clinical Executives/Directors and Providers only.

*There are opportunities for the organization to grow and be innovative in our programs. We are a quality organization in the community and are recognized for the mission work and people served.*

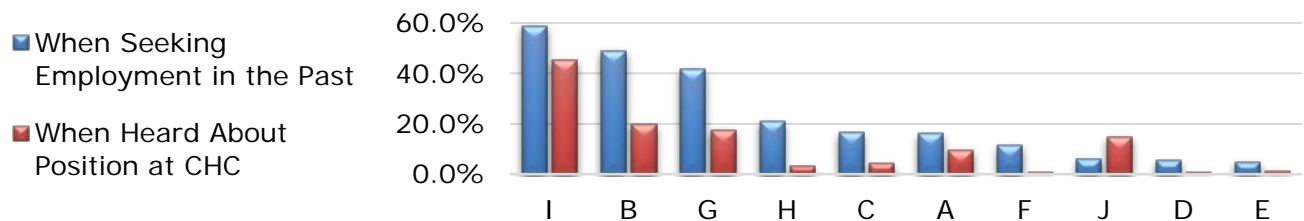
*-Administrative Executive, Colorado*

## G. 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. They were provided with a list of nine options (A-I, listed below) plus "Other." **Word of mouth** (family members, friends, colleagues, etc.) (I) was the most popular choice for all respondents region-wide in both instances (selected by 59% of participants related to seeking employment, and 45% related to how they heard about their position). Other top-ranking resources included **Advertisements on online job boards** (B, selected by 49% for job seeking and 20% for finding their job) and **Previous professional contacts** (sites of rotations, internships, externships, volunteering, etc.) (G, selected by 42% for job seeking and 18% for finding their job) (Graph 65). The most common "Other" comments submitted as useful resources when seeking employment of any type were associated with recruiters/head-hunters. The most common "Other" comments for how respondents found out about their health center job related to some sort of direct outreach to the health center (walk-in, cold-call, finding and researching the CHC via online searches, etc.).

**Graph 65: Most Useful Resources When Seeking Employment & How Respondents Heard About the Opportunity at the CHC, Region VIII**



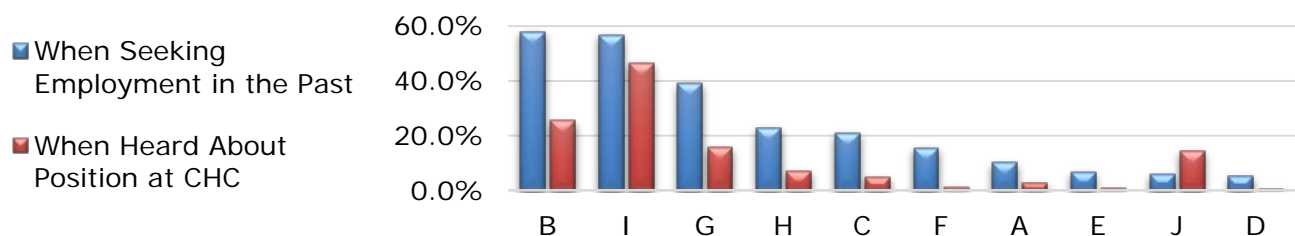
For respondents to the 2011 CHAMPS R&R Survey –

Most useful resource when seeking employment: **Word of mouth (60.0%)**.

Most common resource for finding their health center job opportunity: **Word of mouth (46.0%)**.

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**. For respondents in this group, Advertisements on online job boards (B) rose in rank to just above Word of mouth (I) in terms of usefulness when seeking employment of any kind (selected by 58% of these respondents). Word of mouth (I) remained the most cited way these respondents heard about their own health center job (selected by 47%); only 25% reported seeing their position on an online job board. (Graph 66).

**Graph 66: Most Useful Resources When Seeking Employment & How Respondents Heard About the Opportunity at the CHC, Region VIII: Respondents Working at Current Organization for 0-2 Years Only**



- |  |  |
|--|--|
| A. Advertisements in local papers                | G. Previous professional contacts (sites of rotations, internships, externships, volunteering, etc.) |
| B. Advertisements on online job boards           | H. Social media (e.g., LinkedIn, Facebook, Twitter, etc.)  |
| C. Other website advertisements (not job boards) | I. Word of mouth (family members, friends, colleagues, etc.)   |
| D. Advertisements in professional journals       | J. Other   |
| E. College/university career/counselor centers   |  |
| F. Job/career fairs                              |  |

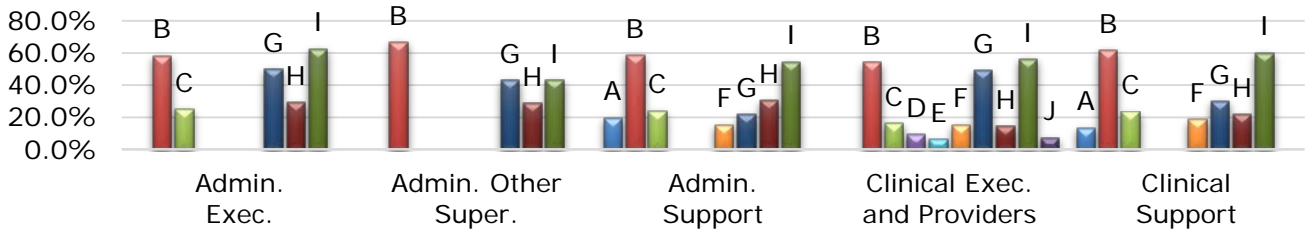
**G. SEEKING EMPLOYMENT, continued**

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

Word of mouth (I), Advertisements on online job boards (B), and Previous professional contacts (G) remained the most useful resources identified by all individual staff groups for finding career opportunities; however, for the Administrative Support staff group, Social media (e.g., LinkedIn, Facebook, Twitter, etc.) (H) outranked Previous professional contacts (G). The Administrative and Clinical Support staff groups were more likely than others to utilize Advertisements in local papers (A). (Graph 67)

When asked how they had heard about their CHC job opportunity, all staff groups identified Word of mouth (I) and Advertisements on online job boards (B) as top resources. The Administrative and Clinical Support staff groups were more likely than others to refer to Social media (H), and Clinical Executives/Directors and Providers as well as Clinical Support staff were most likely to refer to Previous professional contacts (G). (Graph 68)

**Graph 67: Position Types by Most Useful Resources When Seeking Employment, Region VIII: Respondents Working at Current Organization for 0-2 Years Only**



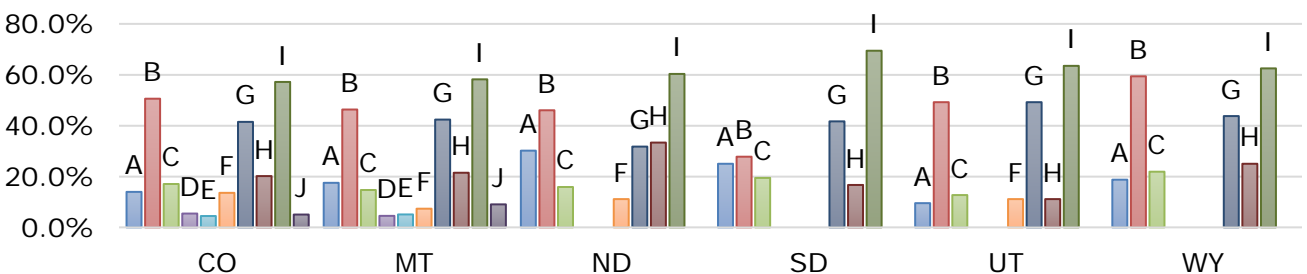
**Graph 68: Position Types by How Respondent Heard About the Opportunity at the CHC, Region VIII: Respondents Working at Current Organization for 0-2 Years Only**



- A. Advertisements in local papers
- B. Advertisements on online job boards
- C. Other website advertisements (not job boards)
- D. Advertisements in professional journals
- E. College/university career/counselor centers
- F. Job/career fairs
- G. Previous professional contacts (sites of rotations, internships, externships, volunteering, etc.)
- H. Social media (e.g., LinkedIn, Facebook, Twitter, etc.)
- I. Word of mouth (family members, friends, colleagues, etc.)
- J. Other

**STATE BREAKDOWN INFORMATION**

**Graph 69: Most Useful Resources When Seeking Employment, State Breakdown**

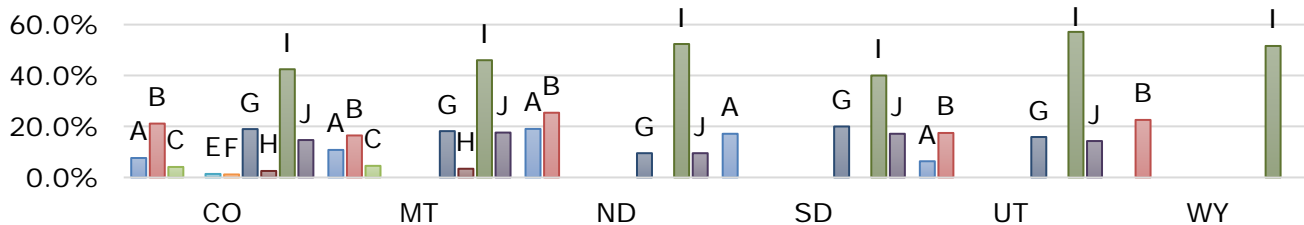


**G. SEEKING EMPLOYMENT, continued**

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

**STATE BREAKDOWN INFORMATION, continued**

**Graph 70: How Respondents Heard About the Opportunity at the CHC, State Breakdown**



**Table 16: Most Useful Resources When Seeking Employment & How Respondents Heard About Opportunity at CHC, Region VIII & State Breakdown**

Most Useful Resources when Seeking Employment in the Past	% of Respondents for Location						
	RVIII (888)	CO (516)	MT (177)	ND (63)	SD (36)	UT (63)	WY (32)
A. Advertisements in local papers	16.1%	14.0%	17.5%	30.2%	25.0%	9.5%	18.8%
B. Advertisements on online job sites	48.7%	50.6%	46.3%	46.0%	27.8%	49.2%	59.4%
C. Other website advertisements	16.4%	17.1%	14.7%	15.9%	19.4%	12.7%	21.9%
D. Advertisements in professional journals	5.4%	5.4%	4.5%	*	*	*	*
E. College/university career/counseling centers	4.8%	4.5%	5.1%	*	*	*	*
F. Job/career fairs	11.4%	13.6%	7.3%	11.1%	*	11.1%	*
G. Previous professional contacts	41.6%	41.5%	42.4%	31.8%	41.7%	49.2%	43.8%
H. Social media	20.8%	20.2%	21.5%	33.3%	16.7%	11.1%	25.0%
I. Word of mouth	<b>58.7%</b>	<b>57.2%</b>	<b>58.2%</b>	<b>60.3%</b>	<b>69.4%</b>	<b>63.5%</b>	<b>62.5%</b>
J. Other	6.0%	5.0%	9.0%	*	*	*	*
How Heard About CHC Opportunity	RVIII (880)	CO (511)	MT (176)	ND (63)	SD (35)	UT (63)	WY (31)
A. Advertisements in local papers	9.4%	7.6%	10.8%	19.1%	17.1%	6.4%	
B. Advertisements on online job sites	19.7%	21.1%	16.5%	25.4%	*	17.5%	22.6%
C. Other website advertisements	4.1%	4.1%	4.6%	*	*	*	*
D. Advertisements in professional journals	0.6%	*	*	*	*	*	*
E. College/university career/counseling centers	1.3%	1.4%	*	*	*	*	*
F. Job/career fairs	0.8%	1.2%	*	*	*	*	*
G. Previous professional contacts	17.5%	19.0%	18.2%	9.5%	20.0%	15.9%	*
H. Social media	3.0%	2.5%	3.4%	*	*	*	*
I. Word of mouth	<b>45.1%</b>	<b>42.5%</b>	<b>46.0%</b>	<b>52.4%</b>	<b>40.0%</b>	<b>57.1%</b>	<b>51.6%</b>
J. Other	14.7%	14.7%	17.6%	9.5%	17.1%	14.3%	*

\*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 (\*).

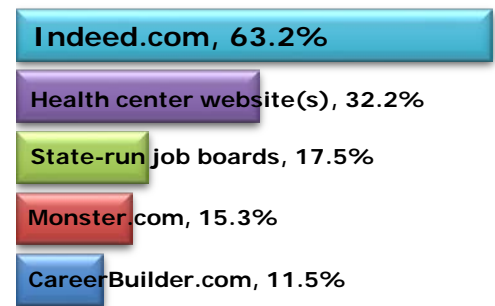


## G. SEEKING EMPLOYMENT, continued

### Online Job Sites

When asked to identify the **most useful online job sites utilized when seeking employment of any type in the past**, 71.1% of respondents selected one or more sites; 29.9% of respondents indicated “Not Applicable” (N/A). Participants were given 20 options (A-T, listed below) plus “Other.” The top five most useful sites for respondents were Indeed.com (Q), Health center website(s) (A), State-run job boards (B), Monster.com (S), and CareerBuilder.com (N) (Graph 71). The most common “Other” job sites submitted as useful when seeking employment included LinkedIn, various professional association sites (e.g., AAFP, AAPA, etc.), and local newspaper, radio, and television news sites.

**Graph 71: For Those Using Online Job Sites\*, Top Five Useful Sites When Seeking Employment, Region VIII**



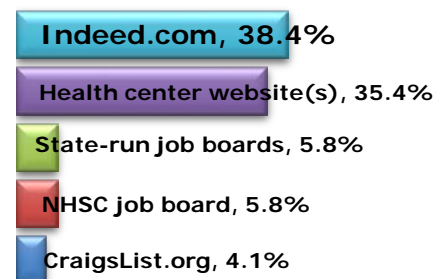
For respondents to the 2011 CHAMPS R&R Survey –

Those using one or more online job site(s) when seeking employment of any type in the past: **54.6%**.

Those using online job sites finding Indeed.com useful for seeking employment: **13.9%**.

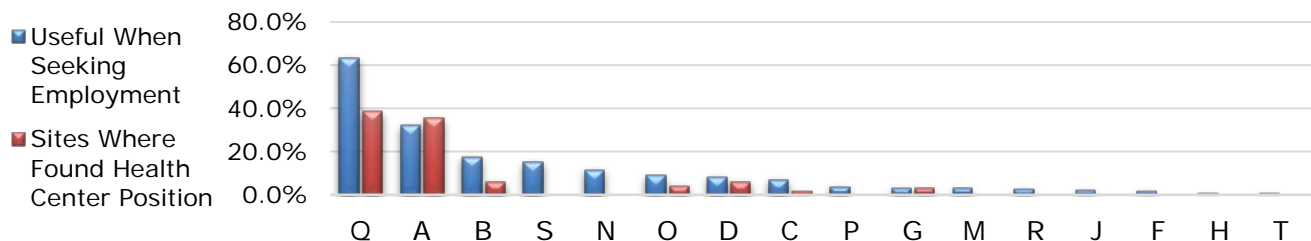
When asked if they found their health center position on an online job site, 39.7% of respondents selected one or more sites; 60.3% of respondents indicated “Not Applicable” (N/A). The top five sites used when respondents found their health center position were Indeed.com (Q), Health center website(s) (A), State-run job boards (B), the National Health Service Corps (NHSC) job board (D), and CraigsList.org (O) (Graph 72). There were no significant commonalities identified within the “Other” job sites comments submitted.

**Graph 72: For Those Using Online Job Sites\*, Top Five Sites Where They Found Their Health Center Position Advertised, Region VIII**



2011 CHAMPS R&R Survey respondents finding their health center position on one or more online job site(s): **23.6%**.

**Graph 73: For Those Using Online Job Sites\*, Most Useful Sites When Seeking Employment & Sites Where They Found Their Health Center Position Advertised, Region VIII**



- |   |  |                       |
|---|--|-----------------------|
| A. Health center website(s)                       | G. CHAMPS Job Opportunities Bank (JOB)     | M. 3RNet job board    |
| B. State-run job boards                           | H. AUCH job center                         | N. CareerBuilder.com  |
| C. University-run job boards                      | I. CHAD job board                          | O. CraigsList.org     |
| D. National Health Service Corps (NHSC) job board | J. Mission Driven Careers (CCHN jobs site) | P. HealtheCareers.com |
| E. Returned Peace Corps volunteers (RPCVs) portal | K. MPCA job board                          | Q. Indeed.com         |
| F. NACHC job board                                | L. WYPCA job board                         | R. JobsHQ.com         |
|   |  | S. Monster.com        |
|   |  | T. VetJobs.com        |

\*“Not Applicable” responses removed from analysis. Only includes options with five or more responses.

## G. SEEKING EMPLOYMENT, continued

### Online Job Sites, continued

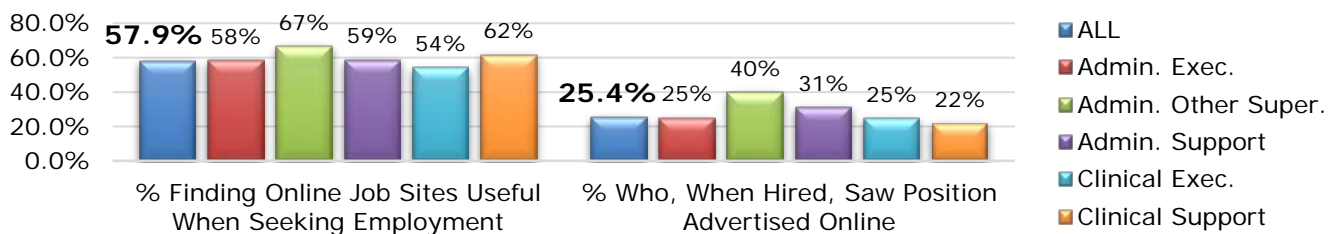
To assess the usage of online job sites, the data was analyzed with a focus on those respondents who had worked at their health center for **two or fewer years**. Almost 58% of respondents in this group reported finding online job sites to be useful when seeking employment, compared with 49% of all respondents (ranging from 54% of Clinical Executives/Directors and Providers to 67% of the Administrative Other Supervisors/Managers group). However, only 25% of all respondents who had worked for their health center for two or fewer years reported seeing their health center job advertised on an online job site (from 22% of the Clinical Support staff to 40% of the Administrative Other Supervisors/Managers group). (Graph 74)

*For respondents to the 2011 CHAMPS R&R Survey who had worked for their health center for two or fewer years –*

*Those who reported finding online job sites to be useful when seeking employment: **70%**.*

*Those who had seen their health center job advertised on an online job site: **37%**.*

**Graph 74: Using Online Job Sites When Seeking Employment & Using Online Job Sites to Find Health Center Opportunity, Region VIII: Respondents Working at Current Organization for 0-2 Years Only**



Graphs 75-78 (following pages) illustrate, for those who use online job sites\*, the use of specific 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 health center opportunities.

- For all position groups combined, the top five most useful online job sites when seeking employment (for those employed 0-2 years) were Indeed.com (Q), Health center website(s) (A), State-run job boards (B), Monster.com (S), and CareerBuilder.com (N). Indeed.com (Q) remained the top-ranked online resource when this same group found their health center jobs. (Graph 75)

*Top online job site for both seeking employment and when finding their health center job for respondents to the 2011 CHAMPS R&R Survey who had worked for their health center for two or fewer years: **Health center website(s)**.*

- The Administrative Executives and Other Supervisors/Managers (only those employed 0-2 years) were more likely than other groups to rely on Indeed.com (Q) for both seeking employment and when finding their health center job (Graph 76).
- Clinical Executives/Directors and Providers identified more sites as useful than other groups, including the NHSC job board (D), University-run job boards (C), and Region VIII state and regional Primary Care Association job boards (G-L). While Indeed.com (Q) and Health center website(s) (A) remained the top two most common sites for finding their health center job, the NHSC job board (D) jumped into the top used for this group. (Graph 77)
- 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 health center job advertised on Indeed.com (Q) (Graph 78).

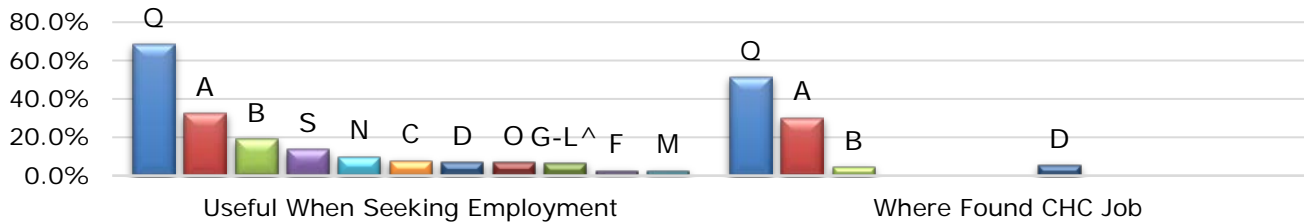
\*“Not Applicable” responses removed from analysis. Only includes options with five or more responses.

**G. SEEKING EMPLOYMENT, continued**

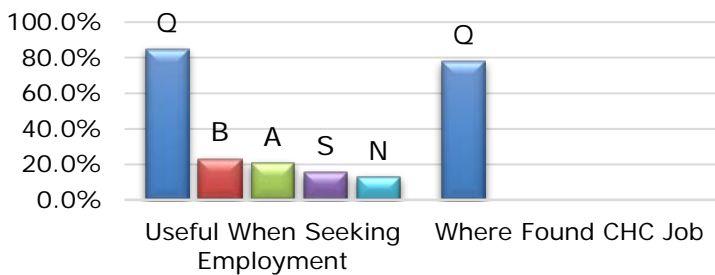
**Online Job Sites, continued**

**Graphs 75-78: Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find Health Center Opportunity, Region VIII: Respondents Working at Current Organization for 0-2 Years Only**

**Graph 75: All Respondents Using Online Job Sites\***



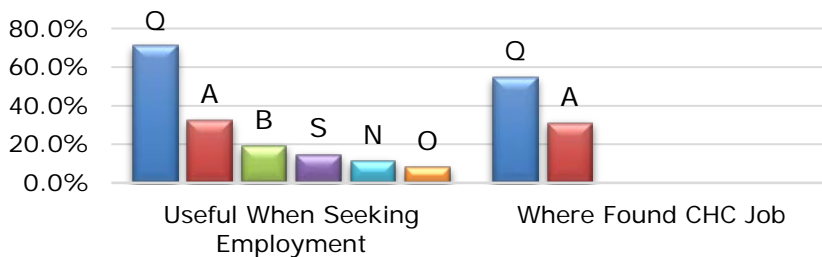
**Graph 76: Administrative Executives & Other Supervisors/Managers Using Online Job Sites\***



**Graph 77: Clinical Executives/Directors & Providers Using Online Job Sites\***



**Graph 78: Administrative & Clinical Support Staff Using Online Job Sites\***



- |   |  |                      |
|---|--|----------------------|
| A. Health center website(s)                       | G. CHAMPS Job Opportunities                | M. 3RNet job board   |
| B. State-run job boards                           | Bank (JOB)                                 | N. CareerBuilder.com |
| C. University-run job boards                      | H. AUCH job center                         | O. Craigslist.org    |
| D. National Health Service Corps (NHSC) job board | I. CHAD job board                          | P. HealthCareers.com |
| E. Returned Peace Corps volunteers (RPCVs) portal | J. Mission Driven Careers (CCHN jobs site) | Q. Indeed.com        |
| F. NACHC job board                                | K. MPCA job board                          | R. JobsHQ.com        |
|   | L. WYPCA job board                         | S. Monster.com       |
|   |  | T. VetJobs.com       |

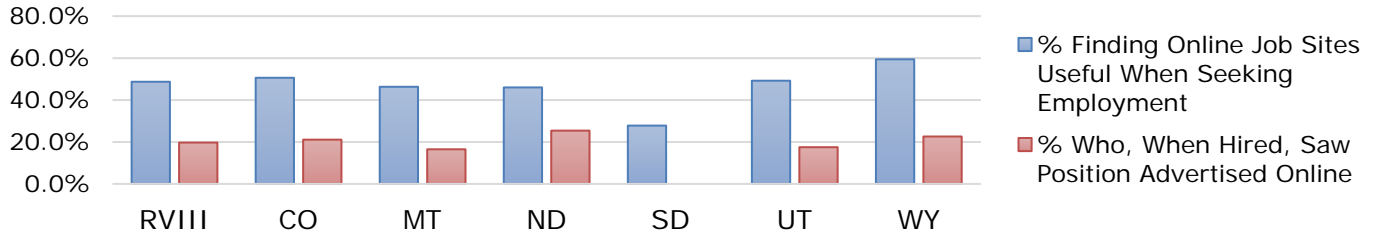
\*"Not Applicable" responses removed from analysis. Only includes options with five or more responses.  
 ^G-L: Data for Region VIII state and regional Primary Care Association online job boards combined.

