

IMPLEMENTING OUR STRATEGIC PLAN
HEALTH RESOURCES AND SERVICES ADMINISTRATION

*“HRSA’s experience and expertise continue to play a vital role
in shaping high quality health care for millions of Americans.”*
(Mary K. Wakefield, Ph.D., R.N.)

The Health Resources and Services Administration (HRSA) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA has a Strategic Plan for Fiscal Years (FY) 2010-2015 that identifies the following vision for HRSA’s work: “Healthy Communities, Healthy People.” The full achievement of this vision requires the convergence of many factors involving other sectors and agencies. HRSA is working to implement its mission in support of this vision. The mission is *to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs*. The Strategic Plan sets forth the following mission-critical strategic goals; the complete Strategic Plan is provided in the Appendix.

- Goal I: Improve Access to Quality Health Care and Services
- Goal II: Strengthen the Health Workforce
- Goal III: Build Healthy Communities
- Goal IV: Improve Health Equity

Although presented separately, these goals are clearly interrelated. The successful achievement of one goal can impact the success of others; activities addressing one goal can concomitantly address another. The HRSA Strategic Plan also outlines several operating principles that guide HRSA in carrying out its activities. HRSA’s Strategic Plan goals are linked to and supportive of the goals and objectives of the Department of Health and Human Services as outlined in the Department’s Strategic Plan for Fiscal Years 2010-2015.¹

This report provides information on many of the key actions taken, milestones reached, and accomplishments realized during Fiscal Year (FY) 2011 in the implementation of HRSA’s Strategic Plan, as well as information reflecting HRSA’s operations and operating principles. The report primarily addresses the following questions:

- What key quantitative indicators (key measures) point to progress toward achievement of Strategic Plan goals?²
- What significant activities have HRSA and its grantees undertaken that were important in forwarding the Strategic Plan goals?

¹ <http://www.hhs.gov/secretary/about/introduction.html>.

² This report includes a selection of performance measures as key measures for tracking Strategic Plan progress. The selected measures are also HHS Strategic Plan measures and/or HHS Government Performance and Results Modernization Act measures. Additional performance measures can be found in HRSA’s *Annual Performance Report* and *Annual Budget Justification* (<http://www.hrsa.gov/about/budget/index.html>).

The report is not a depository of all HRSA accomplishments in FY 2011; instead, it provides highlights of signally illustrative actions and accomplishments. The report reflects that many of HRSA's programs have been strengthened with the support of the American Reinvestment and Recovery Act (ARRA) and the Patient Protection and Affordable Care Act (ACA) that provided HRSA with crucial resources for the support of efforts to ensure that access to care is both excellent and equitable. Most importantly, the report illustrates the strong collaborations and partnerships with communities, states, non-profit organizations, and other stakeholders that make advancements toward HRSA's vision and mission possible.

WHAT HRSA DOES: OVERVIEW OF PRINCIPAL PROGRAMS

“The scope of HRSA’s activities may seem bewildering at first. But, when seen in their entirety, they come together to reveal an integrated mission plan.”

(Mary K. Wakefield, Ph.D., R.N.)

HRSA has over 300 individual programs and supports more than 3,000 grantees to help meet the health care and related needs of tens of millions of individuals. Comprising six bureaus and ten offices, HRSA provides leadership and financial support to health care providers, health professions schools, local health systems, and others in every state and U.S. territory. HRSA’s principal programs are described below.

- *Health Center Program*—Funds more than 1,200 grantees that provide primary and preventive care at over 8,500 clinical sites to patients regardless of their ability to pay, forming a major part of the Nation’s primary care safety net.
- *Ryan White HIV/AIDS Program*—Supports nearly 600 grantees in providing top-quality care and life-sustaining medications to more than half a million low-income and uninsured people living with HIV/AIDS.
- *Maternal and Child Health Block Grant Program*—Helps states provide for health systems infrastructure development, public information and education, screening and counseling, and other services that reach more than 44,000,000 women, infants, children, and children with special health care needs.
- *National Health Service Corps*—Places primary care and other clinical care providers in medically underserved areas in exchange for student loan repayments and scholarships, addressing the shortage of health professionals in needy communities.
- *Health Professions Education and Support Programs*—Helps meet the nation’s primary care and other workforce needs by giving financial support to the Nation’s teaching institutions for training and curriculum development, and for scholarship and loan repayment programs for health professions students.
- *Rural Health Policy Program*—Serves as a policy and research resource on rural health issues for the Department of Health and Human Services and administers grants that focus on supporting and enhancing health care delivery in rural communities, including the expanded use of telehealth to meet the needs of underserved people.
- *Other HRSA Programs*—Oversees the Nation’s Poison Control Centers, the federal organ procurement and allocation activities, the National Vaccine Injury Compensation Program, and the 340B Drug Pricing Program. HRSA also maintains a Data Bank that helps improve health care quality and protect against health care fraud and abuse.

GOAL I: IMPROVE ACCESS TO QUALITY HEALTH CARE AND SERVICES

“Our care delivery programs...are about recalibrating health care by focusing on services that keep people healthy and helping them manage their chronic conditions rather than simply waiting until they are ill and in need of more intense expensive care.”

(Mary K. Wakefield, Ph.D., R.N.)

HRSA’s programmatic portfolio includes a range of programs and initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation’s most vulnerable populations. These include many of the uninsured, the homeless, people living with HIV/AIDS, people who live in isolated rural areas, and others who, for one reason or another, have no or limited access to needed health care. By providing access to quality care, HRSA-supported programs can prevent disease, promote health, and contribute to more productive lives and improved quality-of-life.

Key Measure

Number of patients served by health centers

The number of patients served by HRSA-funded health centers increased to 20.2 million in FY 2011, 700,000 more than the number served in FY 2010 and greater than 3 million more than were served in FY 2008. One of every 15 people living in the U.S. relies on a HRSA-funded health center for primary care, including 1 in 3 people with incomes below the Federal Poverty Level.

