

# HRSA/State Partnership Committee Presentation of Preliminary Findings



BPHC All-Grantee Meeting--June 23, 2005

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Bureau of Primary Health Care  
Division of Health Center Management





# Presentation Overview

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1. Improving collaboration
2. Introduction to the Committee
3. Presentation of Committee's preliminary findings



# Committee's Charge

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- To examine current mechanisms for coordinating HRSA programs and strategies with State governments and identify options for strengthening collaboration with States to mutual advantage.



# Committee Composition

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- Office of the Administrator  
(Office of Planning and Evaluation)
- Office of Communications
- Office of Federal Assistance Management  
(Div. of Independent Review)
- Office of Performance Review
- Office of Legislation
- Office of Minority Health & Health Disparities
- Office of Information Technology
- Office of Rural Health Policy
- Bureau of Primary Health Care
- Bureau of Health Professions
- HIV/AIDS Bureau
- Maternal and Child Health Bureau
- Healthcare Systems Bureau



# Committee Efforts

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- Internal assessment of HRSA Bureaus/Offices
- Input sought from variety of partners/stakeholders
- Reviewed current collaborations
- Looked at mechanisms that have worked in the past
- Sought new ideas



# Committee Efforts

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- Investigating and detailing the work of HRSA internally/externally and assessing its leadership role in States
- Synthesized data from discussions with key HRSA staff and partners and developed recommendations based on those data
- Share the process, present synthesis date



# Committee Efforts

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- Presented recommendations to Dr. Duke
- As the final step, the committee will produce a report that includes the process and the detailed findings of the Committee



# Committee Efforts

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- The Committee concluded that there are two distinct areas of focus:
  - The critical role of communication
  - HRSA's leadership role in States



# Overarching Principles

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- Improving communication is a critical component of facilitating collaboration
- True collaboration requires time, planning, resources, and commitment from upper-level leadership



# Overarching Principles: HRSA

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- HRSA must model collaboration at the agency level before expecting collaboration at the State level
- To be an effective leader, HRSA must develop a “brand”



# Initial Questions

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- Can we strengthen the delivery of services to America's neediest population by better integrating and coordinating our grantee community with State programs?
- What are the strengths and weaknesses of the current mechanisms with State programs?



## Initial Questions, cont'd

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- What new mechanisms should HRSA consider to strengthen collaboration within the various programs in the agency and with State governments to enhance service delivery?



# General Findings

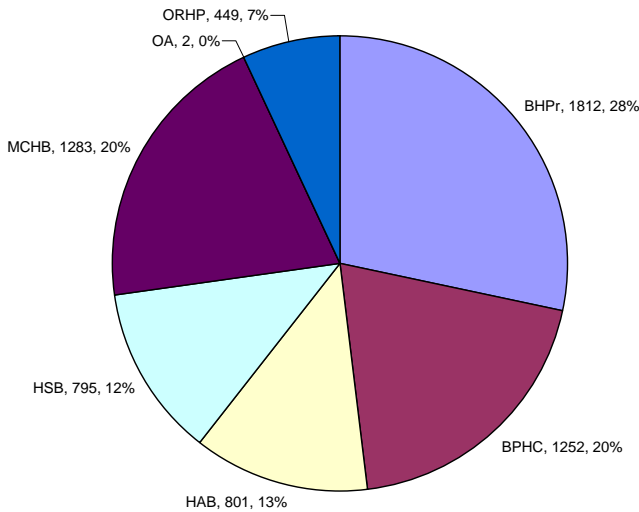
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- There are things that we are currently doing very well that could be generalized to other programs
- There are gaps, overlaps in HRSA's efforts in States
- There is a call for more and better communication
- There are missed opportunities

