LETTER FROM THE ADMINISTRATOR

I am honored to share the 2019-2022 Health Resources and Services Administration (HRSA) Strategic Plan. The plan outlines a comprehensive framework for the agency’s future with an eye toward exciting and new initiatives. HRSA provides unique and important leadership within the Federal government to some of the nation’s most vulnerable populations. Every day, the dedicated staff at HRSA works to ensure that individuals who are geographically isolated, economically disadvantaged, or medically vulnerable have access to high-quality health care and other services.

This strategic plan spells out ways HRSA will increase its impact throughout the country by using research and evidence-based decision-making to develop innovative solutions. We will address critical gaps in health care access and services. We will find new ways to incorporate technology, such as telehealth and artificial intelligence, into our programs. We will challenge ourselves and our stakeholders to find solutions to existing and emerging issues. We will recognize and reward the successes within the agency, as well as those of our grantees and stakeholders. We will do all we can to ensure that our efforts produce measurable, positive outcomes while always seeking to optimize resource allocation, employee engagement, and performance management.

At HRSA, we recognize that the health care landscape is constantly evolving. The vulnerable populations we serve – both urban and rural – face healthcare challenges which must be urgently addressed. The Opioid Crisis, substance use disorder and mental health care needs, ending the HIV Epidemic, maternal mortality, oral health, childhood obesity, and health workforce shortages are all at the forefront of the work that HRSA will do. Guided by the goals spelled out in this strategic plan, we will focus our efforts on addressing these challenges and many others, while always looking forward and remaining agile so as to adapt to emerging health care needs.

The work that HRSA performs is vital to the populations we serve. Through implementation of this strategic plan, HRSA will further reduce health disparities and continue to broaden the availability of high-quality health care services.

/George Sigounas/

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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 building health systems for the tens of millions of people who are geographically isolated and/or economically or medically vulnerable. HRSA programs also help those in need of high-quality primary health care, including people living with HIV/AIDS, pregnant women, and mothers. Finally, HRSA supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery.

Mission

To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.

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:

- Ensure programs support access to high-quality health care to the people HRSA serves;
- Implement value-based health care delivery for all programs to reduce waste and contain costs;
- Focus on achieving results for the populations served, by engaging in ongoing assessments to identify population needs and facilitating more timely and higher quality data to support real time decision making, supporting evidence-based and informed practices, monitoring impact, and adjusting programs to improve outcomes;
- Partner with an inclusive array of stakeholders, including individuals, families, and communities; federal, state, local, territorial, and tribal organizations; and the public, private, and international sectors to achieve optimal health outcomes;
- Build integrated approaches to facilitate collaboration and efficiency, and remove silos and barriers among HRSA Bureaus and Offices, so that the programs provide the best services and support to meet the complex needs of the populations the agency serves;
- Reduce regulatory and administrative burdens on our grantees and partners;
- Effectively communicate HRSA’s mission, goals, and programs to internal and external stakeholders;
- Emerge as a leading agency in harnessing technology and adopting innovative practices to improve health outcomes;
- Conduct and support high caliber evaluations and research focusing on increasing access to quality services, developing an effective health care workforce, and fostering development of innovative programs; and
- Strengthen the HRSA workforce to attain the highest organizational performance.

Scope

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
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.
GOAL 1: IMPROVE ACCESS TO QUALITY HEALTH CARE AND SERVICES

HRSA’s mission is achieved through a range of programs and initiatives designed to increase the number of high-quality health care access points, improve 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 coordinated, comprehensive, and value-based 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 Expand the availability of health care and preventive services by increasing the number of health care access points.

1.1.2 Increase the amount and breadth of accessible, comprehensive health care services provided by ensuring programs prioritize the needs of the populations HRSA serves.

1.1.3 Ensure health care services address chronic disease burdens, including disability, through increased access to preventive services, home and community-based services, social supports, and care management.

1.1.4 Maintain and expand access to health care services in underserved and rural areas through initiatives such as utilizing technology, sharing results of evidence-based research, or leveraging effective health care delivery models.

1.1.5 Promote long-term sustainability of HRSA-supported organizations by providing technical assistance on financial management and operational practices.

1.1.6 Facilitate health care workforce expansion by improving health care organizational capacity, including the ability to support education, training, and required infrastructure growth.

