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INTRODUCTION: Entering the New Millennium

As we enter the 21st century, unparalleled change in the Nation's health care system is occurring. Rapid advances in technology and communications are revolutionizing the provision of health care while new models of health care delivery continually evolve. Thus, the Nation's Access Agency must adapt. The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services, is the principal Federal Agency charged with increasing access to basic health care for those who are medically underserved. Since HRSA's establishment, the Agency's budget has steadily increased to an FY 2000 level of \$4.6 billion, resources which add up to health care access for millions of Americans through HRSA programs.

HRSA's programmatic portfolio includes a range of programs or initiatives designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation's most vulnerable populations. Collectively, HRSA programs work to improve access to care for the more than 44 million Americans who are uninsured and the 40 million who live in medically underserved areas. HRSA supports over 600 community health centers; funds services for people living with HIV/AIDS through the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act; assists States and health care organizations in improving services to mothers and children; oversees the National system that allocates organs, tissue, and bone marrow for transplant; and works with academic health centers and other training programs to enhance the diversity and distribution of the Nation's health care workforce.

This Strategic Plan is a blueprint for HRSA in the 21st Century as it deals with critical health care access issues for the American people. Through this Strategic Plan, HRSA sets forth its strategies for carrying out this work over the next five years in conjunction with the Strategic Plan of the

Department of Health and Human Services. As required under the Government Performance and Results Act (GPRA), the Plan describes HRSA's mission, goal, and four strategies that will serve as the framework for the Agency's planning and resource allocation decisions.

From year to year HRSA's Strategic Plan is a dynamic and flexible document. Adjustments and changes in direction are inevitable as the Agency moves forward over time with the many complex and varied problems it is seeking to address. New information from customers and the scientific community is factored into the Agency's planning process annually. Thus, the Plan is a sound and strong base from which to focus on the highest priority health care issues and to assure effective use of taxpayer dollars. The Plan provides a framework to use in building for the future and in making HRSA as effective as possible in meeting the needs of its customers - the American people.

HRSA's Strategic Plan begins with a brief overview of the vision, mission, goal, and strategies of the Agency. It then provides background information on HRSA, its activities, and populations. Next, the Plan gives a more detailed description of key objectives and strategies for achieving them. It notes the accomplishments that have already been made.

The Plan then describes HRSA's participation in the Department of Health and Human Services' strategic planning process, as well as its own strategic planning process and the corporate management techniques that are being used to support it. Next, it takes a look at resource requirements before delineating the challenges and external factors that will affect the planning process in the future. Finally, there is a section showing how HRSA evaluates its own programs for its Annual Performance Plan which will build on the Strategic Plan and its objectives by specifying measurable performance goals to be met in a particular fiscal year.

OVERVIEW

Vision

HRSA is a national leader and serves as a national resource in not only assuring the availability of quality health care to underserved, vulnerable, and special needs populations but also in meeting the unique health care needs of these groups.

Mission

To improve the Nation's health by assuring equal access to comprehensive, culturally competent, quality health care for all.

Goal

Assure 100% access to health care and 0 health disparities for all Americans.

Strategies

- Eliminate Barriers to Care
- Eliminate Health Disparities
- Assure Quality of Care
- Improve Public Health and Health Care Systems

BACKGROUND

The United States has the finest health care system in the world, but it is not easily accessible for everyone. An estimated 43 million Americans have inadequate health care because it's too expensive, too distant, or just doesn't meet their needs. Prominent in this group are women, children, and racial and ethnic minorities. However, with the loss of a job and accompanying insurance, with the onset of illness or simply by moving to an underserved area, anyone could face a health care deficit. Thus, the kinds of health care problems and issues that HRSA programs address are many and varied. They include the following:

- Over 44 million Americans (16.1% of the population) did not have private or public health insurance during any part of 1998 (Census Bureau, October 1999).
- Nearly 10 million children in the U.S. lack access to health care because of a lack of insurance.
- Nearly 3000 communities across the U.S. do not have an adequate supply of health care providers to meet the basic health needs of the community. Half of these communities are located in rural areas. Most of the rest are poor urban neighborhoods.
- Even though infant deaths are on the decline, African American infants still are 2.4 times more likely than white infants to die before their first birthday.
- As of June 30, 1997 more than 612,000 Americans had been reported to have HIV, the virus that causes AIDS.
- As of Fall 1999, 65,000 Americans were waiting for an organ transplant.

Pulling separate and diverse programs like those above into a unity of purpose has long been a challenge for HRSA. But in 1997 the Agency found its center in a single overriding goal: improving access to essential health care for people who were inadequately served.

In 1998 HRSA moved quickly to build on the foundation of its newly established goal by recruiting new staff to key senior positions, establishing initiatives coordinated across the Agency's four bureaus and many offices, and creating a new strategic plan with specific time frames and measurable objectives to guide operations for the next five years. At the same time, the Department of Health and Human Services (DHHS) implemented two major initiatives of critical importance to HRSA: the State Children's Health Insurance Program that funneled \$24 billion to States over five years to extend insurance coverage to the Nation's 10 million uninsured, low-income children; and the Initiative to Eliminate Racial Disparities in Health.



