

115139



UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

B-203035

MAY 5, 1981

The Honorable Richard S. Schweiker
The Secretary of Health and
Human Services



Dear Mr. Secretary:

Subject: ~~Coordinating and Linking the Department of Health and Human Services and Department of Education Programs Directed Toward Increasing the Numbers of Minority and Disadvantaged Individuals in the Health Professions~~ (HRD-81-86)
HHS and Department of Education

Last year the Department of Health and Human Services (HHS) ^{1/} completed a review of its programs designed to increase the numbers of disadvantaged and minority individuals in the health professions. This review, which also included relevant programs administered at that time by the Department's Office of Education, noted many separate programs directed toward increasing the numbers of such individuals pursuing education leading to health careers. As a result, the former Secretary took initiatives in May 1980 designed to

- assure appropriate coordination among the programs administered by various components of HHS' Public Health Service and
- coordinate and link HHS' programs with relevant ED-administered programs.

^{1/}On May 4, 1980, the Department of Health, Education, and Welfare (HEW) was reorganized into two Departments--HHS and the Department of Education (ED). This letter covers events before and after that date. Events before will refer to HEW. Events after will refer to HHS and ED.

(102525)

Has Form 48

016786

These HHS initiatives constitute a reasonable course of action which, if properly implemented, should help increase the numbers of disadvantaged and minority students that successfully pursue health careers. However, as of February 1981, (1) HHS had not approved or implemented a plan for coordinating its programs, and (2) action had not been taken to develop a plan for coordinating and linking the relevant HHS and ED programs.

BACKGROUND

[Many Federal programs established over the past two decades are directed toward or contribute to increasing the numbers of disadvantaged and minority students in the health professions. Currently, these programs are separately administered by various entities within HHS and ED.] (See enc. I.)

In June 1979 [the Secretary of HEW established a task force to review efforts to improve access for disadvantaged and minority individuals in the health professions. Among other things, the task force was given responsibility for (1) examining the barriers to the increased participation of these individuals in the health professions, (2) reviewing the Department's efforts to meet this problem, and (3) recommending options, if appropriate, for enhancing their recruitment and retention as health professions students and practitioners.]

The task force submitted its report to the Secretary in December 1979, in the form of a decision memorandum. It pointed out that [HEW's assistance to minority health professions education was provided through programs of grants and contracts designed to increase the pool of eligible applicants and improve the graduation rates of disadvantaged and minority students.] 1/

As part of its work, [the task force had identified a number of programs administered by various HEW agencies] 2/ (i.e., the

1/Although not discussed in this report, additional HHS assistance is provided through student financial aid programs and through direct assistance to traditionally minority health professions schools.

2/Although not identified or discussed in the task force report, parallel programs exist to help students pursue careers in allied health and nursing as authorized under sections 798, 810, and 820 of the Public Health Service Act, as amended, and similar objectives are also sought through the Area Health Education Centers Programs, authorized by section 781 of the act, as amended.

Health Resources Administration, Health Services Administration, National Institutes of Health, and Alcohol, Drug Abuse, and Mental Health Administration) [as well as those administered at that time by the Office of Education. To enhance the recruitment and retention of minority and disadvantaged individuals, the task force report stated that projects operated by grantees needed to

- inform disadvantaged and minority students about health professions opportunities and encourage them to pursue those opportunities (at the elementary and secondary school level),
- prepare and recruit them for health professions training (at the secondary and undergraduate school level), and
- support and help them to graduate from the health professions school (at the professional school level).

The task force presented options to the Secretary suggesting that grantees working with students at the secondary or undergraduate levels be more closely linked with the health professions schools and that HEW components and other Government agencies with programs that affect the education of disadvantaged and minority individuals coordinate their efforts.

Specifically, the task force recommended that the Secretary direct HEW program administrators, in cooperation with ED when it was created, to:

- Require cooperation between nonprofit organizations, local education agencies, and institutions of higher education that receive funds for complimentary minority health manpower programs and that are in geographical proximity and serve the same or similar populations.
- Tie grant awards to the level of cooperation grantees demonstrate in their proposals and the likelihood of their developing comprehensive long-term educational support programs.
- Pursue efforts to minimize duplication of awards to different projects providing similar services to the same population group. Promote local and regional cooperation between community organizations, private nonprofit entities, undergraduate institutions, and health professions schools involved in minority health professions recruitment and retention activities whenever possible.

