

Health Resources and Services Administration

Assessment of Historically Black Medical Schools' Participation in HRSA-Supported Health Professions Training Programs

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Office of Minority Health**

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Preface

In September 1998, the study was initiated under a contract to Distributed Communications Corporation in response to RFP HRSA 250-OA-23 (8). The study was to establish the facts about the participation of the Black medical schools in grant programs of the Health Resources and Services Administration (HRSA) for training health professionals. It was also to determine if there had been a decline in the funding of health professionals training programs to the four Black medical schools and if so what were the factors. Finally, based on the findings, the study was to make recommendations to HRSA and to the schools.

The Project Officer was Ms. Gwendolyn Clark of the HRSA's Office of Minority Health (OMH). An Advisory Committee monitored the project in collaboration with the project officer. The management team at Distributed Communications Corporation included Narciso Cano as Project Director and two Co-Principal Investigators, Dr. Patricia Matthews-Juarez and Mr. Christopher Bladen. Other members of the study team were Mr. Armando Estrada and Mrs. Evelyn King. In April 1999, Dr. M. Alfred Haynes assumed responsibility for completing the study's technical aspects. Shortly thereafter, Mr. Bladen withdrew and Drs. Haynes and Matthews-Juarez completed much of the work

The study team wishes to express its appreciation to the participants at HRSA and at the Black medical schools, to the project officer and the HRSA Advisory Committee for its guidance. Members of the Advisory Committee were Mr. Carl Allen, Senior Advisor, Office for the Advancement of Telehealth; Aaron Favors, Ph.D., Public Health Analyst, Maternal and Child Health Bureau; Ms. Arlene Granderson, Chief, Affirmative Employment and Special Initiative Branch, Office of Equal Opportunity and Civil Rights; Ms. Helen Lotsikas, Health Professions Education Specialist, Bureau of Health Professions; and Moses Pounds, Ph.D., Deputy Director, Service, Education and Research Branch, HIV/AIDS Bureau.

We also wish to acknowledge external reviewers: Clifton O. Dummett, DDS, Distinguished Emeritus Professor, University of Southern California, Los Angeles California; Charles H. Epps, Jr. M.D., former Vice President for Health Affairs, Special Assistant to the President for Health Affairs, Howard University, School of Medicine; Donna Harris, Ph.D., Director of Academic Development, Professor of Family Medicine, East Carolina College, Greenville, North Carolina; and Mrs. Shirley Johnson, former

Director, Office of Program Development, Bureau of Health Professions, HRSA, for their review of the draft of this document. We also thank all of you who have assisted in providing the data for our conclusions.

M. Alfred Haynes M.D.

Study Director

Executive Summary

Facts and myths seem to dominate every aspect of the human existence. They even affect the communication and information channels between granting offices of the government and its grantees. To differentiate the facts from myths about the level of participation of the four Black medical schools in the health professions training programs at HRSA, the Office of Minority Health at HRSA commissioned this study. The study was to explore whether the level of funding to the Black medical schools through the health professions training programs had declined. This descriptive study's intent was to determine whether a decline had indeed occurred and to explore factors associated with the grant application process, the peer review process, technical assistance, and the awarding of funds by HRSA, which were to be consistent with the Executive Order of 1993 for Historical Black Colleges and Universities (HBCUs).

The Nature of the Study

Over the past five years, the Office of Minority Health has received questions about the level of participation in grant funding for training of health professionals at the four Black medical schools. In addition, there have been concerns about how “grant funding” affected the ability of the Black medical schools to meet the needs of the Nation's poor and medically underserved. Some of these specific concerns have centered on these schools' involvement in developing and shaping the Nation's diverse workforce through HRSA's health professions training programs.

In its monitoring and oversight role, the Office of Minority Health has a primary responsibility for ensuring that the White House Initiative on Historically Black Colleges and Universities (HBCUs) is carried out by HRSA. The White House Initiative on Historically Black Colleges and Universities was established in 1980 by Executive Order of President Carter and has continued with each succeeding president. The primary purpose of the initiative was to strengthen the capacity of Historically Black Colleges and Universities (HBCUs) to provide a quality education and to increase their opportunities to participate in and benefit from federal programs. HRSA is mandated to carry out the intent of the Executive Order through various funding strategies and mechanisms including grants, contracts, and cooperative agreements.