HRSA OPERATING UNITS

With a statutory emphasis on special needs, underserved, and vulnerable populations, HRSA has mobilized its bureaus, programs, staff, and partners to assure access to quality health care so that its primary operating units each contribute to the overall mission and its major objectives:

Bureau of Health Professions

To provide National leadership in assuring a health professions workforce that meets the health care needs of the public.

Bureau of Primary Health Care

To increase access to comprehensive primary and preventive health care and to improve the overall health of underserved and vulnerable populations.

HIV/AIDS Bureau

To provide leadership in the delivery of high quality primary care and supporting services for uninsured and underinsured individuals and families affected by HIV/AIDS.

Maternal and Child Health Bureau

To work in partnership with States to improve the health, safety, and well-being of all America's mothers, children and families by assuring them access to comprehensive systems of health care.

Field Operations

To provide direct support to HRSA's program operations and carry out crosscutting priorities and activities.

Office of Planning, Evaluation and Legislation

To serve as the Administrator's primary staff and principal source of advice on program planning, program evaluation and legislative affairs.

Office of Rural Health Policy

To be the leading Federal proponent of better rural health care services.

Office of Special Programs

To ensure quality of and access to organ and bone marrow transplantation, and uncompensated medical care, and to ensure funding for the construction and renovation of health care facilities.

Center for Quality

To strengthen and improve the quality of health care, especially as it relates to HRSA programs and service populations.

Center for Public Health Practice

To assure that HRSA programs strengthen public health practice in America by working in close partnership with State and local public health agencies and schools of public health throughout the country.

Center for Managed Care

To assure that HRSA programs and the populations they serve are active and knowledgeable participants in managed care systems. The Center also seeks to assure that an appropriately trained primary care workforce is available to provide managed care for these underserved and vulnerable populations.

Office for the Advancement of Telehealth

To coordinate HRSA's telehealth activities, such as the use of electronic telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, and health administration.

Office of Minority Health

To provide leadership for Agencywide programs and activities which address the special health needs of racial/ethnic minorities to eliminate disparities, while improving health status.

Office of Women's Health

To provide leadership in HRSA's response to women's health issues from a life span perspective, and coordinate women's health programs.

STRATEGIES AND OBJECTIVES

HRSA has one central goal, to assure 100% access to health care and 0 health disparities for all Americans. In support of that goal, the Strategic Plan identifies four long-range strategies: eliminate barriers to health care, eliminate disparities, assure quality, and improve public health and health care systems (see chart). These strategies are the management framework within which HRSA operates to fulfill its mission to improve the Nation's health by assuring equitable access to comprehensive, quality health care. Into each strategy is built a number of objectives that the Agency will target and which can be used to evaluate performance.



Strategy 1: Eliminate Barriers to Care

- Increase utilization for underserved
- Increase Access Points
- Focus on target population

Strategy 3: Assure Quality of Care

- Promote appropriateness of care
- Assure effectiveness of care
- Improve customer/patient satisfaction

Strategy 2: Eliminate Health Disparities

- Reduce incidence/prevalence of disease and morbidity/mortality
- Increase utilization for underserved populations
- Focus on target populations

Strategy 4: Improve Public Health and Health Care Systems

- Improve Information development and dissemination
- Promote education and training of the Public Health and Health Care Workforce
- Promote systems and infrastructure development

Strategy #1: Eliminate Barriers to Care

To assure access to comprehensive, timely, culturally competent, and appropriate health care services for all underserved, vulnerable, and special needs populations.

Key Objectives:

1. Expand from 10 million to 20 million the number of underserved, vulnerable, and special needs individuals served through primary care programs. These individuals will have access to and receive services from HRSA-sponsored integrated systems of care including mental health, substance abuse, and social services.
2. Increase diversity of the health professions workforce.
3. Expand health professions training programs in order to increase services in underserved areas.
4. Provide access to State-of-the-art HIV clinical care for the approximately 215,000 HIV-infected persons who aren't now receiving adequate medical care.
5. Improve the capacity of all HRSA grantees and programs to function in a managed care environment or in other emerging health care delivery systems.
6. Facilitate the enrollment of currently uninsured individuals into the most appropriate health insurance programs through a variety of outreach efforts.
7. Improve access to health care services in rural areas.

Strategy #2: Eliminate Health Disparities

To eliminate disparities in health status and health outcomes for underserved, vulnerable, and special needs populations.