The issues presented in the November 1979 task force report were not resolved because the then Secretary of HEW believed the issues needed further analysis. In December 1979 the Secretary requested that additional options be developed.

EFFORTS TO IMPROVE COORDINATION
OF HHS PROGRAMS ARE DELAYED

TC
As a result of the task force review, the former Secretary had decided that HEW should take steps to ensure that its programs were coordinated at the local level where several grantees are involved and where grantees can produce more effective results through cooperation with local schools or other community organizations. Therefore, on May 2, 1980, the Secretary asked the Assistant Secretary for Health and Surgeon General to prepare a plan for assuring appropriate coordination among HEW programs.

On July 15, 1980, the Assistant Secretary submitted a memorandum to the Secretary which provided the results of the analysis requested in December 1979. The memorandum discussed the issues and factors that affect the problem of underrepresentation of disadvantaged and minority individuals in health fields as well as the HHS programs designed to overcome these problems. The memorandum added that, at the Secretary's suggestion, the Department had undertaken a special effort to improve coordination of the various HHS programs and that a plan for coordinating the programs had been drafted and would be implemented.

(As of February 1981, the draft plan had not been approved or implemented.) According to HHS officials, the plan had been sent to representatives of HHS component agencies for comment in July 1980. The officials said the comments, which were received in August 1980, pointed out certain problems with the mechanics of implementing the proposed methods for coordinating the programs. These problems were not resolved at that time, and because of other higher priority work, no progress had been made on finalizing the plan as of February 1981. After we met with these officials in early February, they forwarded a letter to representatives of various HHS components suggesting that efforts to finalize the plan be renewed. The officials advised us, however, that they could not be certain when or if the plan would be implemented because the administration was reexamining many HHS programs.

INITIATIVES TO COORDINATE AND LINK
HHS AND ED PROGRAMS NEVER MATERIALIZED

The Secretary of HHS decided that coordination between HHS and ED was also important. Therefore, the following letter was sent on May 2, 1980, to the Secretary of ED:

"The Department of Health, Education, and Welfare recently completed a review of the activities of the Department that are designed to increase the participation of minorities in the health professions. This review, which also covered the relevant programs of the Office of Education, indicated that there are a significant number of distinct programs that are directed towards stimulating minority participation in health professions. In many instances grants are provided to local institutions or community organizations for this purpose.

"I am sure you will agree that it would benefit both of our Departments to insure that when grants are made, effective coordination occurs between community groups, the health professions schools and other local educational institutions. I have asked * * * [the] Assistant Secretary for Health and Surgeon General to prepare a plan for assuring appropriate coordination among the programs of the Public Health Service. I hope you will agree to join with us in the development of a plan for coordination between our Departments. I would appreciate your designating a staff person with whom we might make contact in order to work out such a joint plan."

In the previously discussed July 1980 memorandum (see p. 4) to the Secretary, the Assistant Secretary elaborated on the need to link ED and HHS programs that affect the numbers of disadvantaged and minority individuals pursuing health careers. Specifically, he noted that minority underrepresentation is caused by a combination of factors, one of which is the lack of a qualified applicant pool for health professions schools, which in turn suggests the need for better secondary school and undergraduate preparation. He also noted that developing a qualified applicant pool requires attention throughout elementary, secondary, and undergraduate education and pointed out that the major Federal responsibility for increasing the readiness of disadvantaged or minority students to seek health professions careers is in ED.

He recognized, however, that, while most ED programs (such as Talent Search, Upward Bound, Special Services for the Disadvantaged, and Educational Opportunity Centers) were general and not designed to point students toward specific careers, they can nevertheless make students more competitive for various careers, including careers in the health fields. Further, some ED programs (such as the Biomedical Sciences Program) provide outreach and assistance specifically to students interested in the health

fields. Therefore, the Assistant Secretary advised the Secretary of HHS that such ED programs should be more closely linked with HHS' disadvantaged assistance programs and that the Department was following up on activities to coordinate HHS and ED programs.