From the OMH's perspective, it has become increasingly difficult to measure the full impact of the Executive Order on training resources to the Black medical schools. It has also been difficult to determine factors that have impeded or enhanced the participation of the Black medical schools in HRSA's grant programs. This difficulty is compounded by the historical nature of the four Black medical schools whose missions have been to train health professionals to work with the medically underserved and the disadvantaged. Historically, these schools started from an under-funded and disadvantaged position. Yet, they were committed and expected to contribute to the Nation's cadre of health professionals who primarily serve, and serve in, medically underserved communities. Their commitments and expectations continue today.

This study was initiated by HRSA's Office of Minority Health to assess the effect of the Executive Order. The study was also to explore the relationship between HRSA and the Black medical schools with specific emphasis on the nature of the participation of the schools in HRSA's grant programs, particularly those within the Bureau of Health Professions.

In this study, we sought to help the staff of HRSA and OMH as well as the faculty and staff of the Black medical schools by providing an assessment of the circumstances surrounding the schools' participation in the grant application process. We anticipate that this study will create a focused dialogue between HRSA and the schools about the grant application process and the mission shared by both. Further, we hope that the recommendations from the study will be used to develop partnerships that will lead to a greater number of graduates being trained by the schools, reflecting HRSA's mission of diversity, quality, and distribution in the provision of accessible health care services to the Nation's vulnerable populations.

When we started the study, we accepted as a fact that for any institution to receive grant funding, participation in the grant application process was central. This process includes a series of steps ranging from the announcement of the grant program by HRSA, through the submission of an application by the schools to HRSA. We were unsure whether all factors related to the application process could be tested empirically in this study. For example, the accuracy of the financial data, quantifying the participation of faculty in the peer review panels, as well as quantifying the reliance on technical assistance from HRSA's program staff by faculty members at the schools were concerns

to us. Further, we were unsure whether or not we could separate facts from myths to us based on personal interviews with each interviewee having his or her own interpretation of the details of the grant application process as well as their own perceptions of HRSA and the schools

Now that we have finished the study, it appears that the process of separating facts from myths about HRSA, the schools, and mechanisms for funding was complex. The complexity of the process provided us with some intrigue and curiosity. Yet, the findings from the study offer both HRSA and the schools an opportunity to develop a focused dialogue on new ways to work cooperatively together to realize their shared mission.

Limitations of the Study

This study is limited in several ways. First, we are concerned only about Black medical schools. Only Meharry, Morehouse, and Howard are medical schools and carry the designation of HBCUs. Drew does not have HBCU status, as it was established after 1964. However, Drew was included in the study as its mission is comparable with the other three schools. We are concerned that the study examines only a small subset of medical schools. However, the four Black medical schools, under study, represent the totality of the type of institutions producing a preponderance of minority health professionals. Arguments and some findings may therefore be generalized to majority medical schools with characteristics similar to the schools which were the subject of this study. Another limitation of this study is the inability to quantify the level of participation of the Black medical schools in the broadly defined grant application process. Information regarding the number of grants submitted, approved, or denied; the number of faculty who participated in the peer review and technical assistance processes; and the impact these processes had on the development of the number of grants by institutions were not easily retrievable. In some cases, when this data was available, the accuracy of the data was questionable.

Finally, this study was not intended either to address the myriad of concerns that exists in the inter-relationships among the Black medical schools or to analyze the infrastructure of HRSA. Our objective was to describe attitudes and perceptions of

program directors and key staff at HRSA and the faculty and staff at the Black medical schools regarding funding and participation of the schools in HRSA grants.

Method of Analysis

This study is highly descriptive. In describing our work, we have presented the findings in a narrative format as key quotes from personal interviews revealing reflections, attitudes, and perceptions of HRSA's key staff and the faculty from the schools. These quotes are extremely thought provoking and illustrate the barriers and impediments to HRSA and the schools in developing a partnership that would promote their shared mission. Chapter 6 is an exception to this rule. In this chapter, we present tables and figures showing dollars awarded to each school by funded training program. No statistical measurements are used. However, the findings are clustered by themes and are analyzed by indexing and theorizing. All data from the interviews were processed and analyzed with the NUDIST (Non-numerical Unstructured Data, Indexing, Systemizing, and Theorizing) computer software program to code and systematize responses.