Key Objectives:

1. Reduce the incidence of infant mortality to six per 1,000 live births.
2. Reduce the ratio of the black infant mortality rate to the white infant mortality rate to 2.0.
3. Reduce the incidence of low birth weight to no more than 6.5 percent of live births.
4. Increase immunization coverage to at least 90 percent among children 19-35 months of age, consistent with the Healthy People 2010 objective.
5. Increase the number of women and racial and ethnic minorities served in Ryan White CARE Act programs to proportions that exceed their representation in the overall HIV and AIDS population.
6. Exceed Healthy People 2000 objectives and move toward the Healthy People 2010 objectives by giving more people appropriate screening and follow-up treatment for hypertension, diabetes, asthma, new born congenital conditions, lead poisoning, mental health, developmental delays, and cervical and breast cancer through State public health programs and in HRSA-sponsored primary care/rural health care sites.

Strategy #3: Assure Quality of Care

To assure that quality care is provided to the underserved by fostering a diverse, quality work force and through use of emerging technologies.

Key Objectives:

1. Develop collaborative projects that promote quality health care service delivery in HRSA.
2. Establish a National center for health care workforce analysis.

3. Ensure that 100% of HRSA grantees providing clinical services, meet or exceed National/State accepted quality standards.

4. Ensure that 100% of HRSA long-term grantees, and selected other appropriate grantees, will include cultural competency training as part of their curriculum.

5. Increase the number of individuals who receive primary care training in ambulatory-based sites supported by HRSA grantees.

6. Enhance the provision of clinical services at 75% of grantee delivery sites with distance learning programs, electronic transmission of medical data, or electronic links with experts in distant communities.

7. Make HRSA grantee-distributed materials available in a number of languages (also pictorial versions) to help educate service recipients.

Strategy #4: Improve Public Health and Health Care Systems

To improve the delivery of health-related services by enhancing the infrastructure of public health and health care systems.

Key Objectives:

1. Determine unmet needs of underserved, vulnerable, and special needs populations by monitoring and surveillance activities that will assess health status and resource requirements.

2. Provide operational linkages across all HRSA funded State and community programs, assuring that major data systems are easily accessible to the public and local non-profit organizations through onsite electronic systems and online information networks such as the Internet.

3. Improve the supply and competency levels of the public health workforce.

4. Develop a data and information system to track progress toward achieving National objectives.

5. Promote the integration of mental health, substance abuse, and physical health services into comprehensive systems through program development, clinical care site enhancement, primary care provider preparation, and quality enhancement activities.

6. Promote collaboration among the Nation’s procurement organizations, hospitals, and health care provider organizations in the development of policies and practices to achieve the Department’s goal of increasing the number of organ donors by 20%.

Summary: In meeting the key objectives listed above, HRSA must set a level of leadership that ensures the effective delivery of services, the development and retention of a diverse and competent workforce, and the introduction and use of innovative, yet practical, technologies. HRSA must also establish and sustain strong partnerships with the public and private sectors. If successful, the Agency will strengthen its already established position as the Nation’s safety net provider.



ACCOMPLISHMENTS

Because of HRSA programs, many people, who otherwise would go without adequate health care, are being well taken care of. This group includes many of the uninsured, the homeless, many who have HIV/AIDS, people who live in isolated rural areas, and others, who for one reason or another had no access to health care. The Agency still has a long way to go to fulfill its mission of 100% access to health care and 0 health disparities for all Americans but has made significant progress as the following accomplishments demonstrate:

Access In Underserved Communities

- HRSA's Bureau of Primary Health Care launched an ambitious campaign to achieve 100 Percent Access/0 Disparities by organizing community groups and key safety net providers in partnerships to address the health care needs of their communities. The long range goal is to build a National infrastructure to sustain and support communities in providing health care delivery and other social services for local residents.
- HRSA invested some \$60 million in 1999 to improve the health of residents living in the Nation's border communities in Texas, New Mexico, Arizona, and California. HRSA has also joined forces with the Environmental Protection Agency to address several issues.
- HRSA advanced its commitment to improve health care access to residents of the Pacific Basin. A HRSA-sponsored Institute of Medicine study, "Pacific Partnership for Health," made a number of recommendations that are now being put into place.
- HRSA awarded \$13 million in grants to 43 States to improve access to health care in rural communities, and develop networks to expand and improve health care services. The grants will enable States to designate "critical access hospitals" allowing hospitals to improve local services

through expanded primary care and emergency services. Also, HRSA's Office of Rural Health Policy announced the new publication of "Rural Health in the United States"-- the most complete, updated statistics available on rural health in this country.

Access for People with HIV/AIDS

- AIDS related mortality has declined dramatically in recent years due, in large part, to the availability of new treatment regimens. HRSA's Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funds these medications for low-income, underinsured, and uninsured people living with HIV/AIDS through the AIDS Drug Assistance Program.
- HRSA's program priorities continue to shift with the epidemic to ensure that emerging populations with HIV/AIDS are brought into care. CARE Act dollars enable more than 2,500 community-based organizations Nationwide to provide care to people living with HIV/AIDS and their families.
- Through Title IV of the CARE Act, assistance to children, adolescents, and women is supported. In FY 1999, 27 States, the District of Columbia, and Puerto Rico have been funded.
- Since 1991, over 700,000 training interactions have been provided in 15 training centers.

