

HRSA

Health Resources & Services Administration



Vision: Healthy Communities, Healthy People

2019–2022 Strategic Plan

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INTRODUCTION

The Health Resources and Services Administration (HRSA), within the U.S. Department of Health and Human Services, is the primary federal agency responsible for improving access to health care and enhancing health systems of care for the tens of millions of people who are geographically isolated and/or economically or medically vulnerable. HRSA programs help those in need of high-quality primary health care, including people with HIV, pregnant women, and mothers. Finally, HRSA supports the training of health professionals and the distribution of providers to areas where they are needed most.

Mission

To improve health outcomes and, eliminate health disparities through access to quality services, a skilled health workforce, and innovative programs.

This HRSA Strategic Plan FY 2019 – FY 2022 (hereafter referred to as the Strategic Plan) is a blueprint for HRSA as it addresses ongoing access and service delivery needs in the context of an evolving health care system. The Strategic Plan reflects the Agency’s commitment to build upon past successes while advancing its mission to improve health outcomes and eliminate health disparities through access to quality services, a skilled health workforce, and innovative programs. The Strategic Plan sets forth four mission-critical goals:

- Goal 1** Improve Access to Quality Health Services
- Goal 2** Foster a Health Care Workforce Able to Address Current and Emerging Needs
- Goal 3** Achieve Health Equity and Enhance Population Health
- Goal 4** Optimize HRSA Operations and Strengthen Program Management

For each of these goals, objectives and sub-objectives are delineated to provide greater clarity and focus for aligning HRSA programs and activities. Although presented separately, these goals are interrelated. The successful achievement of one goal can impact the success of others.

The HRSA Strategic Plan will help inform program- and operational-level planning and resource allocation decisions over the next four years. It aligns with the U.S. Department of Health and Human Services’ (HHS) 2018–2022 Strategic Plan and will directly support the priorities of the Administration and the HHS Secretary and other areas mandated by law. Finally, the HRSA Strategic Plan reinforces principles of organizational efficiency and effectiveness to better meet the needs of the populations HRSA serves and ensure effective use of taxpayer dollars.

Guiding Principles

HRSA's approach to meeting its mission is driven by the following principles, which will guide all aspects of organizational decision making and resource allocation:

- Implement value-based health care delivery for all programs to optimize financial investments and improve patient outcomes;
- Better leverage data to improve evidence-based decision making and organizational performance management;
- Partner with an array of stakeholders, including individuals, families, and communities; Federal, State, local, territorial, and tribal government agencies; and the public, private, and international health sectors to achieve optimal health outcomes;
- Reduce regulatory and administrative burdens on our grantees and partners; and
- Emerge as a leading agency in harnessing technology and adopting innovative practices to improve health outcomes.



GOAL 1: IMPROVE ACCESS TO QUALITY HEALTH SERVICES

HRSA achieves its mission through a range of programs and initiatives designed to improve health equity, increase the number of health care access points, enhance the quality and breadth of health services, and safeguard the health and well-being of the Nation's most vulnerable populations. In 2019 – 2022, HRSA will focus efforts to advance evidence-based, coordinated, comprehensive, and outcome-oriented patient- and family-centered primary and preventive health care services.

OBJECTIVE 1.1: Increase and improve the capacity of health care services, systems, and infrastructure

Sub-objectives:

- 1.1.1** Improve and expand the availability of comprehensive health services.
- 1.1.2** Expand access to health care services in underserved and rural areas.
- 1.1.3** Foster and encourage the use of health care delivery models that utilize team-based approaches where each member practices at the full scope of their training.

OBJECTIVE 1.2: Improve the quality and effectiveness of health care services and systems

Sub-objectives:

- 1.2.1** Strengthen health care providers' ability to plan, coordinate, and manage services across the continuum of care.
- 1.2.2** Increase access to quality patient care through the use of telehealth and innovative technology solutions.
- 1.2.3** Enhance the knowledge and use of evidence-based primary care and preventive services, treatment guidelines, promising practices, and models of care within communities and by health care providers at HRSA-supported organizations.

OBJECTIVE 1.3: Connect HRSA patient populations to primary care and preventive services

Sub-objectives:

- 1.3.1** Advance outreach, education, and enrollment activities of HRSA grantees, partners, and other stakeholders.
- 1.3.2** Expand and improve access to preventive services, home and community-based services, social supports, and care management.

GOAL 2: FOSTER A HEALTH CARE WORKFORCE ABLE TO ADDRESS CURRENT AND EMERGING NEEDS

HRSA seeks to ensure that underserved communities have well-trained, diverse health care providers to deliver and facilitate needed care. HRSA programs support providers with direct patient care responsibilities, as well as public health and allied health professionals and paraprofessionals who support the health and well-being of the population. In 2019 – 2022, HRSA will focus efforts to equip and retain the health care workforce in underserved and rural communities to meet critical needs and achieve improved access to health care.