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

Sub-objectives:

1.2.1 Ensure that persons served by HRSA programs receive quality health care throughout their life-span by providing technical assistance and other supports to providers and health care systems to foster accessible, comprehensive, integrated, and patient- and family-centered medical/health homes.
1.2.2 Enhance the quality of care and increase access to necessary services for patients, families, and other caregivers by expanding patient and provider engagement, enhancing care integration and coordination, and facilitating connections and referrals to other community-based social services when appropriate.

1.2.3 Improve outcomes for people with chronic conditions, including those with disabilities, by expanding health care providers’ ability to plan, coordinate, and manage services across the continuum of care.

1.2.4 Improve outcomes for vulnerable populations impacted by or at risk for priority health care issues by supporting implementation of evidence-based programs that demonstrate effectiveness in prevention and treatment.

1.2.5 Improve clinical workflows, support patient and family decision making, and reduce costs by encouraging the use of health information technology tools by HRSA-funded and other health care providers that serve vulnerable populations.

1.2.6 Increase access to and improve the quality of patient care through the use of telehealth and innovative technology solutions.

1.2.7 Support grantee responsiveness to changing payment and value-based health care systems requirements through innovation and promotion of best practices.

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

Sub-objectives:

1.3.1 Expand the awareness and use of health services to the populations HRSA serves by providing funding, technical assistance, and other resources to support outreach, education, and enrollment activities of HRSA grantees and other stakeholders.

1.3.2 Ensure underserved and vulnerable populations have better access to health services by ensuring grantees and providers support programs that improve health literacy through the dissemination of accessible and culturally and linguistically appropriate information.
GOAL 2: FOSTER A HEALTH CARE WORKFORCE ABLE TO ADDRESS 
CURRENT AND EMERGING NEEDS

Many areas across the nation face shortages of critical health care workers, including primary care physicians, nurses, behavioral health, and public health professionals. HRSA endeavors to ensure that underserved urban and rural communities have well-trained, diverse health care providers to deliver and support needed care. HRSA supports a health care workforce, which includes not only those providers with direct patient care responsibilities, but also other public health and community professionals and paraprofessionals who support the health and well being of the population. HRSA’s health professions scholarship and loan repayment programs place primary care and other clinicians in underserved areas. HRSA’s education and training programs provide support to medical, nursing, social worker, and other professional and para-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. In 2019 – 2022, HRSA will focus efforts to ensure the health care workforce in underserved and rural communities has the necessary skillsets to meet critical local-area needs and promote efforts to retain health care workers in areas of need to achieve improved health outcomes over time.

OBJECTIVE 2.1: Advance the competencies of the health workforce

Sub-objectives:

2.1.1 Ensure the health care workforce is able to support community-specific needs and is sufficiently agile to anticipate and respond to emerging health care issues by supporting curriculum development, training, and other activities.

2.1.2 Educate students and providers on how to work in interprofessional teams and participate in practice transformations through the expansion of the number and type of training and technical assistance opportunities.

2.1.3 Improve provider recruitment and retention in HRSA-supported programs by focusing on evidence-based and innovative provider and staff satisfaction models of service delivery and management.

2.1.4 Assist HRSA-trained health care providers to expand, coordinate, and effectively use health information technology, including telehealth, to improve service delivery by providing technical assistance, training, and other educational opportunities.

2.1.5 Enhance the knowledge and use of current preventive services, treatment guidelines, appropriate promising practices, and evidence-based models of care by health care providers at HRSA-supported organizations by disseminating necessary information, providing technical assistance, and encouraging peer-to-peer learning.
2.1.6 Ensure existing HRSA-trained providers can address the social determinants of health and emerging health care needs by implementing a strategic, coordinated approach across training center programs to provide continuing education.

2.1.7 Improve accountability of health care workforce training and optimize training grant funding through longitudinal data collection and analysis and implementation of program updates as necessary to address changing needs.

**OBJECTIVE 2.2: Optimize the distribution and diversity of the health care workforce**

Sub-objectives:

2.2.1 Prioritize areas of highest health care workforce needs through data-informed analysis and modeling.

2.2.2 Address shortages and align the distribution of the health workforce with the highest need by facilitating and supporting the recruitment, placement, and retention of primary care and other providers in underserved communities.