**G. SEEKING EMPLOYMENT, continued**

**Online Job Sites, continued**

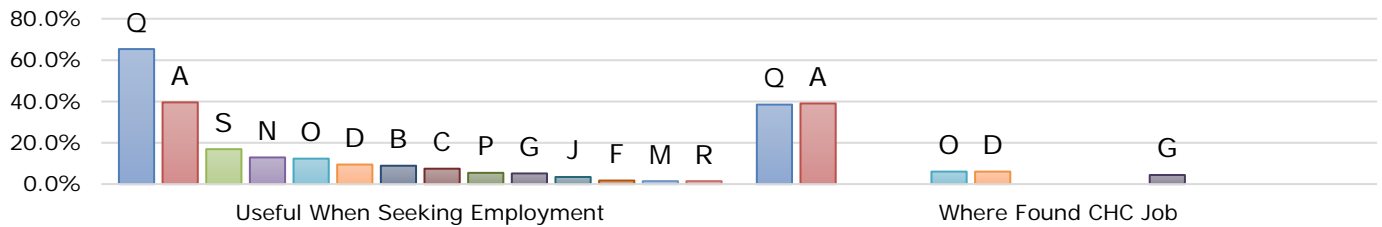
**STATE BREAKDOWN INFORMATION**

**Graph 79: Respondents Using Online Job Sites, State Breakdown (Regardless of Length of Employment)**

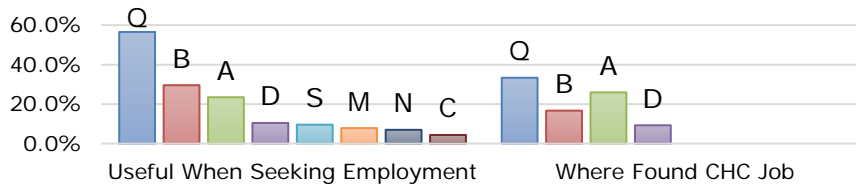


**Graphs 80-85: For Those Using Online Job Sites\*, Most Useful Online Job Sites When Seeking Employment & Online Job Sites Used to Find CHC Opportunity, State Breakdowns (Regardless of Length of Employment)**

**Graph 80: Colorado**



**Graph 81: Montana**



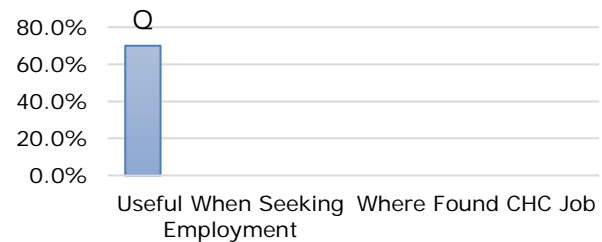
Refer to previous or following page for graph key.

\*"Not Applicable" responses removed from analysis. Only includes options with five or more responses.

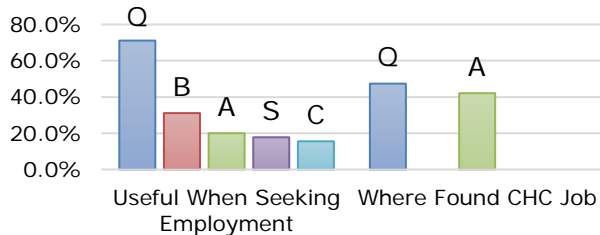
**Graph 82: North Dakota**



**Graph 83: South Dakota**



**Graph 84: Utah**



**Graph 85: Wyoming**



*When I applied for this job the Internet had not yet been invented.*

*-Clinical Provider, Colorado*

**G. SEEKING EMPLOYMENT, continued**

**Online Job Sites, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 17: Most Useful Online Job Sites, Region VIII & State Breakdown**

Most Useful Online Job Sites when Seeking Employment	% of Respondents for Location Using Online Job Sites <sup>^</sup> (Regardless of Length of Employment)						
	RVIII (590)	CO (349)	MT (115)	ND (43)	SD (10)	UT (45)	WY (27)
A. Health center website(s)	32.2%	39.5%	23.5%	16.3%	*	20.0%	25.9%
B. State-run job boards	17.5%	8.9%	29.6%	34.9%	*	31.1%	33.3%
C. University-run job boards	6.9%	7.4%	4.3%	*	*	15.6%	*
D. NHSC job board	8.3%	9.5%	10.4%	*	*	*	*
E. Returned Peace Corps volunteers job board	*	*	*	*	*	*	*
F. NACHC job board	1.7%	1.7%	*	*	*	*	*
G. CHAMPS Job Opportunities Bank	3.2%	5.2%	*	*	*	*	*
H. AUCH job center	0.8%	*	*	*	*	*	*
I. CHAD job board	*	*	*	*	*	*	*
J. Mission Driven Careers (CCHN)	2.0%	3.4%	*	*	*	*	*
K. MPCA job board	*	*	*	*	*	*	*
L. WYPCA job board	*	*	*	*	*	*	*
M. 3RNet job board	2.7%	1.4%	7.8%	*	*	*	*
N. CareerBuilder.com	11.5%	12.9%	7.0%	*	*	*	22.2%
O. Craigslist.org	8.8%	12.3%	*	*	*	*	*
P. HealtheCareers.com	3.7%	5.4%	*	*	*	*	*
Q. Indeed.com	<b>63.2%</b>	<b>65.3%</b>	<b>56.5%</b>	<b>46.5%</b>	<b>70.0%</b>	<b>71.1%</b>	<b>74.1%</b>
R. JobsHQ.com	2.5%	1.4%	*	20.9%	*	*	*
S. Monster.com	15.3%	16.9%	9.6%	11.6%	*	17.8%	18.5%
T. VetJobs.com	0.8%	*	*	*	*	*	*
Online Job Sites Used to Find CHC Opportunity	RVIII (294)	CO (182)	MT (54)	ND (23)	SD (3)	UT (19)	WY (12)
A. Health center website(s)	35.4%	<b>39.0%</b>	25.9%	<b>34.8%</b>	*	42.1%	
B. State-run job boards	5.8%	*	16.7%	*	*	*	*
C. University-run job boards	1.7%	*	*	*	*	*	*
D. NHSC job board	5.8%	6.0%	9.3%	*	*	*	*
E. Returned Peace Corps volunteers job board	*	*	*	*	*	*	*
F. NACHC job board	*	*	*	*	*	*	*
G. CHAMPS Job Opportunities Bank	2.7%	4.4%	*	*	*	*	*
H. AUCH job center	*	*	*	*	*	*	*
I. CHAD job board	*	*	*	*	*	*	*
J. Mission Driven Careers (CCHN)	*	*	*	*	*	*	*
K. MPCA job board	*	*	*	*	*	*	*
L. WYPCA job board	*	*	*	*	*	*	*
M. 3RNet job board	*	*	*	*	*	*	*
N. CareerBuilder.com	*	*	*	*	*	*	*
O. Craigslist.org	4.1%	6.0%	*	*	*	*	*
P. HealtheCareers.com	*	*	*	*	*	*	*
Q. Indeed.com	<b>38.4%</b>	38.5%	<b>33.3%</b>	30.4%	*	<b>47.4%</b>	<b>50.0%</b>
R. JobsHQ.com	*	*	*	*	*	*	*
S. Monster.com	*	*	*	*	*	*	*
T. VetJobs.com	*	*	*	*	*	*	*

*\*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 (\*). ^"Not Applicable" responses removed from analysis.*

## H. JOB SATISFACTION & ENGAGEMENT AT WORK

### Factors Influencing Satisfaction & Engagement

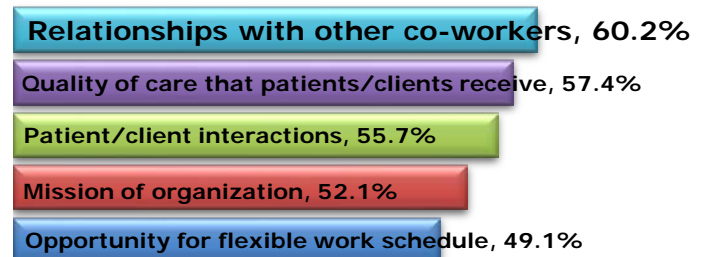
To help health centers and PCAs identify the factors influencing the retention of health center staff, respondents were asked to:

- A. Identify up to five characteristics that most influence their current **job satisfaction**, and
- B. Identify up to five characteristics most likely to impact their **engagement at work** (how passionate they feel about their job, how committed they are to the organization, how much effort they are willing to put into their work, etc.).

Respondents were provided a list of between 24 and 29 options to choose from based on their discipline (A-EE listed below) plus "Other." Respondents were not required to choose five for each, nor did the survey limit them to choosing only five. There was not enough information provided in the "Other" category to analyze in this report.

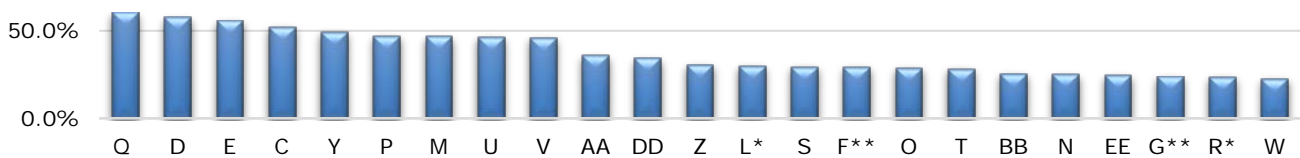
**Job Satisfaction:** The top ranking factor impacting current job satisfaction for all respondents was Relationships with other co-workers (Q), selected by 60.2% of all respondents, followed by Quality of care that patients/clients receive (D), Patient/client interactions (E), Mission of the organization (C), each selected by more than 50% of respondents (Graphs 86). Twenty-three of the 31 total factors were selected by 20% or more of all respondents as impacting their current job satisfaction. (Graph 87)

**Graph 86: Top Five Factors Impacting Current Job Satisfaction, Region VIII**



Top ranking factors impacting current job satisfaction for 2011 CHAMPS R&R Survey respondents: **Quality of care that patients/clients receive (59%), Relationships with other coworkers (55%).**

**Graph 87: Job Satisfaction Factors Selected by 20%+ of All Respondents, Region VIII**



Factors falling within the top 10 impacting current job satisfaction for all respondents region-wide (bolded below), but not seen within the top 10 impacting engagement at work (see page 57) included Compensation (U) and Benefits package (V).

- |   |   |
|---|---|
| A. National health center policy*   | S. Organizational communication style   |
| B. Connection to the national CHC movement                                    | T. Organizational capacity for change   |
| <b>C. Mission of organization</b>   | <b>U. Compensation</b>  |
| <b>D. Quality of care that patients/clients receive</b>                       | <b>V. Benefits package</b>  |
| <b>E. Patient/client interactions</b>   | W. Recognition activities/programs  |
| F. Specific job duties**  | X. Resiliency activities/programs   |
| G. Work load**  | <b>Y. Opportunity for flexible work schedule</b>  |
| H. Scope of practice^   | Z. Opportunity to play a leadership role in the organization  |
| I. Panel size^  | <b>AA. Opportunity for continuing education/professional development</b>  |
| J. Available administrative time^   | BB. Opportunity for promotion   |
| K. Team-based care environment^   | CC. Opportunity to participate in a mentoring program   |
| L. Freedom to use, or restrictions in use of, your own professional judgment* | DD. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.) |
| <b>M. Excitement/challenge of work</b>  | EE. Recreational opportunities around community   |
| N. Technology   |   |
| O. Quality of equipment/facilities  |   |
| <b>P. Relationships with supervisor(s)</b>                                    |   |
| <b>Q. Relationships with other co-workers</b>                                 |   |
| R. Competency of support staff*   |   |

\*Options not given to Support Staff. \*\*Options not given to Clinical Executives/Directors and Providers.

^Options given only to Clinical Executives/Directors and Providers.

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, Job Satisfaction, continued

As illustrated in Graph 88, Mission of organization (C) was the top-ranked factor impacting satisfaction for respondents in the combined **Administrative Executives and Other Supervisors/Managers** group, being selected by over 61% of respondents.

- Excitement/challenge of work (M) and Freedom to use, or restrictions in use of, your own professional judgment (L) appeared in the top five factors for the group, supplanting Patient/client interactions (E) and Opportunity for flexible work schedule (Y) – however, Opportunity for flexible work schedule (Y) still ranked within the top 10 factors impacting satisfaction for this group.
- Opportunity to play a leadership role in the organization (Z, selected by almost 48% of these respondents) was more important for this group than others.
- Factors falling within the top 10 impacting current job satisfaction but not seen within the top 10 impacting engagement at work for this same group (see following pages) included Compensation (U) and Opportunity for flexible work schedule (Y).

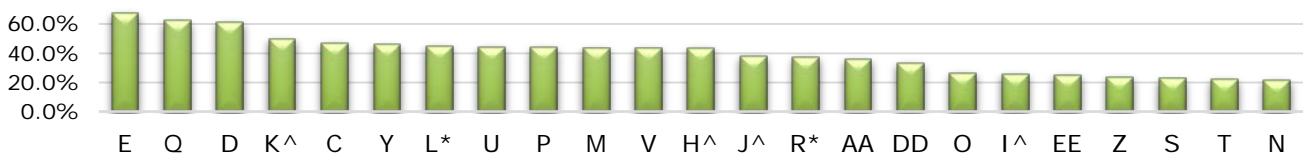
**Graph 88: Job Satisfaction Factors Selected by 20%+ of Administrative Executives & Other Supervisors/Managers, Region VIII**



As illustrated in Graph 89, Patient/client interactions (E) was the top-ranked factor impacting satisfaction for the **Clinical Executives/Directors and Providers** group, being selected by over 67% of respondents.

- Team-based care environment (K) appeared in the top five factors for this group, supplanting Opportunity for flexible work schedule (Y) – however, this factor fell only to sixth place.
- Respondents in this group were less likely than the administrative and support groups to select Organizational communication style (S), Organizational capacity for change (T), or Recognition activities/programs (W).
- Factors falling within the top 10 impacting current job satisfaction but not seen within the top 10 impacting engagement at work for this same group (see following pages) included Compensation (U) and Benefits package (V).

**Graph 89: Job Satisfaction Factors Selected by 20%+ of Clinical Executives/Directors & Providers, Region VIII**



As illustrated in Graph 90, Relationships with other co-workers (Q) was the top-ranked factor impacting satisfaction for the combined **Administrative and Clinical Support Staff** group, selected by over 60% of these respondents.

- Opportunity for promotion (BB, selected by 32% of these respondents) was more important for this group than others.
- Factors falling within the top 10 impacting current job satisfaction for this group, but not seen within the top 10 impacting engagement at work (see following pages) included Benefits package (V) and Compensation (U).

**Graph 90: Job Satisfaction Factors Selected by 20%+ of Administrative & Clinical Support Staff, Region VIII**



Refer to previous page for graph key.

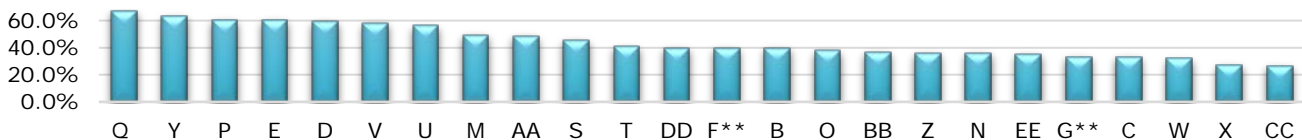
## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, Job Satisfaction, continued

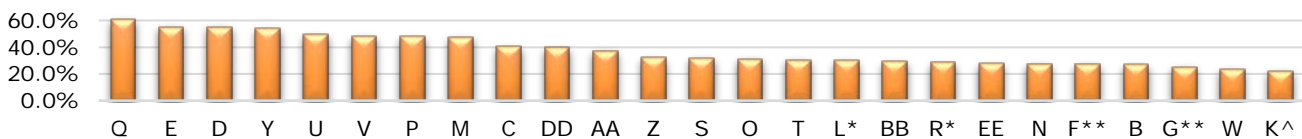
CHAMPS also reviewed the top factors impacting job satisfaction based on the age of the respondent, grouping the results into three categories: 20-29 years of age, 30-49 years of age, and 50+ years of age. Question respondents tended to select fewer factors impacting job satisfaction as age increased: those in the 20-29 age group selected an average of 11.4 factors impacting their job satisfaction, compared with an average of 10.3 factors selected for participants in the 30-49 age group, and an average of 8.0 factors for the 50+ age group. As illustrated in Graphs 91-93:

- Relationships with other co-workers (Q) was the top-ranked factor impacting job satisfaction for 20-29 and 30-49 year-olds and was ranked 2<sup>nd</sup> for those aged 50+. Quality of care that patients/clients receive (D) ranked first for the oldest age group.
- Opportunity for flexible work schedule (Y) was selected by 63% of the 20-29 year-olds, compared with 54% of the 30-49 group and 35% of the 50+ group.
- Relationships with supervisor(s) (P) also ranked higher for the youngest group than the others, being selected by over 60% of these respondents compared with 48% of the 30-49 year-olds and 40% of the 50+ group.
- Family life in/around community (spousal/partner employment, quality or schools, safety of community, etc.) (DD) was selected by 40% of the 20-29 and 30-49 age groups, but by only 21% of the 50+ year old respondents.
- Factors falling within the top 10 impacting current job satisfaction for each group, but not seen within the top 10 impacting engagement at work for this same group (see following pages) included:
  - 20-29 year-olds: Opportunity for flexible work schedule (Y), Benefits package (V), Compensation (U), and Organizational communication style (S).
  - 30-49 year-olds: Opportunity for flexible work schedule (Y), Compensation (U), Benefits package (V), and Family life in/around community (DD).
  - 50+ year-olds: Compensation (U), Benefits package (V), and Opportunity for flexible work schedule (Y).

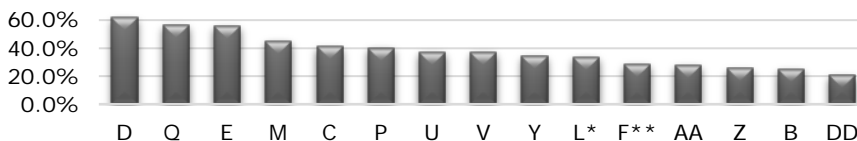
**Graph 91: Job Satisfaction Factors Selected by 20%+ of Respondents 20-29 Years of Age, Region VIII**



**Graph 92: Job Satisfaction Factors Selected by 20%+ of Respondents 30-49 Years of Age, Region VIII**



**Graph 93: Job Satisfaction Factors Selected by 20%+ of Respondents 50+ Years of Age, Region VIII**



Refer to following page for graph key.

*I enjoy working collaboratively with the community to make changes that benefit our patients and our community.*

*-Administrative Executive, Utah*

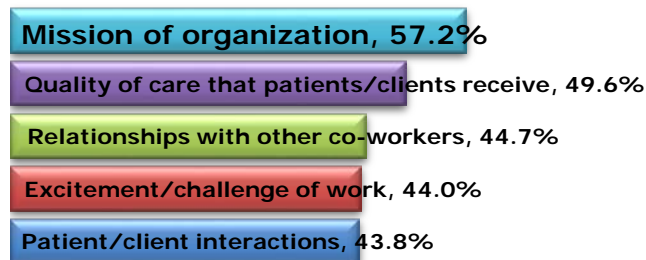


## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, continued

**Engagement at Work:** The top ranking factor impacting engagement at work<sup>+</sup> was Mission of the organization (C), selected by over 57% of respondents, followed by Quality of care that the patients/clients receive (D), Relationships with other co-workers (Q), Excitement/challenge of work (M), and Patient/client interactions (E), each selected by more than 40% of respondents (Graph 94). Eighteen of the 31 total factors were selected by 20% or more of all respondents as impacting their engagement at work (Graph 95).

Graph 94: Top Five Factors Impacting Engagement at Work, Region VIII



Graph 95: Engagement at Work Factors Selected by 20%+ of Respondents, Region VIII



Factors falling within the top 10 impacting engagement at work for all respondents region-wide (bolded below), but not seen within the top 10 impacting current job satisfaction (see page 54) included Opportunity to play a leadership role in the organization (Z) and Organizational capacity for change (T).

- |   |   |
|---|---|
| A. National health center policy*   | R. Competency of support staff*   |
| B. Connection to the national CHC movement                                    | S. Organizational communication style   |
| <b>C. Mission of organization</b>   | <b>T. Organizational capacity for change</b>  |
| <b>D. Quality of care that patients/clients receive</b>                       | U. Compensation   |
| <b>E. Patient/client interactions</b>   | V. Benefits package   |
| F. Specific job duties**  | W. Recognition activities/programs  |
| G. Workload**   | X. Resiliency activities/programs   |
| H. Scope of practice^   | <b>Y. Opportunity for flexible work schedule</b>  |
| I. Panel size^  | <b>Z. Opportunity to play a leadership role in the organization</b>   |
| J. Available administrative time^   | <b>AA. Opportunity for continuing education/professional development</b>  |
| K. Team-based care environment^   | BB. Opportunity for promotion   |
| L. Freedom to use, or restrictions in use of, your own professional judgment* | CC. Opportunity to participate in a mentoring program   |
| <b>M. Excitement/challenge of work</b>  | DD. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.) |
| N. Technology   | EE. Recreational opportunities around community   |
| O. Quality of equipment/facilities  |   |
| <b>P. Relationships with supervisor(s)</b>                                    |   |
| <b>Q. Relationships with other co-workers</b>                                 |   |

\*Options not given to Support Staff. \*\*Options not given to Clinical Executives/Directors and Providers.

^Options given only to Clinical Executives/Directors and Providers.

*My health center allows high quality, standard of care dentistry by trusting the clinician and allowing them to make judgments on their care.*

*-Clinical Provider, Wyoming*

<sup>+</sup>How passionate they feel about their job, how committed they are to the organization, how much effort they are willing to put into their work, etc.

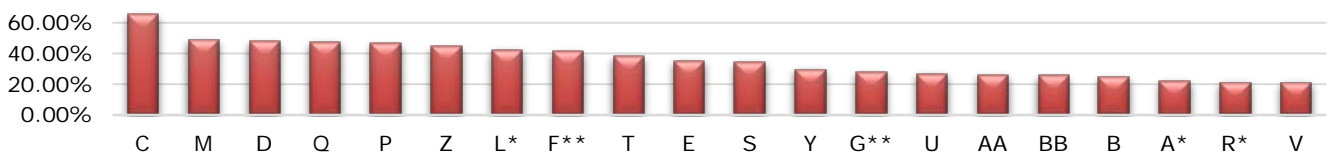
## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, Engagement at Work, continued

As illustrated in Graph 96, Mission of organization (C) was by far the top-ranked factor impacting engagement at work for respondents in the combined **Administrative Executives and Other Supervisors/Managers** group, being selected by over 65% of respondents. No other engagement factors were selected by over 50% of this group. (Mission of the organization [C] was also the top factor impacting satisfaction for these employees.)

- Relationships with supervisor(s) (P) appeared in the top five factors for the group, supplanting Patient/client interactions (E) which dropped to 10<sup>th</sup> place.
- Engagement factors selected by a greater percentage of this group than others include Relationships with supervisors (P), Opportunity to play a leadership role in the organization (Z), Freedom to use, or restrictions in use of, your own professional judgment (L), and Organizational capacity for change (T).
- Factors falling within the top 10 impacting current engagement at work for Administrative Executives and Other Supervisors/Managers, but not seen within the top 10 impacting job satisfaction for this same group (see previous pages) included Organizational capacity for change (T) and patient/client interactions (E).

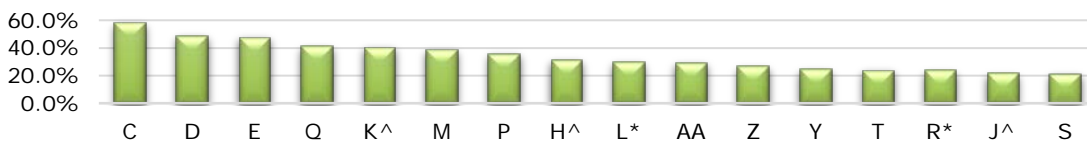
**Graph 96: Engagement Factors Selected by 20%+ of Administrative Executives & Other Supervisors/Managers, Region VIII**



As illustrated in Graph 97, Mission of the organization (C) was the top-ranked factor impacting engagement at work for **Clinical Executives/Directors and Providers**, being selected by over 58% of respondents; no other engagement factor was selected by more than 50% of this group.

- Team-based care environment (K) appeared in the top five factors for this group, supplanting Excitement/challenge of work (M) – however, this factor fell only to sixth place.
- Respondents in this group were less likely than the administrative and support groups to select Compensation (U) or Benefits package (V) as factors impacting engagement. Available administrative time (J) was selected by a greater percentage of this group than Panel size (I, not seen in graph below).
- Factors falling within the top 10 impacting engagement at work for Clinical Executives/Directors and Providers, but not seen within the top 10 impacting job satisfaction for this same group (see previous pages) included Scope of practice (H) and Opportunity for continuing education/professional development (AA).

**Graph 97: Engagement Factors Selected by 20%+ of Clinical Executives/Directors & Providers, Region VIII**



As illustrated in Graph 98, Quality of care that patients/clients receive (D) was the top-ranked factor impacting engagement at work for the combined **Administrative and Clinical Support Staff** group, selected by over 52% of these respondents, followed closely by Mission of organization (C).

- Family life in/around community (DD) and Quality of equipment/facilities (O) were more important engagement factors for this group than others.
- Factors falling within the top 10 impacting engagement at work for this group, but not seen within the top 10 impacting current job satisfaction (see previous pages) included Workload (G) and Organizational communication style (S).

**Graph 98: Engagement Factors Selected by 20%+ of Administrative & Clinical Support Staff, Region VIII**



Refer to previous page for graph key.