Major Initiatives and Key Awards

Patient Centered Medical Homes. HRSA implemented a major initiative in FY 2011 to provide financial and technical assistance to health centers to help them become certified by national accrediting bodies as patient centered medical homes (PCMH). PCMH is a service delivery model designed to improve the quality of care through enhanced access, planning, management, quality improvement systems, and monitoring of care. HRSA awarded \$32 million in ACA funds to 904 health centers for this initiative. By September 2011, 241 health centers had applied to the National Center for Quality Assurance for PCMH recognition, and 48 had achieved recognition. Achieving 25 percent of health centers nationally certified as patient centered medical homes by the end of FY 2013 is a Priority Goal of HRSA and the Department of Health and Human Services.

Health Center New Access Point Grants. In FY 2011, HRSA awarded \$28.8 million to 67 new health centers across the country. Successful applicants had to demonstrate that they would increase access to comprehensive, culturally competent, quality primary health care services, including oral health, mental health, and substance abuse services. The awarded funds, made available through the ACA, helped establish health service delivery sites to care for an additional 286,000 patients.

Health Center Planning Grants. In FY 2011, HRSA awarded approximately \$10 million in funds, made available through the ACA, to 129 grantees to support the planning and development of new community health centers nationwide. Successful applicants documented the need for services, proposed to develop a comprehensive health center, and demonstrated collaboration with other safety-net health care providers in their service area.

Health Center Capital Development. In FY 2011, \$732 million in ACA funds was awarded to 144 health centers to improve the capacity to provide primary and preventive health services to medically underserved populations through major construction and renovation projects (190 new or improved sites). This will expand access to a projected additional 745,000 patients.

School-Based Health Center Capital Improvement. HRSA awarded \$95 million in FY 2011 to 278 school-based health center programs to address significant capital needs including new construction, alterations/renovations, and equipment purchases. This funding, provided through the ACA, will enable awardees (previously serving 790,000 patients) to serve an additional 440,000 persons.

Rural Health Care Services Outreach Program. HRSA's rural community-based grant programs, including the Rural Health Care Services Outreach, Delta States Network, and Small Health Care Provider Quality programs provide demonstration grants designed to increase access to health care in rural communities and improve coordination and integration of care with a focus on quality improvement. In FY 2011, HRSA awarded \$22 million to these grantees that provided direct services to nearly 616,000 persons. HRSA provides technical assistance to grantees on the development and implementation of a sustainability plan. Recent data indicate that 75 percent of grantees will continue to provide services after their Federal grants end.

HIV/AIDS Services. Through the Ryan White HIV/AIDS program, HRSA awarded more than \$2 billion in FY 2011 to provide access to HIV/AIDS and related services. HRSA estimates that this funding resulted in more than: (1) 2.63 million visits provided through HIV Emergency Relief Grants, (2) 2.20 million visits provided through HIV Care Grants to States, (3) 273,000 persons served through HIV Early Intervention Services Grants, and (4) 53,000 female clients served through HIV Women, Infants, Children and Youth Program Grants. Further, it is estimated that, in FY 2011, more than 208,000 persons received HIV-related medications through the Ryan White Program's AIDS Drug Assistance Program, the Nation's prescription drug safety net for persons living with HIV/AIDS.

Other Actions and Accomplishments in FY 2011

- HRSA made 15 awards totaling over \$7 million to Black Lung Clinics to provide for the outreach and education, diagnosis, treatment, rehabilitation, and benefits counseling of active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. These clinics served 12,840 miners, an increase of more than 2,200 over the previous year.

- HRSA awarded approximately \$12 million to 40 rural networks to support the adoption of electronic health records. These funds helped support costs related to equipment purchase (including hardware and software), hiring of staff, and staff training.
- 5,400 health care providers who volunteer their time in free clinics received Federal malpractice coverage through the Free Clinics Medical Malpractice Program, representing an increase of approximately 600 providers over FY 2010.
- More than 37,000 persons living with HIV/AIDS (PLWHA) had access to oral health care through the HIV/AIDS Dental Reimbursement Program that reimburses dental education programs for the non-reimbursed costs they incur in providing care to PLWHA.
- Two-thirds of HRSA-funded health centers provided mental health treatment or counseling services through over 5,000 mental health care providers that reached over a million people. About one-third of Health Center Program grantees provided substance abuse counseling and treatment services. HRSA supported efforts to better integrate behavioral health services and primary care services through care models such as the co-management of patients by behavioral health and medical care providers.
- HRSA encouraged critical access hospitals (CAHs) to report on a set of quality measures and use the results of the data to improve quality of care and outcomes for patients. More than 70 percent of CAHs voluntarily reported at least one quality measure to CMS' Hospital Compare, up from 63 percent in FY 2006. The data posted on the Hospital Compare website is a key part of the Department of Health and Human Services' ongoing efforts to increase transparency in the health care system.
- HRSA's Ryan White and Health Center programs made substantial progress in the development and use of clinical quality measures to assist these programs and grantees in monitoring and improving quality of care and health outcomes. These programs revised or adopted measures that are aligned with those of national quality measurement organizations such as the National Center for Quality Assurance and the National Quality Forum.

GOAL II: STRENGTHEN THE HEALTH WORKFORCE

“Our health professions training, curriculum development, and scholarship and loan repayment programs strengthen the health care workforce.”
(Mary K. Wakefield, Ph.D., R.N.)

There are areas across the Nation that face shortages of critical health care workers, including primary care physicians, nurses, behavioral health and long-term care workers, as well as public health professionals. HRSA endeavors to ensure that underserved urban and rural communities have well-trained, diverse health care professionals to provide needed care. HRSA’s health professions scholarship and loan repayment programs place primary care and other clinicians in underserved areas. HRSA also provides support to medical, nursing, and other professional schools to focus on improving workforce supply, specialty and geographic distribution, and diversity, and to encourage innovation in the education and training of the health professions workforce.