Great care was taken to refine the financial data to ensure that the level of grant funding awarded to each school was presented in context. It was important to compare the "total amount of grant funding to all health professions training institutions" to the "total amount of grant funding to the four Black medical schools." This data is presented in Table 2 in Chapter 6. Equally as important was showing the comparison of HRSA grant funding among the four Black medical schools. In making these comparisons, we were able to highlight the issues of leadership, expectations, and faculty expertise in relationship to the level of funding of grant applications submitted to the various training programs at HRSA.

Approach to the Study

OMH invited the participants within HRSA to take part in the study. The invitations were by e-mail to each of the Bureau Chiefs at HRSA and to each participant. The study was limited to a specific group of HRSA funded training programs relating to the training of health professionals. Participants were selected to participate in the study

based on their monitoring, staffing, or management of one or more of the 16 training programs administered by the Bureau of Health Professions (Appendix A).

The administrator of HRSA also invited each of the presidents at the schools to participate in the study. At the schools, participants were selected based on their participation in the 16 training programs as faculty members and staff who were grant writers for one or more of the 16 training programs, chairs of the primary care departments, managers in grants and contracts, directors and managers in offices of finance, deans, vice presidents, and special assistants to presidents.

The invitations were followed by telephone calls from the management team to arrange a specific time and place for the interviews. Interviews took place at HRSA in Rockville, Maryland and at each of the Black medical schools: Howard University, Meharry Medical College, Charles R. Drew University of Medicine & Science, and the Morehouse School of Medicine.

Beginning in January 1999 and ending in May 1999, interviews were conducted individually and in small groups and documented by tape and court reporters with the exception of two interviews at HRSA. A designated interviewer for the two interviews that were not recorded by tape or court reporter took notes.

Questionnaires were used to conduct the interviews at HRSA and the schools, using similar questions to capture issues and underlying themes. The study interviewed 20 individuals at HRSA and 53 individuals at the schools. Participants were told that their confidentiality would be preserved and their names would not be included in the study.

An advisory board monitored and guided the study along with the program officer throughout the process. At the conclusion of the study, an external committee of experts reviewed the draft document.

Organization of the Study

Chapter 1 provides background information on HRSA and its specific training programs included in the study. This chapter also presents the mission of HRSA and its antecedents.

Chapter 2 summarizes individual and group interviews conducted with key bureau personnel at HRSA.

Chapter 3 summarizes individual and group interviews with key program directors and staff at HRSA.

Chapter 4 is a brief background of the four Black medical schools and presents their historical and present missions.

Chapter 5 summarizes the individual and group interviews conducted at the Black medical schools.

Chapter 6 describes the HBCU Executive Order and provides the financial data based on reconciliation of data obtained from HRSA and the Black medical schools.

Chapter 7 discusses the findings and recommendations for HRSA and the schools. Also, in this chapter, we share some conclusion about the burden of minority medical schools in meeting the needs of the medically underserved communities.

Appendix A gives a list of the categories of participants in the study by bureau, program and school.

Appendix B describes the training programs offered by HRSA.

Appendix C describes preferences by program.

Appendix D presents a questionnaire used by Meharry Medical College for tracking their graduates.

Major Findings and Discussion

HRSA's Mission

Finding 1: While the service component of the mission is well understood, the training component of the mission is not clearly understood throughout the agency.

Discussion: HRSA's mission arises from the absence of a national health care system and the need to provide access to the medically underserved. These underlying issues are well understood in the agency. However, the creation of a national health care system and the provision of accessible medical services for the medically underserved cannot be

achieved without a supply of health professionals. It is the special mission of the training components of HRSA to address this need. However, because HRSA does not conduct training, the real mission of the training component is to support institutions that train health professionals. The concept that HRSA is a support institution and therefore dependent on the training institutions is understood at the highest levels of the organization, but there are many in the organization who see the training institutions as being dependent on HRSA. Under these circumstances, work at HRSA is seen as largely the processing of applications rather than participating in an interdependent effort to bring care to the disadvantaged. On the other hand, the schools are much clearer about their mission, but are not always as faithful in their commitment as would be expected. A clear understanding of the shared mission, close collaboration and a full commitment are necessary to obtain the best results. The collaboration should be closer with those institutions that are most committed to the mission. In conclusion, the factors that appear to be the causes for the decline in HRSA funding at the four Black medical schools are, in fact, symptoms of a more fundamental problem at HRSA and at the schools, but one must first examine and understand the missions of HRSA and the schools.