2.2.3 Increase the diversity and number of underrepresented groups participating in health professions by developing and implementing strategies that facilitate and support their successful training completion, entry, and retention in the workforce.

2.2.4 Increase the capacity and availability of culturally-competent health care workers to address community-specific needs by promoting training opportunities within community-based settings for health professions students and residents.

**OBJECTIVE 2.3: Inform health care workforce policy and decision making through evidence-based assessment**

Sub-objectives:

2.3.1 Anticipate the demand for the future health care and health support workforce training and distribution requirements through understanding trends, occupational forecasting, data collection and analysis, and general research.

2.3.2 Inform strategic decision-making to educate policy makers, researchers, and the public about health care workforce trends, supply, demand, and policy issues through research and evidenced-based modeling.

2.3.3 Enhance patient safety and evidence-based guidelines by increasing awareness and promoting use of clinical decision support and patient-provider communication tools, and sharing evidence-based practices and training opportunities.
GOAL 3: ENHANCE POPULATION HEALTH AND ADDRESS HEALTH DISPARITIES THROUGH COMMUNITY PARTNERSHIPS

HRSA recognizes that it must work with external partners to broaden and amplify its programmatic reach to fully achieve its mission. 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 research to address health disparities, and promoting illness prevention and healthy behaviors.

OBJECTIVE 3.1: Leverage community partnerships and stakeholder collaboration to improve population health and address health disparities

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 that include participants from all relevant stakeholder sectors.

3.1.2 Improve health-related infrastructure and support community actions that address social determinants of health.

3.1.3 Improve health outcomes by supporting health service integration and coordination of the public health sector with primary care providers.

3.1.4 Raise community awareness of opportunities for improving health by expanding outreach and communication and developing strategic stakeholder partnerships that lead to sustainable initiatives.

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

Sub-objectives:

3.2.1 Increase community-based disease prevention efforts by supporting programs that include efforts such as healthy lifestyle initiatives, addressing social determinants of health, and screening, testing, and referral as appropriate.

3.2.2 Improve health and reduce disparities by targeting investments and technical assistance to communities and organizations that prioritize the needs of vulnerable and underserved populations.
3.2.3 Address emerging community health needs, including public health emergencies, by supporting adaptable, innovative, outcome-focused, and sustainable programs.

Objective 3.3: Implement effective health care and public health practices to address community needs

Sub-objectives:

3.3.1 Improve data collection and transparency by measuring and reporting on health care quality and disparities at the national, state, tribal, local, territorial, and individual provider level to facilitate a more complete understanding of the factors that may influence health care quality and lead to improvements in population health.

3.3.2 Build a portfolio of evidence regarding successful community-based health improvement efforts by supporting research, learning agendas, or other tools.

3.3.3 Optimize resource allocation and inform community-based program improvements by promoting and using community health needs assessments, public health surveillance, and other tools.

3.3.4 Track progress in achieving agency targets and national objectives such as Healthy People 2020 and Healthy People 2030 by collecting and analyzing program outcomes and population-level data.
GOAL 4: MAXIMIZE THE VALUE AND IMPACT OF HRSA PROGRAMS

HRSA is committed to sound stewardship and ensuring the transparency and accountability of the resources Congress and the taxpayers entrust to it. In 2019 – 2022, HRSA will focus on supporting efforts that focus on prevention and systems that pay for the outcomes of healthy people and healthy communities. To achieve such a transformation, HRSA will be driven by data to ensure decisions about programs and resource allocation are informed by a broad range of evidence from all relevant sources. HRSA will hold itself to high standards by ensuring all programs maximize the investments and contribute to improved health outcomes.

Objective 4.1: Make program and resource allocation decisions based on data and evidence

Sub-objectives:

4.1.1 Ensure timely policy and resource allocation decision making by supporting and establishing real-time, individualized, and interactive data collection, analysis, and management.

4.1.2 Identify and quantify health care service program gaps using existing and new data sources.

4.1.3 Enhance program performance by integrating data and analysis, including cost, and establishing and updating high-quality program performance measures and targets.

4.1.4 Improve HRSA-grantee program performance by promoting the development, implementation, and use of patient experience and outcome measures, including patient-reported data and price transparency data, as appropriate, for use in quality reporting.