Key Measure

Field strength of the National Health Service Corps

The National Health Service Corps (NHSC), which places clinicians in underserved communities, nearly tripled its field strength from 3,601 in FY 2008 to the historic level of 10,279 in FY 2011. The primary care needs of over 10.5 million patients were served through the placement and retention of NHSC clinicians at 14,000 health care sites in FY 2011.

Major Initiatives and Key Awards

NHSC Loans and Scholarships. The National Health Service Corps (NHSC) provides financial incentives in the form of loan repayments and scholarships to health care providers who commit to working in community-based systems of care that serve underserved populations. To sustain and build the field strength of the NHSC, HRSA awarded a total of 5,418 new and continuation loan repayment awards and 253 new scholarships in FY 2011 totaling over \$299.7 million, including annual appropriations, ARRA, and ACA funds.

NHSC Student to Service Loan Repayment Program. HRSA designed an innovative Student to Service Loan Repayment Program (S2S LRP) Pilot (to be fully implemented in FY 2012) to further incentivize participation in the National Health Service Corps. The S2S LRP provides loan repayment assistance to medical students in their last year of school in return for completing a primary care residency and working in a rural or urban Health Professional Shortage Area for three years beginning at the end of the residency. This pilot program, funded by the ACA, differs from other NHSC loan programs in that it aims to encourage medical students prior to graduation to select a primary care residency, helping to address primary care workforce shortages.

Indian Health Service NHSC Sites. HRSA collaborated with the Indian Health Service (IHS) to increase the number of NHSC-approved tribal and IHS service sites, leading to more than 431 new sites added to the NHSC program in FY 2011. Previously, IHS facilities had to complete an application to be designated as an approved site. The application process has been completely removed, allowing for automatic designation. This will aid IHS sites in efforts to recruit primary care providers to serve Native American populations. As a result of these efforts, the number of NHSC providers serving in a tribal facility increased by 71 percent over 2010.

Nursing Education Loan Repayments and Scholarships. HRSA made 1,304 new and continuation loan repayment awards to nurses and provided 395 new scholarships to nursing students in FY 2011, thereby obtaining commitments from nurses to work in a health care facility with a critical shortage of nurses or as nurse faculty in eligible schools of nursing.

Teaching Health Centers. HRSA funded 11 teaching health centers in the Teaching Health Center Graduate Medical Education Program, created and funded by the ACA, that supports an increased number of family medicine, internal medicine, and general dentistry residents in community-based settings across the country. These new teaching health centers began training 63 FTE residents in July 2011. Since then, participation in the program has grown considerably and the program is on track to support training for approximately 630 new primary care physicians and 50 more dentists.

Nursing Workforce Development. Reflecting the critical role of nurses in the health care system, HRSA awarded \$150 million in grants in FY 2011 to expand nursing education, training, and diversity. Nursing workforce development programs bolster nursing education at all levels, from entry-level preparation through the development of advanced practice nurses. These programs also prepare faculty to teach the Nation's future nursing workforce.

Primary Care Expansion Programs. In FY 2011, HRSA's primary care expansion programs, supported by funding from the ACA's Prevention and Public Health Fund, enrolled their first cohort of 168 primary care physician residents and 140 primary care physician assistant students, and supported stipends to 338 primary care advanced practice nursing students. By 2015, HRSA will have supported 500 new primary care physician graduates, more than 600 new primary care physician assistant graduates, and 600 advanced practice nurses.

Children's Hospitals Graduate Medical Education (CHGME) Payment Program. In FY 2011, HRSA supported the training of residents and fellows in 55 freestanding children's hospitals. Residency training in these hospitals focused on primary care as well as medical and surgical subspecialties. Total FY 2011 funding for the CHGME program was approximately \$150 million.

National Center for Health Workforce Analysis. HRSA continued to grow its National Center for Health Care Workforce Analysis, created by the ACA to improve data for informing policy makers and other stakeholders on workforce issues. Significant activities in FY 2011 included: development of state workforce profile reports for each of the 50 largest health occupations by state; development of recommendations for a minimum data set on nurses, physicians, physician assistants, dentists, pharmacists, and physical therapists to ensure more national uniformity in

workforce data reporting; collaboration with the Substance Abuse and Mental Health Services Administration on the development of a minimum data set for the behavioral health workforce; and updating the Area Resource File, providing additional health professions data by county, and making the dataset available on the HRSA website.

Other Actions and Accomplishments in FY 2011

- HRSA awarded 8 new and 41 continuation grants (totaling \$16 million) to train general, pediatric, and public health dentists and hygienists. HRSA also awarded 1 new and 34 continuation grants (also totaling approximately \$16 million) directly to states for the purpose of developing and implementing innovative programs to address dental workforce shortages in designated Dental Health Professional Shortage Areas.
- Investments by HRSA's Office of Rural Health Policy facilitated the placement of 2,356 clinicians in rural communities in FY 2011; more than half were placed due to the work of the National Rural Recruitment and Retention Network that links health care providers who want to practice in rural areas with rural communities seeking clinicians.
- HRSA continued support for two pilot programs addressing rural workforce issues, including: (1) funding for 20 Network Workforce training grants to support training of health professions students in rural clinical settings; and (2) funding a grant to support 24 Rural Family Medicine Training Tracks (RTTs) around the country. Studies indicate that exposure to community-based training can help influence students in their choice of where to practice after graduation and that approximately 70 percent of the graduates of RTTs choose to practice in rural communities.
- HRSA initiated a 24-month HIV Clinician Workforce Study to estimate the number of primary care clinicians currently providing medical care to people living with HIV/AIDS in the U.S. and to project the shortage or surplus of HIV-related primary care clinicians through 2015.
- HRSA began planning efforts to foster pathways for veterans with medic experience to transition into nursing and physician assistant programs. To assist in these efforts, HRSA made a supplemental award to Texas A&M University, Corpus Christi College of Nursing and Health Sciences, for a feasibility study to develop strategies to overcome barriers to offering academic credit for military medical training and to develop relevant recommendations. Additionally, HRSA collaborated with the Substance Abuse and Mental Health Services Administration to expand continuing education for civilian, community-based primary care and behavioral health providers about the mental/behavioral health and substance abuse needs of veterans, service members, and their families. The goal is to provide training to 10,000 providers by the end of FY 2013.
- HRSA hosted numerous educational webinars for health professionals. Example topics include: (1) testing, care, and treatment of HIV for National Health Service Corps clinicians and scholars; (2) establishing smoking cessation initiatives in health centers;

(3) using health information technology in a patient centered medical home; (4) integrating peers into HIV care and treatment; and (5) educating health center clinicians about text4baby, a free evidence-based health education service supporting pregnant women and new mothers.