The Operating Model

Finding 2: The grant application process for funding the training of health professionals is neither consistent with nor supportive of HRSA's mission.

Discussion: For historical reasons, the training components of HRSA follow the NIH model of operation. That is an appropriate model for NIH but HRSA needs to consider a more appropriate model, one that is more consistent with its special mission. HRSA should use “an investment model” and should invest most heavily in those institutions that are actually producing the type of results HRSA seeks to achieve.

The investment model is different from the foundation model, which has as its core, the premise of charity and gift giving with marginal expectations. The investment model would emphasize that the institutions should expect fairness, not charity. Under these conditions, a beautifully crafted proposal from a majority institution without a record of performance in accordance with HRSA's mission and objectives should not be weighed more heavily than a less elegant proposal from an institution that is strongly

committed to the same mission as HRSA. If this model is correctly implemented, it is less likely that minority institutions would feel that the level of funding is too heavily based on an essay contest. It requires a review process that is based strongly on performance and evidence of a strong commitment to HRSA's mission on the part of the schools.

The investment model requires the use of results-oriented objectives and performance measures. At the core of the model are characteristics such as shared mission and vision, executive and senior leadership, institutional commitment, teamwork, competency as amplified by a variety of skills demonstrated by faculty, scholarly and academic pursuit, productivity and products, innovations, management of information, transfer and dissemination of information, public and private partnerships, and community linkages.

The interviews indicate that HRSA is in the process of developing performance measures. Interviewees at the schools indicated that the objectives required in the proposals are process-oriented rather than results-oriented. Some objectives may appear to be entirely qualitative and immeasurable but may in fact lead to outcomes that are measurable. For example, the difference in funding at one of the schools under study is attributed to leadership and commitment. In this context, leadership refers to the commitment to a great cause and the ability to persuade others to make that cause their own. Commitment refers to the willingness to do over and beyond what is normally expected. These qualitative characteristics can lead to measurable outcomes. Leadership occurs at all levels in an institution. It may be the president, dean, department chairman, or program director. The higher the level of leadership and commitment the greater will be the measurable impact. Changes in leadership at various levels may have negative or positive results within HRSA or the schools. Some of the decline in funding or the subsequent recovery could be due to changes in leadership and commitment.

The Specialty Versus the Team Approach

Finding 3: Both within HRSA and the Black medical schools, there is a lack of communication, coordination, and resources to encourage and maintain teamwork.

Discussion: The organizational structure of HRSA is very much like that of the medical schools with its specialized departments. At the medical school, faculty in one department may not know what is occurring in another department. A major difference, however, is that patient care often requires special medical interests to work as a team. One activity at HRSA promises to be more effective in this regard — the agency technical assistance teams. This combined agency activity appears to be helpful to both HRSA and the schools in conveying a better understanding of HRSA and its role in addressing the needs of the medically underserved. The agency technical assistance teams should be continued, and HRSA should consider additional team activities. These team activities help institutions understand the breadth of activities at HRSA and could lead to greater efficiency and effectiveness at the institutions. Another opportunity for team activities at HRSA could be to have the same project officer for the same schools, but covering several programs. A HRSA project officer should thereby be familiar with the operation of several programs and with a group of schools. There are ample opportunities for joint HRSA and school teams working together on several activities. One of the HRSA interviewees suggested such a working group for reviewing the guidelines. Participants could be drawn from those schools demonstrating the greatest commitment to the mission of HRSA. Such participants could learn more about HRSA and could be added to the list of peer reviewers.

Complaints were heard at the schools about the preparation of proposals being largely a solo effort. There was one model cited at Morehouse that appears to offer a solution to the problem. Several members of one department were trained in the preparation of proposals. If a similar strategy were adopted and enhanced by the schools, the writing of proposals could become more of a team effort and the input from the Office of Grants and Contracts and the Office of Finance could then be even more valuable. This investment would seem to be a valuable one for all schools. A team approach cannot help but leverage HRSA's technical assistance. An added advantage is

that the loss of one faculty member does not set back a department if the knowledge has become part of institutional memory.

Management by Information

Finding 4: Faculty at the Black medical schools reported that mandated statistical reporting, as a part of the grant application process, is overly burdensome to an individual grant writer.