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, Engagement at Work, continued

CHAMPS reviewed the top factors impacting engagement at work based on the age of the respondent in three categories: 20-29 years of age, 30-49 years of age, and 50+ years of age. As seen with factors impacting job satisfaction, respondents tended to select fewer factors as age increased: those in the 20-29 age group selected an average of 8.8 factors impacting their engagement, compared with an average of 7.9 factors selected by participants in the 30-49 age group, and an average of 6.3 factors by those in the 50+ age group. As illustrated in Graphs 99-101:

- Quality of care that patients/clients receive (D) was the top ranked factor impacting engagement at work for all three age groups.
- Respondents in the 20-29 age group were more likely than others to select Technology (N), Quality of equipment/facilities (O), Recreational opportunities in/around community (EE), Recognition activities/programs (W), and Resiliency activities/programs (X) as factors impacting engagement at work.
- Respondents in the 50+ age group were less likely than others to select Compensation (U) or Benefits package (V) as factors impacting engagement at work.
- Factors falling within the top 10 impacting engagement at work for each group, but not seen within the top 10 impacting current job satisfaction for the same group (see previous pages) included:
  - 20-29 year-olds: Connection to the national CHC movement (B), Mission of organization (C), Family life in/around community (DD), and Specific job duties (F).
  - 30-49 year-olds: Opportunity to play a leadership role in the organization (Z), Opportunity for continuing education/professional development (AA), Connection to the national CHC movement (B), and Organizational communication style (B).
  - 50+ year-olds: Connection to the national CHC movement (B), Organizational capacity for change (T), and Specific job duties (F).

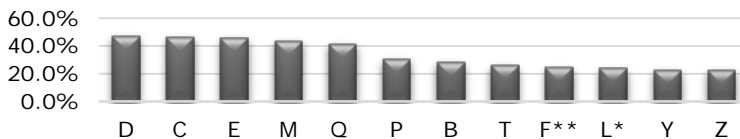
**Graph 99: Engagement Factors Selected by 20%+ of Respondents 20-29 Years of Age, Region VIII**



**Graph 100: Engagement Factors Selected by 20%+ of Respondents 30-49 Years of Age, Region VIII**



**Graph 101: Engagement Factors Selected by 20%+ of Respondents 50+ Years of Age, Region VIII**



Refer to following page for graph key.

*My favorite thing about my work is that each person has an opportunity to impact a patient's healthcare in a positive way and we're always encouraged to do so!*

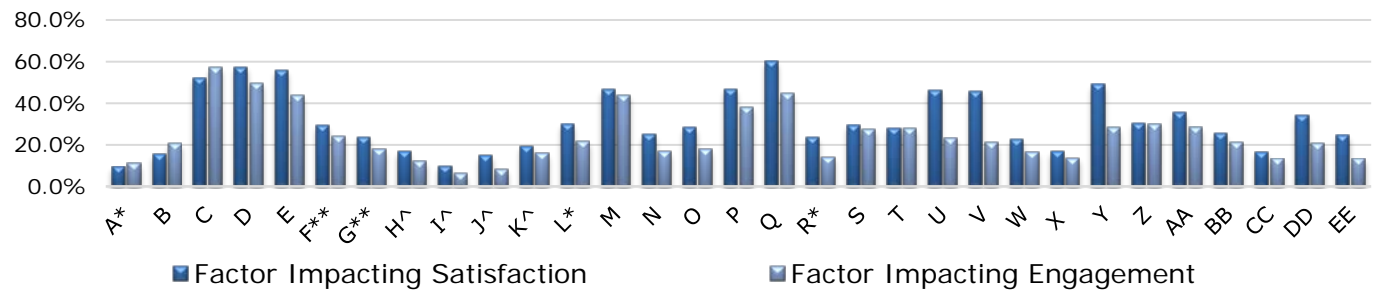
*-Administrative Executive, Montana*

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Impacting Satisfaction & Engagement, continued

**Job Satisfaction vs. Engagement at Work:** Respondents identified more factors as impacting satisfaction than engagement (56.4% of the selections were identified as influencing their current job satisfaction, while 43.6% of the selections were identified as influencing their engagement at work). Out of the combined 31 total factor choices, 28 were selected more often as impacting satisfaction, and only three – National health center policy (A), Connection to the national CHC movement (B), and Mission of the organization (C) – were selected more often as impacting engagement. The three factors with the greatest skew toward satisfaction (20%+ more respondents selecting the factor as impacting satisfaction than as impacting engagement) were Compensation (U), Benefits package (V), and Opportunity for flexible work schedule (Y). (Graph 102)

**Graph 102: Comparison of all Factors Impacting Job Satisfaction & Engagement at Work, Region VIII**



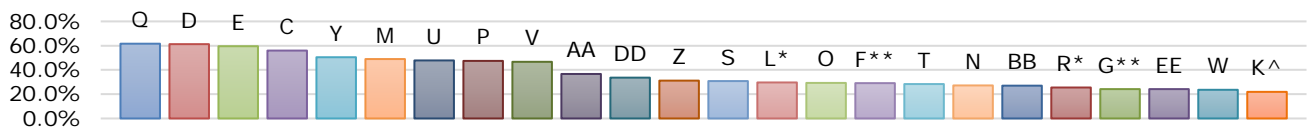
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>A. National health center policy*</li> <li>B. Connection to the national CHC movement</li> <li>C. Mission of organization</li> <li>D. Quality of care that patients/clients receive</li> <li>E. Patient/client interactions</li> <li>F. Specific job duties**</li> <li>G. Workload**</li> <li>H. Scope of practice^</li> <li>I. Panel size^</li> <li>J. Available administrative time^</li> <li>K. Team-based care environment^</li> <li>L. Freedom to use, or restrictions in use of, your own professional judgment*</li> <li>M. Excitement/challenge of work</li> <li>N. Technology</li> <li>O. Quality of equipment/facilities</li> <li>P. Relationships with supervisor(s)</li> <li>Q. Relationships with other co-workers</li> </ul> | <ul style="list-style-type: none"> <li>R. Competency of support staff*</li> <li>S. Organizational communication style</li> <li>T. Organizational capacity for change</li> <li>U. Compensation</li> <li>V. Benefits package</li> <li>W. Recognition activities/programs</li> <li>X. Resiliency activities/programs</li> <li>Y. Opportunity for flexible work schedule</li> <li>Z. Opportunity to play a leadership role in the organization</li> <li>AA. Opportunity for continuing education/professional development</li> <li>BB. Opportunity for promotion</li> <li>CC. Opportunity to participate in a mentoring program</li> <li>DD. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)</li> <li>EE. Recreational opportunities around community</li> </ul> |
|---|--|

\*Options not given to Support Staff. \*\*Options not given to Clinical Executives/Directors and Providers.  
 ^Options given only to Clinical Executives/Directors and Providers.

### STATE BREAKDOWN INFORMATION

**Graphs 103-114: Satisfaction & Engagement Factors Selected by 20%+ of Respondents, State Breakdowns**

**Graph 103: Colorado – Satisfaction Factors**



**Graph 104: Colorado – Engagement Factors**



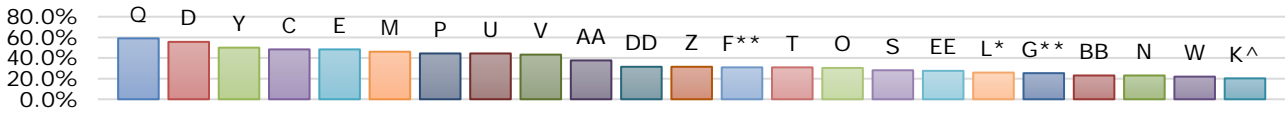
**H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued**

**Factors Influencing Satisfaction & Engagement, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Graphs 103-114: Satisfaction & Engagement Factors Selected by 20%+ of Respondents, State Breakdowns, continued**

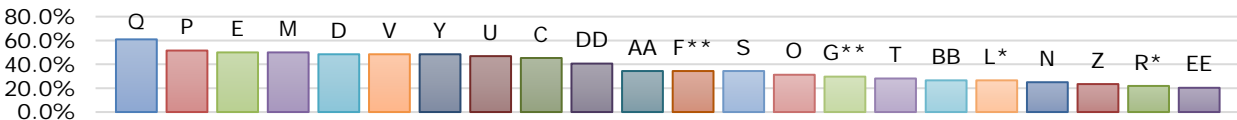
**Graph 105: Montana – Satisfaction Factors**



**Graph 106: Montana – Engagement Factors**



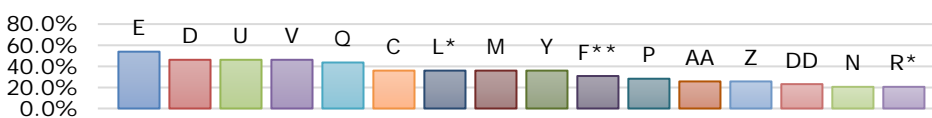
**Graph 107: North Dakota – Satisfaction Factors**



**Graph 108: North Dakota – Engagement Factors**



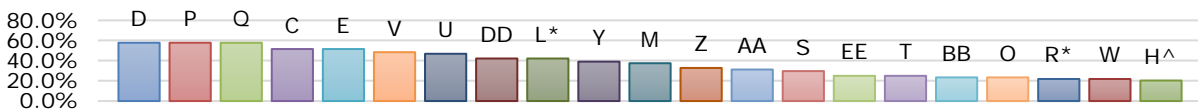
**Graph 109: South Dakota – Satisfaction Factors**



**Graph 110: South Dakota – Engagement Factors**



**Graph 111: Utah – Satisfaction Factors**



**Graph 112: Utah – Engagement Factors**



Refer to previous or following page for graph key.

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Influencing Satisfaction & Engagement, continued

#### STATE BREAKDOWN INFORMATION, continued

Graphs 103-114: Satisfaction & Engagement Factors Selected by 20%+ of Respondents, State Breakdowns, continued

Graph 113: Wyoming – Job Satisfaction Factors



Graph 114: Wyoming – Engagement Factors

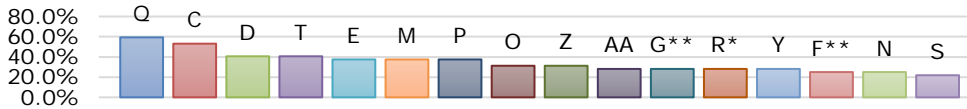


Table 18: Factors Influencing Current Job Satisfaction, Region VIII & State Breakdown

Job Satisfaction Factors	% of All Respondents for Location						
	RVIII (907)	CO (529)	MT (178)	ND (64)	SD (39)	UT (64)	WY (32)
A. National health center policy*	9.5%	10.2%	8.4%	*	15.4%	12.5%	*
B. Connection to the national CHC movement	15.3%	16.3%	14.0%	14.1%	17.9%	17.2%	*
C. Mission of organization	52.1%	56.0%	48.3%	45.3%	35.9%	51.6%	46.9%
D. Quality of care that patients/clients receive	57.4%	61.2%	55.6%	48.4%	46.2%	<b>57.8%</b>	37.5%
E. Patient/client interactions	55.7%	59.5%	48.3%	50.0%	<b>53.8%</b>	51.6%	56.3%
F. Specific job duties**	29.3%	29.1%	30.9%	34.4%	30.8%	17.2%	34.4%
G. Workload**	23.8%	24.2%	25.3%	29.7%	15.4%	12.5%	31.3%
H. Scope of practice^	16.9%	18.3%	15.7%	7.8%	17.9%	20.3%	*
I. Panel size^	9.9%	12.9%	7.3%	*	*	*	*
J. Available administrative time^	14.8%	18.5%	13.5%	*	*	7.8%	*
K. Team-based care environment^	19.4%	21.9%	20.2%	9.4%	*	17.2%	*
L. Freedom to use, or restrictions in use of, your own professional judgment*	30.0%	29.7%	25.8%	26.6%	35.9%	42.2%	34.4%
M. Excitement/challenge of work	46.7%	49.0%	46.1%	50.0%	35.9%	37.5%	37.5%
N. Technology	25.0%	27.2%	23.0%	25.0%	20.5%	18.8%	18.8%
O. Quality of equipment/facilities	28.4%	29.3%	30.3%	31.3%	15.4%	23.4%	25.0%
P. Relationships with supervisor(s)	46.9%	47.4%	44.4%	51.6%	28.2%	<b>57.8%</b>	40.6%
Q. Relationships with other co-workers	<b>60.2%</b>	<b>61.6%</b>	<b>59.0%</b>	<b>60.9%</b>	43.6%	<b>57.8%</b>	<b>65.6%</b>
R. Competency of support staff*	23.5%	25.5%	16.3%	21.9%	20.5%	21.9%	40.6%
S. Organizational communication style	29.4%	30.8%	28.1%	34.4%	15.4%	29.7%	21.9%
T. Organizational capacity for change	28.0%	28.4%	30.9%	28.1%	15.4%	25.0%	28.1%
U. Compensation	46.3%	47.8%	44.4%	46.9%	46.2%	46.9%	28.1%
V. Benefits package	45.8%	46.7%	43.3%	48.4%	46.2%	48.4%	31.3%
W. Recognition activities/programs	22.5%	23.6%	21.9%	18.8%	17.9%	21.9%	21.9%
X. Resiliency activities/programs	17.0%	18.3%	16.9%	14.1%	*	14.1%	15.6%
Y. Opportunity for flexible work schedule	49.1%	50.5%	50.0%	48.4%	35.9%	39.1%	56.3%
Z. Opportunity to play a leadership role in the organization	30.5%	31.2%	31.5%	23.4%	25.6%	32.8%	31.3%
AA. Opportunity for continuing education/professional development	35.7%	36.7%	37.6%	34.4%	25.6%	31.3%	34.4%
BB. Opportunity for promotion	25.4%	27.0%	23.0%	26.6%	15.4%	23.4%	25.0%
CC. Opportunity to participate in a mentoring program	16.5%	18.7%	13.5%	15.6%	*	17.2%	*
DD. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)	34.1%	33.6%	31.5%	40.6%	23.1%	42.2%	40.6%
EE. Recreational opportunities in/around community	24.5%	24.2%	27.5%	20.3%	17.9%	25.0%	28.1%

Satisfaction/Engagement Factors Key: \*Options not given to Support Staff.

\*\*Options not given to Clinical Executives/Directors and Providers.

^Option given only to Clinical Executives/Directors and Providers.

Percentages Key: \*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. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Factors Influencing Satisfaction & Engagement, continued

#### STATE BREAKDOWN INFORMATION, continued

Table 19: Factors Influencing Engagement at Work, Region VIII & State Breakdown

Engagement at Work Factors	% of All Respondents for Location						
	RVIII (907)	CO (529)	MT (178)	ND (64)	SD (39)	UT (64)	WY (32)
A. National health center policy*	10.9%	12.1%	9.6%	9.4%	12.8%	*	15.6%
B. Connection to the national CHC movement	20.5%	23.1%	18.0%	18.8%	15.4%	14.1%	15.6%
C. Mission of organization	<b>57.2%</b>	<b>60.3%</b>	57.3%	42.2%	<b>46.2%</b>	<b>56.3%</b>	53.1%
D. Quality of care that patients/clients receive	49.6%	50.3%	<b>58.4%</b>	35.9%	30.8%	50.0%	40.6%
E. Patient/client interactions	43.8%	44.0%	43.8%	40.6%	<b>46.2%</b>	46.9%	37.5%
F. Specific job duties**	24.3%	21.6%	30.3%	31.3%	23.1%	21.9%	25.0%
G. Workload**	17.8%	15.5%	20.2%	25.0%	17.9%	17.2%	28.1%
H. Scope of practice^	12.1%	13.6%	9.6%	*	17.9%	14.1%	*
I. Panel size^	6.2%	7.4%	5.1%	*	*	*	*
J. Available administrative time^	8.4%	9.5%	6.7%	*	*	10.9%	*
K. Team-based care environment^	15.9%	18.5%	15.7%	*	*	12.5%	15.6%
L. Freedom to use, or restrictions in use of, your own professional judgment*	21.6%	21.9%	18.0%	17.2%	25.6%	32.8%	18.8%
M. Excitement/challenge of work	44.0%	43.9%	44.9%	<b>51.6%</b>	43.6%	37.5%	37.5%
N. Technology	16.9%	16.4%	18.0%	18.8%	17.9%	10.9%	25.0%
O. Quality of equipment/facilities	17.8%	17.0%	19.7%	25.0%	*	10.9%	31.3%
P. Relationships with supervisor(s)	38.1%	38.6%	37.6%	43.8%	23.1%	39.1%	37.5%
Q. Relationships with other co-workers	44.7%	46.3%	43.3%	39.1%	28.2%	42.2%	<b>59.4%</b>
R. Competency of support staff*	14.2%	15.5%	10.1%	14.1%	12.8%	9.4%	28.1%
S. Organizational communication style	27.5%	27.6%	29.8%	32.8%	17.9%	23.4%	21.9%
T. Organizational capacity for change	27.8%	27.6%	30.3%	29.7%	12.8%	23.4%	40.6%
U. Compensation	23.3%	23.4%	28.7%	26.6%	15.4%	10.9%	18.8%
V. Benefits package	21.1%	21.0%	24.2%	17.2%	15.4%	25.0%	*
W. Recognition activities/programs	16.5%	18.3%	14.6%	20.3%	12.8%	10.9%	*
X. Resiliency activities/programs	13.7%	14.7%	13.5%	15.6%	*	7.8%	15.6%
Y. Opportunity for flexible work schedule	28.4%	28.9%	30.3%	26.6%	23.1%	25.0%	28.1%
Z. Opportunity to play a leadership role in the organization	30.0%	29.5%	30.3%	35.9%	20.5%	31.3%	31.3%
AA. Opportunity for continuing education/professional development	28.2%	28.4%	34.8%	18.8%	20.5%	23.4%	28.1%
BB. Opportunity for promotion	21.2%	21.4%	24.2%	18.8%	15.4%	20.3%	15.6%
CC. Opportunity to participate in a mentoring program	13.3%	13.8%	14.0%	18.8%	*	*	*
DD. Family life in/around community (spousal/partner employment, quality of schools, safety of community, etc.)	20.7%	21.7%	20.8%	25.0%	15.4%	15.6%	*
EE. Recreational opportunities in/around community	13.2%	13.4%	16.3%	17.2%	*	*	*

Satisfaction/Engagement Factors Key: \*Options not given to Support Staff.

\*\*Options not given to Clinical Executives/Directors and Providers.

^Options given only to Clinical Executives/Directors and Providers.

Percentages Key: \*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 appreciate the way everyone is committed to doing the best possible thing for our patients. The commitment to patient services and mission focus is always inspiring.*

*-Clinical Executive/Provider, Colorado*

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work



**Cloud View 1:**  
**Health Center Successes**  
**Relating to Job Satisfaction &**  
**Engagement at Work,**  
**Top Words & Phrases**  
**Used by Respondents**  
**(Larger Size =**  
**Greater Frequency)**

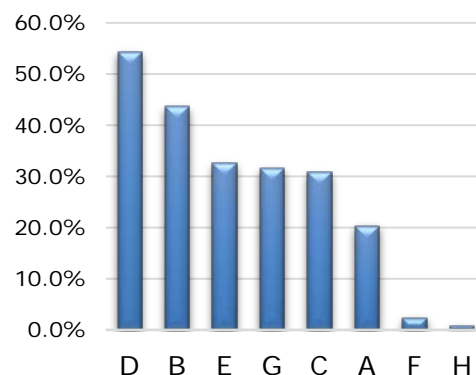
To identify the strengths of Region VIII health centers, survey participants were asked to identify one thing, specifically contributing to their job satisfaction and engagement at work, that their health center does really well (e.g., “what is your favorite thing about work?”). (Please note that excerpts 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<sup>19</sup> terms and concepts)
- F. **External** (involving people, events, 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” would be coded into both “B. Interpersonal” and “C. Patients;” “I enjoy working with our provider group” would be coded into both “B. Interpersonal” and “D. Organizational.” While over half of all respondents reported concepts that were categorized in the Organizational area (D, Graph 115), **People** – a component of multiple overarching areas including Interpersonal (B), Patients (C), and Organizational (D) – emerged as the strongest theme relating to positive job satisfaction and engagement at work. Over 43% of respondents referred to Interpersonal relationships (B) and over 30% to Patients (C, Graph 115), and over 30% to an organization's staff (Graph 116, following page).

**Graph 115: Health Center Successes**  
**Relating to Job Satisfaction &**  
**Engagement at Work, Overarching**  
**Areas, Region VIII**



**Strongest theme relating to positive job satisfaction for 2011 CHAMPS R&R Survey respondents: **People**.**

<sup>19</sup> Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center? <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.



## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

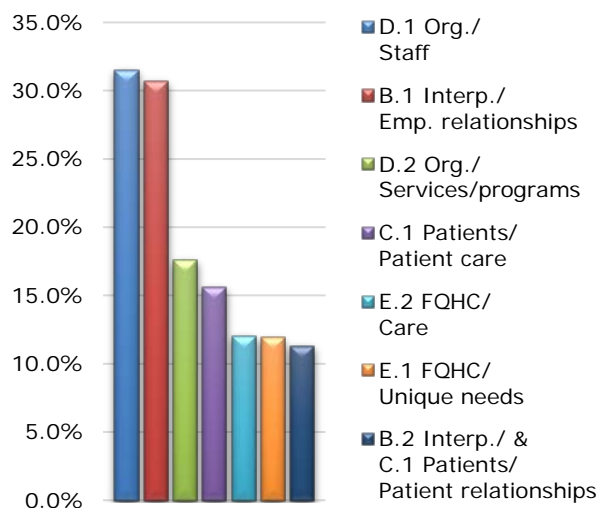
### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

Issues coded into the FQHC (E) and Values (G) areas were also very impactful; each was referenced by more than 30% of respondents (32.5% and 31.5% respectively). Subjects relating to Personal issues (A) were addressed by more than 20% of respondents each. External issues (F) were mentioned by only 2.3% of respondents, and very few (less than 1.0%) made a comment that was categorized as Negative (H). (Graph 115, previous page)

Each overarching area (except for External [F] and Negative [H]) was broken down into subcategories to identify more specific concepts within each. Not all comments were categorized into subcategories; only specific concepts/topics that were mentioned by at least five respondents were combined into a subcategory; the largest subcategories (e.g., B.1 Interpersonal – Employee relationships) were further broken down into additional common concept subgroups. A concept/topic may have been assigned to more than one subcategory/group; e.g., “my executive team is great to work with” is coded both into B.1.c Interpersonal/Employee relationships – Leadership/management and D.1.b Organizational/Staff – Leadership/management (see the following pages for subgroups for each subcategory). Graph 116 below illustrates the top subcategory concepts, each expressed by at least 10% of respondents.

Organizational staff (D.1), including references to various staff titles/groups at all levels, was the most popular subcategory with 31.5% of all respondents expressing a related concept (Graph 116); this subcategory’s subgroup of Staff values/characteristics (D.1.a) was also high-ranking, expressed by 18.0% of all respondents (see page 67). The second highest ranking subcategory was Employee relationships (B.1), with related concepts expressed by 30.7% of respondents (Graph 116); the subgroup Team/teamwork (B.1.a) was expressed by 11.1% of all respondents (see page 66). Other high-ranking subcategories included Organizational services and programs (D.2, 17.6%), Patient care (C.1, 15.6%), FQHC care concepts (E.2, 12.0%), FQHC concepts related to unique needs (E.1, 11.9%), and Patient relationships (considered part of both the Interpersonal and Patients areas – B.2 and C.1, 11.3%) (Graph 116).

**Graph 116: Health Center Successes Relating to Job Satisfaction & Engagement at Work, Top Concept Subcategories, Region VIII**



The list below illustrates the subcategories and subgroups within each overarching area of **health center successes relating to job satisfaction and engagement at work** (survey respondents’ “favorite thing(s) about work”). Subcategory/group topics expressed by 10% or more of respondents are shown in **orange text**; subcategory/group topics expressed by 5.0%-9.9% of respondents are shown in **purple text**.

- A. **Personal Area (addressed by 20.3% of all respondents)**, involving concepts that directly benefit the individual; includes subcategories:
  1. **Flexibility of personal schedule: 6.5%** – focusing on the employee being allowed to maintain flexible hours and/or work locations; key words and phrases included: flexibility in hours/schedule, work remotely, etc.
  2. Other identified Personal concepts included: Opportunities for professional growth (4.5%), Autonomy in position (3.9%), Benefits (3.3%), Recognition (2.0%), Trust (1.0%, cross-coded in the Values area, G.3), Compensation (0.8%), and Employee’s family (0.8%).

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

#### Subcategories/groups for Overarching Areas, continued

- B. **Interpersonal Area (43.6%)**, involving specific relationships and/or interactions with people; includes subcategories:
1. **Employee relationships: 30.7%** – relationships between coworkers, supervisors, management, support staff, providers, etc.; sample words and phrases included: support of management team/supervisor, great team that I work with, teamwork, peer to peer support and engagement, leadership listens and responds, relationship with coworkers, working together, people I work with, etc. Subgroups of Interpersonal/Employee relationships include:
    - a) **Team/teamwork: 11.1%** – sample words and phrases included: administrative team, works well as a team, great team that I work with, teamwork, team I work with, come together and work as a team, work well together, teams, etc.
    - b) **Relationships with coworkers, peers, colleagues: 7.5%** – comments directly indicating peer relationships; sample words and phrases included: coworkers, people/staff I work with, peers, colleagues, office mates, working with professionals, other employees, fellow staff, my crew, etc.
    - c) **Leadership/management: 7.2%** – (cross-coded in the Organizational/Staff area, D.1.b), comments specifically addressing the leadership, management, and/or supervision of the organization and/or employees; sample words and phrases included: administrative team, supervisors, bosses, site director, director, leadership, executive leadership, etc.
      - i. Identified subsets of Leadership/management included: Supervisor (3.6%), Leadership (1.6%), CEO/ED (0.8%), and Administration (0.7%).
    - d) Other identified Interpersonal/Employee relationships subgroups included: Providers (3.3%) and Support staff (1.8%), both cross-coded in the Organizational/Staff area, D.1.c and D.1.d.
  2. **Patient relationships: 11.3%** – directly involving interactions and/or relationships with patients (also cross-coded in the Patients area, C.2); sample words and phrases included: patient/client interaction, love working directly with patients, truly care about the patients, cares about their needs, my patients, impact on patients, patient satisfaction, etc.
  3. **Support/family: 6.5%** – a feeling of support (“family”) within the organization; sample words and phrases included: support of administrative team, team support, peer-to-peer support, supervisor is understanding and willing to work with, like a family, feeling of family, family-like culture, etc.
  4. **Communication: 6.4%** – involves characteristics relating to the process of sharing information; sample words and phrases included: communication, ability to ask for ideas, can always talk to, listens and responds, encourages input, asks for feedback, good/open/efficient communication, responsive, positive interactions, talk about, spend time discussing, etc.