- HRSA's Data Bank emerged as a key vehicle for improving the quality of the health care workforce. This was accomplished through implementation of: (1) a rigorous compliance program that ensures data quality and completeness; (2) technology improvements that make the Data Bank more secure and accessible to users; and (3) a robust research agenda allowing HRSA to evaluate and improve the quality and reliability of data.

GOAL III: BUILD HEALTHY COMMUNITIES

“At HRSA, we really can’t think of a more important mission than investing in maintaining and strengthening the health of America’s families and communities.”

(Mary K. Wakefield, Ph.D., R.N.)

This goal focuses, in large measure, on effecting systems changes to increase access to health care and improve health outcomes for the most vulnerable Americans. This includes activities oriented toward integrating public health and primary care services, providing population-based versus individual services, promoting illness prevention and healthy behaviors, building partnerships and collaborations, and strengthening the health system infrastructure.

Key Measure

Increase the number of children served by the Maternal and Child Health Block Grant Program

The number of children served by the Maternal and Child Health Block Grant exceeded 37 million in FY 2011, up from 34.5 million in FY 2010. Unique in its design and scope, the Maternal and Child Health Block Grant program is at its core a public health program that reaches across economic lines to improve the health of all mothers and children.

Major Initiatives and Key Awards

Integration of Primary Care and Public Health. An Institute of Medicine study funded by HRSA and the Centers for Disease Control and Prevention (CDC) commenced in FY 2011 to address the question: “How do we improve population health and reduce health disparities through effective integration and coordination of public health and primary care?” The study was designed to identify the best science, the gaps in the science, and practical recommendations for promoting improved integration of primary care and public health. The report of this study was released in March 2012. It includes recommendations on ways that HRSA and CDC could foster integration between primary care and public health through funding, policy levers, and other means, noting that collaboration presents an opportunity for both primary care and public health to extend their reach and achieve the Nation’s population health objectives.

Maternal, Infant and Early Childhood Home Visiting Program. A collaboration between HRSA and the Administration for Children and Families, this initiative is designed to: (1) improve coordination of services in at-risk communities, (2) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities, and (3) strengthen and improve the programs and activities carried out under the Maternal and Child Health Block Grant. The initiative applies evidence-based home visiting model strategies in which at-risk families voluntarily receive nurses, social workers, and others, such as community health workers, in their homes to connect them to needed supports and address health, developmental, and health-related issues and problems. In FY 2011, 55 state and territory formula grants, 22

state and territory competitive grants, and 19 American Indian grants were awarded with \$250 million in ACA funding.

Healthy Weight Collaborative. In FY 2011, HRSA began implementation of a Healthy Weight Collaborative as part of its Healthy Weight Initiative. The Collaborative, which will continue through March 2013, addresses childhood obesity prevention and treatment by guiding a community-collaborative process (involving representatives from health departments, community organizations, safety-net providers, and other entities) for choosing, testing, and disseminating evidence- and experience-based interventions in primary care and public health settings for the prevention and treatment of obesity. HRSA's Healthy Weight Initiative is aligned with First Lady Michelle Obama's Let's Move! Initiative. The Healthy Weight Collaborative was supported through the ACA Prevention and Public Health Fund.

Guide for HIV/AIDS Clinical Care. An updated HRSA *Guide for HIV/AIDS Clinical Care* was made available online in FY 2011. This is a comprehensive roadmap for physicians, nurse-practitioners, dentists, and other clinicians on how best to manage the long-term care of patients with HIV/AIDS. The guide covers more than 90 topics and provides information on a broad range of clinical care issues, including testing and assessment, health care maintenance and disease prevention, oral health, and antiretroviral medications. It is a vehicle for sharing HRSA's expertise and encouraging best practices for busy clinicians working with this community.

340B Drug Pricing Program. The 340B Drug Pricing Program, administered by HRSA, requires drug manufacturers to provide discounts or rebates to a specified set of health care entities (i.e., covered entities) that meet criteria for serving a disproportionate share of low income patients. At the end of FY 2011 over 16,800 covered entities were enrolled in the 340B Drug Pricing Program. Covered entities include HRSA-funded Health Center, Ryan White, and rural care providers, as well as a wide variety of other safety-net providers not directly supported by HRSA. With the enactment of the ACA, the following hospital entities became eligible to participate in the 340B Program: children's free standing cancer, critical access, sole community, and rural referral hospitals. Participation in the 340B Program has generated savings of up to 50 percent of pharmaceutical purchases that may be used to expand access to health care services for low income individuals across the country.

Partnership for Patients. Partnership for Patients is a nationwide, public-private partnership among hospitals, nurses, doctors, pharmacists, patient advocates, Federal and state governments, and others in efforts to improve the quality, safety, and affordability of health care for all Americans. Working closely with the Centers for Medicare and Medicaid Services which leads this initiative, HRSA and its grantees are active participants, particularly as it relates to rural issues. In FY 2011, HRSA supported Partnership for Patients by enrolling 849 rural hospitals, identifying rural priorities, assembling best practice models and patient safety toolkits relevant to the rural community to be shared more broadly, and conducting work through its Patient Safety and Clinical Pharmacy Collaborative to improve quality of care of pharmaceutical services provided by HRSA grantees.