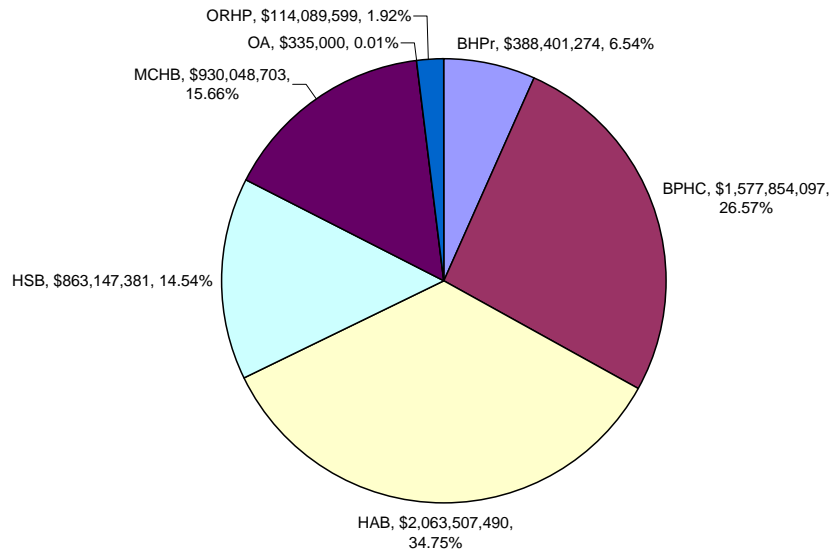


# HRSA Investments

Number of HRSA Grants by Bureau, FY2004



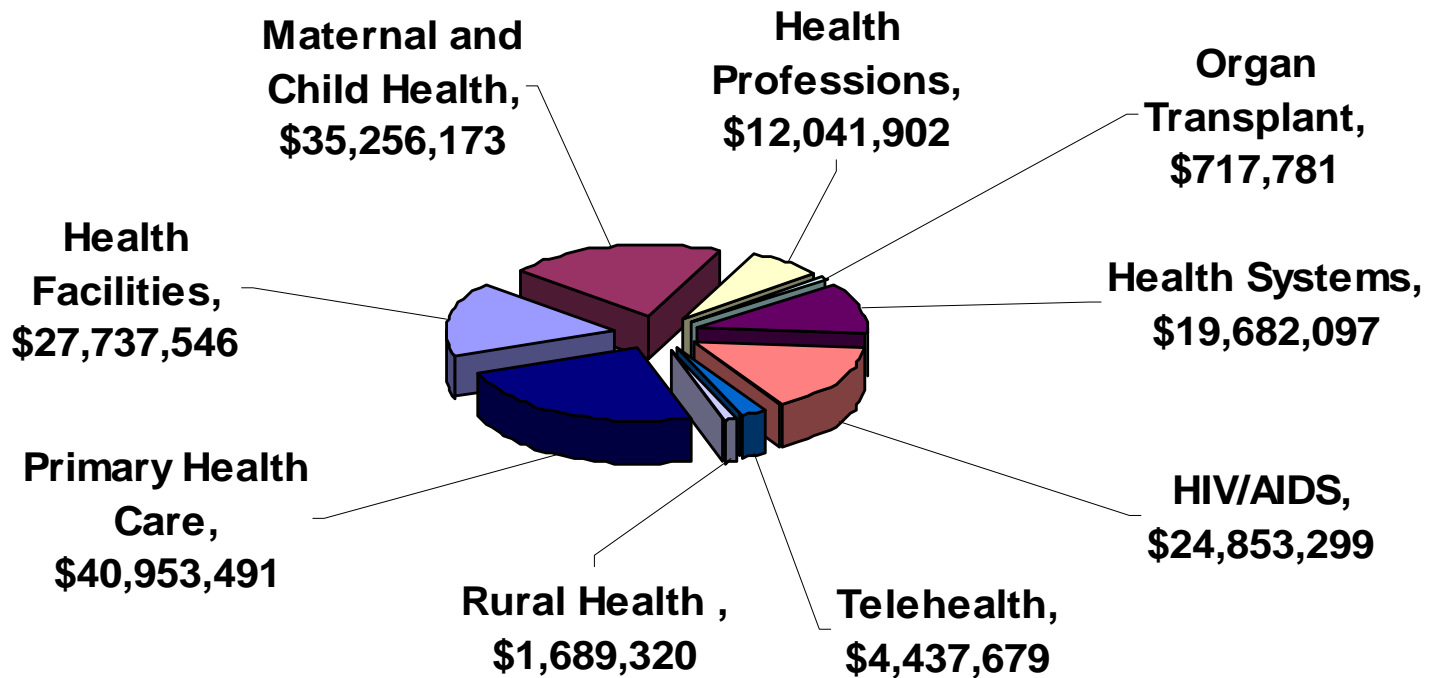
Total Dollars Awarded by Bureau, FY2004



# Ohio: Overall Funding, 2004

## HRSA Investments in Ohio, 2004

Total Investment: \$167,369,288





# Findings & Recommendations

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- Establish HRSA State Collaboration Action Board
- Assess improvements to HRSA's communications



# Proposed HRSA State Collaboration Action Board

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- Suggested
- Purpose
  - Energize HRSA's leadership role
  - Provide forum for listening to grantees
  - Identify emerging issues from local/State/national organizations
  - Prioritize issues, develop action plans



# Proposed HRSA State Collaboration Action Board

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- Composition
  - Bureau/Office leadership
  - Appropriate program representatives