*I appreciate the interaction between clinical staff and supervisors and the ability to ask for ideas, feeling supported and appreciated for the work we do.*

*-Clinical Executive/Provider, Utah*

## **H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued**

### **Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued**

#### **Subcategories/groups for Overarching Areas, continued**

- C. **Patients Area (30.7%)**, includes a large number of general references to “patients,” “clients,” etc., as well as the following subcategories:
1. **Patient care: 15.6%** – directly referencing the care received by patients; sample words and phrases included: provide the best care to patients, taking care of people, care for the whole patient, better help the patient, get the medical care they need, care for the population, high quality care, quality of care, patient care, care they received, etc. An identified sub-set of Patient care included Patient-centered care (0.8%, cross-coded in the FQHC/Care area, E.1.a).
  2. **Patient relationships: 11.3%** – directly involving interactions and/or relationships with patients (cross-coded in the Interpersonal area, B.2); sample words and phrases included: patient/client interaction, love working directly with patients, truly care about the patients, cares about their needs, my patients, impact on patients, patient satisfaction, etc.
  3. Another identified Patients concept was Patient families (0.8%).
- D. **Organizational Area (54.9%)**, involving issues related to operations, structure, staffing, etc.; includes subcategories:
1. **Staff: 31.5%** – comments addressing interactions with and/or qualities of individuals or groups of the organization’s workforce. Identified subgroups of Organizational/Staff include:
    - a) **Staff values/characteristics: 18.0%** – comments related to the quality, values, ethics, etc. of individuals or groups of the organization’s staff; sample words and phrases included: work hard to provide the utmost and best care, our engagement as a whole, team is extremely caring, strong team, hard work from our staff, cares for patients above and beyond the call of duty, professionals who are passionate about their work, cohesive, commitment, treat each other with kindness and respect, etc.
      - i. Identified sub-sets of Staff values/characteristics included: **Amazing/excellent/etc. (5.5%)**, Collaborative/work well together (2.8%), Caring/compassionate (1.4%), Positive communicators (1.2%), Commitment/dedication (1.0%), Passionate (1.0%), Hard-working/above and beyond (0.8%), and Engaged (0.7%) (all cross-coded in the Values area, G.3).
    - b) **Leadership/management: 8.1%** – concepts specifically addressing the leadership and/or management of the organization (cross-coded in Interpersonal/Employee relationships area, B.1.c, plus additional references not related to interpersonal relationships); sample words and phrases included: strong administrative team, encouragement from supervisor, administrative team rapport, encouragement to be innovative by leadership team, etc.
    - c) **Providers: 5.3%** – comments addressing the qualities of, satisfaction with, or other concepts related to an individual or group of providers (cross-coded in Interpersonal/Employee relationships area, B.1.d, plus additional references not related to interpersonal relationships); sample words and phrases included: interaction with clinical staff, works well with medical and behavioral health providers, trusting the clinician, my provider does an amazing job, clinicians have a voice, providers communicate efficiently, quality team of LCSW’s, etc.
    - d) Another identified Organizational/Staff concept was Support staff (2.5%, cross-coded in the Interpersonal/Employee relationships area, B.1.d, plus additional references not related to interpersonal relationships).

## **H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued**

### **Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued**

#### **Subcategories/groups for Overarching Areas, continued**

##### **B. Organizational Area, continued**

2. **Services/programs: 17.6%** – any mention, generally or specifically, of services, programs, departments; sample words and phrases included: team-based care approach, always working to improve every department, integrated care, services provided, educating family members, our program, well-being program, community outreach, standard care of dentistry, specialty care voucher program, robust midwifery service, etc. Subgroups of Organizational/Services/programs included:
  - a) Integrated care (4.6%, cross-coded in the FQHC/Care area, E.1.a), Team-based care (4.0%), Behavioral/mental health (1.7%), Primary/medical (1.4%), and Dental (1.2%).
3. **Individual job duties: 6.0%** – relating to the employees' responsibilities; sample words and phrases included: the responsibilities given to me, create my own job, do a lot of quality work, love the program I am involved in, clear tasks, how I do my work, etc.
4. Other identified Organizational concepts included: Environment/culture (3.9%), Organizational improvement (2.2%), Growth (0.6%), and Facilities/equipment/technology (0.6%).

##### **E. FQHC Area (32.5%), involving terms and concepts related to Health Center Program Fundamentals<sup>20</sup>; includes subcategories:**

1. **Care: 12.0%** – comments related to patient-directed, comprehensive, culturally competent, high-quality, patient-centered, integrated care; sample words and phrases included: providing the best care to patients, serve the underserved in a culturally sensitive way, integrated care, comprehensive primary care, excellent quality of patient care, etc. Subgroups of FQHC/Care included:
  - a) High quality (4.7%), Integrated care (3.7%), and Patient-centered care (0.8%)
2. **Unique needs: 11.9%** – comments related to responding to the needs of diverse medical underserved areas and populations, vulnerable individuals and families, specific special or vulnerable populations, etc.; sample words and phrases included: providing health care to a rural/frontier area, medical care that they need, helps families and high-risk youth, helping people/those in need, underserved, desperate need of help, etc. Subgroups of FQHC/Unique needs included:
  - a) **Underserved: 5.1%** – comments referring to the patient population as underserved; sample words and phrases included: underserved, serve the underserved, improve underserved population, care for the underserved, etc.
  - b) Other identified FQHC/Unique needs concepts included: Other specific areas/populations (2.6%) and Access to care (1.6%).
3. **Community: 8.1%** – comments related to being community-based, community-directed, and/or community-serving; sample words and phrases included: serve the community, working in the community, improve the lives of those in the community, help in their own community, involvement with the community, collaborating with the community, etc.
4. **Mission: 7.0%** – comments referring specifically to the mission, vision, and/or values of the organization; sample words and phrases included: serving the mission, the mission statement, a focus on the mission, believe in our mission, involved in the mission, vision, and values, living the mission, etc.
5. Another identified FQHC concept was Financial need (1.8%).

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<sup>20</sup> Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center? <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

#### Subcategories/groups for Overarching Areas, continued

- F. **External Area\* (2.3%)**, includes commentary about people, ideas, events, etc. outside of the organization's immediate control; sample words and phrases included: community events like parades, working with community organizations, working collaboratively with the community, engagement with outside agencies, location, great network, etc.
1. Identified External concepts included Networking/collaboration (0.6%) and Location (0.6%).
- G. **Values Area (31.5%)**, involving references to ideals, ethics, qualities, etc.; includes subcategories:
1. **Helping people: 8.2%** – relating to providing a human service by helping people; sample words and phrases included: help them in any way I can, helping family members, mission to help people, helping patients, helping people in need, etc.
  2. **Change/variety/challenge/improvement: 6.6%** – concepts addressing an appreciation for challenges, the ability to change or adapt, a dedication to improvement, and to variety within work; key words and phrases included: concepts behind creating change, improving patient care, chance to be creative, things that challenge me, adapt to change, something new all the time, difficult population, make improvements/changes, creative solutions, problem-solving, open to new ideas, etc.
  3. Other identified Values concepts included: Making a difference (1.0%) and Trust (1.0%, cross-coded in the Personal area, A.2) plus sub-sets of Staff values/characteristics (cross-coded in the Organizational/Staff area, D.1.a) including **Amazing/excellent/etc. (5.5%)**, Collaboration (2.8%), Care/compassion (1.4%), Positive communication (1.2%), Commitment/dedication (1.0%), Passion (1.0%), Hard-working (0.8%), and Engagement (0.7%).

*\*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 section (Health Center Successes Relating to Job Satisfaction & Engagement at Work).*

*My favorite thing is to be able to do what's best for our patients and allowing for flexibility to provide the best care.*

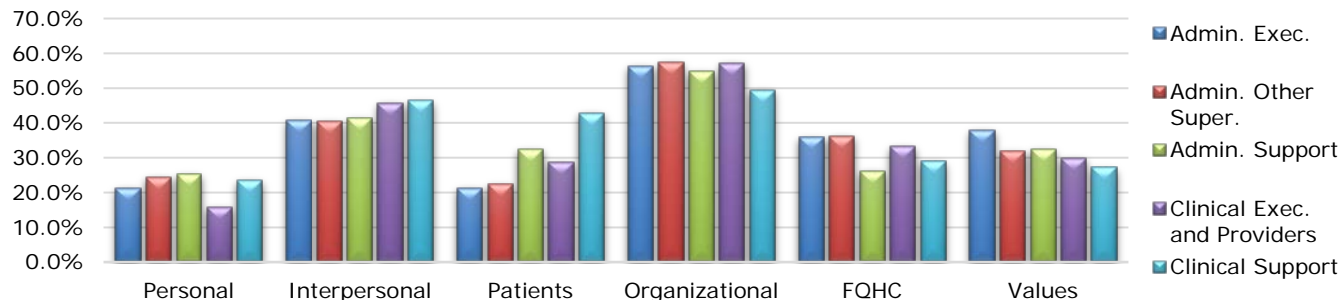
*-Administrative Supervisor/Manager, Montana*

Respondents within the Clinical Executives/Directors and Providers group were less likely than others to express positive satisfaction/engagement concepts relating to the Personal area; only 15.9% of these respondents mentioned a Personal concept, compared to over 20% for all other groups. Clinical staff were slightly more likely than Administrative staff to express a concept categorized as Interpersonal (45%-46% compared with 40%-41%). Support staff, and especially the Clinical Support group, expressed concepts relating to Patients more often than the Executives/Directors and Other Supervisors; 42.8% of Clinical Support employee comments referred to Patients in some way. While Organizational concepts were the most common for all groups, and most groups were similarly likely to make comments related to Organizational concepts, the Clinical Support group was slightly less likely to refer to these ideas than others. Administrative and Clinical Support staff also referred to FOHC concepts less often than other groups. Administrative Executive/Director comments referred to Values concepts more often than other types of staff. (Graph 117, following page)

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

**Graph 117: Health Center Successes Relating to Satisfaction & Engagement by Position Type, Overarching Areas, Region VIII**



### **Top Ranking Subcategories/groups of Health Center Successes Relating to Satisfaction & Engagement, by Position Type:** *(Those expressed by 10% or more of each respondent group.)*

#### **Administrative Executives/Directors:**

- D.1 Organizational/Staff (34.0% of group)
- B.1 Interpersonal/Employee relationships (29.1%)
- D.1.a Organizational/Staff – Staff values/characteristics (17.5%)
- D.2 Organizational – Services/programs (15.5%)
- E.3 FQHC – Community (15.6%)
- B.1.a Interpersonal/Employee relationships – Team/teamwork (13.6%)
- D.1.b Organizational/Staff – Leadership/management (13.6%)
- E.4 FQHC/Mission (12.6%)
- G.2 Values/Change/variety/value/improvement (12.6%)
- B.1.c Interpersonal/Employee relationships – Leadership/management (11.7%)
- E.2 FQHC – Unique Needs (10.7%)

#### **Administrative Other Supervisors:**

- D.1 Organizational/Staff (33.0%)
- B.1 Interpersonal/Employee relationships (27.7%)
- D.1.a Organizational/Staff – Staff values/characteristics (17.0%)
- E.2 FQHC – Unique Needs (17.0%)
- D.2 Organizational/Services/programs (16.0%)
- E.3 FQHC – Community (16.0%)
- B.1.c Interpersonal/Employee relationships – Leadership/management (12.8%)
- C.1 Patients/Patient care (12.8%)
- D.1.b Organizational/Staff – Leadership/management (12.8%)
- G.1 Values/Helping people (10.6%)

#### **Administrative Support:**

- D.1 Organizational/Staff (27.0%)
- B.1 Interpersonal/Employee relationships (25.2%)
- C.1 Patients/Patient care (17.1%)
- D.1.a Organizational/Staff – Staff values/characteristics (14.4%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (13.5%)
- D.2 Organizational/Services/programs (12.6%)

#### **Clinical Executives/Directors & Providers:**

- D.1 Organizational/Staff (34.7%)
- B.1 Interpersonal/Employee relationships (34.4%)
- D.2 Organizational/Services/programs (21.0%)
- D.1.a Organizational/Staff/Staff values/characteristics (20.7%)
- B.1.a Interpersonal/Employee relationships – Team/teamwork (15.0%)
- C.1 Patients/Patient care (15.0%)
- E.1 FQHC/Care (14.1%)
- E.2 FQHC/Unique needs (13.2%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (11.4%)

#### **Clinical Support:**

- B.1 Interpersonal/Employee relationships (39.6%)
- D.1 Organizational/Staff (27.1%)
- C.1 Patients/Patient care (20.5%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (16.3%)
- D.1.a Organizational/Staff – Staff values/characteristics (16.3%)
- D.2 Organizational/Services/programs (16.3%)
- E.1 FQHC/Care (12.7%)
- A.1 Personal/Flexibility of personal schedule (10.2%)
- E.2 FQHC/Unique needs (10.2%)

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

There were very few differences in job satisfaction and engagement at work themes related to tenure at the health center or age. However, Personal concepts were expressed slightly less often by the oldest employees (those 50+ years of age), and the youngest respondents (those younger than 30) were most likely to express FQHC concepts. (Graph 118)

**Graph 118: Health Center Successes Relating to Satisfaction & Engagement by Tenure & Age, Overarching Areas, Region VIII**



### Top Ranking Subcategories/groups of Health Center Successes Relating to Satisfaction & Engagement, by Tenure & Age: (Those expressed by 10% or more of each respondent group.)

#### 0-5 Years at Health Center:

- D.1 Organizational/Staff (32.1% of group)
- B.1 Interpersonal/Employee relationships (31.7%)
- D.1.a Organizational/Staff – Staff values/characteristics (18.1%)
- D.2 Organizational/Services/programs (16.3%)
- C.1 Patients/Patient care (16.1%)
- E.1 FQHC/Care (12.6%)
- B.1.a Interpersonal/Employee relationships – Team/Teamwork (12.0%)
- E.2 FQHC/Unique needs (11.4%)

#### 6+ Years at Health Center:

- D.1 Organizational/Staff (31.1%)
- B.1 Interpersonal/Employee relationships (29.2%)
- D.2 Organizational/Services/programs (19.4%)
- D.1.a Organizational/Staff – Staff values/characteristics (18.2%)
- C.1 Patients/Patient care (15.4%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (14.2%)
- E.2 FQHC/Unique needs (12.9%)
- E.1 FQHC/Care (11.4%)
- G.1 Values/Helping people (10.5%)

#### Up to 29 Years of Age:

- B.1 Interpersonal/Employee relationships (31.6%)
- D.1 Organizational/Staff (29.5%)
- C.1 Patients/Patient care (22.1%)
- D.1.a Organizational/Staff – Staff values/characteristics (17.9%)
- D.2 Organizational/Services/programs (14.7%)
- E.2 FQHC/Unique Needs (14.7%)
- E.3 FQHC/Community (14.7%)
- E.1 FQHC/Care (12.6%)
- G.1 Values/Helping people (12.6%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (10.5%)

#### 30-49 Years of Age:

- D.1 Organizational/Staff (32.8%)
- B.1 Interpersonal/Employee relationships (30.9%)
- D.2 Organizational/Services/programs (19.7%)
- D.1.a Organizational/Staff – Staff values/characteristics (19.0%)
- C.1 Patients/Patient care (14.3%)
- B.1.a Interpersonal/Employee relationships – Team/Teamwork (13.2%)
- E.1 FQHC/Care (13.0%)
- E.2 FQHC/Unique Needs (10.2%)

#### 50+ Years of Age:

- D.1 Organizational/Staff (31.9%)
- B.1 Interpersonal/Employee relationships (30.3%)
- D.1.a Organizational/Staff – Staff values/characteristics (17.7%)
- C.1 Patients/Patient care (16.9%)
- D.2 Organizational/Services/programs (15.8%)
- B.2 Interpersonal and C.2 Patients/Patient relationships (15.0%)
- E.2 FQHC/Unique needs (14.2%)
- E.1 FQHC/Care (11.0%)

*I love the high quality people I work with – fellow providers, nursing staff, support staff, etc.*

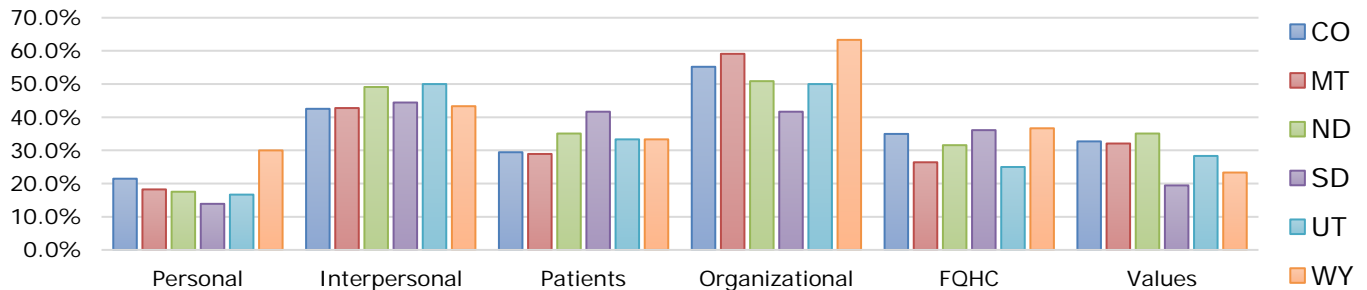
*–Clinical Executive/Provider,  
North Dakota*

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

#### STATE BREAKDOWN INFORMATION

**Graph 119: Health Center Successes Relating to Satisfaction & Engagement, Overarching Areas, State Breakdown**



#### Top Ranking Subcategories/groups of Health Center Successes Relating to Satisfaction & Engagement, by State: (Those expressed by 10% or more of each respondent group.)

##### CO:

- D.1 Org./Staff (30.5% of group)
- B.1 Interp./Employee relationships (29.9%)
- D.2 Org./Services/programs (21.3%)
- D.1.a Org./Staff – Staff values/characteristics (18.6%)
- C.1 Patients/Patient care (15.8%)
- E.2 FQHC/Unique needs (14.1%)
- E.1 FQHC/Care (13.5%)
- B.1.a Interp./Employee relationships – Team/Teamwork (12.1%)
- B.2 Interp. and C.2 Patients/Pt. relationships (10.6%)

##### MT:

- B.1 Interp./Employee relationships (32.1%)
- D.1 Org./Staff (28.9%)
- D.2 Org./Services/programs (17.0%)
- D.1.a Org./Staff – Staff values/characteristics (16.4%)
- C.1 Patients/Patient care (12.6%)
- B.2 Interp. and C.2 Patients/Pt. relationships (11.3%)
- B.1.a Interp./Employee relationships – Team/Teamwork (10.7%)
- E.1 FQHC/Care (10.7%)

##### ND:

- D.1 Org./Staff (40.4%)
- B.1 Interp./Employee relationships (29.8%)
- D.1.a Org./Staff – Staff values/characteristics (24.6%)
- C.1 Patients/Patient care (17.5%)
- B.1.b Interp./Employee relationships – Co-workers/peers/colleagues (14.0%)
- D.1.b Org./Staff – Leadership/management (14.0%)
- B.2 Interp. and C.2 Patients/Pt. relationships (12.3%)
- E.2 FQHC/Unique needs (12.3%)
- B.1.a Interp./Employee relationships – Team/Teamwork (10.5%)
- B.1.c Interp./Employee relationships – Leadership/management (10.5%)
- B.4 Interp./Communication (10.5%)

##### SD:

- D.1 Org./Staff (36.1%)
- B.1 Interp./Employee relationships (30.6%)
- C.1 Patients/Patient care (22.2%)
- D.1.a Org./Staff – Staff values/characteristics (19.4%)
- B.2 Interp. and C.2 Patients/Pt. relationships (13.9%)
- E.1 FQHC/Care (13.9%)

##### UT:

- B.1 Interp./Employee relationships (35.0%)
- D.1 Org./Staff (31.7%)
- B.1.c Interp./Employee relationships – Leadership/management (16.7%)
- C.1 Patients/Patient care (16.7%)
- D.1.b Org./Staff – Leadership/management (16.7%)
- B.2 Interp. and C.2 Patients/Pt. relationships (15.0%)
- D.1.a Org./Staff – Staff values/characteristics (13.3%)
- D.2 Org./Services/programs (13.3%)
- G.1 Values/Helping people (13.3%)
- E.3 FQHC/Community (11.7%)
- B.1.a Interp./Employee relationships – Team/Teamwork (10.0%)
- B.4 Interp./Communication (10.0%)

##### WY:

- D.1 Org./Staff (40.0%)
- B.1 Interp./Employee relationships (30.0%)
- C.1 Patients/Patient care (20.0%)
- D.3 Org./Individual job duties (16.7%)



## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Successes Relating to Job Satisfaction & Engagement at Work, continued

#### STATE BREAKDOWN INFORMATION, continued

**Table 20: Health Center Successes Relating to Satisfaction & Engagement, Overarching Areas & Top Subcategories/groups (Those indicated by 3% or more of Region VIII), Region VIII & State Breakdown**

Health Center Successes Relating to Satisfaction	% of All Survey Respondents for Location						
	RVIII (832)	CO (489)	MT (159)	ND (57)	SD (36)	UT (60)	WY (30)
<b>A. Personal - all combined</b>	20.3%	21.5%	18.2%	17.5%	13.9%	16.7%	30.0%
1. Flexibility of personal schedule	6.5%	7.2%	4.0%	*	*	*	*
2. Opp. for professional growth	4.5%	4.1%	6.3%	*	*	*	*
3. Autonomy	3.9%	3.9%	*	*	*	*	*
4. Benefits	3.3%	3.3%	3.1%	*	*	*	*
<b>B. Interpersonal - all combined</b>	43.6%	42.5%	42.8%	49.1%	<b>44.4%</b>	<b>50.0%</b>	43.3%
1. Employee relationships	30.7%	29.9%	<b>32.1%</b>	29.8%	30.6%	<b>35.0%</b>	30.0%
a. Team/Teamwork	11.1%	12.1%	10.7%	10.5%	*	10.0%	*
b. Co-workers/peers/colleagues	7.5%	7.0%	6.3%	14.0%	*	*	*
c. Leadership/management	7.2%	5.3%	6.9%	10.5%	*	16.7%	*
i. Supervisor	3.6%	2.7%	*	*	*	*	*
d. Providers	3.3%	2.9%	3.1%	*	*	*	*
2. Patient relationships	11.3%	10.6%	11.3%	12.3%	13.9%	15.0%	*
3. Support/family	6.5%	6.5%	4.4%	8.8%	*	*	*
4. Communication	6.4%	4.3%	9.4%	10.5%	*	10.0%	*
<b>C. Patients - all combined</b>	30.7%	29.5%	28.9%	35.1%	41.7%	33.3%	33.3%
1. Patient care	15.6%	15.8%	12.6%	17.5%	22.2%	16.7%	20.0%
2. Patient relationships	11.3%	10.6%	11.3%	12.3%	13.9%	15.0%	*
<b>D. Organizational - all combined</b>	<b>54.9%</b>	<b>55.2%</b>	<b>59.1%</b>	<b>50.9%</b>	41.7%	<b>50.0%</b>	<b>63.3%</b>
1. Staff	<b>31.5%</b>	<b>30.5%</b>	28.9%	<b>40.4%</b>	<b>36.1%</b>	31.7%	<b>40.0%</b>
a. Staff values/characteristics	18.0%	18.6%	16.4%	24.6%	19.4%	13.3%	*
i. Amazing/excellent/etc.	5.5%	5.5%	6.9%	*	*	*	*
b. Leadership/management	8.1%	5.9%	7.6%	14.0%	*	16.7%	*
c. Providers	5.3%	4.9%	5.0%	*	*	*	*
2. Services/programs	17.6%	21.3%	17.0%	*	*	13.3%	*
a. Integrated care	4.6%	5.7%	3.8%	*	*	*	*
b. Team-based care	4.0%	4.7%	4.4%	*	*	*	*
3. Individual job duties	6.0%	6.8%	5.0%	*	*	*	*
4. Culture/environment	3.9%	3.9%	3.8%	*	*	*	*
<b>E. FQHC - all combined</b>	32.5%	35.0%	26.4%	31.6%	36.1%	25.0%	36.7%
1. Care	12.0%	13.5%	10.7%	8.8%	13.9%	*	*
a. Quality	4.7%	4.3%	5.0%	*	*	*	*
b. Integrated care	3.7%	4.7%	3.1%	*	*	*	*
2. Unique needs	11.9%	14.1%	8.2%	12.3%	*	*	*
a. Underserved	5.1%	5.3%	3.8%	*	*	*	*
3. Community	8.1%	7.2%	7.6%	8.8%	*	11.7%	*
4. Mission	7.0%	8.0%	8.2%	*	*	*	*
<b>G. Values - all combined</b>	31.5%	32.7%	32.1%	35.1%	19.4%	28.3%	23.3%
1. Helping people	8.2%	8.4%	6.9%	8.8%		13.3%	
2. Change/variety/challenge/Improvement	6.6%	7.0%	9.4%	*	*	*	*
3. Amazing/excellent/etc.	5.5%	5.5%	6.9%	*	*	*	*