Organ Donation. HRSA provides for a national system, the Organ Procurement and Transplantation Network, to allocate and distribute donor organs to individuals waiting for an organ transplant. In FY 2011, 24,973 deceased donor organs were transplanted, 1.5 percent above the number in FY 2010. In FY 2011, HRSA launched a hospital campaign within the national Workplace Partnership for Life program that comprises corporations, associations, and other organizations that have agreed to provide educational information about donation to employees, members, and the community. The goal of the hospital campaign is to encourage and enable hospitals to promote donor registration among their staff and communities. In FY 2011, it has grown to include more than 650 hospital, transplant center, and state hospital association partners. In FY 2011, HRSA also launched an improved *organdonor.gov* website featuring new and expanded content, interactive segments, and video presentations from donors, organ recipients, and their families. The site also provides information to the public on how to sign-up to become an organ donor in their home state. The site had more than 361,000 unique visitors in calendar year 2011.

Infrastructure Supports. In FY 2011, HRSA supported systems and infrastructure development by awarding: (1) \$8.3 million in grants to states to support the development and implementation of statewide systems that ensure access to comprehensive and coordinated traumatic brain injury services; (2) \$13.3 million in grants to states to support universal newborn hearing screening programs for the testing, evaluation, and referral of children with potential hearing problems; (3) \$7.1 million in grants to states for improving the pediatric components of emergency medical care systems; (4) \$20 million to poison control centers that are the Nation's primary defense against injury and death from poisonings; and (5) \$6 million to 25 grantees to increase access to care through telehealth services.

Other Actions and Accomplishments in FY 2011

- HRSA awarded \$3.8 million through the Emergency Medical Services for Children Program to support the infrastructure for the Pediatric Emergency Care Applied Research Network (PECARN). PECARN is a collaboration of 18 Emergency Departments (ED) nationwide representing over 1 million pediatric visits annually. This network improves the evidence base for emergency care provided to children, including care provided in the pre-hospital setting. Research from PECARN has changed traditional practices and improved the care children receive in EDs for traumatic brain injury, seizures, and bronchiolitis. Ongoing research will improve the care children receive in the future for diabetic ketoacidosis, sickle cell disease and febrile illness, and will improve patient safety and care quality in the ED.
- HRSA awarded \$2.3 million to 12 organizations through its School-Based Comprehensive Oral Health Services Program that supports the integration of oral health care into existing school-based health centers. These funds will improve access to oral health education and comprehensive services for underserved, high-risk populations, including children and youth enrolled in Medicaid and the Children's Health Insurance Program.

- In partnership with the National Healthy Mothers, Healthy Babies Coalition, HRSA continued to disseminate information about “text4baby,” a service that allows expectant and new mothers to sign up to receive free, evidence-based text messages three times a week that focus on both their health and that of their infants. Text4baby was a “Secretary’s Pick” in the first round of the HHS *Innovates* program in 2010.
- HRSA supported the development of 57 new *Women’s Health State Profiles* that provide each U.S. State and jurisdiction’s women’s health-related priority needs, State performance and outcome measures, and additional health-related data supplied by States in their 2010 Maternal and Child Health/Title V needs assessments. The profiles provide insight into how Maternal and Child Health/Title V agencies are incorporating and tracking women’s health-related needs, particularly health needs outside of pregnancy.
- HRSA developed the *Women’s Health USA 2011* chart book. For the first time in its ten year history, the special population section of the chart book features data on the health of lesbian and bisexual women, as well as Native Hawaiian and other Pacific Islander women. Data on American Indian and Alaska Native women are also featured. This edition also highlights several new topics, including secondhand tobacco smoke exposure, Alzheimer’s disease, preconception health, unintended pregnancy, oral health, and barriers to health care.
- HRSA maintains a toll-free hotline (1-877-KIDS-NOW) through which families of uninsured children are connected with their State’s Children’s Health Insurance Program and Medicaid. In FY 2011, more than one million calls were received, the highest number since the hotline was created through a partnership between HHS and the National Governor’s Association in 1999.

GOAL IV: IMPROVE HEALTH EQUITY

“The expectations for us are that we work to meet the needs of extremely diverse patient populations.”

(Mary K. Wakefield, Ph.D., R.N.)

HRSA is a champion in the battle against health disparities in the United States—population-specific differences in the presence of disease, health outcomes, or access to care. While the majority of HRSA’s programs address equity and disparities issues, providing access to health care will not automatically address the many individual, population-based, and societal factors that result in health disparities. HRSA believes that the elimination of health disparities requires both expanded health care access, as well as crosscutting and targeted clinical-focused health disparity activities.

Key Measure

Increase the number of adult volunteer potential donors of blood stem cells from minority race and ethnic groups

In FY 2011, 2.67 million adult potential donors of blood stem cells from minority race and ethnic groups were listed on the donor registry, compared to 2.46 million in the previous year. Increases in potential donors of minority race and ethnicity will lead to more minority patients receiving unrelated donor cell transplants, ensuring equitable access to this potentially life-saving treatment. The C.W. Bill Young Cell Transplantation Program exceeded the FY 2011 target for the number of minority transplants facilitated by the Program.

Major Initiatives and Key Awards

Minority-Focused Institutions of Higher Education. In FY 2011, HRSA awarded more than \$77 million to institutions of higher learning that focus on serving minority race and ethnic populations, recognizing the significant role these institutions play in helping advance HRSA’s health equity goal. Funds were disbursed as follows: \$34.3 million for Historically Black Colleges and Universities, \$29.1 million for Educational Excellence for Hispanics, \$12.9 million for Asian American and Native American Pacific Islander Serving Institutions, and \$767 thousand for Tribal Colleges and Universities. The majority of funds supported student scholarships, traineeships, and other tuition supports. In addition, the funds were used to support faculty development, research, targeted service delivery, and health system-related infrastructure development.