4.1.5 Recognize and reward exceptional HRSA-grantee performance by providing quality awards to grantees that demonstrate effectiveness through improved outcomes and efficiency.
Objective 4.2: Enhance program oversight and integrity

Sub-objectives:

4.2.1  Promote compliance and preserve program integrity by providing technical assistance and other resources for HRSA grantees.

4.2.2  Strengthen program oversight and integrity by fostering agency-wide coordination and collaboration among HRSA staff.

4.2.3  Reduce program risks by integrating risk management techniques to proactively address and prevent program vulnerabilities and promote efficient and effective program operations.
GOAL 5: OPTIMIZE HRSA OPERATIONS TO ENHANCE EFFICIENCY, EFFECTIVENESS, INNOVATION, AND ACCOUNTABILITY

Ensuring operational efficiency and effectiveness is central to HRSA’s overall organizational management approach. Performance-related information is routinely used to improve HRSA’s operations. HRSA’s performance management process includes setting operational and workforce priorities and goals that are linked to its Strategic Plan, action planning and execution, and regular monitoring and review with follow-up. In 2019 – 2022, HRSA will focus on improving our performance oversight to promote accountability and transparency, support collaboration in problem solving, and help drive performance improvement across HRSA operations and workforce. HRSA will use collaborative and innovative approaches to manage challenges with the goal of achieving operational efficiency and effectiveness to accomplish our work.

Objective 5.1: Improve efficiency and effectiveness of operations

Sub-objectives:

5.1.1 Support decision making that drives operational and business process improvements guided by financial, programmatic, and customer data.

5.1.2 Empower the HRSA workforce to design, test, evaluate, and sustain innovative, promising models to improve operational processes and efficiencies through cross-agency collaboration and leadership development.

Objective 5.2: Optimize the HRSA workforce to support a high-value, accountable, performance-driven organization

Sub-objectives:

5.2.1 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.

5.2.2 Maintain continuity of operations and promote career progression through the development of succession plans.

5.2.3 Promote an adaptable workforce to support cross-agency priorities by supporting activities such as training rotational, and other staff development opportunities.

5.2.4 Enable the HRSA workforce to perform at the highest levels by supporting the development, enhancement, and use of technology.
5.2.5 Leverage and improve workforce skillsets at all levels of the organization by conducting training and expanding opportunities for improved individual competency development and team dynamics.

5.2.6 Promote greater accountability from supervisors to optimize organizational performance through cultivation of engaged and high-performing staff.

5.2.7 Support a work environment that ensures accountability and rewards high-level performance through meaningful appraisal processes that recognize employee contributions toward achieving HRSA goals.

**Objective 5.3: Improve stakeholder awareness of HRSA programs and their impact**

Sub-objectives:

5.3.1 Expand stakeholder awareness of HRSA program activities and successes through initiatives such as increasing the number of technical and data-driven, peer-reviewed HRSA publications.

5.3.2 Ensure HRSA receives and funds high-quality grant applications to better meet the needs of the populations HRSA serves by improving internal processes such as streamlining Notice of Funding Opportunities documents, providing appropriate technical assistance, and increasing grant application timelines.

5.3.3 Extend the reach of HRSA programs through clear communication of priorities and desired outcomes to partner and stakeholder organizations.

5.3.4 Demonstrate HRSA technical expertise by implementing processes to ensure timely response to internal and external requests for information or assistance.

5.3.5 Enhance the breadth and depth of communication internally and with stakeholders and the public by developing, testing, evaluating, implementing, and sustaining innovative communication practices, including the use of technology and other electronic media.
GLOSSARY

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

Behavioral Health
Encompasses 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 who have already completed a training program in their profession. 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. To increase diversity is to enhance an individual, group, or organization's cultural competence—the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, e.g. sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language.
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 and mental health professionals (including 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 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.

Healthy People 2020
The fourth edition of Healthy People, a national effort that sets goals and objectives to improve the health and well-being of people in the United States.

Healthy People 2030
The fifth edition of Healthy People, a national effort that sets goals and objectives to improve the health and well-being of people in the United States.
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 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 environments
- Social supports and coping skills
- Healthy behaviors
- Access to health services

Social Supports
A patient 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, including individuals with disabilities.

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.