In a July 29, 1980, letter, the Deputy Under Secretary of ED accepted HHS' suggestion for developing a plan to coordinate the various programs in both Departments that could stimulate disadvantaged and minority participation in the health professions. The Deputy Under Secretary stated "* * * effective coordination of these programs would greatly benefit both our Departments," and identified the Acting Deputy Assistant Secretary for Higher and Continuing Education as ED's liaison for the plan.

In February 1981, ED and HHS officials advised us that no formal coordination had occurred between Department officials as a result of the initial contacts and that a plan to coordinate and link the Departments' programs had not been developed. Officials of both Departments agreed that the efforts to coordinate and link their programs should be renewed. HHS officials advised us, however, that because there was a new administration and all programs were being reviewed for budgetary purposes, they were uncertain when or if the coordination efforts would be renewed.

CONCLUSIONS AND RECOMMENDATIONS

Changes by the new administration could affect the many separate programs that influence the numbers of disadvantaged and minority individuals pursuing health careers. However, unless and until these changes occur, there is a need to coordinate the HHS programs and to link HHS and ED programs at the lower or secondary level to those at the higher education levels. Therefore, we recommend that the Secretary of HHS

--direct that the draft plan for coordinating HHS efforts be finalized and implemented and

--designate an official to work with ED in developing a plan to coordinate and link ED's programs with those of HHS.

- - - -

As you know, section 236 of the Legislative Reorganization Act of 1970 requires you to submit a written statement on actions taken on our recommendations to the House Committee on Government Operations and the Senate Committee on Governmental Affairs not later than 60 days after the date of this report and to the House and Senate Committees on Appropriations with the Department's

B-203035

first request for appropriations made more than 60 days after the date of this report.

We are sending copies of this report to the Chairmen of the above Committees, the House Committee on Energy and Commerce, and the Senate Committee on Labor and Human Resources.

Sincerely yours,



Gregory J. Ahart
Director

Enclosure

PROGRAMS DESIGNED TO INCREASE
THE NUMBERS OF DISADVANTAGED OR
MINORITY INDIVIDUALS IN HEALTH PROFESSIONS

We reviewed the Federal effort to improve the representation of disadvantaged and minority students in the health professions during February 1979 to March 1980. We (1) analyzed programs administered by the Department of Health and Human Services (HHS) and the Department of Education (ED) that are related to this objective and (2) assessed the extent to which these programs were effectively coordinated. In our review, we:

- Obtained data and information and spoke with HHS and ED headquarters officials responsible for administering these activities.
- Visited 16 grantees funded under the Health Careers Opportunity, Nursing Special Projects, or Nursing Capitation Programs, authorized respectively under sections 787, 820, and 810 of the Public Health Service (PHS) Act, as amended.
- Obtained data from and interviewed officials of various associations, such as the Association of American Medical Colleges.

The legislative and executive branches have developed many programs that are designed to increase or that can affect the numbers of disadvantaged or minority students who pursue education leading to health careers. The programs are administered by various components of HHS and ED. Of the 13 programs included in our review, 7 are specifically designed to provide funds in the health field, and 2 others fund health disciplines within their broader program objectives. The other four programs, while not directed at specific disciplines, assist disadvantaged and minority students with postsecondary education. 1/

Although many of the programs administered by HHS and ED had similar objectives and provided similar services to the same population groups, (1) no single individual or entity was responsible for overseeing or coordinating the programs to ensure that the Federal effort was efficiently and effectively implemented, and (2) little effective coordination existed within HHS or between the Departments. Accordingly, there was little assurance that

1/In addition to programs included in our review, there are other Federal programs to attract disadvantaged and minority individuals into biomedical research careers. These programs are administered by HHS' National Institutes of Health.

overlap or duplication did not occur among programs providing similar services and that the grantees funded by the programs at different educational levels were linked to each other to ensure a continuity of services and assistance.