\*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. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work



**Cloud View 2:**  
**Health Center Needs for Improvement Relating to Job Satisfaction & Engagement at Work, Top Words & Phrases Used by Respondents (Larger Size = Greater Frequency)**

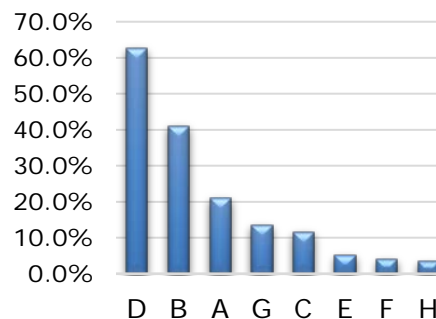
To identify broad areas where Region VIII PCAs might focus training and technical assistance for health centers, survey participants were asked to identify one thing, specifically contributing to their job satisfaction and engagement at work, that their health center needs to improve upon (e.g., “what 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. The responses should not be used to make further conclusions about *how* dissatisfied or disengaged 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<sup>21</sup> 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. **Positive** (involving references to positive satisfaction)

**Graph 120: Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, Overarching Areas, Region VIII**

These overarching areas often overlap; one respondent comment may have been coded into more than one area; e.g., “pay for providers and 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 [B] and Organizational [D]). Organizational issues as a group were most often cited in relation to negative job satisfaction; 62.6% of all respondents made reference to an Organizational issue negatively affecting their satisfaction/engagement. Interpersonal issues were also common, cited by 41.1% of question respondents. (Graph 120)



2011 CHAMPS R&R Survey respondents citing Organizational issues related to negative satisfaction/engagement: **65.0%**.

<sup>21</sup> Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center? <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

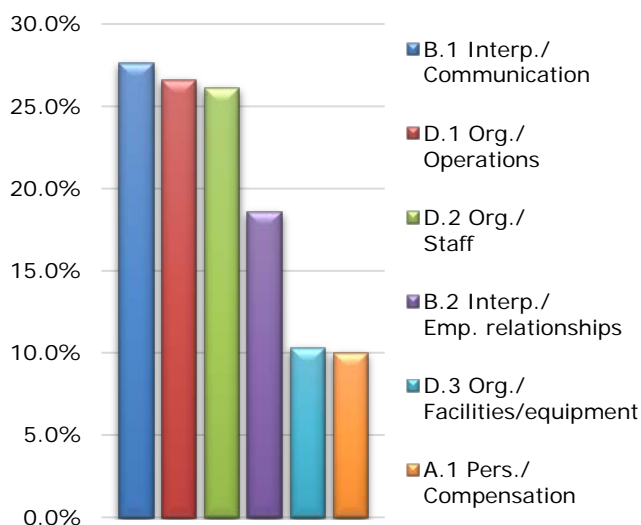
### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

Frequency of common themes drops off after this; Personal issues (A) were cited by 20.9% of respondents, while comments relating directly to Values (G) were made 13.5% of the time. Responses addressing concepts categorized in the Patients (C) area were provided by 11.6% of respondents; those in the FQHC area (E) were provided by 5.1% of respondents. External issues (F) were mentioned by 4.0% of respondents, and 3.4% made a Positive comment or somehow indicated “not applicable” (H) when asked about dissatisfaction. (Graph 120, previous page)

Each overarching area (except for Positive) was broken down into subcategories to identify more specific concepts within each. Not all comments were categorized into subcategories; only specific concepts/topics that were mentioned by at least five respondents were combined into a subcategory; the largest subcategories (e.g., D.1 Organizational/Operations) were further broken down into additional common concept subgroups. A concept/topic may have been assigned to more than one subcategory/group; e.g., “make the employee feel valued” is coded both into “A.2 Personal/Recognition” and “G.2 Values/Trust/respect” (see below for a list of subgroups for each area). Graph 121 below illustrates the top subcategory concepts, each expressed by at least 10% of respondents.

Three subcategories were addressed by a quarter or more of the respondents. Interpersonal/Communication issues (B.1) were most common; 27.6% of all respondents expressed a concept within this group. Operations issues, within the Organizational area (D.1), were mentioned by 26.6% of respondents; this subcategory's subgroup of Patient care management (D.1.a) was also high-ranking, expressed by 10.8% of all respondents (see page 77). The third highest ranking subcategory was Organizational/Staff (D.2, 26.1%); its subgroup Leadership (D.2.a) was expressed by 10.0% of respondents (see page 77). Three additional subcategories were mentioned by more than 10% of the respondents: Interpersonal/Employee relationships (B.2, 18.6%), Organizational/Facilities/equipment (D.3, 10.3%), and Personal/Compensation (A.1, 10.0%).

**Graph 121: Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, Top Concept Subcategories, Region VIII**



The list below illustrates the subgroups within each overarching area of **health center improvement needs relating to job satisfaction and engagement at work** (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 20.9% of all respondents)**, involving concepts that directly benefit the individual; includes subcategories:

1. **Compensation: 10.0%** – focusing on changes in monetary compensation; sample words and phrases included: compensation, pay, wages, increase in salary, equal pay, compensation connected to job skills and performance, low pay scale, competitive pay, never had a raise, etc.
2. Other identified Personal subcategories included: Personal schedule (4.9%, often cross-coded in Organizational/Operations, D.1.c), Recognition (2.9%), Advancement/professional development (2.6%), Benefits (2.6%), and Autonomy (0.9%).

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

#### Subcategories/groups for Overarching Areas, continued

- B. **Interpersonal Area (41.1%)**, involving specific relationships and/or interactions with people; includes subcategories:
1. **Communication: 27.6%** – addressing communication styles or channels between individuals, groups of staff, sites, etc., specifically or generally; sample words and phrases included: communicate, effective communication from administration, communication can be poor, lacking communication skills, not listening to experienced staff, open communication, consistent systems of communication, more interaction, communications are demoralizing, communication can be improved, etc.
    - a. An identified Interpersonal/Communication concept included: Being listened to/heard (1.4%).
  2. **Employee relationships: 18.6%** – relationships and interactions between employees and others, generally or with specific employee groups, e.g., leadership, administration, providers, etc.; sample words and phrases included: not being accepted, interdepartmental respect, less friendly to employees, drama between staff members, more staff bonding, staff conflicts, workplace civility, we have questions, leadership does not listen to the doctors, supervisor favorites, how employees are treated, supervisor communication, etc. Subgroups of Interpersonal/Employee relationships include:
    - a. **Employee support/team: 5.5%** – addressing a feeling of lack of support or teamwork between individuals or groups of employees; sample words and phrases included: not team players, support to ensure change happens, teamwork, lack of cohesive teams, need to work as a team, creative solutions require supportive teams, more teambuilding, focus on supporting my department, coworkers don't feel supported, more team building, etc.
    - b. Another identified Interpersonal/Employee relationships concept included Supervisor relationships (1.5%).
  3. **Divisions: 5.9%** – addressing a lack of unity, usually between specific groups of employees; sample words and phrases included: division among different departments, disconnect between administration and the "boots on the ground," inequality of treatment between departments, sense of persecution due to different political beliefs, cliques within the organization, etc.
  4. Other identified Interpersonal subcategories included: Personality/negativity (2.5%) and Patient relationships (1.4%, cross-coded in the Patients area, C.1).
- C. **Patients Area (11.6%)**, includes general references to "patients," "clients," etc. (usually cross-coded into other areas; e.g., a comment addressing "patient care" may be coded under "Organizational/Operations – Patient care management," "FQHC/Quality of care," etc.), as well as the following subcategories:
1. Identified Patients subcategories included: Patient care (2.5%), Time for patients (2.6%), and Patient relationships (1.4%, cross-coded in the Interpersonal area, B.4).

*My favorite thing is knowing that I am working for a health care center that is making an impact in people's well-being regardless of their socio-economic status. –Administrative Support Staff, Colorado*

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

#### Subcategories/groups for Overarching Areas, continued

- D. **Organizational Area (62.6%)**, involving issues related to operations, structure, staffing, etc.; includes subcategories:
1. **Operations: 26.6%** – addressing organizational ways of operating; sample words and phrases included: employee morale is not always good, traditional schedules, dealing with required documentation, paperwork, job performance, understaffed, run ragged, patient scheduling, equipment is old and worn, building size, need more space, too much with the resources available, etc. Identified subgroups of Organizational/Operations include:
    - a. **Patient care management: 10.8%** – typically addressing how well the site manages patient care; sample words and phrases included: late policy, productivity nuances, changes to workflows, appointments can be rushed, overbooking, more concerned with productivity than quality of care, no support for necessary administrative time, flexible scheduling, panel size requirements, not enough time to chart well, more time for administrative work, etc.
      - i. Identified sub-sets of Patient care management included: Patient scheduling (3.6%), Administrative time (3.0%), Patient volume (2.6%), Productivity (1.5%), and Workflow (1.3%).
    - b. **Workload: 6.4%** – addressing a feeling of being asked to do too much, the balance between tasks, etc.; sample words and phrases included: workload, manageable workload, too much to handle, not enough time to get work done, feeling overwhelming, needing to work at 120%, etc.
    - c. Other identified Organizational/Operations concepts included: Staff schedules (3.5%, often cross-coded in A.2 Personal/Personal schedule) and Performance/expectations (2.4%).
  2. **Staff: 26.1%** – addressing staff in general, or specific groups of employees; many, but not all, comments overlap with the Interpersonal area (B). Identified subgroups of Organizational/Staff include:
    - a. **Leadership: 10.0%** – addressing executive leaders, administration, etc.; sample words and phrases included: executive leadership needs to appreciate, administration not responding, hierarchical nature of leadership, better leadership, interference from upper management, executive involvement in community, transparency from leadership, etc.
    - b. **Providers: 5.1%** – addressing providers, provider interactions, staffing levels, etc.; sample words and phrases included: provider satisfaction, appreciation of providers, providers are burnt out, clinical networking for medical providers, better communication with providers, trust and empowerment of medical providers, etc.
    - c. **Supervisors/Management: 5.1%** – addressing management of the organization or site, a specific supervisor, etc.; sample words and phrases included: trust in my supervisor, unprofessional manager, management disconnected, communication between leadership and middle management, defined supervisor roles, management's lack of staff discipline, etc.
    - d. Other identified Organizational/Staff concepts included: Support staff (4.9%) and Training (2.3%).

*I love the high quality of care and the team approach.*

*-Clinical Executive/Provider, Montana*

## **H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued**

### **Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued**

#### **Subcategories/groups for Overarching Areas, continued**

##### **D. Organizational Area, continued**

3. **Facilities/equipment: 10.3%** – addressing buildings, equipment, etc.; sample words and phrases included: hotter water for ear lavages, failing equipment, technology, EMR/EHR, improve structure and space, better parking, renovations, etc. Identified subgroups of Organizational/Facilities/equipment included:
    - a. **Technology: 5.6%** – addressing computer systems, electronic health records, etc.; sample words and phrases included: technology limits interaction with patients, technology needs improvement, new computer programs, electronic medical record, not enough IT resources, electronic charting system, EHR not user friendly, etc.
    - b. Other identified Organizational/Facilities/equipment concepts included Facilities (3.1%) and Equipment (1.1%).
  4. **Workforce: 9.5%** – addressing issues relating to turnover, recruitment, retention, effective hiring, etc.; sample words and phrases included: not enough workers, turnover, lacking skills, appointing qualified people, hiring adequate staff, retention, longevity, struggle to fill positions, candidates leave for higher paying jobs, more staff, hiring upper leadership, understaffed, too few providers and support staff, etc.
    - a. Identified Organizational/Workforce concepts included: Short-staffed (3.8%), Turnover/retention (2.6%), Hiring/recruitment (1.5%), Staff skills (1.4%).
  5. Other identified Organizational subcategories included Programs/services (4.1%), Funding/finance (2.3%), and Work culture/environment (1.9%).
- E. **FQHC Area (5.1%)**, involving terms and concepts related to Health Center Program Fundamentals<sup>22</sup>, e.g., having staff understand the mission, providing quality care, lack of community education, community need, federal quality measures, etc.
  1. Identified FQHC subcategories included: Mission (1.8%), Quality of care (1.6%), Community (0.9%), and Underserved (0.6%).
- F. **External Area (4.0%)**, includes commentary about people, ideas, regulations, etc. outside of the organization's immediate control; sample words and phrases included: going elsewhere to place complaints, healthcare policy, other providers in the area pay more, not a lot of trained people in the area, consultant interaction, remote area, integration with partner EMRs, etc.
  1. Identified External subcategories included: State/national policy/regulations (1.3%), Location (0.8%), and Networking (0.8%).
- G. **Values Area (15.3%)**, involving references to ideals, ethics, qualities, etc.; sample words and phrases included: value a provider brings to the clinic, lack work ethic and professionalism, understanding the day to day grind, lacks flexibility, everyone needs to be held to the same rules, etc. Includes subcategories:
  1. **Change/variety/challenge: 5.1%** – concepts addressing challenges related to complex/difficult patients, the amount of change, inability to deal with change, etc.; sample words and phrases included: responsive to change, without a vision for change, difficult work/patients, rapid change with chaos, growing too fast, pace of change is slow, etc.
  2. Other identified Values subcategories included: Trust/respect (3.6%), Understanding (2.8%), Flexibility (1.3%), Fairness/equality (0.9%), and Professionalism (0.9%).

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<sup>22</sup> Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC); What is a Health Center? <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.

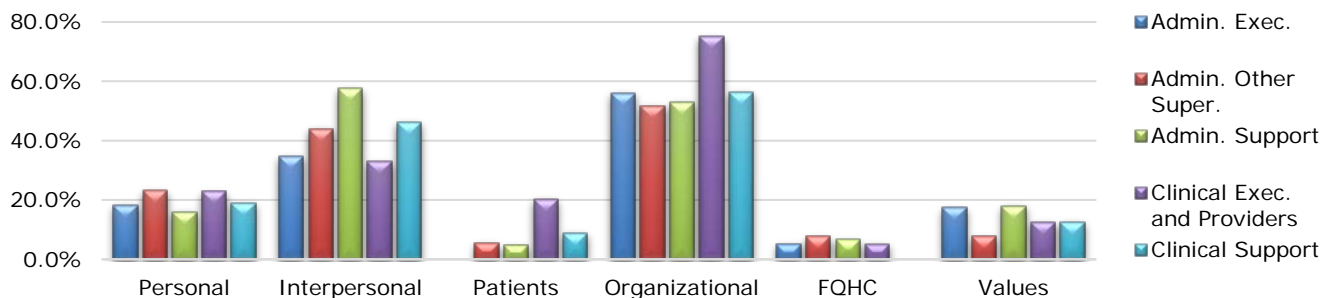
## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, 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 Job Satisfaction & Engagement at Work).

Clinical Executives/Directors and Providers were most likely to express concepts in the Organizational area (75.1% of these respondents contributed Organizational concepts as affecting their job satisfaction or engagement at work in a negative way), although more than 50% of respondents in all other groups also expressed Organizational concepts. Administrative Support staff were more likely than other groups to express Interpersonal concepts as impacting job satisfaction in a negative way (57.6%). Administrative Executives/Directors were least likely to express concepts relating directly to Patients; Clinical Executives/Providers were most likely to express concepts within the Patients area. (Graph 122)

**Graph 122: Health Center Needs for Improvement Relating to Job Satisfaction & Engagement at Work by Position Type, Overarching Areas, Region VIII**



### **Top Ranking Subcategories/groups of Health Center Improvement Needs Relating to Satisfaction & Engagement, by Position Type:** (Those expressed by 10% or more of each respondent group.)

#### **Administrative Executives/Directors:**

- D.1 Organizational/Operations (24.5% of group)
- D.2 Organizational/Staff (23.5%)
- B.1 Interpersonal/Communication (20.4%)
- B.2 Interpersonal/Employee relationships (14.3%)

#### **Administrative Other Supervisors:**

- B.1 Interpersonal/Communication (35.2%)
- D.2 Organizational/Staff (23.1%)
- D.1 Organizational/Operations (20.9%)
- B.2 Interpersonal/Employee relationships (17.6%)
- A.1 Personal/Compensation (15.4%)
- D.2.a Organizational/Staff – Leadership (12.1%)

#### **Administrative Support:**

- B.1 Interpersonal/Communication (48.1%)
- D.2 Organizational/Staff (22.6%)
- D.1 Organizational/Operations (21.7%)
- B.2 Interpersonal/Employee relationships (16.0%)
- D.4 Organizational/Workforce (11.3%)

#### **Clinical Executives/Directors & Providers:**

- D.1 Organizational/Operations (36.3%)
- D.2 Organizational/Staff (29.2%)
- D.1.a Organizational/Operations – Patient care management (20.6%)
- B.1 Interpersonal/Communication (18.5%)
- B.2 Interpersonal/Employee relationships (18.5%)
- D.2.a Organizational/Staff – Leadership (13.9%)
- D.3 Organizational/Facilities/equipment (13.9%)

#### **Clinical Support:**

- B.1 Interpersonal/Communication (32.9%)
- D.2 Organizational/Staff (26.0%)
- B.2 Interpersonal/Employee relationships (20.9%)
- D.1 Organizational/Operations (16.5%)
- D.3 Organizational/Facilities/equipment (11.4%)
- D.4 Organizational/Workforce (10.1%)

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

Interpersonal concepts were expressed most often by the youngest employees (those under 30 years of age), and by those with the least tenure at their organization (zero to five years) (Graph 123).

**Graph 123: Health Center Needs for Improvement Relating to Job Satisfaction & Engagement at Work by Tenure & Age, Overarching Areas, Region VIII**



### **Top Ranking Subcategories/groups of Health Center Improvement Needs Relating to Satisfaction & Engagement, by Tenure & Age:** *(Those expressed by 10% or more of each respondent group.)*

#### **0-5 Years at Health Center:**

- B.1 Interpersonal/Communication (29.1% of group)
- D.1 Organizational/Operations (26.0%)
- D.2 Organizational/Staff (25.0%)
- B.2 Interpersonal/Employee relationships (21.8%)
- A.1 Personal/Compensation (11.0%)
- D.2.a Organizational/Staff – Leadership (11.0%)
- D.1.a Organizational/Operations – Patient care management (10.8%)
- D.3 Organizational/Facilities/equipment (10.2%)

#### **6+ Years at Health Center:**

- D.2 Organizational/Staff (28.0%)
- D.1 Organizational/Operations (27.4%)
- B.1 Interpersonal/Communication (25.5%)
- B.2 Interpersonal/Employee relationships (13.7%)
- D.4 Organizational/Workforce (11.5%)
- D.1.a Organizational/Operations – Patient care management (10.2%)

#### **Up to 29 Years of Age:**

- B.1 Interpersonal/Communication (33.7%)
- D.1 Organizational/Operations (25.0%)
- D.2 Organizational/Staff (23.9%)
- B.2 Interpersonal/Employee relationships (20.7%)
- A.1 Personal/Compensation (14.1%)
- D.4 Organizational/Workforce (10.9%)

#### **30-49 Years of Age:**

- D.1 Organizational/Operations (31.2%)
- D.2 Organizational/Staff (29.6%)
- B.1 Interpersonal/Communication (26.0%)
- B.2 Interpersonal/Employee relationships (20.8%)
- D.1.a Organizational/Operations – Patient care management (14.0%)
- D.2.a Organizational/Staff – Leadership (12.2%)
- D.4 Organizational/Workforce (11.1%)
- A.1 Personal/Compensation (10.0%)

#### **50+ Years of Age:**

- B.1 Interpersonal/Communication (28.5%)
- D.2 Organizational/Staff (21.1%)
- D.1 Organizational/Operations (20.3%)
- D.3 Organizational/Facilities/equipment (14.2%)
- B.2 Interpersonal/Employee relationships (13.0%)

*I feel like our leadership team is very open to ideas and we think outside of the box.*

*–Administrative Executive,  
Montana*

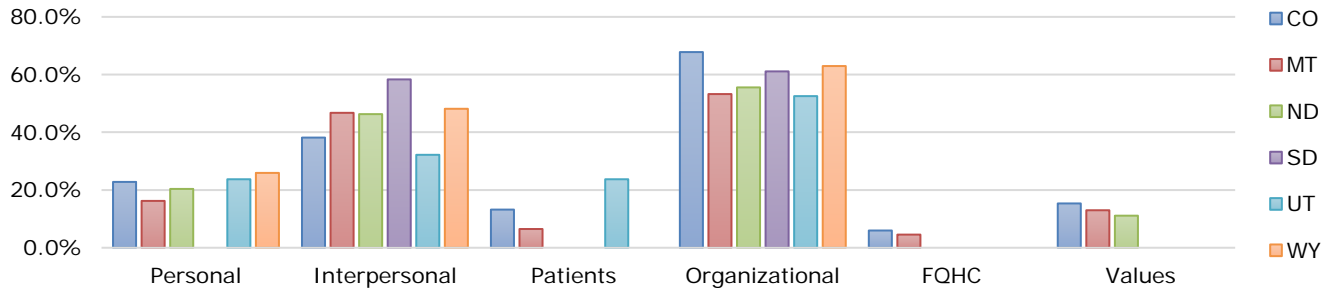


## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

#### STATE BREAKDOWN INFORMATION

**Graph 124: Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, Overarching Areas, State Breakdown**



#### **Top Ranking Subcategories/groups of Health Center Improvement Needs Relating to Satisfaction & Engagement, by State:** (Those expressed by 10% or more of each respondent group.)