Access for Women and Children

- The Maternal and Child Health Services Block Grant helps States meet the most urgent maternal and child health challenges, and also supports research and social service access.
- In November, HRSA officially launched the Maternal and Child Health Bureau's State Data Web site - data available on States is now accessible in one place.

- Infant mortality continues a 30-year decline and HRSA is working to see that it continues in that direction through aggressive intervention in communities where infant mortality is high. More than 60 Healthy Start Communities have been established Nationwide to enroll pregnant women in early prenatal care, encourage paternal involvement, and keep infants in pediatric care.

Access to Better Trained Health Professionals

- Through the Health Careers Opportunity Program, HRSA boosts the skills of promising students as early as high school by working to enhance the math and science skills of more than 6,000 minority and disadvantaged students.
- HRSA has established 36 Area Health Education Centers (AHECs) in underserved regions. Linked to more than two-thirds of the Nation's medical schools, AHECs give students community-based education and training.
- HRSA Nursing Education and Practice Programs ensure an adequate supply of diverse and appropriately trained nurses to meet the health care need of underserved individuals.
- Geriatric Education Centers train health professionals to anticipate and meet the needs of America's fastest growing age group.
- Graduates of HRSA-supported programs are four times more likely to practice in underserved areas than their peers in non-HRSA programs. About 75 percent go on to practice primary care medicine.

Access to Quality and Equality of Care

- Early in 1999, HRSA established the Managed Care Technical Assistance Center to help grantees and other safety net providers better navigate the swiftly changing marketplace of managed care.

- HRSA began looking at new systems or models of care for chronic disease. The first effort in this area is the Diabetes Collaborative--a group of 80 health centers joined together to look at ways to both delay or decrease the complication of diabetes.
- HRSA supports 260 rural outreach programs in 48 States and territories, five rural health research centers, and a matching grant program supporting the 50 State Offices of rural health, which provide a focal point for rural health issues.
- HRSA supports telemedicine demonstrations that allows providers and patients to consult over long distance.
- Assuring access to quality health care for all Americans, HRSA oversees the National Practitioner Data Bank, which tracks malpractice and disciplinary actions taken against all physicians, dentists, and other health care professionals, and then makes the information available to hospitals and health care organizations.



STRATEGIC PLANNING PROCESS

HRSA's Strategic Planning Process

The Government Performance and Results Act (GPRA) requires HRSA to conduct an Agency-wide strategic review of the organization's priorities, directions for the future, and customer requirements. However, the Administrator of HRSA decided to go a step further by launching full-scale strategic and performance planning to ensure that HRSA continues to be a leader in health policy, education, and practice. This Strategic Plan is a part of the larger strategic planning effort.

The Strategic Plan establishes long-term programmatic and management strategies designed to support accomplishment of the overall Agency goal as well as individual program goals. The Agency's senior leadership began the planning process by reviewing, validating, and modifying HRSA's primary mission Statement. The Statement was revised to more accurately reflect the Agency's activities and purpose. It was also modified to show a more forward-thinking and more customer-focused approach. At the program level much of the planning reflects grassroots feedback received from focus groups, specialized surveys, questionnaires/comments from grantees and other customers. HRSA is committed to incorporating customer and stakeholder views in the decision-making process.

Achievement of Strategic Goal and Strategies

This Plan lays out the goal, strategies, and objectives which specifically provide a sense of overall direction for the Agency. They are very much in line with the final Strategic Plan developed by the Department of Health and Human Services and forwarded to the Congress in September 1997. HRSA's direction and program efforts are consistent with and supportive of Department goals, which include:

- Goal 1: Reduce the major threats to the health and productivity of all Americans.
- Goal 2: Improve the economic and social well-being of individuals, families, and communities in the United States.
- Goal 3: Improve access to health services and ensure the integrity of the Nation's health entitlement and safety net programs.
- Goal 4: Improve the quality of health care and human services.
- Goal 5: Improve public health systems.
- Goal 6: Strengthen the Nation's health sciences research enterprise and enhance its productivity.

The table in Appendix A shows how specific HRSA programs support the goals of the Department's Strategic Plan. In line with the requirements of GPRA, HRSA's Strategic Plan is supplemented by Annual Performance Plans. Annual Performance Plans identify performance measures and indicators that will be used to achieve HRSA's broader, longer-term goals and strategies within its major programs. HRSA assesses its achievements through Agency performance measures. Some performance measures take several years to achieve and thus have a multi-year target with interim annual targets while others involve single year targets only.

HRSA has made a strong commitment to the development of a performance management strategy which it has defined with the development of a single central assessment question:

Can this organization, with a given set of resources, through a series of actions and decisions, produce outputs that have the desired effects and outcomes to benefit those it serves?