PROGRAMS DESIGNED
SPECIFICALLY FOR HEALTH

Educational Assistance to Individuals
From Disadvantaged Backgrounds

This program is commonly referred to as the Health Careers Opportunity Program (HCOP). HCOP and its predecessor, the Special Health Career Opportunity Grant Program which started in 1972, represent one of the major Federal efforts in this area. HCOP, which is currently authorized under section 787 of the PHS Act, is administered by the Office of Health Resources Opportunity in HHS' Health Resources Administration.

The program focuses on increasing the numbers of disadvantaged individuals in such health fields as medicine, dentistry, osteopathy, pharmacy, optometry, veterinary medicine, podiatry, and public health. Grants are awarded under the program to health professions schools, universities, community organizations, and professional associations to carry out two or more of the following purposes:

- To identify and recruit disadvantaged individuals through activities which may involve dissemination of information, exposure to role models and health facilities, and counseling.
- To provide preliminary education in a health professions school or refer such individuals to institutions that provide this education.
- To provide information about financial aid and entities that provide training necessary to qualify for health professions schools.
- To facilitate entry to health professions schools by engaging in activities that help disadvantaged individuals to compete for admission, such as instruction designed to improve their performance on admission tests.
- To provide counseling or other retention services, such as tutoring and assistance in adjusting to the school environment, which are designed to help the student complete the education at a health professions school.

The projects can work with students at various educational levels--from seniors in high school to students at a health professions institution. In fiscal year 1981, \$18.5 million was provided for this program.

Educational Assistance to Disadvantaged
Individuals in Allied Health Training

This program, started in 1978 and authorized under section 798 of the PHS Act, is also administered by the Office of Health Resources Opportunity. Its objectives are similar to HCOP, except it is designed to assist the disadvantaged and individuals with military training or experience in the health field to successfully complete the education needed to enter an allied health field. 1/ In fiscal year 1981, about \$1 million was provided for this program.

Projects to Increase Nursing
Education Opportunities For
Disadvantaged Individuals

Section 820 of the PHS Act, as amended by the Nurse Training Act of 1975, authorizes a series of special projects in nursing. Projects to increase nursing education opportunities for disadvantaged individuals have been funded under this broad authority and are administered by the Health Resources Administration's Division of Nursing.

Its objectives and target population are similar to those of HCOP and the Allied Health Education Assistance Program since projects are funded to help identify, recruit, facilitate entry of, and retain disadvantaged students, in this case specifically in schools of nursing. In fiscal year 1981, \$15 million was provided for special projects in nursing.

1/"Allied health field" has been defined in various ways, but generally it refers to over 100 health-related occupations or specialties for which college training is customary and which provide specialized or technical services that have a significant impact on the health field. Dietitians, dental hygienists, and physical therapists are some occupations included as allied health fields.

Capitation Support to Increase
Nursing Education Opportunities
for Disadvantaged Individuals

Section 810 of the PHS Act, as amended by the Nurse Training Act of 1975, authorizes capitation grants 1/ to eligible nursing schools. The Division of Nursing also administers this program. To qualify for such assistance, nursing schools must (1) give certain basic assurances concerning the amount of non-Federal funds to be expended and the size of first year enrollments and (2) agree to increase their total first year enrollments by specific percentages or carry out two of four other programs at their option as specified in the act. One of these four optional programs is

"A program to identify, recruit, enroll, retain and graduate individuals from disadvantaged backgrounds requires a commitment on the part of the school that at least ten percent of each year's entering class (or 10 students whichever is greater) will be comprised of individuals from disadvantaged backgrounds."

In fiscal year 1981, \$24 million was provided for this program.

Program to Increase Indian
Access to Health Careers

The Indian Health Care Improvement Act of 1976, as amended (Public Law 94-437), established the Health Professions Recruitment Program and the Health Professions Preparatory Scholarship Program to attract American Indian students and help them pursue careers in all health fields. These programs are administered by the Indian Health Service in HHS' Health Services Administration.