Ryan White Minority AIDS Initiative. An appropriation of \$153.4 million in FY 2011 for the Minority AIDS Initiative (MAI) allowed HRSA to address the disproportionate impact of HIV/AIDS on communities of color. MAI dollars focus specifically on the elimination of racial and ethnic disparities in the delivery of comprehensive, culturally, and linguistically appropriate HIV/AIDS care and treatment. In FY 2011, MAI funds were used to: (1) provide service grants to health center providers who have a history of providing culturally and linguistically

appropriate care and services to racial and ethnic minorities; (2) increase the training of health care professionals in order to expand the number of them with HIV treatment expertise; and (3) support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to the AIDS Drug Assistance Program.

National HIV/AIDS Strategy. The National HIV/AIDS Strategy provides a roadmap to move the Nation forward in responding to the domestic HIV epidemic. The goals are to reduce new HIV infections, increase access to care, improve health outcomes for people living with HIV/AIDS, and reduce HIV-related disparities and health inequities. In addition to other activities, HRSA addressed these goals in FY 2011 by: funding three residency programs to expand their existing accredited primary care residencies to include an HIV focus; funding three universities to expand the availability of HIV health care in rural areas through the use of telehealth technology; funding a new Special Projects of National Significance initiative to develop and evaluate state-level systems to link high-risk populations to HIV care; publishing the *Guide for HIV/AIDS Clinical Care*; and making available on the web a *Guide for Evaluation and Treatment of Hepatitis C in Adults Co-infected with HIV*.

Lesbian, Gay, Bisexual and Transgender Populations. HRSA awarded \$248,000 to the Fenway Institute in FY 2011 to create a National Training and Technical Assistance Center to help community health centers improve the health of lesbian, gay, bisexual, and transgender (LGBT) populations. Given that significant health disparities exist for sexual and gender minorities, this award will help to expand access for the LGBT community to ensure that patients who need care can receive it in a safe, welcoming, and respectful environment. Other examples of efforts in FY 2011 to address LGBT needs are the inclusion of LGBT among populations a health center program applicant can select as being served by the health center, and a National Health Service Corps webinar entitled “Providing Care to the LGBT Community: Cultural Competency Strategies” that focused on ways to ensure better service to this population.

Children with Special Health Care Needs. HRSA awarded \$28.3 million in FY 2011 to 43 Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) programs to help improve the health of infants, children, adolescents, and young adults with neurodevelopmental and other related disabilities, including autism spectrum disorders. LEND programs conduct continuing education activities, provide technical assistance and consultation, and develop and disseminate educational materials. HRSA also awarded \$4.9 million for Family-to-Family Health Information Centers. This funding, provided through the ACA, supported non-profit organizations run by and for families with children with special health care needs to ensure that families have access to adequate information about health care and community resources in order to make informed decisions about their children’s care.

HHS Action Plan to Reduce Racial and Ethnic Health Disparities. This Action Plan outlines goals and actions HHS will take to reduce health disparities among racial and ethnic minorities. In FY 2011, HRSA was active in implementing the HRSA-led and HRSA-supported Action Plan items, including: (1) enhancing information-sharing and technical assistance for Historically Black Colleges and Universities to strengthen their capacity to participate in Federal programs; (2) working with other HHS agencies to improve data on minority health and services; and, (3)

improving, through educational efforts, the capability and cultural competence of clinicians to treat minority persons.

Other Actions and Accomplishments in FY 2011

- By targeting clinical conditions where significant health disparities exist nationally, HRSA-supported health centers achieved the following in FY 2011: 57 percent of health centers met or exceeded the Healthy People 2020 goal for patients with hypertension under control, 60 percent of health centers met or exceeded the Healthy People 2020 goal for low birthweight for newborns, and 10 percent met or exceeded the Healthy People 2020 goal for patients with diabetes under control. These results are notable in light of the challenges faced in serving very high-risk populations.
- Reflecting diversity and health equity objectives, African Americans and Latinos comprised, respectively, about 17.8 percent and 20 percent of National Health Service Corps physicians, percentages that greatly exceed the representation of these groups in the national physician workforce (6.3 percent and 5.5 percent, respectively).
- HRSA collaborated with the National Coalition for Lesbian, Gay, Bisexual, Transgender (LGBT) Health to educate LGBT health professions students about the National Health Service Corps.
- HRSA-supported AIDS Education Training Centers (AETCs) target training to providers who serve minority populations and other hard to reach populations. It is estimated that AETCs conducted more than 17,000 training sessions for more than 140,000 trainees. An estimated 43 percent of training participants were from minority racial and ethnic groups.
- The HRSA-supported National Center for Cultural Competence and Health Equity provided technical assistance, consultation, training, and materials to Maternal and Child Health Block Grant and other grantees to help them: develop policies to support cultural and linguistic competence; allocate fiscal and personnel resources to address the unique communication/linguistic needs of diverse populations; and engage in periodic organizational self-assessments to advance cultural and linguistic competency to address persistent disparities and inequities.
- HRSA continued to provide technical assistance outreach to all potential HRSA applicants—with a focus on first-time or previously unsuccessful applicants and applicants from disadvantaged communities—to enable them to compete more effectively for HRSA funds. HRSA also incorporated language throughout the competitive Funding Opportunity Announcement template that addresses the provision of culturally competent care in every program HRSA funds.

OPERATIONS

“During FY 2011 HRSA had many notable accomplishments that advanced its mission despite several challenges....The achievements are due to strong leadership and management across senior leaders in the agency as well as solid partnerships with communities and other stakeholders, and the hard work of HRSA’s talented and dedicated employees.”

(Mary K. Wakefield, PhD, RN)

Financial Management, Grant Making, Procurements. In FY 2011, HRSA obligated \$9.2 billion in funds, including funds appropriated by the ARRA, the ACA, and regular appropriated funds. HRSA employs sound financial and risk management processes, which are regularly reviewed and tested, ensuring effective and efficient financial operations, compliance with laws and regulations, and reliable financial reporting.