The Agency began the performance assessment process with a full review of its programs and their readiness for assessing their own performances, using the requirements of GPRA as the basis for the review. Taking budgetary constraints into consideration the Agency:

- Identified both strengths and weaknesses in terms of ability to measure performance,
- Assessed the current availability of indicators and data that can be used to ensure effective management of resources, and
- Identified key areas where developmental activities were needed and channeled Agency resources to those areas.

Technical assistance was provided to each operating component to enhance its ability to define performance goals and measures. In addition the strategic goal, strategies, and key objectives in this Plan will provide the basis for the more specific goals in the Annual Performance Plan. Moving forward, HRSA will continue its work on indicators and measures for all programs, the resource requirements for success, and the collection and organization of data.



CORPORATE MANAGEMENT ACTIVITIES

To meet its strategic objectives and goal more efficiently and effectively HRSA is employing corporate management techniques. In the next five fiscal years, the Agency will undertake activities in nine core areas, assuming that resource needs are met, to build upon its primary role of closing gaps in the Nation's health care system.

1. Customer Service

HRSA will create a customer-focused environment by encouraging communication, quality service, and innovation. Using and or developing published customer service standards as a benchmark, the Agency will use feedback from surveys, letters, and other means to improve customer service. HRSA will also improve or provide activities that address customer needs for information and will recognize the role of employees in achieving a flexible Customer Oriented Network.

2. Integrated Systems

HRSA will design, develop, and sustain integrated, comprehensive systems of care for underserved, vulnerable, and special needs populations.

3. Capacity Building

HRSA will identify health infrastructure needs, facilitate the development of the health infrastructure with needed resources as well as technical assistance and training, and assure its maintenance.

4. Partnerships

HRSA will enhance and sustain collaborative partnerships with Federal Agencies, State and local governments, voluntary and philanthropic organizations, and the private sector to maximize program results.

5. Service Delivery

Where needs are unmet, the Agency will support health and medical care services delivery through partnerships or direct care.

6. Information Systems

The Agency uses information technology to improve mission and process performance by employing systems that are secure, reliable, compatible, and cost effective. In the future HRSA will use technology to reduce the paperwork burden on the public, expand access to data, and undertake internal improvements. The Agency will continue to take advantage of new tools, such as the Internet and teleconferencing, and to improve communication and information exchange between its partners and the public. HRSA will also use comprehensive, integral information systems to track and monitor program performance, areas of unmet need, and changes in health status.

7. Performance Measurement

HRSA will accelerate the delivery of quality health and medical care services through the development, dissemination, and implementation of performance-based measurements, evidence-based interventions, and results-oriented quality standards for all dimensions of health and medical care in HRSA programs.

8. Organizational Re-Invention

HRSA will systematically restructure operations into a flexible, customer oriented network capitalizing on the use of emerging information technologies and the appropriate sharing of responsibility with partners.

9. Quality

HRSA will incorporate quality into all of its programs and activities. Quality in health care means the provision of care that is safe, available, accessible, accountable, fair, and effective.

HRSA's Executive Council will oversee the work performed by each of the operational units, tracking those activities most critical to the Strategic Plan. Each unit will submit periodic reports on its performance and collaborative efforts with others to carry out HRSA's goal and strategies.

RESOURCE REQUIREMENTS

Internal Resources:

HRSA will draw upon its current range of resources in order to carry out its mission, but in addition will increase investment in public health training to produce needed competencies in areas such as surveillance, performance measurement, and systems analysis. As the Agency within the Department of Health and Human Services (DHHS) that is looked to for information about the size and scope of barriers confronted by underserved, vulnerable, and special needs populations, those competencies will become increasingly necessary.

Collaboration with the several DHHS and other Federal Agencies will continue to be a way of doing business. Sharing resources in the areas of data and information is becoming more common but will need to be more operationalized in the future. Cooperative agreements and work teams on cross-cutting issues will be established and monitored.

External Resources and Partnerships:

A major source of the Agency's strength is in the linkages and partnerships that have been formed with a variety of grantees and external partners. Initial work has been done to forge new working relationships with outside organizations and to build on partnerships with such emerging groups as the Coalition for Healthy Communities, Healthy Cities. More training and professional skills development in the areas of leadership and facilitating change will be needed.

HRSA will need to continue to assure that programs are designed to meet the needs of the underserved and that these programs receive sufficiently high priority as Federal and State budget decisions are made. This will require new and innovative efforts to expand many current activities in order to improve program synergy. HRSA has established ties to States on issues of mutual concern and is enhancing working relationships between Agency and State-based health

programs. HRSA will need to leverage existing resources and work more creatively with established partners, as well as new partners at the community, State, and Federal level, to assure the highest degree of health coverage possible for needy populations.

To assure that health centers, State, and local health departments, and other HRSA-supported community providers are adjusting to changes in the health care marketplace, substantial training and technical assistance must be made available in many areas, especially in those of managed care, contract negotiations, rate setting, medical management, and utilization review.