The Health Professions Recruitment Program for Indians is authorized under section 102 of the act. It provides grants to Indian tribes, tribal organizations, or public nonprofit health or educational entities to help

--identify and encourage Indians with potential for education or training in the health professions,

1/Capitation grants are formula grants awarded to eligible nursing education programs. The grant amounts are determined by a statutory formula based on the number of full-time students enrolled in designated classes in the nursing program.

- publicize sources of financial aid available to Indians enrolled in health professions schools, and
- establish other programs to help Indians enroll in and successfully complete health professions education.

Because of budget reductions, this program is not being funded in fiscal year 1981.

The Health Professions Preparatory Scholarship Program is authorized under section 103 of the act. It provides scholarship grants to Indians who have completed high school and are enrolled or have been accepted for enrollment in a preprofessional education program. Scholarship grants under the program are for the following purposes:

- Compensatory preprofessional education not to exceed 2 years.
- Education leading to a baccalaureate degree in an approved preprofessional program not to exceed 4 years.

In fiscal year 1981, about \$800,000 was provided for this program.

Biomedical Sciences Program

This program is designed to encourage and help prepare talented students from economically disadvantaged backgrounds to pursue education leading to careers in the biomedical sciences. Authorized by title III, part I, of the Elementary and Secondary Education Act of 1965, as amended by the Education Amendments of 1978, the program is administered by ED's Office of Postsecondary Education.

Initially funded in fiscal year 1980, the program awarded 12 grants to higher education institutions for \$3 million. In fiscal year 1981, \$3 million was provided for the program.

Projects under the program are designed to operate for 5 years, during which grantees enroll target students in the ninth grade and work with them throughout their 4 years in high school. The grantees provide these individuals with academic programs in mathematics, the sciences, and English; study skills; experience in health delivery settings; and exposure to professionals in the field. The fifth year of the project is designed to help the students enroll in postsecondary education and to evaluate their progress.

Efforts to Increase
Minority Personnel in
Mental Health Disciplines

The National Institute of Mental Health (NIMH), in the Alcohol, Drug Abuse, and Mental Health Administration, provides funds for training minority individuals in mental health disciplines.

This support has been carried out by its Division of Manpower and Training Programs and Division of Special Mental Health Programs, under section 303 of the PHS Act, which provides broad authority to award clinical training and research grants. According to NIMH data, about \$8 million was spent in fiscal year 1980 to increase the numbers of minority individuals in mental health.

About \$4.6 million of these funds supported Division of Manpower and Training grants to bring more minorities into training programs in mental health disciplines, including psychiatry, psychology, and social work, and to make curriculum and training more responsive to minority needs. Programs for minorities were supported at the paraprofessional, undergraduate, graduate, and postgraduate levels.

In addition, NIMH provided about \$1.6 million in clinical training grants and stipends, through its Center for Minority Group Mental Health in the Division of Special Mental Health Programs. Most of these funds were in the form of grants for psychiatry, psychology, social work, and nursing to professional associations, which in turn award fellowships to qualified students from minority groups enrolled in graduate training programs.

PROGRAMS THAT INCLUDE
HEALTH AMONG A BROADER
RANGE OF DISCIPLINES

Graduate Professional Opportunities Program

This program, originally funded in 1978, was combined in the Education Amendments of 1980 with two other programs (Education for the Public Service Program and Domestic Mining and Mineral and Mineral Fuel Conservation Fellowship Program) into a single program called Fellowships for Graduate and Professional Study. The program, which is currently authorized under parts A and B of title IX of the Higher Education Act of 1965, as amended, is administered by ED's Office of Postsecondary Education. Its fiscal year 1981 funding was \$11 million.

The program's purpose is to provide fellowships and institutional grants for graduate study to members of groups--particularly minorities and women--that traditionally have been underrepresented among recipients of graduate and professional degrees. Under the program, fellowships are awarded through institutions of higher education to full-time graduate and professional students from underrepresented groups to help them prepare for academic and other professional careers. Funds sometimes are also provided to help the institutions recruit, retain, and place these students.