Discussion: It appears that HRSA does not have critical data on the extent to which its training program activities are influencing the amount of care accessible to the medically underserved. This may be the reason that HRSA places a burden on the applicant to complete mandatory statistical data as a part of the application process or progress report. HRSA needs reliable independent statistical information on which to base its programs and should not entirely depend on statements in grant applications. Accurate data is a critical concern at HRSA and the schools since information technology has not advanced to the level desired either at HRSA or at the schools. Performance objectives are now being developed at HRSA to address this concern. However, HRSA and the schools would benefit from the investment model, as it requires rapid access to pertinent information and would encourage HRSA and the schools to develop appropriate and useful reporting mechanisms that are not burdensome to an individual grant writer.

The schools should continue to conduct their own surveys but HRSA should also have national information to support its programs. Schools funded by HRSA could join with HRSA in designing a reporting system that would provide all parties pertinent information without making it a large part of the grant application. More of the application could then be allocated to a discussion of the method that the schools plan to use in implementing the projects, while adhering to the prescribed page limits set by the application. One alternative is to have the statistical data submitted by the school, such as by its Office of Grants and Contracts, prior to the submission of an application by a principal investigator. The National Cancer Institute, in its Cancer Support Program, routinely requires the submission of certain data prior to the submission of a grant application. One advantage of having the school submit the statistical data rather than the program director is that it becomes significantly more important to the school and brings, to the school as a whole, a greater awareness of HRSA.

Finding 5: Neither HRSA nor the Black medical schools make widespread use of current information technology to manage program data.

Discussion: The information technology under which the four schools prepare and manage grants is not currently state-of-the-art in the processing of information. However, with the exception of Howard, the Black medical schools were able to submit their financial information more rapidly than the agency.

The use of technology to manage information is occurring in some agencies within the federal government as they seek to increase productivity and decrease costs. Some of these changes are occurring at HRSA, and have been used in the area of technical assistance. For example, communication with grantees is now conducted by e-mail, and program information is posted on the Internet. However, it is generally felt that there has been a decline in the quality of HRSA technical assistance. This view was expressed by long-term employees of HRSA and by faculty members at the schools who had long-term familiarity with HRSA. Information technology should be used to increase productivity, but not at the expense of relationships, especially for those organizations that depend largely on their relationships. Information technology can make the organizations more productive in certain aspects while at the same time affording more time for cultivating better relationships.

The four Black medical schools have yet to manage their training program data utilizing current state-of-the-art technology. However, a few medical schools in the country make excellent use of information technology for managing the institution and it makes a significant difference in their ability to use and gain resources. Clear definitions of objectives, in measurable terms, at each organizational level and the organization as a whole, integrated into appropriate information systems, results in an enormous advantage. This alone may well account for the differences noted between the majority and the minority schools. The Black medical schools must be strongly encouraged to invest in current technology to manage and produce relevant and accurate data.

Focus on the Institution Rather than on the Department and Faculty

Finding 6: Strong institutional commitment and accountability are neither expected nor promoted as HRSA grants are presently awarded,

Discussion: Present emphasis by HRSA is on the applicant and department for grant funding, rather than on the institution. A good investment model would focus greater attention on institutional funded projects rather than on departmental projects. Wise investors focus on the operations of strong companies rather than on the stock prices of the companies. If a school possesses both strong leadership and a strong commitment to the mission of HRSA, the overall management of funded projects can easily be improved. When a departmental application is strong but the institutional commitment to HRSA's mission is weak, HRSA is making a bad, short-term investment. This is true whether the institution is a majority or a minority institution. HRSA should seriously encourage a stronger focus on institutions firmly committed to HRSA's mission and award institutional grants, allowing the institutions to meld their HRSA programs together in ways that optimally meet the objectives of HRSA and their own commitment to HRSA's mission. Grants should even include some support for a key person at the institution who would be the principal liaison with HRSA and HRSA programs. Having such an investment model would result in a broader understanding of HRSA and its programs.

Modifying the Peer Review Process

Finding 7: Faculty from the Black medical schools perceived that the peer review process was neither objective nor designed to produce results consistent with HRSA's mission.