CHALLENGES AND EXTERNAL FACTORS

The Strategic Planning process will help HRSA better assess change and its impact on the public health infrastructure. It will permit the Agency to position itself to redirect and better target resources to meet its legislated mandates for service delivery and infrastructure support. In striving to meet its overall goal and strategic objectives, HRSA must consider the factors that are listed below. These powerful fundamental forces, which will affect health care well into the 21st century, create opportunities and threats that will shape the future strategic direction of the Agency. In order to achieve its goal and strategic objectives, HRSA must continually adapt its policies to environmental changes.

Dominance of Managed Care

The HRSA Strategic Plan has been developed during a period of rapid change in health care. Both the public and private sectors are moving to implement managed care systems for the better control of costs, a trend which is likely to continue in the future. In spite of the changes, the number of uninsured persons continues to rise. To ensure that underserved, vulnerable, and special needs populations (especially those without health care insurance) have access to needed services, HRSA must assist Agency-funded safety net providers to participate effectively in managed care. Even with the passage of legislation, such as the new State Children's Health Insurance Program, growth in the number of uninsured persons will place greater demands for services on HRSA-supported sites.

The Number of Uninsured

The lack of insurance coverage will continue to be a major influence in the shaping of the Agency's future. The number of uninsured is expected to continue increasing in certain segments of the population. As a result, more of the poor will become reliant on health care provided by HRSA-funded centers and the Agency will be challenged to keep pace with this higher demand.

Aging Population

Worldwide, the overall population is aging and the first effects of this will soon be apparent, hinting at the eventual needs of the aging baby boom generation. Mortality rates have gone down, increasing the possibility of living very long lives. The magnitude of this demographic change may force the United States into a crisis if the Nation is unable to make a multitude of adaptations and build a sufficient infrastructure.

Impact of Infectious and Chronic Diseases

Infectious and chronic diseases have had a devastating effect on the health of the Nation. Thousands of lives will continue to be lost to infectious disease, as the battle to prevent and cure it is fought. Thousands of others will be affected by significant increases in the incidence of chronic disease in an aging population. As individuals live longer lives, more services for chronic non-life threatening health problems will be needed. Access to effective preventive measures and treatments, especially for those who are underserved and vulnerable, will be an increasing challenge.

Changing Health Care Workforce

The current paradigm for the health care workforce appears to be shifting and will continue to change over the next few years. The demand for an inter-disciplinary trained health professions workforce along with the emergence of new types of health care workers (e.g., wellness/health coaches, complimentary medicine providers, visiting home health care teams with cross-disciplinary training) will require new approaches to training health care providers and to the delivery of health care.

Ability to Partner and Coordinate with External Organizations

Strength and effectiveness come in numbers united in a common cause. Charged with supporting the Nation’s safety-net, HRSA will have to strengthen current relationships, forge new partnerships, and better coordinate its efforts with those of other Federal, State, and community-based partners, as well as non-government partners.

Public Support

Safety-net programs and providers rely heavily on public support to fill the gaps in health care services for underserved, vulnerable and special needs populations. If the numbers of uninsured continue to rise, HRSA’s ability to assure access to quality health care services and the very existence of the safety net will depend on appropriate reauthorization and increases in funding.

Changing Federal Role

There has been a major paradigm shift in the role of government, fundamentally altering how resources are managed and how health care is delivered. Through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the State Children’s Health Insurance Program, States and communities have increased flexibility to design social services, welfare reform and health care programs to meet their own needs and priorities. The role of many HRSA State and local safety-net providers, partners and grantees is also changing away from the provision of direct care to such activities as subcontracting to managed care organizations; providing special services only as a complement to other providers; assuring the provision of quality care; and developing new resources to meet unmet needs. To effectively respond to these changes, those at the Federal level will have to develop the skills to perform new roles, while helping partners adapt to their new jobs.

Other Significant Long-Term Trends

Additional factors that may affect HRSA’s Strategic Plan by reshaping the health care system over the next decade are:

- Resource decisions made on the basis of health outcomes directing the evolution of health care;
- Increase in psycho-social diseases (including behavioral outcomes such as drug abuse, violence);
- Technological advances in the transmission of medical data and other information, as well as in interpersonal communication revolutionizing service industries;
- Dramatic biomedical and biotechnology breakthroughs;
- Dramatic advances in therapeutics and the affordability and availability of some treatment modalities;
- Customization of health care to meet an individual’s needs and genetic pattern;
- Increasing evidence for a shift from treatment to a “forecast, prevent, and manage” paradigm;
- Community health and consumer responsibility becoming more influential;
- Growing pressure to rethink how health care delivery assets are designed and deployed to optimize uses, with greater emphasis on decentralization, automation, health coaching on lifestyle and personal responsibility for behavioral changes;
- Health care delivery via telecommunication and Internet access to health information and services; and
- Growth of the role of outpatient care and home health care in relation to a reduction in certain inpatient services.