Over 90 percent of HRSA funding is awarded through grants and contracts. In FY 2011, HRSA made a total of 27,604 grant and cooperative agreement actions worth approximately \$7.52 billion dollars. HRSA focused on enhancing and strengthening all aspects of the agency’s grant making process, particularly through the use of electronic resources (e.g., in the reduction of face-to-face reviews of applications, and for the pre-population of information for non-competing continuation applications). This has led to increased efficiency and decreased costs associated with grant making.

In FY 2011, HRSA executed 2,667 contract actions and 142 inter agency agreements totaling \$351 million. This represented an increase of 1.7 percent in the number of actions and an increase of 6.4 percent in dollars over FY 2010. HRSA significantly exceeded goals related to the percent of contract acquisitions that were competitively awarded and the percent of acquisitions from small businesses. Training sessions were held with senior staff and other HRSA staff to ensure compliance with acquisition policies and regulations.

HRSA Workforce Development. HRSA undertook several activities to ensure that skilled and motivated staff are on board to advance HRSA’s Strategic Plan as indicated by the following examples. HRSA: (1) advanced the work of the HRSA Learning Institute to promote continuous learning and skills development for all grade levels and in all functional areas, by increasing training opportunities, enhancing communication and knowledge sharing, and increasing career and development planning; (2) developed a new Conflict Prevention and Resolution Program designed to provide a sensible, creative, and efficient way to resolve workplace disputes; (3) established formal action plans that outline short- and long-term activities that address employee concerns expressed in the 2010 Employee Viewpoint Survey; (4) developed a Human Capital Strategic Plan that is critical to recruiting and retaining a diverse and talented workforce; and (5) publicly recognized high-performing employees through a new HRSA Stars Program. In FY 2011, HRSA also developed a Public Health Fellowship Program to provide expert consultation and staff support. Further, HRSA increased the diversity of its workforce, particularly by increasing hiring of persons of Hispanic origin (a 15 percent increase over the previous year) and persons with declared disabilities (a 32 percent increase over the previous year).

Program Integrity. HRSA has expanded hiring and training of project officers to provide technical assistance and grantee oversight to help ensure program integrity. In FY 2011, six additional program integrity (PI) staff were added to HRSA's regional office staff, and three were added to headquarters staff to increase auditing and site visit capability. A HRSA Program Integrity Workgroup initiated the development of an online program integrity toolkit to provide standardized PI information and reference tools. HRSA also continued its rigorous approach of assessing, testing, and improving HRSA's internal controls. As a result, in FY 2011, HRSA exceeded HHS requirements on testing internal controls. This "above and beyond" approach to HRSA's internal program integrity activities has resulted in greater assurance of HRSA's compliance with laws, regulations, and applicable policies.

Information Technology. In FY 2011, HRSA adopted Adobe Connect Pro as its primary web-based meeting tool. Use of this tool now spans the entire agency and, increasingly, is being used in place of face-to-face meetings. HRSA users of Adobe Connect Pro estimated \$500,000 in savings that would have been spent for meeting logistics and travel in FY 2011. In addition, HRSA: (1) reduced the physical network infrastructure and Data Center footprint by more than 25 percent through the increased use of virtualization and alternative power management; (2) introduced additional measures to improve IT security and increase employees awareness of security requirements and good practices; (3) published 14 HRSA data sets and tools from the HRSA Data Warehouse to the Data.gov website, providing direct support to the Department's Transparency and Open Government initiatives; and (4) collaborated with other federal partners to develop web tools and widgets, such as Insure Kids Now Oral Health Provider Locator, Migrant Head Start Locator, and Find HIV/AIDS Prevention and Services Providers. HRSA was recognized with the HHS Green Champion award in the electronic stewardship category for its disposition of electronic devices and IT computers in an atmosphere-friendly manner through the IT Asset Donation Program and the transfer of computer equipment to schools and community organizations.

Communications. In FY 2011, HRSA responded to a higher volume of media requests than in past years, meeting requesters' needs for prompt information while also promoting HRSA's interests and mission. Training was provided to HRSA staff to facilitate messaging not only to the media but in all public engagements. Further, HRSA's social media presence continued to grow. All HRSA grant announcements, projects to highlight, webinars, and other events of stakeholder interest were distributed through social media tools as well as through more traditional means. HRSA also launched HRSA ENews, a monthly outreach tool geared toward grantees, key stakeholders, and other interested parties that features information on various aspects of HRSA's programs and activities. It is delivered to almost 5,500 subscribers, a number that has quadrupled since the launch in January 2011. ENews is also sent to all grantee listservs.

Customer Satisfaction. To achieve its goals, HRSA interacts with many thousands of grantees, partners, stakeholders, and other customers. The quality and utility of these interactions are indicated, in part, by customer satisfaction ratings. Three HRSA bureaus (Bureau of Primary Health Care, Maternal and Child Health Bureau, and Bureau of Clinician Recruitment and Service) were recognized for their "comprehensive and committed approach to outstanding customer service" at the 2011 Government Customer Satisfaction Results Forum, having received customer satisfaction ratings that were higher than many other agencies. Further,

HRSA was cited in a recent government-wide customer satisfaction webinar for satisfaction related to its website. Specifically, 83 percent of visitors to HRSA's website indicated they would recommend the site to a friend and 85 percent indicated they would return to the site. HRSA received "Hall of Fame" recognition for the largest increase in website customer satisfaction scores.

Collaborations. HRSA programs actively promote and engage in partnerships and cooperative alliances within HRSA and with entities outside of HRSA in order to advance HRSA's strategic goals, manifesting a guiding principle expressed in HRSA's Strategic Plan.