Discussion: Faculty members from the Black medical schools who have had the opportunity to participate as peer reviewers reported that members of peer review committees often failed to understand what it is like to be at a minority institution. Therefore, faculty from the Black medical schools have keenly experienced a sense of being a minority or being from a minority school when serving on review panels. They felt that while they would place a valid point of view on the table, they were always in the numerical minority and relatively powerless to influence the process or outcomes. The discouraging aspect of this is the fact that even if there were more minorities

participating in general, the minorities would always be a numerical minority on any committee. The matter is made worse by the feeling of some of the interviewed faculty that HRSA does not evaluate proposals in a manner consistent with its objectives. They are convinced that if the evaluations were more consistent with HRSA objectives, the fact that minorities always comprise a minority on a committee would not be such a problem. Lacking an emphasis on consistency with HRSA objectives, the application process becomes an essay contest and those who write the best essay win. They argue strongly that the applications submitted by minority institutions are as competitive as any, or more so, if one takes the HRSA objectives into consideration. This point of view deserves very serious consideration. If there is to be a dominant view on a peer review committee, it should be based on the level of commitment to the HRSA's mission; and there should be a way of assuring that this view predominates. The review process is inherently biased in favor of majority institutions, and, to many interviewees at the schools, this results in the process being an essay contest with the winner being the one with the best essay. The number of years for which an institution should be funded is an issue with some at HRSA, but not with others.

Hence, the review process is a troubling matter in the Bureau of Health Professions and at the schools, but for entirely different reasons. Some staff at HRSA seem to think that these schools are looking for a hand-out while the schools ask only for a fair review based on HRSA objectives.

Adding Meaning to Preferences

Finding 8: The preferences are not well understood by HRSA staff or the schools, and are rather complex.

Discussion: There were only vague answers to questions about preferences among the HRSA staff and the faculty from the Black medical schools, indicating that the procedures for preferences are not generally understood. The procedure by which one obtains preference should be transparent and at present it is not. Funding should be assured if the approval rating is satisfactory and the preference accurately weighted. See Appendix C for description of preferences by training program.

Technical Assistance and Self-Assistance

Finding 9: Individuals who have worked at HRSA and faculty at the schools who have had a long relationship with HRSA agree that the technical assistance has deteriorated over the years.

Discussion: There is still a great deal of technical assistance being provided but the quality of that assistance has changed due to the inability of HRSA staff to make site visits. Staff at HRSA and faculty at the schools reported that a direct personal relationship, as was more common in the past, rarely exists today. The reason most often given for this is the shortage of staff and the limitations on travel. There remains the possibility of increasing productivity without decreasing the importance of maintaining close relationships with the schools. These relationships are critical to assuring the success of HRSA's mission.

To assure maximum use and success of technical assistance, schools can be clustered according to their commitment to HRSA's mission or according to geography. Strong relationships can be established and maintained by having the same contacts maintained on both sides. HRSA should also consider clustering its grants at institutions whenever possible, the school being considered as the grantee, and components corresponding to different programs. This would result in a smaller number of grants and grantees. Arrangements of this kind could diminish the workload at HRSA and the four Black medical schools and allow more time for maintaining relationships.

The model of clustering of teams at the schools collaborating on an application offers an important addition to HRSA's approach and institutionalizes and reinforces what has been learned, so that it does not need to be repeated on an individual basis.

The need for travel to the schools by HRSA's staff becomes paramount and pivotal for those individuals who have not worked in a university setting and more especially, a minority institution. Many times, they do not really understand the culture of an institution on the basis of reading proposals. The Black medical schools feel that persons who have not visited do not generally understand their efforts and that this failure to understand is unfair to the Black medical schools. The team arrangement and the establishment of long-term relationships can decrease, but not eliminate, the need for travel. HRSA should find a way to allow appropriate travel both by the agency and by

the grantee. The schools believe that HRSA is inadequately funded to carry out its commitment to technical assistance, which is needed to carry out its mission.

Agency technical assistance, as opposed to program technical assistance, is being tried and appears promising.

Funding

Finding 10: There is no single reason explaining the decline in funding to the four Black medical schools.

Discussion: The funding data for recent years confirm a decline that is in the process of recovery, but the decline is seen in only three of the four schools. Morehouse has shown a steady increase over the same period. The most likely reason for the success of Morehouse appears to be stable and outstanding institutional leadership and careful selection of competent and committed faculty and staff. At the other schools, the decline appears to be related either to a failure to appreciate the range of programs offered by HRSA, or a failure to apply, or a failure to submit a winning application. Some school departments have had difficulty dealing with the increased statistical requirements associated with grant applications. The importance attached to the statistical data required by HRSA is not well understood by some faculty and its compilation is sometimes a deterrent to applying. Although these problems existed at the schools in varying degrees, they also reflect problems at HRSA. The decline is not what would have been expected based on the Executive Order.