OBJECTIVE 2.1: Advance the competencies of the health workforce

Sub-objectives:

- 2.1.1** Expand the number and types of training and technical assistance opportunities educating students and providers.
- 2.1.2** Ensure HRSA-trained providers can address the social determinants of health and emerging health care needs.
- 2.1.3** Increase cultural competency among health care workers.

OBJECTIVE 2.2: Improve the distribution and diversity of the health care workforce

Sub-objectives:

- 2.2.1** Identify and prioritize areas of current and future health care workforce needs and workforce training requirements through data-informed analysis and modeling.
- 2.2.2** Address shortages by aligning training, recruitment, distribution, and retention of the health workforce to serve in the areas where the need is greatest.
- 2.2.3** Increase the diversity of the workforce and number of individuals from under-represented groups participating in health professions.
- 2.2.4** Inform strategic decision-making to educate policy makers, researchers, and the public about health care workforce trends, supply, demand, and policy issues.

GOAL 3: ACHIEVE HEALTH EQUITY AND ENHANCE POPULATION HEALTH

In 2019 – 2022, HRSA will focus efforts to increase access to health care and improve health outcomes for vulnerable populations by enhancing community partnerships with entities from diverse geographic areas, groups needing or offering particular health care services, professional organizations, and others that support the populations HRSA serves. HRSA efforts will include activities such as leveraging advisory councils to better understand community requirements, integrating public health and primary care services, using evidence-based decision-making to guide efforts to address health disparities, and promoting illness prevention and healthy behaviors.

OBJECTIVE 3.1: Leverage community partnerships and stakeholder collaboration to achieve health equity and enhance population health

Sub-objectives:

- 3.1.1** Increase linkages of people to services and resources that improve population health through the development and support of community-based partnerships.
- 3.1.2** Support community actions that address social determinants of health and improve health-related infrastructure.
- 3.1.3** Improve health outcomes by supporting integration and coordination of health services, primary care providers, and the public health sector.
- 3.1.4** Expand outreach and communication, and develop stakeholder partnerships that lead to sustainable initiatives that eliminate health disparities.

OBJECTIVE 3.2: Promote health and disease prevention across populations, providers, and communities

Sub-objectives:

- 3.2.1** Increase community-based disease prevention efforts.
- 3.2.2** Address emerging community health needs, including public health emergencies, by supporting adaptable, innovative, outcome-focused, sustainable programs.

GOAL 4: OPTIMIZE HRSA OPERATIONS AND STRENGTHEN PROGRAM MANAGEMENT

HRSA is committed to sound stewardship and ensuring the transparency and accountability of the resources Congress and the taxpayers entrust to the agency. In 2019 – 2022, HRSA will continue to hold itself to high standards by ensuring all programs are driven by data and evidence to maximize the investments and contribute to improved health outcomes. HRSA will use collaborative and innovative approaches to manage challenges with the goal of achieving operational efficiency and effectiveness to accomplish the agency's work.

Objective 4.1: Improve efficiency and effectiveness of operations

Sub-objectives:

- 4.1.1 Support evidence-driven decisions, guided by financial, programmatic, and other relevant data, to increase the efficiency within HRSA's programs.
- 4.1.2 Empower the HRSA workforce to design, test, evaluate, and sustain innovative, promising models to improve operational processes and efficiencies.
- 4.1.3 Support the development, enhancement, and use of technology to assist the HRSA workforce in performing at the highest levels.

Objective 4.2: Optimize the HRSA workforce to support an accountable, performance-driven organization

Sub-objectives:

- 4.2.1 Ensure HRSA can meet current and anticipated workforce requirements by establishing and implementing a strategic human capital operating plan that reinforces principles of Equal Opportunity Employment and leverages the talents of a diverse workforce.
- 4.2.2 Recruit, hire, and retain a talented and diverse HRSA workforce based on the needs of the organization and in alignment with workforce planning principles.
- 4.2.3 Conduct training and expand other opportunities for team and individual competency development to support a skilled workforce at all levels of the organization.
- 4.2.4 Hold the HRSA workforce accountable by implementing meaningful and timely appraisal processes, and recognize employee contributions toward achieving HRSA goals.

Objective 4.3: Enhance program oversight and integrity

Sub-objectives:

- 4.3.1 Promote program compliance and integrity through technical assistance and training for HRSA staff and funding recipients.
- 4.3.2 Implement performance management processes that identify and use meaningful program outcome measures to optimize resource allocation and improve health outcomes
- 4.3.3 Identify and assess internal and external risks to program performance and activity to proactively address and mitigate vulnerabilities and integrate HRSA-wide enterprise risk management techniques as an integral part of program oversight to drive strategic decision-making.
- 4.3.4 Promote the submission of and fund high-quality grant applications to better meet the needs of the populations HRSA serves.
- 4.3.5 Extend the reach of HRSA programs through clear communication of priorities and desired outcomes to partner and stakeholder organizations.