Within the agency, HRSA programs strive to break down silos and work across programs to increase program effectiveness. Examples include collaborations between:

- The Health Center and National Health Service Corps (NHSC) programs on automatic NHSC site designation for health centers and related clinician placement activities;
- The Office of Rural Health Policy and the Ryan White Program on the use of telehealth for training on HIV/AIDS;
- The Health Professions and Health Center programs on the Teaching Health Center initiative for residency training in community-based settings;
- The Office of Rural Health Policy and the Health Center Program on promoting greater collaboration among critical access hospitals, rural health clinics, and health centers;
- The Ryan White and Health Center programs on providing technical assistance to non-Ryan White-funded health centers on HIV care and treatment;
- The Office of Women's Health and the Bureau of Health Professions to promote interprofessional education and the integration of women's health content across disciplines in health professions training programs;
- The Maternal and Child Health Bureau and the Office of Rural Health Policy on the development of the chart book, "The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation 2007"; and
- The Office of Pharmacy Affairs, the Office of Regional Operations, and the Office of Federal Assistance Management on the development and implementation of a protocol used in audits of 340B Drug Pricing Program covered entities.

Similarly, HRSA partnered with other HHS agencies to address shared concerns. Examples include working with:

- The Administration on Aging (now Administration for Community Living) to develop outreach strategies to better serve the aging population and align our networks in the field;
- The Indian Health Service on NHSC site designation and updating HRSA's tribal consultation policy;
- The Substance Abuse and Mental Health Services Administration on the integration of primary and behavioral health care, on behavioral health workforce analysis, and on educational sessions and material for NHSC providers;

- The Centers for Disease Control and Prevention to ensure consistent messaging to grantees providing HIV/AIDS services, to update HIV prevention guidelines, and to provide information and resource material on HIV for health care providers;
- The Office of the National Coordinator for Health Information Technology on the adoption of electronic health records;
- The National Institutes of Health in support of AIDSInfo to make available web-based HIV treatment guidelines;
- The Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health to promote pediatric research through strategic planning and project cost sharing;
- The Centers for Medicare and Medicaid Services on advancing the patient centered medical home model of care, on the Partnership for Patients Initiative, and on the analysis of the implications of proposed policies for safety-net providers;
- The HHS Interagency Training Centers Workgroup to maximize the use of workforce training resources; and
- The HHS Coordinating Committee on Women's Health to develop a fact sheet for providers on new domestic violence screening and counseling guidelines.

HRSA also partnered with other Departments and entities to address issues impacting our shared concerns and resources. Examples include collaborations with:

- The Department of Agriculture to address health information technology issues in rural communities;
- The White House Rural Council to improve coordination and increase efficiency in rural health care delivery;
- The Department of Housing and Urban Development on health-related issues for homeless populations;
- The Department of Transportation, National Highway Traffic Safety Administration to address emergency medical services for children; and
- Several private foundations to promote inter-professional health teams to improve the efficiency and effectiveness of care, and to define models for integrated training that includes primary care, public health, and community health.

Evaluation and Policy Analysis. To improve information available to HRSA and its stakeholders for program management and policymaking, and to achieve efficiencies and cost savings, HRSA greatly strengthened the agency's central evaluation, data analysis, and policy assessment capabilities in FY 2011. The portfolio and staffing for the Office of Planning, Analysis and Evaluation were expanded to improve HRSA's capacity to conduct in-house evaluations, oversee contracted evaluations, help develop and implement an agency data strategy, and conduct analyses to inform discussions on the impact of proposed or existing policies on safety-net organizations.

APPENDIX
HRSA STRATEGIC PLAN, FY 2010-2015
VISION, MISSION, GOALS, SUB-GOALS AND GUIDING PRINCIPLES

Vision

Healthy Communities, Healthy People

Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.

Goal I: Improve Access to Quality Health Care and Services

Sub-goals

- a. Assure a medical home for populations served.
- b. Expand oral health and behavioral health services and integrate into primary care settings.
- c. Integrate primary care and public health.
- d. Strengthen health systems to support the delivery of quality health services.
- e. Increase outreach and enrollment into quality care.
- f. Strengthen the financial soundness and viability of HRSA-funded health organizations.
- g. Promote innovative and cost-efficient approaches to improve health.

Goal II: Strengthen the Health Workforce

Sub-goals

- a. Assure the health workforce is trained to provide high quality, culturally and linguistically appropriate care.
- b. Increase the number of practicing health care providers to address shortages, and develop ongoing strategies to monitor, forecast and meet long-term health workforce needs.
- c. Align the composition and distribution of health care providers to best meet the needs of individuals, families and communities.
- d. Assure a diverse health workforce.
- e. Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

Goal III: Build healthy communities

Sub-goals

- a. Lead and collaborate with others to help communities strengthen resources that improve health for the population.
- b. Link people to services and supports from other sectors that contribute to good health and wellbeing.

- c. Strengthen the focus on illness prevention and health promotion across populations and communities.

Goal IV: Improve health equity

Sub-goals

- a. Reduce disparities in quality of care across populations and communities.
- b. Monitor, identify and advance evidence-based and promising practices to achieve health equity.
- c. Leverage our programs and policies to further integrate services and address the social determinants of health.
- d. Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities.

Principles

1. Value and strengthen the HRSA workforce and acknowledge our HRSA colleagues as the critical resource in accomplishing our mission.
2. Strengthen the organizational infrastructure, and excel as a high performing organization.
3. Maintain strong fiscal and management systems.
4. Encourage innovation.
5. Conduct and support high quality scientific research focusing on access to services, workforce and innovative programs.
6. Focus on results across the population, by using the best available evidence, monitoring impact and adapting programs to improve outcomes.
7. Partner with stakeholders at all levels- from individuals, families and communities to organizations, States and tribal organizations.
8. Use place-based strategies to promote and improve health across communities.
9. Build integrated approaches to best meet the complex needs of the populations served.
10. Harness technology to improve health.
11. Operate on the fundamental principles of mutual respect, dedication to our mission, and the well-being of the American people as our top priority.