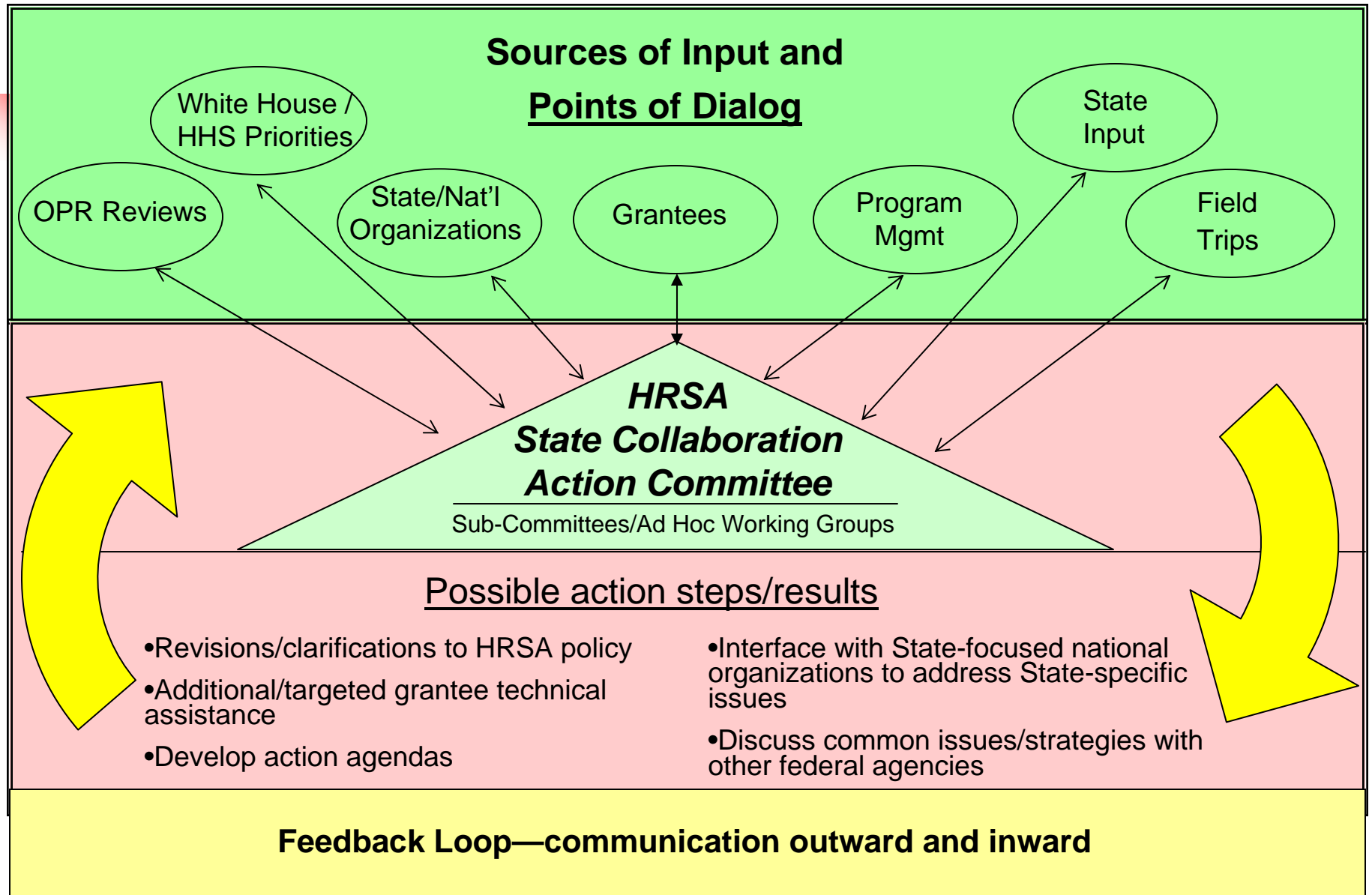
# HRSA State Collaboration Action Board



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- Potential Focus Areas
  - Medicare, Medicaid
  - Emergency Preparedness
  - Cross-cutting Grants Issues
  - HRSA-wide Communications Plan
  - State Environmental Scan for Issues Concerning Vulnerable/Disadvantaged Populations
  - Joint HRSA Needs Assessment on State Level

# HRSA State Collaboration Action Committee



# Critical Partners/Grantee Types



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- State/local health departments
- Universities, AHECs/PHTCs
- National Associations
- PCO/PCAs
- Non-profits, for-profits
- Grantmakers in Health
- Others



# Recommended Mechanisms: Federal Level, cont'd

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- Assessment and Planning
  - Convene cross-Bureau task force groups
  - Develop agency-wide definitions (ie, rural, case management, cultural competence)
  - Assess outcomes rather than inputs (what are the successes of collaboration)
  - Develop Performance Measures for grantees that assess their contributions to States in achieving targeted goals



# Recommended Mechanisms: Federal Level, cont'd

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- Structural/Organizational
  - Utilize Regional Division structure for collaboration
    - Regional Division staff should have an additional role in the States beyond performance reviews
    - Regional Division staff have knowledge of States that can be used to facilitate and coordinate collaboration



# Recommended Mechanisms: Partnership Level

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- Information Sharing
  - Regular conference calls with regional offices to discuss emerging and persistent issues
  - Videoconferences convened by States where HRSA is the audience
  - Grantee meetings should facilitate knowledge across the agency, not just within a single bureau



# Participant Feedback

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- Comments
- Suggestions
- Strategies



# BPHC Contacts

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