##### CO:

- D.1 Organizational/Operations (29.0% of group)
- D.2 Organizational/Staff (29.0%)
- B.1 Interpersonal/Communication (25.0%)
- B.2 Interpersonal/Employee relationships (19.2%)
- D.1.a Organizational/Operations – Patient care management (13.2%)
- D.2.a Organizational/Staff – Leadership (10.9%)
- D.3 Organizational/Facilities/equipment (10.7%)

##### MT:

- B.1 Interpersonal/Communication (36.4%)
- D.1 Organizational/Operations (23.4%)
- D.2 Organizational/Staff (18.2%)
- B.2 Interpersonal/Employee relationships (17.5%)

##### ND:

- B.1 Interpersonal/Communication (31.5%)
- D.2 Organizational/Staff (24.1%)
- B.2 Interpersonal/Employee relationships (18.5%)
- D.1 Organizational/Operations (18.2%)
- D.3 Organizational/Facilities/equipment (16.7%)
- D.2.a Organizational/Staff – Leadership (14.8%)
- D.2.d Organizational/Staff – Support staff (14.8%)
- D.3.a Organizational/Facilities/equipment – Technology (14.8%)
- A.1 Personal/Compensation (11.1%)
- D.1.b Organizational/Operations – Workload (11.1%)

##### SD:

- D.2 Organizational/Staff (33.3%)
- B.1 Interpersonal/Communication (30.6%)
- B.2 Interpersonal/Employee relationships (25.0%)
- D.1 Organizational/Operations (25.0%)
- B.3 Interpersonal/Division (13.9%)
- D.2.a Organizational/Staff – Leadership (13.9%)

##### UT:

- D.1 Organizational/Operations (28.8%)
- D.2 Organizational/Staff (20.3%)
- B.1 Interpersonal/Communication (18.6%)
- D.1.a Organizational/Operations – Patient care management (17.0%)
- A.1 Personal/Compensation (15.3%)
- B.2 Interpersonal/Employee relationships (13.6%)
- D.1.a.1 Organizational/Operations – Patient care management/Patient scheduling (10.2%)

##### WY:

- B.1 Interpersonal/Communication (33.3%)
- D.2 Organizational/Staff (29.6%)
- A.1 Personal/Compensation (25.9%)
- B.2 Interpersonal/Employee relationships (18.5%)
- D.1 Organizational/Operations (18.5%)

## H. JOB SATISFACTION & ENGAGEMENT AT WORK, continued

### Health Center Improvement Needs Relating to Job Satisfaction & Engagement at Work, continued

#### STATE BREAKDOWN INFORMATION, continued

**Table 21: Health Center Needs for Improvement Relating to Satisfaction, Overarching Areas & Top Subcategories/groups (Those indicated by 3% or more of Region VIII), Region VIII & State Breakdown**

Health Center Successes Relating to Satisfaction	% of All Survey Respondents for Location						
	RVIII (800)	CO (469)	MT (154)	ND (54)	SD (36)	UT (59)	WY (27)
<b>A. Personal - all combined</b>	20.9%	22.8%	16.2%	20.4%	*	23.7%	25.9%
1. Compensation	10.0%	9.4%	8.4%	11.1%	*	15.3%	25.9%
2. Personal Schedule	4.9%	6.6%	*	*	*	*	*
<b>B. Interpersonal - all combined</b>	41.1%	38.2%	46.8%	46.3%	58.3%	32.2%	48.2%
1. Communication	<b>27.6%</b>	25.0%	<b>36.4%</b>	<b>31.5%</b>	30.6%	18.6%	<b>33.3%</b>
2. Employee relationships	18.6%	19.2%	17.5%	18.5%	25.0%	13.6%	18.5%
a. Employee support/team	5.5%	4.9%	7.1%	*	*	*	*
3. Division	5.9%	6.2%	5.8%	*	13.9%	*	*
<b>C. Patients - all combined</b>	11.6%	13.2%	6.5%			23.7%	
1. Patient care	4.6%	5.8%	*	*	*	8.5%	*
<b>D. Organizational - all combined</b>	<b>62.8%</b>	<b>67.8%</b>	<b>53.3%</b>	<b>55.6%</b>	<b>61.1%</b>	<b>52.5%</b>	<b>63.0%</b>
1. Operations	26.6%	<b>29.0%</b>	23.4%	18.2%	25.0%	<b>28.8%</b>	18.5%
a. Patient care management	10.8%	13.2%	6.5%	*	*	17.0%	*
i. Patient scheduling	3.6%	4.1%	*	*	*	10.2%	*
ii. Administrative time	3.0%	3.8%	*	*	*	*	*
b. Workload	6.4%	6.4%	3.9%	11.1%	*	*	*
c. Staff schedules	3.5%	4.3%	*	*	*	*	*
2. Staff	26.1%	<b>29.0%</b>	18.2%	24.1%	<b>33.3%</b>	20.3%	29.6%
a. Leadership	10.0%	10.9%	6.5%	14.8%	13.9%	*	*
b. Providers	5.1%	5.5%	3.9%	*	*	*	*
c. Supervisors/management	5.1%	6.0%	5.2%	*	*	*	*
d. Support staff	4.9%	4.5%	3.3%	14.8%	*	*	*
3. Facilities/equipment	10.3%	10.7%	9.1%	16.7%	*	*	*
a. Technology	5.6%	4.9%	5.8%	14.8%	*	*	*
b. Facilities	3.1%	3.8%	3.3%	*	*	*	*
4. Workforce	9.5%	9.8%	9.7%	9.3%	*	8.5%	*
a. Short staffed	3.8%	3.8%	3.9%	*	*	*	*
5. Programs/services	4.1%	4.7%	3.9%	*	*	*	*
<b>E. FQHC - all combined</b>	5.1%	6.0%	4.6%	*	*	*	*
<b>F. External - all combined</b>	4.0%	3.2%	5.2%	*	*	*	*
<b>G. Values - all combined</b>	13.5%	15.4%	13.0%	11.1%	*	*	*
1. Change/variety/challenge	5.1%	6.0%	5.2%	*	*	*	*
2. Trust/respect	3.6%	3.8%	3.3%	*	*	*	*
<b>E. Positive - all combined</b>	3.4%	3.0%	2.6%	*	*	*	*

\*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. FUTURE PLANS

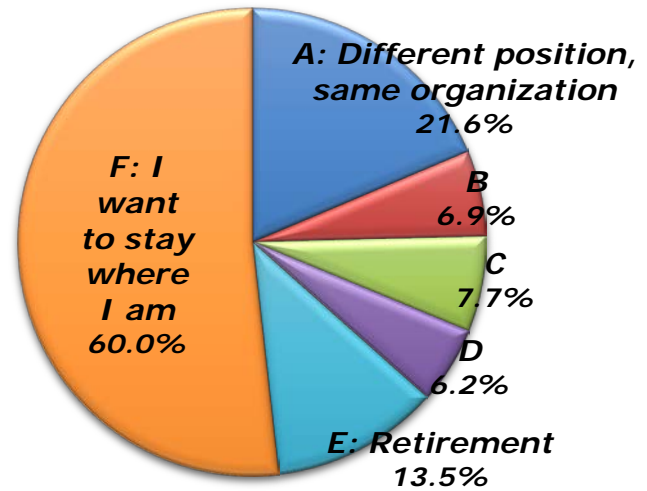
### Desire for Change

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

- A. A different position within the current organization
- B. Work at a different health center organization
- C. Work at a new organization/company within the current community
- D. Work at a new organization/company in a different community
- E. Retirement
- F. None of the above (I want to stay where I am)

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 60%) indicated that they wanted to stay in their current situation (F, Graph 125).

**Graph 125: Desire for Change, Region VIII**



2011 CHAMPS R&R Survey respondents indicating a desire to stay in their current situation: **65%**.

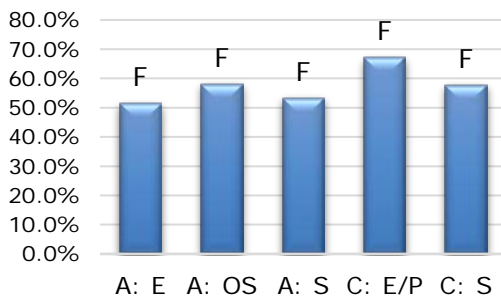
I want to stay where I am (F) was the most common response for all groups. Clinical Executives/Directors and Providers and the Administrative Other Supervisors group were most likely to select this option (over 67% of the clinicians and 58% of the other administrative supervisors), and Administrative Support staff were least likely to do so. (Graph 126) As seen in Graph 127:

- The next most selected option for the Administrative Other Supervisors, Administrative Support, and Clinical Support groups was Different position within the current organization (A), chosen by over 28% of each group.
- Clinical Executives/Directors and Providers were almost equally likely to indicate a desire for a different position within the current organization and for retirement (A and E, each selected by between 13% and 14% of the group).
- Administrative Executives were most likely to indicate a desire for retirement (E, selected by over 21% of this group).

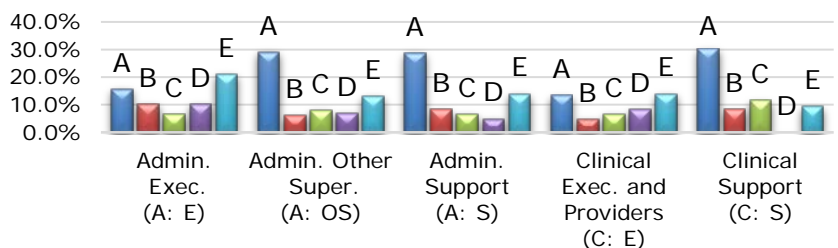
The information submitted by respondents choosing "Other" was coded to identify trends in subject and intent; the top concepts expressed were a need for growth (e.g., advancement/promotion, enhanced leadership role) and a need for an adjustment within the current position (e.g., less burnout, improved supervisory/administrative relationships, better work/life balance, part-time option, more administrative time, etc.).

**Graphs 126 & 127: Position Types by Desire for Change, Region VIII**

**Graph 126: I want to stay where I am**



**Graph 127: Other Responses**



**I. FUTURE PLANS, continued**

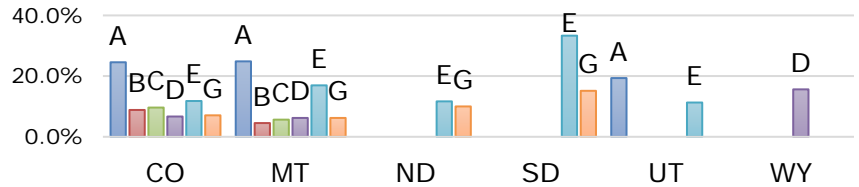
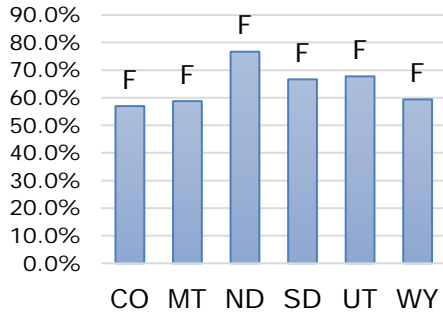
**Desire for Change, continued**

**STATE BREAKDOWN INFORMATION**

**Graphs 128 & 129: Desire for Change, State Breakdown**

**Graph 128: I want to stay where I am**

**Graph 129: Other Responses**



**Table 22: Desire for Change, Region VIII & State Breakdown**

Desire for Change	% of All Respondents for Location						
	RVIII (874)	CO (509)	MT (177)	ND (60)	SD (33)	UT (62)	WY (32)
A. A different position within your current organization	21.6%	24.6%	24.9%	*	*	19.4%	*
B. Work at a different health center organization	6.9%	8.8%	4.5%	*	*	*	*
C. Work at a new organization/company within your current community	7.7%	9.6%	5.7%	*	*	*	*
D. Work at a new organization/company in a different community	6.2%	6.7%	6.2%	*	*	*	15.6%
E. Retirement	13.5%	11.8%	17.0%	11.7%	33.3%	11.3%	*
F. None of the above – I want to stay where I am	<b>60.0%</b>	<b>57.0%</b>	<b>58.8%</b>	<b>76.7%</b>	<b>66.7%</b>	<b>67.7%</b>	<b>59.4%</b>
G. Other	7.3%	7.1%	6.2%	10.0%	15.2%	*	*

\*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 (\*).

What does my health center do well? The providers communicate very efficiently with patients/clients and they follow up on ER visits, labs, mammograms, and colonoscopies. -Clinical Support Staff, Wyoming

I work with a great team of highly qualified people, who are professional in their interactions with both staff and patients, and truly care about the community they serve.

-Clinical Executive/Provider, Colorado

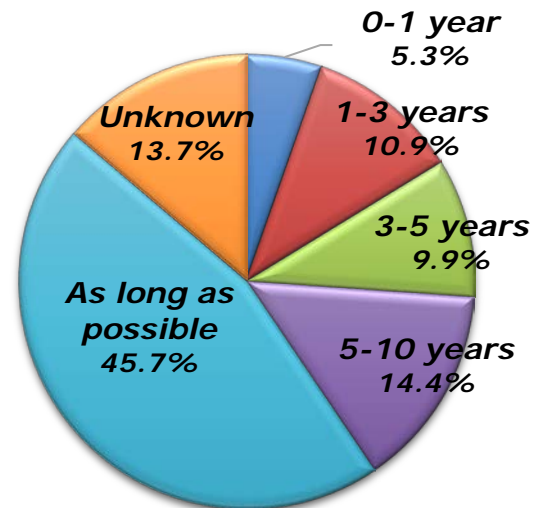
## I. FUTURE PLANS, continued

### Anticipated Future Tenure

To help health centers and PCAs anticipate possible upcoming turnover, survey participants were asked how long they were planning to stay with their current organization. Almost 46% of all respondents indicated a desire to stay with their organization for as long as possible. A total of 16.2% of respondents indicated that they planned to stay at their organization for either 0-1 year or 1-3 years. (These respondents were directed to the following "Reasons for Anticipated Leave" question.) (Graph 130)

2011 CHAMPS R&R Survey respondents –  
 Indicating a desire to stay with their organization for as long as possible: **53%**.  
 Indicating plans to stay at their organization for 0-3 years: **13%**.

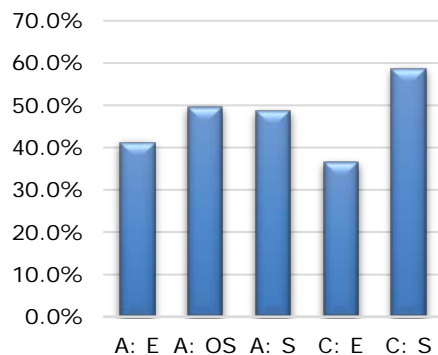
Graph 130: Anticipated Future Tenure at Current Organization, Region VIII



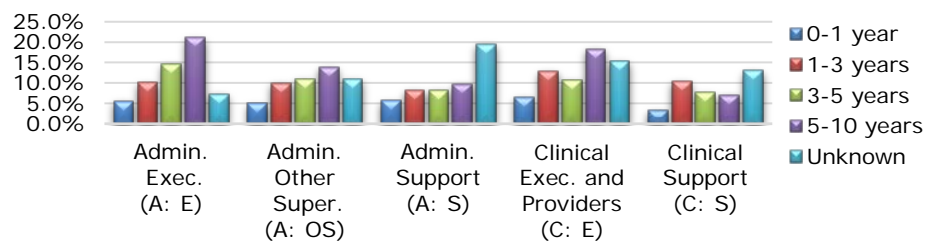
Clinical Support staff were most likely to indicate an intent to stay at their organization for as long as possible, and Clinical Executives/Directors and Providers were least likely to do so (Graph 131); in fact, over 19% of these clinicians indicated plans to leave in 0-3 years, a greater percentage than for any other group. Administrative Support staff were more likely than other groups to indicate that their anticipated tenure was unknown (Graph 132).

Graphs 131 & 132: Anticipated Future Tenure at Current Organization by Position Type, Region VIII

Graph 131: As long as possible



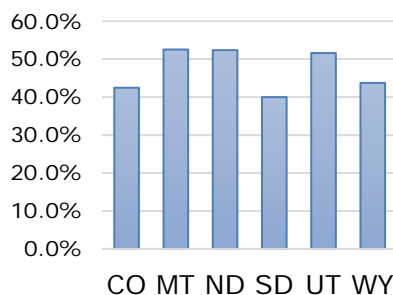
Graph 132: Other Responses



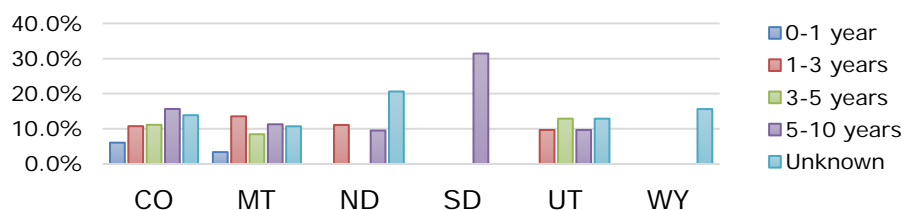
## STATE BREAKDOWN INFORMATION

Graphs 133 & 134: Anticipated Future Tenure at Current Organization, State Breakdown

Graph 133: As long as possible



Graph 134: Other Responses



**I. FUTURE PLANS, continued**

**Anticipated Future Tenure, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 23: Anticipated Future Tenure at Current Organization, Region VIII & State Breakdown**

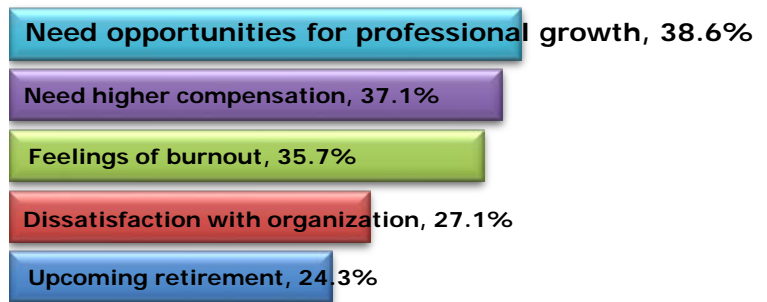
Length of Planned Stay at Current Health Center	% of All Respondents for Location						
	RVIII (881)	CO (511)	MT (177)	ND (63)	SD (35)	UT (32)	WY (109)
0-1 year	5.3%	6.1%	3.4%	*	*	*	*
1-3 years	10.9%	10.8%	13.6%	11.1%	*	9.7%	*
3-5 years	9.9%	11.2%	8.5%	*	*	12.9%	*
5-10 years	14.4%	15.7%	11.3%	9.5%	31.4%	9.7%	*
As long as possible	<b>45.7%</b>	<b>42.5%</b>	<b>52.5%</b>	<b>52.4%</b>	<b>40.0%</b>	<b>51.6%</b>	<b>43.8%</b>
Unknown	13.7%	13.9%	10.7%	20.6%	*	12.9%	15.6%

*\*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 (\*).*

**Reasons for Anticipated Leave**

Respondents of the previous “Anticipated Future Leave” question who indicated that they planned to stay at their current health center for **0-1 year** or **1-3 years** (16.2% of all respondents) were asked to identify the top reason(s) they were planning to leave in the near future from a list of 12 options (A-L, listed below) plus “Other.” (An analysis of text submitted under “Other” did not reveal enough commonality to analyze in this report.) The top ranking reason for anticipated leave was Need opportunities for professional growth (J), selected almost 40% of those planning to leave their position within 0-3 years, followed closely by Need higher compensation (H) and Feelings of burnout (F) and then Dissatisfaction with organization (C) and Upcoming retirement (L) (Graphs 135 and 136).

**Graph 135: Top Five Reasons for Anticipated Leave, Region VIII**



*Top ranked reason for planning to leave their organization for 2011 CHAMPS R&R Survey respondents with an anticipated future tenure of 0-3 years: **Need opportunities for professional growth (24.3%)**.*

**Graph 136: Reasons for Anticipated Leave, Region VIII**



- A. Attending school
- B. Dissatisfaction with current position
- C. Dissatisfaction with organization
- D. End of program funding
- E. End of service commitment
- F. Feelings of burnout
- G. Need better benefits
- H. Need higher compensation
- I. Need flexibility
- J. Need opportunities for professional growth
- K. Upcoming move/desire for new location
- L. Upcoming retirement

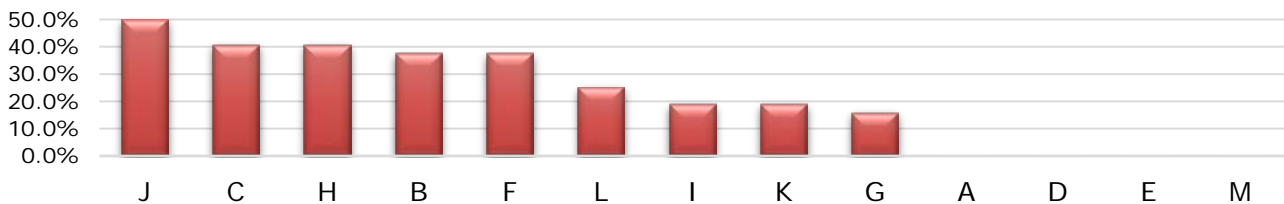
## I. FUTURE PLANS, continued

### Reasons for Anticipated Leave, continued

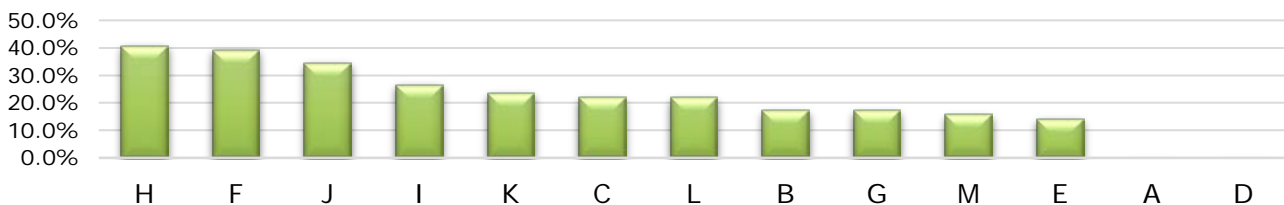
Of the survey respondents answering this question, 22.9% were from the combined Administrative Executives and Other Supervisors group, 45.7% were Clinical Executives/Directors and Providers, and 29.3% were from the combined Administrative and Clinical Support staff group. Graphs 137-139 below illustrate:

- Administrative Executives and Other Supervisors were more likely than other respondents to express a need for professional growth opportunities (this reason, J, was selected by 50% of these respondents, compared to 34.4% of Clinical Executives/Directors and Providers and 36.6% of the combined Administrative and Clinical Support staff). The Administrative Executives and Other Supervisors were also more likely to select Dissatisfaction with current position (B) and Dissatisfaction with organization (C) than other groups.
- Clinical Executives/Directors and Providers were the only group to select End of service commitment (E), which was chosen by 14% of these employees.
- The combined Administrative and Clinical Support staff group was less likely than others to select Need higher compensation (H); just over 29% of this group chose this option, compared with over 40% of the Administrative Executives and Other Supervisors and Clinical Executives/Directors and Providers; support staff were also less likely to select Feelings of burnout (F).

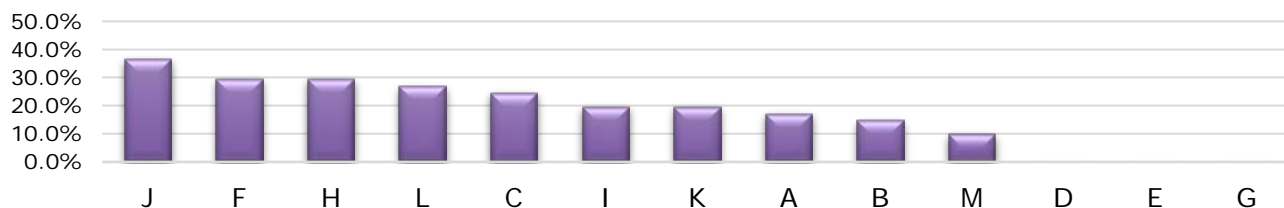
**Graph 137: Reasons for Anticipated Leave, Administrative Executives & Other Supervisors, Region VIII**



**Graph 138: Reasons for Anticipated Leave, Clinical Executives/Directors & Providers, Region VIII**



**Graph 139: Reasons for Anticipated Leave, Administrative & Clinical Support Staff, Region VIII**



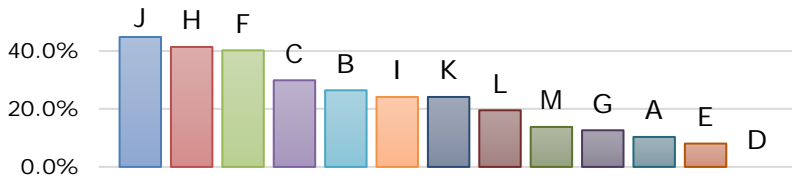
- |  |   |
|--|---|
| A. Attending school                      | G. Need better benefits                       |
| B. Dissatisfaction with current position | H. Need higher compensation                   |
| C. Dissatisfaction with organization     | I. Need flexibility                           |
| D. End of program funding                | J. Need opportunities for professional growth |
| E. End of service commitment             | K. Upcoming move/desire for new location      |
| F. Feelings of burnout                   | L. Upcoming retirement                        |

**I. FUTURE PLANS, continued**

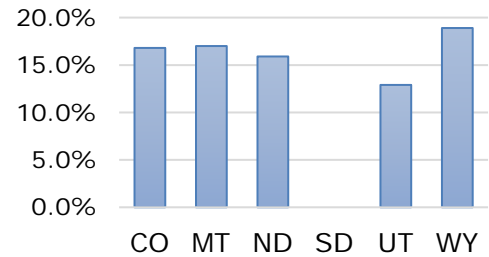
**Reasons for Anticipated Leave, continued**

**STATE BREAKDOWN INFORMATION**

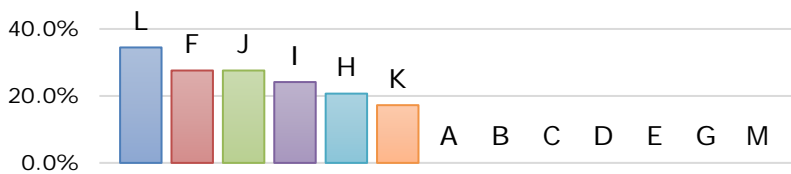
**Graph 141: Reasons for Anticipated Leave, Colorado**



**Graph 140: % of All Respondents Anticipating Leave in 0-1 or 1-3 Years, State Breakdown**



**Graph 142: Reasons for Anticipated Leave, Region VIII**



There were not enough responses from North Dakota, South Dakota, Utah, or Wyoming to provide a breakdown of Reasons for Anticipated Leave data.

**Table 24: Respondents Anticipating Leave, Region VIII & State Breakdown**

	% of All Respondents for Location						
	RVIII (881)	CO (511)	MT (177)	ND (63)	SD (35)	UT (62)	WY (32)
Respondents anticipating leaving current organization in 0-1 or 1-3 years	16.2%	16.8%	17.0%	15.9%	*	12.9%	<b>18.9%</b>

**Table 25: Reasons for Anticipated Leave, Region VIII & 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 (29)	ND (7)	SD (3)	UT (8)	WY (6)
A. Attending school	7.9%	10.3%	*	*	*	*	*
B. Dissatisfaction with current position	21.4%	26.4%	*	*	*	*	*
C. Dissatisfaction with organization	27.1%	29.9%	*	*	*	*	*
D. End of program funding	*	*	*	*	*	*	*
E. End of service commitment	6.4%	8.1%	*	*	*	*	*
F. Feelings of burnout	35.7%	40.2%	27.6%	*	*	*	*
G. Need better benefits	12.9%	12.6%	*	*	*	*	*
H. Need higher compensation	37.1%	41.4%	20.67	*	*	*	*
I. Need flexibility	22.9%	24.1%	24.1%	*	*	*	*
J. Need opportunities for professional growth	<b>38.6%</b>	<b>44.8%</b>	27.6%	*	*	*	*
K. Upcoming move/desire new location	21.4%	24.1%	17.2%	*	*	*	*
L. Upcoming retirement	24.3%	19.5%	<b>34.5%</b>	*	*	*	*
M. Other	12.9%	13.8%	*	*	*	*	*

\*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. NEEDS, continued

### **Additional Programs/Services to Increase Satisfaction & Engagement, continued**

Top ranked overarching areas of changes and/or programs/services needed to increase satisfaction for 2011 CHAMPS R&R Survey respondents: **Personal (41%)** and **Organizational (40%)**.

