



Highlights of [GAO-05-645](#), a report to the Honorable Judd Gregg, U.S. Senate

## Why GAO Did This Study

Health centers in the federal Consolidated Health Centers program provide comprehensive primary health care services at one or more delivery sites, without regard to patients' ability to pay. In fiscal year 2002, the Health Resources and Services Administration (HRSA) began implementing the 5-year President's Health Centers Initiative. The initiative's goal is for the program to provide 1,200 grants in the neediest communities—630 grants for new delivery sites and 570 grants for expanded services at existing sites—by fiscal year 2006. GAO was asked to provide information on (1) funding of health centers and HRSA's process for assessing the need for services, (2) geographic distribution of health centers, and (3) HRSA's monitoring of health center performance.

## What GAO Recommends

GAO recommends that the Administrator of HRSA ensure that the agency collects reliable information from grantees on the number and location of delivery sites funded by the program and accurately reports this information to the Congress. HRSA said that it has efforts under way to increase the accuracy of delivery site data, but HRSA did not indicate whether it plans to revise its method of counting and reporting delivery sites to include all delivery sites funded since the President's Health Centers Initiative began.

[www.gao.gov/cgi-bin/getrpt?GAO-05-645](http://www.gao.gov/cgi-bin/getrpt?GAO-05-645).

To view the full product, including the scope and methodology, click on the link above. For more information, contact Marjorie Kanof, (202) 512-7119.

# HEALTH CENTERS

## Competition for Grants and Efforts to Measure Performance Have Increased

### What GAO Found

Competition for Consolidated Health Centers program funding increased over the first 3 years of the President's Health Centers Initiative, and HRSA's process for assessing communities' need for additional primary care sites is evolving. Program funding, which primarily supported continuing health center services, increased from fiscal year 2002 to fiscal year 2004. However, funding for new access point grants, which fund one or more new delivery sites, decreased by 53 percent during this period. At the same time, the number of applicants for these grants increased by 28 percent. As a result, the proportion of applicants receiving new access point grants declined from 52 percent in fiscal year 2002 to 20 percent in fiscal year 2004. In fiscal years 2002 through 2004, HRSA funded 334 new access point grants and 285 grants for expanded services at existing sites. While HRSA includes an assessment of communities' need for services in its process for awarding new access point grants, agency officials indicated that they were not confident that the process has sufficiently targeted communities with the greatest need. Therefore, the agency is considering changes to the way it assesses community need and the relative weight it gives need in the award process.

The number of health centers receiving new access point grants varied widely by state—from 1 to 57—during fiscal years 2002 through 2004, but HRSA lacks reliable data on the number and location of health centers' delivery sites. Although HRSA uses data on the number of delivery sites to track the progress of the Consolidated Health Centers program, it is not confident that grantees are accurately identifying delivery sites funded by the program. Furthermore, in its reporting, HRSA counted each new access point grant funded in fiscal years 2002 through 2004 as a single delivery site, although some represent more than one site. HRSA needs to collect and report accurate and complete delivery site data to give the agency and the Congress data they need to make decisions about the program.

HRSA has increased the role of performance measurement in its monitoring of health centers and has improved its collection of data that could help measure overall program performance. In 2004, the agency began to use a new process for on-site monitoring of health centers that focuses on each center's performance on measures tailored to its community and patient population. However, the new review generally does not provide standardized performance information that HRSA can use to evaluate the health center program as a whole. The agency is using other tools to collect health outcome data on patients that could help measure program performance. Continued attention to such efforts could improve the agency's ability to evaluate its success in improving the health of people in underserved communities. In addition to developing these data collection tools, HRSA has taken steps to improve the accuracy and completeness of its Uniform Data System, a data set that HRSA uses to monitor aspects of the health centers' performance. For example, HRSA provided grantees with more detailed instructions on how to identify their delivery sites.