Sharpening the Focus on Minority and Highly Committed Institutions

Finding 11: There is no evidence that the Executive Order pertaining to HBCUs had any impact on the participation of the Black medical schools in HRSA's grant application process.

Discussion: With the proportion of minorities in the country increasing, multiple Executive Orders mandate a broader participation of other minority and disadvantaged groups in HRSA's grant programs. These grant programs are expected to include broader participation of Hispanic Serving Institutions and Tribal Colleges without an increase of funds to HRSA. There is the risk of increasing conflict among minority groups rather

than a concerted effort to solve the national problem. The most striking observation with respect to funding is that HRSA's funding is not in any way proportionate to the task that it has to perform. A serious attempt to address the problem of serving the medically underserved of the country will require more funding, even if the funding were leveraged by the schools, as it presently is. The Executive Orders should result in a sharper focus on minority institutions, and institutions with large percentages of minority students and faculty, addressing HRSA's stated mission and objectives. When funding goals are reviewed and monitored within the agency, someone familiar with these institutions should be present to participate and make suggestions to assure that the goals are met. This criterion will help to realize the goals of the Executive Orders, including the goals for Hispanic Serving Institutions and Tribal Colleges. It is important to sharpen the focus on those institutions, minority or not, that are most highly committed to HRSA's mission

Recommendations

1. It should be clearly understood within HRSA and by the training institutions that HRSA's training mission is to support those institutions that are truly committed to training professionals who will address the needs of the medically underserved.
2. The schools should volunteer to be helpful to HRSA in any way possible even if it requires additional time and effort beyond their heavy responsibilities.
3. HRSA should change from the NIH model of operation to an investment model and it should fund on the basis of performance that is more closely in accord with its mission.
4. HRSA and the Black medical schools should collaborate in defining results-oriented and measurable objectives for the nation and for the schools.
5. Schools should develop institutional teams competent in high quality proposal preparation rather than depending on the solo efforts of individuals for grant submission.
6. HRSA and the Black medical schools should seriously consider exploring greater team activities within and among their organizations. Greater collaboration among schools with similar missions should also be encouraged.

7. HRSA and HRSA-funded schools should together design an information system that would provide information for evaluation of school performance without inclusion of this data in the grant application and the progress report. Statistical data needed by HRSA should be submitted by the schools, rather than a principal investigator, and should be submitted prior to the HRSA grant application.
8. HRSA should increase its focus on the schools by making institutional grants, wherever possible, and encourage coordination of HRSA programs at an institution.
9. The scoring for the review process should be reevaluated to ensure that proposals are judged more rigorously on the basis of HRSA's stated mission and objectives.
10. The requirements and conditions necessary for preference should be clearly defined by the HRSA's administration, and clearly stated to all applicants, and separated from the peer review process.
11. Agency technical assistance, clustering, and long-term linkages should be used to minimize the workload and increase productivity without sacrificing relationships. There will still be a need for site visits to understand the schools and the circumstances under which they operate.
12. The Black medical schools should institutionalize self-assistance and develop local expertise in the operation of all HRSA grants administered, regardless of department or division of the institution. School experts should be encouraged to visit HRSA for the purpose of developing a mutual understanding of each other's missions, objectives, responsibilities and duties.
13. HRSA should fully recognize the contributions of the Black medical schools, and, rather than urging the schools to assume the full responsibility for training the needed health professionals, should support efforts to assure their continued funding, as long as they remain faithful to their mission.
14. There should be in the Office of the Administrator an individual closely tied to program operations and planning who can participate in policy decisions with respect to minority schools and other schools that are strongly committed to the mission of HRSA

Conclusions

The ideal solution for both HRSA and the Black medical schools depends on leadership that is able to institutionalize a commitment to serving the needs of the medically underserved. Because the missions of HRSA and the schools are complementary, a close working relationship between the agency and the schools is critical and that relationship should be strongest for those institutions that are most committed to HRSA's mission. Working together, and using the investment model, should result in greater funding for HRSA and more stable funding for those institutions that are most committed to serving the medically underserved as judged by meeting measurable outcomes and clearly defined objectives.