GLOSSARY

Access Points

A service delivery site for the provision of primary and preventive health care services.

Behavioral Health

The promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and substance use disorders.

Care Management

A set of activities intended to improve patient care and reduce the need for medical services by enhancing coordination of care, eliminate duplication, and helping patients and caregivers more effectively manage health conditions.

Community

A group of people living in the same place or having a particular characteristic in common. In the context of the HRSA programs, the term “community” should be considered in the broadest context including, people living and/or working in the same health service delivery area, having common health-related interests or skillsets, and/or having similar health needs or challenges.

Community Health Needs Assessments

The process of collecting, analyzing, and interpreting quantitative or qualitative data on health outcomes and health correlates and determinants; the identification of health disparities or resources that can be used to address priority health needs.

Continuing Education

A training activity or series of training activities offered to members of the current workforce. Training sessions are offered to existing professionals and do not include students as primary participants. In the context of the HRSA programs, continuing education primarily applies to clinicians and the annual health profession workforce Continuing Education Units (CEU) requirements.

Culturally-Competent

The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.

Diversity

A multiplicity of human differences among groups of people or individuals.

Family Decision Making

The active participation of a patient’s family members in making decisions related to the patient’s health.

Health Care Workforce

The term “health care workforce” includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental

hygienists, and other oral health care professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other behavioral health professionals (including mental health and substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the emergency medical services workforce (including professional and volunteer ambulance personnel and firefighters), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate. [Pursuant to 42 USCS § 294q (Title 42. The Public Health and Welfare; Chapter 6A. The Public Health Service, Health Professions Education, Health Professions and Public Health Workforce, Health Professions Workforce Information and Analysis)],

Health Equity

“Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Health Homes

A team-based health care delivery model led by a health care provider to provide comprehensive, and continuous health care to patients with a goal to obtain maximal health outcomes.

Health Information Technology Tools

Health information technology (HIT) is information technology applied to health and health care. HIT supports health information management across computerized systems and the secure exchange of health information between consumers, providers, payers, and quality monitors. The integration of health information technology into primary care includes a variety of electronic methods that are used to manage information about people's health and health care, for both individual patients and groups of patients.

Health Literacy

The ability to read, understand, and analyze information; weigh risks and benefits; and ultimately make decisions and actively engage in activities to protect one's health.

Health Service Integration

The unification of health service delivery, management and organization related to diagnosis, treatment, care, rehabilitation and health promotion within one system of care. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.

Health Professional

An individual who has received an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related service.

Home and Community-Based Services (HCBS)

A type of person-centered care delivered in the home or community including programs that address the needs of people with functional limitations who need assistance with everyday activities.

HRSA-Supported

Programs and activities administered by recipients of HRSA funding.

Interprofessional Team

A group of two or more health care providers, direct care workers, caregivers, and patients who work together to meet the needs of a patient population. Work is divided based on the scope of practice of the included professions, information is shared, the work of each team member is supported, and processes and interventions are coordinated to provide services and programs to meet the patient's goals.

Preventive Services

Primary health care services such as annual check-ups and screenings to prevent illness, disease and other health-related problems.

Primary Care

The provision of integrated, accessible health services by clinicians and staff who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Provider

In the context of this document, "Provider" is used synonymously with clinician, health care professional, and health care provider.

Public Health Surveillance

The continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

Rural

A geographical area located in a non-metropolitan county, or an area located in a metropolitan county designated by the Federal Office of Rural Health Policy as being considered rural.

Social Determinants of Health

The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources at global, national, and local levels. The main social determinants of health include:

- Income and social status
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical and social environments
- Social supports and coping skills
- Healthy behaviors
- Access to health services

Social Supports

An individual having friends and other people, including family, to turn to in times of need or crisis. Social support enhances quality of life and provides a buffer against adverse life events.

Stakeholders

People, groups, and organizations that have an interest in HRSA programs. Includes beneficiaries as well as recipients of federal financial assistance, vendors, advocacy organizations, and representatives from a broad cross-section of the community.

Telehealth

The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

Underserved Area

Geographic location or population of individuals eligible for designation by the Federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes.

Vulnerable Populations

Groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, or other risk factors including those associated with sex and gender.

Technical Assistance

HRSA-administered communications and collaborations across different internal and external systems with the goal of bridging the gap among research, policy, and practice, and improving the performance of HRSA programs.