The list below illustrates the subcategories/groups within each overarching area of additional programs or services that would increase the satisfaction and engagement 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 (51.5% of all respondents)**, involving improvements that would directly benefit the individual; includes subcategories:
1. **Opportunity for continuing education/training: 18.0%** – sample words/phrases: continuing education, proper training for the job, better training for new employees, training in my area, seminars, more CME, etc. (Note: any specific topics mentioned were analyzed with responses to the following “Desired Continuing Education/Professional Development Topics” question.)
    - a. An identified subgroup included: Money/funding for continuing education (1.8%).
  2. **Enhanced compensation: 10.1%** – sample words/phrases: better/higher pay, increase in pay/salary/wage, raise, compensation for meetings and trainings, fair salary, competitive salary, compensation for extra work, more money, bonus opportunities, etc.
  3. **Opportunity for professional growth: 9.4%** – sample words/phrases: more professional development, opportunity for advancement, leadership opportunities, room for promotion, opportunity to gain new experiences, professional growth, more administrative role in the future, mentoring, coaching, career path, etc.
  4. **Enhanced benefits: 8.3%** – sample words/phrases: better/improved benefits, more personal days, increased retirement match, improved insurance/PTO options, fitness center, onsite daycare, FMLA, transit options, more affordable health care, parental leave policy, health and wellness benefits, better insurance rates, life insurance, employee assistance program, more vacation and sick time, etc.
  5. **Personal schedule: 6.9%** – sample words/phrases: flexible hours, ability to work from home, different schedule, four day work week, part-time opportunities, more flexibility in schedule, ability to take time off when needed, scheduled breaks, telecommuting, flex time, remote opportunities, etc.
  6. **Funding for education: 5.3%** – sample words/phrases: guaranteed loan repayment, help in paying for master’s program, tuition reimbursement, student loan repayment, loan forgiveness programs, tuition payment, loan repayment for administrative staff, etc.
  7. Other identified Personal subcategories included: Enhanced recognition (2.8%) and Autonomy (0.9%).
- B. **Interpersonal Area (9.4%)**, involving relationships and/or interactions with other people; includes subcategories:
1. **Employee relationships: 6.0%** – sample words/phrases: team building activities, more support of mental wellbeing, strategic thinking rather than blaming and yelling, more self-care discussions, more support, separation from negative staff, more respect for employees, etc.
  2. **Organizational communication: 5.1%** – sample words/phrases: better communication, improved communication, more time with colleagues sharing best practices, listening to feedback provided, need to work on fundamental communication, more transparency, need more feedback, etc.

## J. NEEDS, continued

### Additional Programs/Services to Increase Satisfaction & Engagement, continued

#### Subcategories/groups for Overarching Areas, continued

- C. **Organizational Area (38.8%)**, involving the larger operations of the organization; includes subcategories:
1. **Staffing: 18.2%** – sample words/phrases: job reviews, increased support staff, wellness program, meetings on days I could attend, more flexibility in schedule hours, group trainings, accountability for all, expanding scope of practice carefully and with wisdom, more training for front desk, etc. Subgroups of Staffing include:
    - a. **Management: 5.6%** – sample words/phrases: less middle management, administrative staff overhaul, more skill of administration in management of people, support for higher level management, better/improved leadership, strategic thinking from leadership, more leadership structure, if managers would manage, consistent leadership, problems lie with management, etc.
    - b. **Different/more staff: 5.5%** – sample words/phrases: increased/additional support staff, provider each day/all day, new CEO, scribes, more providers, more medical staff, more therapists, more/additional staff, more providers, HR assistant, nutrition educators, etc.
    - c. Other identified Staffing subgroups included: Training for staff (3.2%), Workforce programs (2.1%), and Staff scheduling (1.1%).
  2. **Patient services: 15.5%** – sample words/phrases: nutrition/exercise education/programs, dental program, home health outreach, physical therapy, vision, massage therapy, specialty care, more behavioral health, motivational interviewing, expanding mental health services, group visits, ophthalmology, radiology, optometry, social determinants, addiction medicine, residential services, pharmacy, etc.
    - a. Identified Patient services subgroup included: Behavioral/mental health (1.6%) and Vision (0.9%).
  3. **Facilities/technology: 5.8%** – sample words/phrases: ECW customer service, new EMR, voice recognition software, better EHR, analytic software, working Internet, increased technology, an office to work out of, less frustration with electronic systems, larger clinic, using tablets to register, physical space expansion, larger space, space for group visits, lunch room, etc.
    - a. Identified Facilities/technology subgroups included: Technology (3.5%) and Facilities (1.6%).
  4. An additional identified Organizational subcategory included: Patient care management (3.2%).
- D. **External Area (8.1%)**, involving people, ideas, etc. outside of the organization's immediate control; sample words/phrases: partnership with quality and health economic peers, more specialists to consult with, more grants, get patients integrated with community resources, adolescent population, victims of domestic violence, more funding, better community health partnerships, being engaged with CHC activism, etc.
1. Identified External subcategories included: Opportunities for external networking/collaboration (3.0%), Funding (2.3%), Patient populations (1.1%), and National/global issues (0.9%).

*Our people are wonderful to work with, such an amazing group of committed and competent individuals working towards a common goal.*

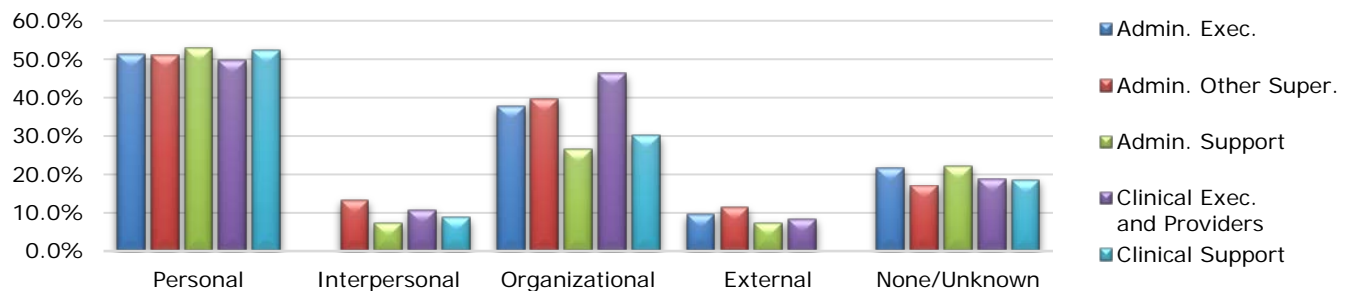
*-Clinical Executive/Provider, Colorado*

**J. NEEDS, continued**

**Additional Programs/Services to Increase Satisfaction & Engagement, continued**

Concepts considered Personal were the more frequent than any other type for all staff groups, and the individual staff groups were almost equally likely to express Personal concepts (between 50% and 53% of each group expressed one or more Personal concept[s] as needed to increase their satisfaction and engagement). Support staff were slightly less likely to express Interpersonal concepts than the non-support staff groups, and much less likely to express Organizational concepts than the non-support staff. The Clinical Executives/Directors and Providers were more likely than others to express Organizational concepts; the comments from over 46% of this group addressed Organizational issues. (Graph 145)

**Graph 145: Additional Programs/Services to Increase Satisfaction & Engagement by Position Type, Overarching Areas, Region VIII**



**Top Ranking Subcategories/groups of Additional Programs/Services to Increase Satisfaction & Engagement, by Position Type:** (Those expressed by 10% or more of each respondent group.)

**Administrative Executives/Directors:**

- C.1 Organizational/Staffing (28.4% of group)
- A.1 Personal/Opportunity for continuing education/training (24.3%)
- C.1.a Organizational/Staffing – Management (13.5%)
- A.3 Personal/Opportunity for professional growth (12.2%)
- A.4 Personal/Enhanced benefits (10.8%)

**Administrative Other Supervisors:**

- C.1 Organizational/Staffing (20.8%)
- A.1 Personal/Opportunity for continuing education/training (17.0%)
- C.3 Organizational/Patient services (13.2%)
- A.2 Personal/Enhanced compensation (11.3%)
- A.3 Personal/Opportunity for professional growth (11.3%)

**Administrative Support:**

- A.1 Personal/Opportunity for continuing education/training (26.5%)
- C.3 Organizational/Patient services (14.7%)

**Clinical Executives/Directors & Providers:**

- C.1 Organizational/Staffing (20.2%)
- C.3 Organizational/Patient services (17.0%)
- A.1 Personal/Opportunity for continuing education/training (13.0%)
- A.2 Personal/Enhanced compensation (11.5%)

**Clinical Support:**

- A.1 Personal/Opportunity for continuing education/training (19.4%)
- C.3 Organizational/Patient services (15.5%)
- C.1 Organizational/Staffing (12.6%)
- A.3 Personal/Opportunity for professional growth (11.7%)
- A.2 Personal/Enhanced compensation (10.7%)

*They encourage creativity, innovating thinking, and give me autonomy to develop new processes/programs.*

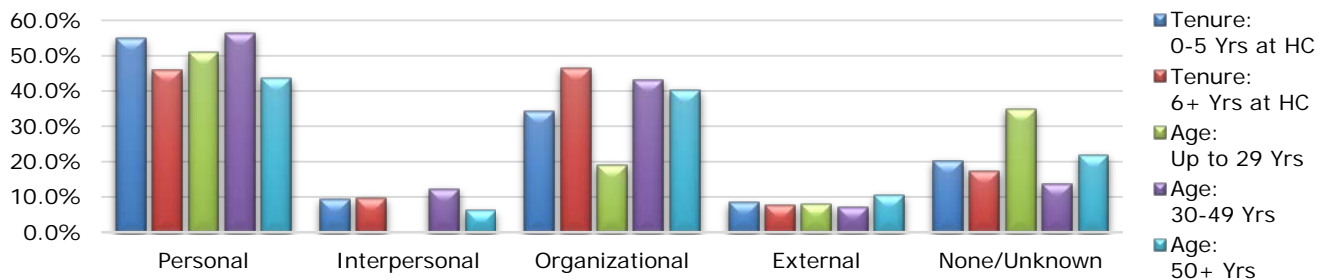
*-Admin. Support Staff, Colorado*

**J. NEEDS, continued**

**Additional Programs/Services to Increase Satisfaction & Engagement, continued**

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 as needed to increase their satisfaction and engagement; the oldest respondents (those aged 50+) were less likely than younger respondents to do so. The youngest staff (29 years old or younger) were by far less likely than older respondents to express Organizational concepts; newer staff members were also less likely to do so. The youngest staff were also much more likely than all other tenure and age groups to somehow indicate “none” or “unknown.” (Graph 146)

**Graph 146: Additional Programs/Services to Increase Satisfaction & Engagement by Tenure & Age, Overarching Areas, Region VIII**



**Top Ranking Subcategories/groups of Additional Programs/Services to Increase Satisfaction & Engagement, by Tenure & Age:** (Those expressed by 10% or more of each respondent group.)

**0-5 Years at Health Center:**

- A.1 Personal/Opportunity for continuing education/training (17.7% of group)
- C.2 Organizational/Patient services (15.4%)
- C.1 Organizational/Staffing (14.3%)
- A.3 Personal/Opportunity for professional growth (10.1%)

**6+ Years at Health Center:**

- C.1 Organizational/Staffing (24.4%)
- A.1 Personal/Opportunity for continuing education/training (18.7%)
- C.2 Organizational/Patient services (15.8%)
- A.2 Personal/Enhanced compensation (10.5%)

**Up to 29 Years of Age:**

- A.1 Personal/Opportunity for continuing education/training (14.3%)
- A.4 Personal/Enhanced benefits (14.3%)
- A.3 Personal/Opportunity for professional growth (11.1%)
- A.5 Personal/Personal schedule (11.1%)

**30-49 Years of Age:**

- A.1 Personal/Opportunity for continuing education/training (18.2%)
- C.2 Organizational/Patient services (14.3%)
- A.2 Personal/Enhanced compensation (11.2%)
- A.3 Personal/Opportunity for professional growth (10.2%)

**50+ Years of Age:**

- C.2 Organizational/Patient services (20.7%)
- A.1 Personal/Opportunity for continuing education/training (19.0%)
- C.1 Organizational/Staffing (15.1%)

*I love providing services to children who would otherwise struggle on without. It feels amazing to be supported in my mission to make a difference!*

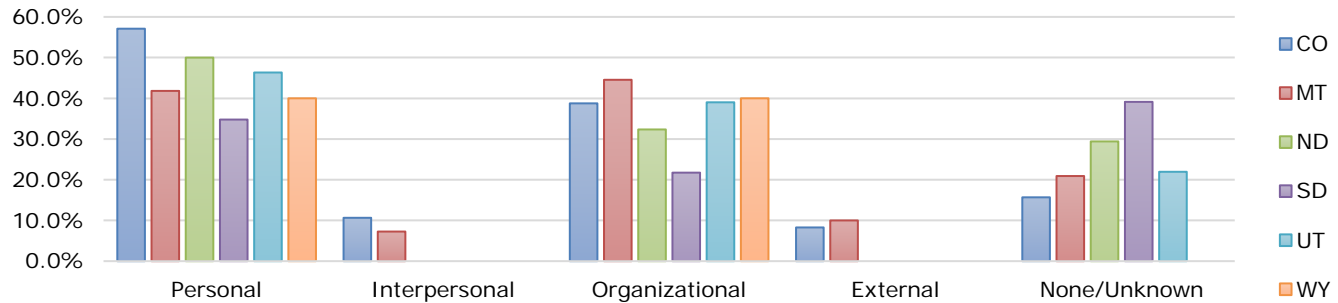
*-Clinical Executive/ Provider, Colorado*

**J. NEEDS, continued**

**Additional Programs/Services to Increase Satisfaction & Engagement, continued**

**STATE BREAKDOWN INFORMATION**

**Graph 147: Additional Programs/Services to Increase Satisfaction & Engagement, Overarching Areas, State Breakdown**



**Top Ranking Subcategories/groups of Additional Programs/Services to Increase Satisfaction & Engagement, by State:** (Those expressed by 10% or more of each respondent group.)

**CO:**

- C.1 Organizational/Staffing (20.4% of group)
- A.1 Personal/Opportunity for continuing education/training (20.1%)
- C.2 Organizational/Patient services (13.6%)
- A.2 Personal/Enhanced compensation (13.0%)
- A.3 Personal/Opportunity for professional growth (11.2%)

**MT:**

- C.2 Organizational/Patient services (21.8%)
- C.1 Organizational/Staffing (18.2%)
- A.1 Personal/Opportunity for continuing education/training (10.0%)
- A.4 Personal/Enhanced benefits (10.0%)
- C.1.b Organizational/Staffing – Different/more staff (10.0%)

**ND:**

- A.1 Personal/Opportunity for continuing education/training (29.4%)
- C.1 Organizational/Staffing (17.7%)

**UT:**

- C.2 Organizational/Patient services (22.0%)
- A.1 Personal/Opportunity for continuing education/training (14.6%)
- A.2 Personal/Enhanced compensation (14.6%)

*There were not enough responses from South Dakota and Wyoming to identify top ranking subcategories/groups of Additional Programs/Services to Increase Satisfaction & Engagement.*

*I especially love the passion our employees have for our mission to help people and always looking for ways to better help the patients.*

*-Administrative Support Staff, North Dakota*

**J. NEEDS, continued**

**Additional Programs/Services to Increase Satisfaction & Engagement, continued**

**STATE BREAKDOWN INFORMATION, continued**

**Table 26: Additional Programs/Services to Increase Satisfaction & Engagement, Region VIII & State Breakdown**

Programs/Services to Increase Satisfaction & Engagement	% of All Respondents for Location						
	RVIII (567)	CO (338)	MT (110)	ND (34)	SD (23)	UT (41)	WY (20)
<b>A. Personal - all combined</b>	<b>51.5%</b>	<b>57.1%</b>	<b>41.8%</b>	<b>50.0%</b>	<b>34.8%</b>	<b>46.3%</b>	<b>40.0%</b>
1. Continuing education/training	18.0%	20.1%	10.0%	<b>29.4%</b>	*	14.6%	*
a. Money/funding for CE	1.8%	2.7%	*	*	*	*	*
2. Enhanced compensation	10.1%	13.0%	4.6%	*	*	14.6%	*
3. Professional growth	9.4%	11.2%	6.4%	*	*	*	*
4. Enhanced benefits	8.3%	8.3%	10.0%	*	*	*	*
5. Personal schedule	6.9%	9.5%	6.4%	*	*	*	*
6. Funding for education	5.3%	5.3%	*	*	*	*	*
7. Enhanced recognition	2.8%	2.7%	*	*	*	*	*
8. Autonomy	0.9%	*	*	*	*	*	*
<b>B. Interpersonal - all combined</b>	<b>9.4%</b>	<b>10.7%</b>	<b>7.3%</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>
1. Employee relationships	6.0%	7.4%	4.6%	*	*	*	*
2. Organizational communication	5.1%	5.9%	*	*	*	*	*
<b>C. Organizational - all combined</b>	<b>38.8%</b>	<b>38.8%</b>	<b>44.6%</b>	<b>32.4%</b>	<b>21.7%</b>	<b>39.0%</b>	<b>40.0%</b>
1. Staffing	<b>18.2%</b>	<b>20.4%</b>	18.2%	17.7%			
a. Management	5.6%	8.3%	*	*	*	*	*
b. Different/more staff	5.5%	4.1%	10.0%	*	*	*	*
c. Training for staff	3.2%	3.6%	*	*	*	*	*
d. Workforce programs	2.1%	2.7%	*	*	*	*	*
e. Staff schedules	1.1%	*	*	*	*	*	*
2. Patient services	15.5%	13.6%	<b>21.8%</b>	*	*	<b>22.0%</b>	*
a. Behavioral/mental health	1.6%	*	4.6%	*	*	*	*
b. Vision	0.9%	*	*	*	*	*	*
3. Facilities/technology	5.5%	5.6%	7.3%	*	*	*	*
a. Technology	3.5%	4.1%	*	*	*	*	*
b. Facilities	1.6%	*	*	*	*	*	*
4. Patient care management	3.2%	4.1%	*	*	*	*	*
<b>D. External - all combined</b>	<b>8.1%</b>	<b>8.3%</b>	<b>10.0%</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>
1. Networking/collaboration	3.0%	2.4%	*	*	*	*	*
2. Funding	2.3%	2.4%	*	*	*	*	*
3. Patient populations	1.1%	1.5%	*	*	*	*	*
4. National/global issues	0.9%	*	*	*	*	*	*
<b>E. None/Unknown</b>	<b>19.1%</b>	<b>15.7%</b>	<b>20.9%</b>	<b>29.4%</b>	<b>39.1%</b>	<b>22.0%</b>	<b>*</b>

*\*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 (\*).*



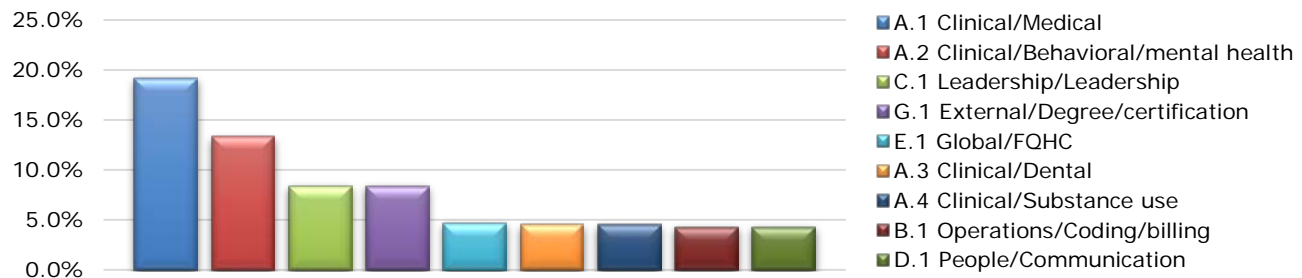


## J. NEEDS, continued

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

A desire for Leadership training (C.1) or some sort of external degree/certification (G.1) tied for third (8.4% of respondents each). This was followed by topics categorized as addressing FQHCs (E.1, 4.7%), Dental (A.3, 4.5%), Substance use (A.4, 4.5%), Coding/billing (B.1, 4.3%), and Communication (D.1, 4.3%). Refer to the list beneath Graph 149 for information about topics included in each of these higher-ranking subgroups.

**Graph 149: Desired Continuing Education/Professional Development Topics, Top Subcategories, Region VIII**



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 (41.4% of all respondents), includes subcategories:

1. **Medical: 19.2%** – chronic condition, nursing, medical, chronic disease management, women’s health, diabetes, chronic pain, trauma, family medicine, dermatology, pediatrics, hypertension, geriatric, Hepatitis C, wound care, obesity, breastfeeding, etc.
  - a. Identified Medical subgroups included:
    - i. Diabetes (2.7%)
    - ii. Trauma (2.2%)
    - iii. Pain (2.0%)
2. **Behavioral/mental health: 13.7%** – mental health disease, LCSW, CBT, Acceptance and Commitment, Motivational Interviewing, MAT, cognitive behavioral therapy, behavioral and mental health needs, integrated behavioral health, brief treatment, etc.
  - a. Identified Behavioral/mental health subgroups included:
    - i. Motivational Interviewing (1.8%)
    - ii. EMDR (1.4%)
3. Additional identified Clinical subcategories included:
  - a. **Dental: 4.5%** – dental, public health dental, sterilization, dental/oral health integration, dentures, periodontology, etc.
  - b. **Substance use: 4.5%** – opioid use disorder, substance use, opioid addiction, addiction, street drugs, CAC, etc.
  - c. **Pharmacy/medication: 3.1%** – 340B, formulary updates, psychopharmacology, pharmacology review, anesthesia, etc.
  - d. Equipment (2.2%)
  - e. Integrated care (1.6%)
  - f. Quality (1.4%)
  - g. Enabling (1.3%)
  - h. Care coordination (1.1%)
  - i. Immunizations (1.1%)

## ***J. NEEDS, continued***

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

#### ***Subcategories/groups for Overarching Areas, continued***

- B. Operations Area (20.3%),** includes subcategories:
1. **Coding/billing: 4.3%** – dental insurance/billing, coding education, Medicaid, Medicare, insurance, HCC coding, FQHC billing, insurance payments, etc.
  2. **Computers/technology/EHR: 3.9%** – EMR, EPIC, IT, advanced software, computer courses, telemedicine, digitization, technology, etc.
  3. **Finance/development: 3.2%** – financial operation, revenue cycle, finance, grant programs, financial analysis, A/R analysis, etc.
  4. Staff development (2.7%)
  5. Human resources (2.5%)
  6. Planning/project management (2.3%)
  7. Compliance/risk management (1.6%)
  8. Office skills (1.3%)
- C. Leadership Area (12.4%),** includes subcategories:
1. **Leadership: 8.4%** – sample words/phrases included: leadership training, leadership development, leadership, leadership classes/topics, etc.
  2. **Management: 3.1%** – sample words/phrases included: anything managerial, supervisory experience, managing staff, management skills, managerial courses, employee management, etc.
  3. Administration (1.6%)
- D. People Area (12.4%),** includes subcategories:
1. **Communication: 4.3%** – sample/words phrases included: communication, team building, public speaking, relationships, communication with senior staff, problem resolution training, customer service, team communication, conflict resolution/management, etc.
  2. **Dealing with specific patient populations: 3.2%** – anything for homeless patients, immigrant needs, how different cultures view health, resources for undocumented patients, cross-cultural education specific to our patients, information for LGBTQ, best practices for Native American communities, etc.
  3. Spanish language (2.9%)
  4. Employee engagement/resiliency (2.2%)
- E. Global Area (7.5%),** includes subcategories:
1. **FQHC: 4.7%** – sample/words phrases included: FQHC-centric resources, find the mission, training in FQHCs, school-based health centers, FQHC billing, FQHC conferences, etc.
  2. Other national programs (2.5%)
  3. Policy/legislation (1.4%)
- F. Funds/Time (3.4%),** no subcategories
- G. External Area (13.8%),** includes subcategories:
1. **Degree/Certification: 8.4%** – sample words/phrases included: advanced degree in Public Health, ultra-sonographer school, expanded functions certificate, Bachelor's in Health Administration, LPN license, certification requirements, MBA, etc.
  2. **Conferences: 3.9%** – attend/participate in conferences, annual conference for behavioral health providers, FQHC conferences, family practice conferences, etc.
  3. Networking (1.1%)

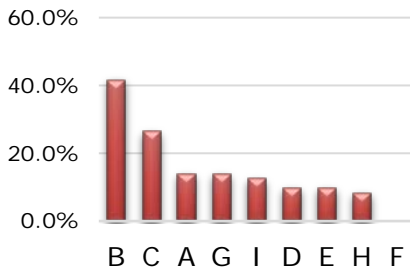
**J. NEEDS, continued**

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

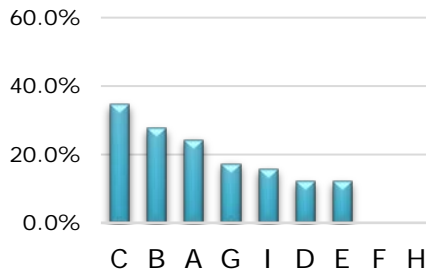
Administrative Executives expressed interest in continuing education/professional development in two main areas – 41.7% of respondents indicated topics in the Operations area (B) and 26.4% indicated topics in the Leadership (C) area. Administrative Other Supervisors/Managers were most likely to express topics categorized as Leadership (34.5%), Operations (24.1%), and Clinical (24.1%). Over 40% of the Administrative Support respondents expressed topics in the Operations area, while Clinical Executives/Directors and Providers and Clinical Support Staff showed a strong preference for Clinical topics (59.7% of the former, and 47.8% of the later). (Graphs 150-154)

**Graphs 150-154: Continuing Education/Professional Development Topic Areas by Position Type, Region VIII**

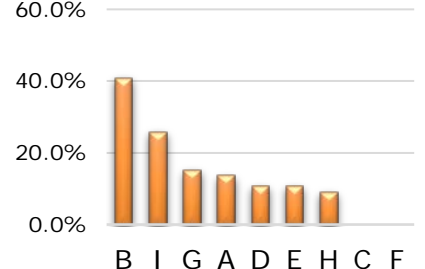
**Graph 150: Admin. Executives**



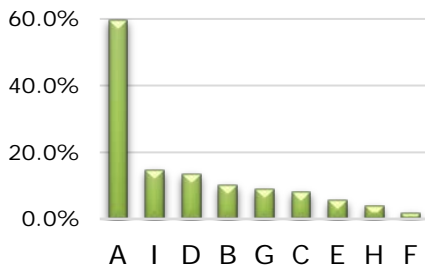
**Graph 151: Admin. Other Supers.**



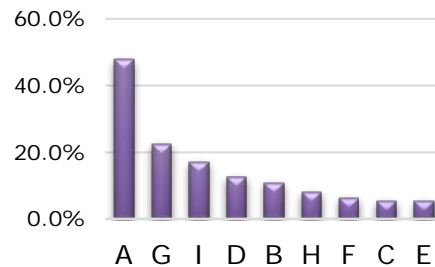
**Graph 152: Admin. Support**



**Graph 153: Clinical Exec./Providers**



**Graph 154: 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

**Top Ranking Subcategories/groups of Continuing Education/Professional Development Topic Areas, by Position Type:** (Those expressed by 5% or more of each respondent group.)