PROGRAM EVALUATION: ASSESSING THE RESULTS

The purposes of the Health Resources and Services Administration (HRSA) evaluation program are to enhance performance planning and reporting, strengthen budget and legislative development, and improve program management. HRSA's evaluation priorities are to (1) develop and support performance measurement, (2) evaluate program effectiveness and impact, (3) assess program implementation, and (4) conduct crosscutting policy analysis, such as environmental assessments.

Performance measurement includes technical assistance and training to strengthen the Agency's capacity to respond to the requirements of the Government Performance and Results Act (GPRA), and to lay a foundation for assessing program performance over time. In 1995, HRSA completed a study that established a performance measurement baseline for all operating programs, using a common framework to develop program-specific logic models. Since then HRSA has invested substantial funding to provide technical assistance tailored to the needs of individual Agency programs. These efforts have been focused on (1) assisting with identification of indicators and measures and development or refinement of data systems; and (2) helping HRSA components enhance their capacity to plan for, collect, analyze and use the performance information submitted by grantees for program management as well as for preparing GPRA-related documents. One result of this technical assistance was a partnership between the Maternal and Child Health Bureau (MCHB) and the States to develop a set of standard performance measures for the Maternal and Child Health Block Grant that are now being used by MCHB and the States in goal setting, performance reporting and performance monitoring. Building on these program-specific efforts, work began in 1998 to link the HRSA strategic plan, annual performance plans and budgets through a set of HRSA-wide performance strategies: eliminate barriers to care; eliminate health disparities; assure quality of care; and improve public health and health care systems.

An ongoing project, *Crosscutting HRSA-Wide Performance Strategy*, has supported this effort.

Program effectiveness studies assess intermediate and longer-term outcomes or impact of programs in relation to their intended goals. For example, the *Impact of Community Health Workers on Access, Use of Services and Patient Knowledge and Behavior* showed that use of community health workers in HRSA-funded programs led to increased access to care for patients, and to increased knowledge of nutrition and other topics to promote a healthy lifestyle. The ongoing study *Effectiveness of the National Health Service Corps* is assessing the program over time, using retention in primary care and related professions as one measure of effectiveness. The *National Evaluation of the Healthy Start Program*, also ongoing, is a multi-year study with both outcome and process components. The final report will present findings on the impact of the program on infant mortality and birth outcomes in Healthy Start sites, compared with matched comparison communities. The final report of the process component, *The Implementation of Healthy Start: Lessons for the Future*, is included among studies completed in FY 1998. Another ongoing project, *Comparison of Services Received and Health Outcomes for Persons Funded by the CARE Act and by Other Sources*, compares demographic characteristics, services needed and provided, and health outcomes between persons receiving CARE Act-funded services and the general treatment population. Finally, the current study, *Employment Sites of Nursing Graduates Supported by the Professional Nurse Traineeship Program*, is assessing the impact of a funding preference in the grants process on the achievement of the program objective of increasing access to care in underserved communities.

Environmental assessment concerns the ways in which forces in the larger society affect HRSA programs or progress toward achieving crosscutting goals and objectives. For example, the ongoing

project *Managed Care and Safety Net Providers* is examining the impact of Medicaid managed care and other changes in health care coverage on the future viability of safety net providers operating in primary care settings, including grantees of HRSA-funded programs such as Community Health Centers. A completed study, *Pacific Partnerships for Health: Charting a New Course for the 21st Century*, outlines health status and access issues for the populations of six island jurisdictions and recommends approaches for improvements. Findings from a current project, *A Pilot Study to Identify Infrastructure Building Across HRSA Programs*, will improve HRSA's understanding of the interaction and effects of its programs in the context of health system changes and shifting population needs.



Program management studies provide information for developing and implementing a program. The completed study, *Data Collection and Budget Forecasting Strategies: A Primer for State AIDS Drug Assistance Programs*, produced a primer that will enable the State-administered AIDS Drug Assistance Programs to estimate their expenditures more accurately and, consequently, administer the federal funds more efficiently. The *Strategies for the Recruitment, Retention, and Graduation of Hispanics into the Baccalaureate Level of Nursing*, developed a model that can be used by institutions of higher education seeking to increase the proportion of Hispanic Americans admitted to baccalaureate programs as their initial entry into nursing education.

In addition, HRSA supports activities to enhance the quality of evaluation Agency wide, such as funding short courses in evaluation for staff, encouraging presentation of HRSA studies at National conferences, and expanding the capacity of Agency staff to provide skilled technical assistance on the framing, design and implementation of studies. Broadening dissemination of study products through a variety of electronic and other approaches will continue to be a priority through 2001.

APPENDICES

Appendix A: *Linkage between DHHS and HRSA Strategic Plans*

Since the final Strategic Plan of the Department of Health and Human Services (DHHS) was submitted to the Congress in the fall of 1997, HRSA has been better able to link its performance goals with the goals and objectives in that Strategic Plan. For each of the six DHHS goals, the following matrix matches examples of HRSA program activity and revised FY 2000 and FY 2001 performance goals.