The fellowships and institutional grants are awarded in a wide range of disciplines, including the physical and social sciences, law, and engineering. Generally, the program gives low priority to disciplines, such as medicine, for which other substantial Federal funds are available. However, the program does support other health disciplines. During fiscal year 1980, for example, about 117 of the total 1,002 fellowships were awarded in such health disciplines as psychology, dentistry, pharmacy, and optometry.

Area Health Education Careers (AHECs)

The AHECs program is designed to improve the distribution, supply, quality, use, and efficiency of health personnel in the health services delivery system and to encourage the regionalization of educational responsibilities of health professions schools. The program, authorized by section 781 of the PHS Act, started in late 1972, when the Department of Health, Education, and Welfare contracted with 11 medical schools to develop AHECs in various parts of the country. Twenty-one centers are to be funded under the program, which was provided \$21 million in fiscal year 1981.

Although assisting disadvantaged and minority students pursue health careers is not a specific legislative objective of the program, these students have been assisted in pursuing health careers to varying degrees by several AHECs on their own initiative. According to information provided by the AHECs project directors, 6 of the original 10 AHECs have spent about \$1 million to assist disadvantaged individuals since fiscal year 1972. For example, during the first 5 years of its program, one AHEC conducted recruiting visits during which 1,000 students were counseled, supplied with information on careers in health professions, and assisted in making applications for financial assistance. In addition, 88 students were given a high-intensity college readiness program.

According to information provided by AHEC officials, in fiscal year 1980 each AHEC was required to develop a system for recruitment and training that included

- identifying disadvantaged and minority high school students with demonstrated potential,
- encouraging the development of these students' capabilities so that they will enter educational programs leading to health careers,
- establishing educational programs to help disadvantaged and minority students understand the nature of social and health needs of contemporary society, and
- providing enrichment classes, including field experience in local hospitals and health service facilities.

However, these officials advised us that precise data were not available on the amount of funds being spent on minority efforts in either fiscal year 1980 or 1981.

PROGRAMS THAT HELP DISADVANTAGED
STUDENTS CONTINUE THEIR EDUCATION

Special Programs for the Disadvantaged (TRIO)

TRIO is the popular name for a group of five programs authorized by section 417 of title IV of the Higher Education Act of 1965, as amended. Four of the programs are designed to help disadvantaged students complete secondary school and continue post-secondary education. (The other program provides grants to train staff and leadership personnel.) While these programs do not focus on specific disciplines, such as health, they can nevertheless affect the numbers of disadvantaged and minority students that could pursue education leading to a health career. The programs are administered by ED's Office of Postsecondary Education. In fiscal year 1981, \$159.5 million was provided for the following TRIO programs.

Upward Bound

This program provides grants to institutions of higher education, public and private agencies, and in exceptional cases, secondary schools to develop projects designed to assist low-income, disadvantaged high school students to enter, continue, or resume programs in postsecondary education. The projects consist of (1) a summer residential component, during which participants receive instruction in basic academic skills and guidance and counseling with regard to educational and career opportunities,

and (2) a program during the school year that provides tutoring and counseling.

Special Services for
Disadvantaged Students

This program is designed to increase the retention and graduation rates of disadvantaged students enrolled in institutions of higher education. The program awards grants to institutions of higher education to develop projects that provide students with personal, career, or academic counseling or guidance, as well as remedial or other special classes, tutoring, and educational activities that enable them to successfully compete in the institution. The assistance is provided to students who are enrolled in or accepted for enrollment in the institution.

Talent Search

This program is designed to identify youths of financial or cultural need with potential for postsecondary education and encourage them to complete secondary school and enroll in postsecondary education. Grants can be awarded to institutions of higher education, public and private agencies, and in exceptional cases, secondary schools. Projects funded under the program must provide participants with (1) information on educational opportunities and financial aid, (2) counseling with regard to career options, and (3) assistance in applying for admission to postsecondary institutions and financial aid.

Educational Opportunity Centers

This program provides grants to plan, establish, and operate centers that provide tutoring and counseling services to individuals and assist them in entering postsecondary education and securing financial aid. The grants are provided to institutions of higher education, public or private agencies, and in exceptional cases, secondary schools, and pay 75 percent of the costs of operating the centers.