- Administrative Executives/Directors:**
- C.1 Leadership/Leadership (23.6% of group)
  - A.3 Clinical/Dental (13.9%)
  - A.5 Clinical/Pharmacy/medication (13.9%)
  - B.6 Operations/Planning/project management (13.9%)
  - B.3 Operations/Finance/development (12.5%)
  - B.5 Operations/Human resources (9.7%)
  - D.1 People/Communication (8.3%)
  - E.1 Global/FQHC (8.3%)
  - G.1 External/Degree/certification (8.3%)

- Administrative Other Supervisors:**
- C.1 Leadership/Leadership (22.4%)
  - G.1 External/Degree/certification (12.1%)
  - C.2 Leadership/Management (10.3%)

- Administrative Support:**
- B.1 Operations/Coding/billing (19.7%)
  - G.1 External/Degree/certification (12.1%)
  - B.2 Operations/Computers/technology/EHR (9.1%)
  - E.2 Global/Other national programs (7.6%)

- Clinical Executives/Directors & Providers:**
- A.1 Clinical/Medical (29.4%)
  - A.2 Clinical/Behavioral/mental health (24.0%)
  - A.4 Clinical/Substance use (7.6%)
  - A.3 Clinical/Dental (6.3%)
  - C.1 Leadership/Leadership (5.5%)

- Clinical Support:**
- A.1 Clinical/Medical (27.0%)
  - G.1 External/Degree/certification (16.2%)
  - A.2 Clinical/Behavioral/mental health (7.2%)
  - A.3 Clinical/Dental (7.2%)
  - G.2 External/Conferences (7.2%)
  - A.4 Clinical/Substance use (5.4%)

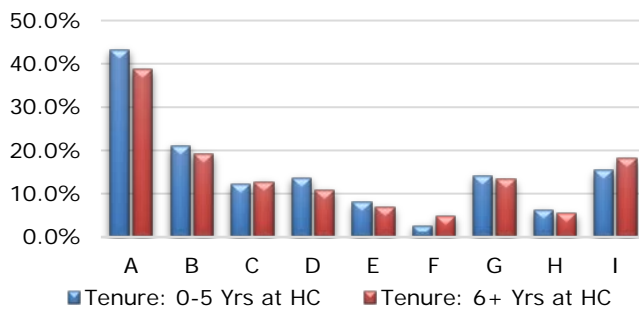
**J. NEEDS, continued**

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

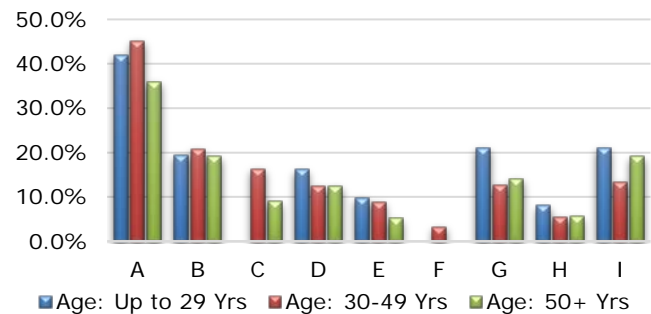
Clinical topics (and those within the Clinical/Medical subcategory specifically) were the most expressed by all respondent groups when analyzed by length of tenure at the health center and age (Graphs 155-156). There were few significant differences in desired topics based on length of tenure at the health center (Graph 155). Older staff members (those 50+ years of age) were less likely than younger respondents to express an interest in Clinical topics (A). Respondents who were 30-49 years of age were most likely to express interest in Leadership topics (C), while the youngest staff (those up to 29 years of age) were more likely than others to express interest in topics coded as Personal (D) and External (G). (Graph 156)

**Graphs 155-156: Continuing Education/Professional Development Topic Areas by Tenure & Age, Region VIII**

**Graph 155: Length of Tenure at Health Center**



**Graph 156: Age**



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

**Top Ranking Subcategories/groups of Continuing Education/Professional Development Topic Areas, by Tenure & Age: (Those expressed by 5% or more of each respondent group.)**

**0-5 Years at Health Center:**

- A.1 Clinical/Medical (21.0% of group)
- A.2 Clinical/Behavioral/mental health (11.9%)
- G.1 External/Degree/certification (9.4%)
- C.1 Leadership/Leadership (7.7%)
- A.3 Clinical/Dental (5.4%)

**6+ Years at Health Center:**

- A.1 Clinical/Medical (16.2%)
- A.2 Clinical/Behavioral/mental health (15.7%)
- C.1 Leadership/Leadership (9.8%)
- G.1 External/Degree/certification (6.9%)
- A.4 Clinical/Substance use (5.4%)

**Up to 29 Years of Age:**

- A.1 Clinical/Medical (21.0%)
- G.1 External/Degree/certification (16.1%)
- A.3 Clinical/Dental (11.3%)
- D.1 People/Communication (8.1%)

**30-49 Years of Age:**

- A.1 Clinical/Medical (21.1%)
- A.2 Clinical/Behavioral/mental health (14.9%)
- C.1 Leadership/Leadership (9.7%)
- G.1 External/Degree/certification (7.8%)
- E.1 Global/FQHC (5.8%)

**50+ Years of Age:**

- A.1 Clinical/Medical (15.7%)
- A.2 Clinical/Behavioral/mental health (12.9%)
- C.1 Leadership/Leadership (7.9%)
- G.1 External/Degree/certification (7.3%)
- A.4 Clinical/Substance use (6.2%)
- B.1 Operations/Coding/billing (6.2%)

*As an organization there is an overwhelming desire to improve the lives of those in the community.*

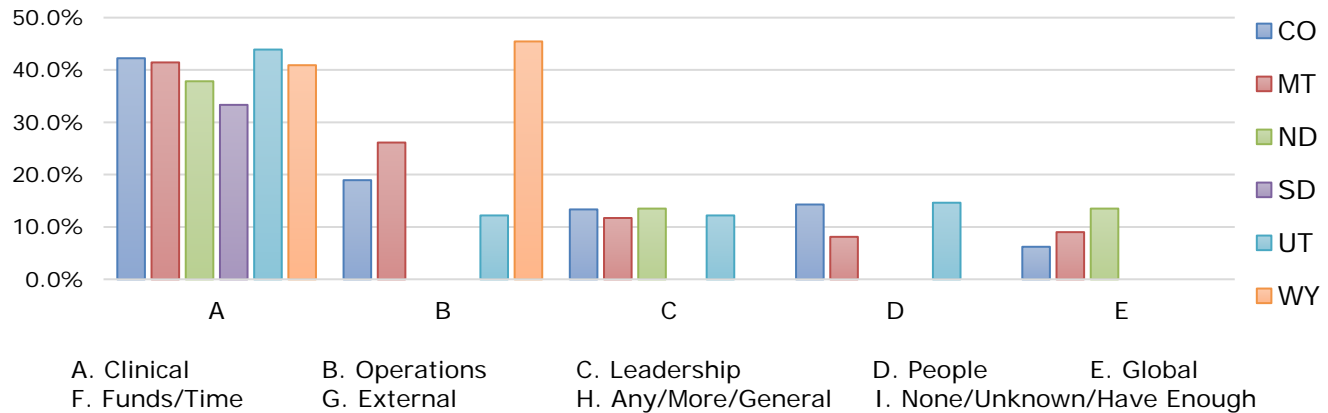
*-Admin. Support Staff, Montana*

**J. NEEDS, continued**

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

**STATE BREAKDOWN INFORMATION**

**Graph 157: Continuing Education/Professional Development Topic Areas, State Breakdown**



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

**CO:**

- A.1 Clinical/Medical (19.6% of group)
- A.2 Clinical/Behavioral/mental health (13.0%)
- G.1 External/Degree/certification (9.6%)
- C.1 Leadership/Leadership (9.0%)
- A.3 Clinical/Dental (5.3%)
- D.1 People/Communication (5.3%)
- A.4 Clinical/Substance use (5.0%)
- E.1 Global/FQHC (5.0%)

**MT:**

- A.1 Clinical/Medical (19.8%)
- A.2 Clinical/Behavioral/mental health (15.3%)
- C.1 Leadership/Leadership (8.1%)
- B.1 Operations/Coding/billing (7.2%)
- G.1 External/Degree/certification (6.3%)
- A.3 Clinical/Dental (5.4%)
- A.4 Clinical/Substance use (5.4%)

**ND:**

- A.1 Clinical/Medical (16.2%)
- C.1 Leadership/Leadership (13.5%)

**SD:**

- A.1 Clinical/Medical (25.0%)

**UT:**

- A.2 Clinical/Behavioral/mental health (19.5%)
- A.1 Clinical/Medical (17.1%)
- G.1 External/Degree/certification (14.6%)

*There were not enough responses from Wyoming to identify top ranking subcategories/groups of Continuing Education/Professional Development Topic Areas.*

*Interacting with the patients and their families, the feelings of fulfillment when I know I made an impact in someone's life. If they walked in feeling bad and were able to leave feeling even a little better because of the care they received, that is enough.*

*-Clinical Support Staff, Colorado*

**J. NEEDS, continued**

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

**STATE BREAKDOWN INFORMATION, continued**

**Table 27: Continuing Education/Professional Development Topic Areas, Region VIII & State Breakdown**

Desired Continuing Education/ Professional Development Topics	% of All Respondents for Location						
	RVIII (558)	CO (322)	MT (111)	ND (37)	SD (24)	UT (41)	WY (22)
<b>A. Clinical - all combined</b>	<b>41.4%</b>	<b>42.2%</b>	<b>41.4%</b>	<b>37.8%</b>	<b>33.3%</b>	<b>43.9%</b>	<b>40.9%</b>
1. Medical	19.2%	19.6%	19.8%	16.2%	25.0%	17.1%	*
a. Diabetes	2.7%	2.2%	*	*	*	*	*
b. Trauma	2.2%	2.5%	*	*	*	*	*
c. Pain	2.0%	2.2%	*	*	*	*	*
2. Behavioral/mental health	13.3%	13.0%	15.3%	*	*	19.5%	*
c. Motivational Interviewing	1.8%	1.9%	*	*	*	*	*
c. EMDR	1.4%	*	*	*	*	*	*
3. Dental	4.5%	5.3%	5.4%	*	*	*	*
4. Substance use	4.5%	5.0%	5.4%	*	*	*	*
5. Pharmacy/medication	3.1%	3.1%	*	*	*	*	*
6. Equipment	2.2%	3.1%	*	*	*	*	*
7. Integrated care	1.6%	1.6%	*	*	*	*	*
8. Quality	1.4%	*	*	*	*	*	*
9. Enabling	1.3%	1.6%	*	*	*	*	*
10. Care coordination	1.1%	1.6%	*	*	*	*	*
11. Immunizations	1.1%	*	*	*	*	*	*
<b>B. Operations - all combined</b>	<b>20.3%</b>	<b>18.9%</b>	<b>26.1%</b>	<b>*</b>	<b>*</b>	<b>12.2%</b>	<b>45.5%</b>
1. Coding/billing	4.3%	3.4%	7.2%	*	*	*	*
2. Computers/technology/EHR	3.9%	4.4%	4.5%	*	*	*	*
3. Finance/development	3.2%	2.8%	*	*	*	*	*
4. Staff development	2.7%	3.1%	*	*	*	*	*
5. Human resources	2.5%	1.9%	4.5%	*	*	*	*
6. Planning/project management	2.3%	1.9%	*	*	*	*	*
7. Compliance/risk management	1.6%	*	*	*	*	*	*
8. Office skills	1.3%	1.6%	*	*	*	*	*
<b>C. Leadership - all combined</b>	<b>12.4%</b>	<b>13.4%</b>	<b>11.7%</b>	<b>13.5%</b>	<b>*</b>	<b>12.2%</b>	<b>*</b>
1. Leadership	8.4%	9.0%	8.1%	13.5%	*	*	*
2. Management	3.1%	3.1%	*	*	*	*	*
3. Administration	1.6%	1.9%	*	*	*	*	*
<b>D. People - all combined</b>	<b>12.5%</b>	<b>14.3%</b>	<b>8.1%</b>	<b>*</b>	<b>*</b>	<b>14.6%</b>	<b>*</b>
1. Communication	4.3%	5.3%	*	*	*	*	*
2. Dealing with specific populations	3.2%	3.1%	*	*	*	*	*
3. Spanish language	2.9%	3.7%	*	*	*	*	*
4. Employee engagement/resiliency	2.2%	2.5%	*	*	*	*	*
<b>E. Global - all combined</b>	<b>7.5%</b>	<b>6.2%</b>	<b>9.0%</b>	<b>13.5%</b>	<b>*</b>	<b>*</b>	<b>*</b>
1. FQHC	4.7%	5.0%	4.5%	*	*	*	*
2. Other national programs	2.5%	*	4.5%	*	*	*	*
3. Policy/legislation	1.4%	*	*	*	*	*	*
<b>F. Funds/Time for Education</b>	<b>3.4%</b>	<b>4.0%</b>		<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>
<b>G. External - all combined</b>	<b>13.8%</b>	<b>15.2%</b>	<b>9.0%</b>	<b>*</b>	<b>*</b>	<b>22.0%</b>	<b>*</b>
1. Degree/Certification	8.4%	9.6%	6.3%	*	*	14.6%	*
2. Conferences	3.9%	4.0%	*	*	*	*	*
3. Networking	1.1%	1.6%	*	*	*	*	*
<b>H. More/Any/General</b>	<b>6.1%</b>	<b>6.5%</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>
<b>I. None/Unsure/Have Enough</b>	<b>16.3%</b>	<b>14.6%</b>	<b>18.9%</b>	<b>16.2%</b>	<b>33.3%</b>	<b>14.6%</b>	<b>*</b>

\*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: CHAMPS Recruitment & Retention (R&R) Support Resources

### Job Opportunities Bank (JOB)

Online searchable job bank of employment opportunities within Region VIII health centers  
<http://CHAMPSonline.org/job-bank>

### Events & Trainings

Annual conference, distance learning (webcasts, Project ECHO Learning Communities, etc.), podcasts, leadership learning, Spanish language training, plus an online Calendar of Events  
<http://CHAMPSonline.org/events-trainings>

### Recruitment & Retention (R&R) Resources

Advantages of working within FQHCs, understanding HPSAs and MUAs, CHC-related federal and state programs, physician recruitment information, staff orientation and retention resources and materials, information about the Preferred Pricing Program for Employment Screening Services, links to R&R surveys and data, sample health center job descriptions, links to other state, regional, and national sources supporting health center workforce, etc.  
<http://CHAMPSonline.org/tools-products/rrresources>

### Workforce Data

Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Reports  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#salary>

Region VIII Health Center Clinical Staffing and Provider Productivity Expectations Reports  
[http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#staffing\\_expectations](http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#staffing_expectations)

Region VIII Health Center Recruitment & Retention Survey Reports  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#RandR>

Region VIII Job Opportunities Bank (JOB) Data Comparison Report  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#job>

Region VIII Uniform Data System (UDS) Summary Reports  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#UDSsummary>

### Clinical Resources

Clinical reference materials, patient education tools, evidence-based clinical guidelines, disease and chronic condition specific resources, resources related to offsetting patient costs, etc.  
<http://CHAMPSonline.org/tools-products/clinical-resources>

### Quality Improvement (QI) Resources

QI terms and acronyms, strategies, decision making and flows, plus resources related to health equity, health literacy, health information technology, Patient-Centered Medical Home (PCMH), social determinants of health (SDOH), etc.  
<http://CHAMPSonline.org/tools-products/quality-improvement-resources>

### Cross-Disciplinary Resources

Health center terms and acronyms, cultural competency resources, special and vulnerable populations resources, Spanish language resources, emergency preparedness resources, needs assessment data sources, and community health center program education and outreach  
<http://CHAMPSonline.org/tools-products/cross-disciplinary-resources>

### Health Center Board Resources

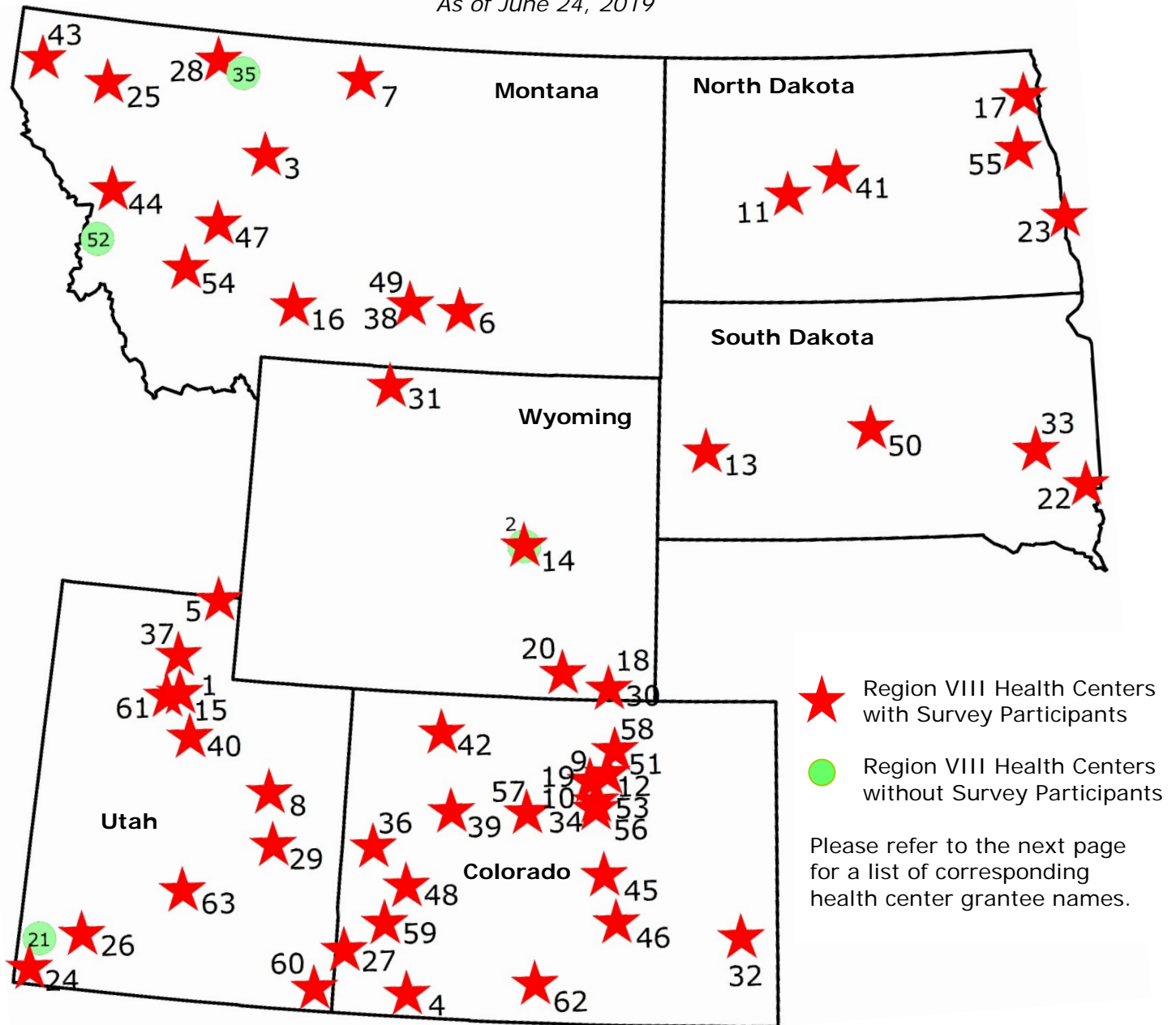
Information about health center board composition, recruitment, orientation, retention, roles and responsibilities (including corporate compliance, conflict of interest, and strategic planning), meetings, committees, evaluation and assessment, ongoing education, and the relationship between board members and the health center Executive Director  
<http://CHAMPSonline.org/tools-products/chc-board-resources>

### Peer Support

Mountain/Plains Clinical Network (MPCN)  
<http://CHAMPSonline.org/about/mpcn>  
Region VIII Health Center Directory  
<http://CHAMPSonline.org/tools-products/publications-electronic-media/champs-publications#directory>  
Links to Region VIII Primary Care Associations (PCAs) and National Cooperative Agreements (NCAs) Nationwide, and other sites of interest  
<http://CHAMPSonline.org/links>  
CHAMPS Staff Contact Information  
<http://CHAMPSonline.org/contact-us>

## 2019 Region VIII Health Centers

As of June 24, 2019



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





**Appendix B: Map of Region VIII Health Center Program Awardees & Look-Alikes, continued**

Symbol	Name of Health Center	City	ST
1	4th Street Clinic - Wasatch Homeless Health Care, Inc.	Salt Lake City	UT
2	12th Street Health Care for the Homeless Clinic	Casper	WY
3	Alluvion Health	Great Falls	MT
4	Axis Health System	Durango	CO
5	Bear Lake Community Health Centers	Garden City	UT
6	Bighorn Valley Health Center	Hardin	MT
7	Bullhook Community Health Center	Havre	MT
8	Carbon Medical Service Association, Inc.	East Carbon	UT
9	Clinica Family Health	Lafayette	CO
10	Clínica Tepeyac	Denver	CO
11	Coal Country Community Health Center	Beulah	ND
12	Colorado Coalition for the Homeless	Denver	CO
13	Community Health Center of the Black Hills	Rapid City	SD
14	Community Health Centers of Central Wyoming	Casper	WY
15	Community Health Centers, Inc.	Salt Lake City	UT
16	Community Health Partners	Livingston	MT
17	Community Health Service Inc.	Grafton	ND
18	Crossroads Healthcare Clinic	Cheyenne	WY
19	Denver Health Community Health Services	Denver	CO
20	Educational Health Center of Wyoming	Laramie	WY
21	Enterprise Valley Medical Clinic	Enterprise	UT
22	Falls Community Health	Sioux Falls	SD
23	Family HealthCare	Fargo	ND
24	Family Healthcare	Saint George	UT
25	Flathead Community Health Center	Kalispell	MT
26	Four Points Community Health Centers	Cedar City	UT
27	Frontier Community Health Center	Dove Creek	CO
28	Glacier Community Health Center	Cut Bank	MT
29	Green River Medical Center	Green River	UT
30	HealthWorks	Cheyenne	WY
31	Heritage Health Center	Powell	WY
32	High Plains Community Health Center	Lamar	CO
33	Horizon Health Care, Inc.	Howard	SD
34	Inner City Health Center	Denver	CO
35	Marias Healthcare Services, Inc.	Shelby	MT
36	MarillacHealth	Grand Junction	CO
37	Midtown Community Health Center	Ogden	UT
38	Montana Migrant & Seasonal Farmworkers Council, Inc.	Billings	MT
39	Mountain Family Health Centers	Glenwood Springs	CO
40	Mountainlands Community Health Center	Provo	UT
41	Northland Health Centers	Turtle Lake	ND
42	Northwest Colorado Health	Craig	CO
43	Northwest Community Health Center	Libby	MT
44	Partnership Health Center	Missoula	MT
45	Peak Vista Community Health Centers	Colorado Springs	CO
46	Pueblo Community Health Center, Inc.	Pueblo	CO
47	PureView Health Center	Helena	MT
48	River Valley Family Health Center	Olathe	CO
49	RiverStone Health	Billings	MT
50	Rural Health Care, Inc.	Fort Pierre	SD
51	Salud Family Health Centers	Fort Lupton	CO
52	Sapphire Community Health, Inc.	Hamilton	MT
53	Sheridan Health Services	Denver	CO
54	Southwest Montana Community Health Center	Butte	MT
55	Spectra Health	Northwood	ND
56	STRIDE Community Health Center	Englewood	CO
57	Summit Community Care Clinic	Frisco	CO
58	Sunrise Community Health, Inc.	Evans	CO
59	Uncompahgre Medical Center	Norwood	CO
60	Utah Navajo Health System, Inc.	Montezuma Creek	UT
61	Utah Partners for Health	Magna	UT
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