Illustration of HRSA Performance Goals that Support DHHS Strategic Objectives

DHHS Strategic Objective	HRSA Activity	Revised FY 2000 and FY 2001 HRSA Performance Goals
Goal 1: Reduce the major threats to the health and productivity of all Americans		
1.1: Reduce tobacco use, especially among youth	Primary Care: Health Centers	Performance goals aimed at reducing disparities include efforts aimed at health education and health promotion for the target population (includes smoking cessation counseling).
1.2: Reduce the number and impact of Injuries	Maternal and Child Health: Emergency Medical Services for Children	Increase the number of States that require all EMSC-recommended pediatric equipment on advanced life support ambulances.
1.3: Improve access to health care in rural areas	Office of Rural Health Policy Grant Programs	Help rural communities find innovative ways to stretch and coordinate scarce health care resources and create networks of care.
1.6: Reduce unsafe sexual behaviors	Maternal and Child Health: abstinence education programs	Achieve State-set targets for reducing the rate of births to teenagers aged 15-17 in 50 percent of the participating States.
Goal 2: Improve the economic and social well-being of individuals, families and communities in the United States		
2.5: Increase opportunities for seniors to have an active and healthy aging experience	Health professions and nurse training programs	Promote a health care workforce with a mix of the competencies and skills needed to improve access to cost-effective quality care.

DHHS Strategic Objective	HRSA Activity	Revised FY 2000 and FY 2001 HRSA Performance Goals
Goal 3: Improve access to health services and ensure the integrity of the Nation's health entitlement and safety net programs		
3.1: Increase the percentage of the Nation's children and adults who have health insurance coverage	Maternal and Child Health Block Grant	Decrease the percent of children without health insurance. Increase the percent of children with special health care needs in the State program with a source of insurance for primary and specialty care.
3.2: Increase the availability of primary health care services	Primary Care: Health Centers	Increase the number of uninsured and underserved persons served by Health Centers, with emphasis on areas with high proportions of uninsured children in order to help implement the State Child Health Insurance Program.
	Primary Care: Health Centers	Continue to assure access to preventive and primary care for low income individuals.
	Primary Care: Health Centers	Continue to assure access to preventive and primary care for minority individuals.
	Primary Care: Health Centers and National Health Service Corps	Increase the field strength of the National Health Service Corps through scholarships and loan repayment agreements.
	Health professions and nursing training programs	Increase the number of faculty and trainees in settings serving underserved areas.
	Health professions and nursing training programs	Increase the number of minority/disadvantaged graduates and/or program completers.
	Rural Health: Rural Health Outreach	Network development: To improve rural health care access by developing vertically integrated provider networks .
	Maternal and Child Health Block Grant	Increase the percent of children with special health care needs in the State with a medical/health home.

DHHS Strategic Objective	HRSA Activity	Revised FY 2000 and FY 2001 HRSA Performance Goals
	HIV/AIDS: HIV Early Intervention Services	Increase the number of people receiving primary care services in Ryan White EIS programs.
3.3: Improve access to and the effectiveness of health care services for persons with specific needs	Maternal and Child Health Block Grant	Increase the percent of children with special health care needs in the State with a medical/health home.
	HIV/AIDS: HIV Emergency Relief Grants (Part A)	Increase the number of visits for health-related care to a level that takes account of new clients in the program.
	HIV/AIDS: HIV Care Grants to States (Part B)	Increase the number of ADAP clients receiving appropriate antiretroviral therapy through State ADAPs during at least one month of the year.
Goal 4: Improve the quality of health care and human services		
4.1: Promote the appropriate use of effective health services	Health professions and nursing training programs	Promote a health care workforce with a mix of the competencies and skills needed to improve access to cost-effective quality care.
4.2: Reduce disparities in the receipt of quality health care services	Primary Care: Health Centers	Performance goals aimed reducing disparities in the areas of screening for cervical and breast cancer, hypertension, and diabetes.
	Special Programs: Organ Procurement and Transplantation	Increase by 20 percent the number of organ donors over two years.
Goal 5: Improve public health systems		
5.1: Improve public health systems' capacity to monitor the health status and identify threats to the health of the nation's population	Health professions and nursing training programs	Promote a health care workforce with a mix of the competencies and skills needed to improve access to cost-effective quality care.
	Rural Health	Aid rural public health systems through outreach, network development, and rural hospital flexibility grant programs.

DHHS Strategic Objective	HRSA Activity	Revised FY 2000 and FY 2001 HRSA Performance Goals
<p>Goal 6: Strengthen the Nation's health sciences research enterprise and enhance its productivity</p>		
<p>6.4: Increase the understanding of and response to the major issues related to the quality, financing, cost and cost-effectiveness of health care services</p>	<p>Rural Health: Rural Health Policy Development</p>	<p>Rural Health Research Grant Program: To develop policy relevant research initiatives in each of ORHP's rural research centers.</p>

