

February 2007

HEALTH CAREERS OPPORTUNITY PROGRAM

Process for Awarding Competitive Grants Included Independent Review





Highlights of [GAO-07-137](#), a report to congressional committees

HEALTH CAREERS OPPORTUNITY PROGRAM

Process for Awarding Competitive Grants Included Independent Review

Why GAO Did This Study

To support the education and training of health professionals, the Health Resources and Services Administration (HRSA), in the Department of Health and Human Services (HHS), administers health professions education programs authorized under title VII of the Public Health Service Act. One of these programs, the Health Careers Opportunity Program (HCOP), provides grants to health professions schools and other entities to help students from disadvantaged backgrounds prepare for health professions education and training. Funding preference is given to grant applications that demonstrate a comprehensive approach involving other educational or health-related partners.

Congressional committees have encouraged HRSA to give priority to applications from schools with a historic mission of educating minority students for health professions. In 2004, the appropriations conference committee asked GAO to review HRSA's process for awarding grants. This report addresses, for fiscal years 2002 through 2005, (1) HRSA's process for awarding HCOP grants and (2) the number and characteristics of HCOP applicants and grantees.

GAO reviewed data from HRSA, interviewed HRSA officials, and reviewed relevant federal laws and agency documents from HHS and the Department of Education.

www.gao.gov/cgi-bin/getrpt?GAO-07-137.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Leslie G. Aronovitz at (312) 220-7600 or aronovitzl@gao.gov.

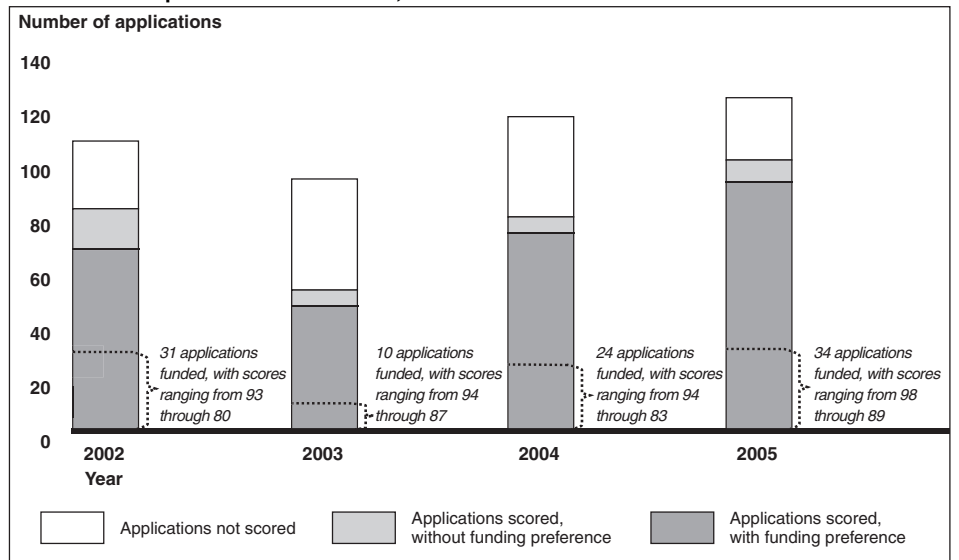
What GAO Found

HRSA followed a standard process to award HCOP grants, distributing funds on a noncompetitive basis to continue funding existing HCOP grants within their approved project periods, and then awarding the remaining funds on a competitive basis. For each of fiscal years 2002–05, HRSA competitively awarded between \$4 million and \$15 million from the approximately \$34 million annually available for HCOP. To award competitive grants, HRSA used independent reviewers who assessed applications against published criteria, scored applications that met minimum criteria, and determined if they qualified for the funding preference. HRSA ranked the applications from highest to lowest score—putting those with the funding preference first—and awarded grants in decreasing rank order until the available funds were exhausted. Although HRSA had discretion to award grants out of rank order, the agency did not do so for fiscal years 2002–05.

For fiscal years 2002–05, HRSA awarded a total of 99 competitive HCOP grants from 439 grant applications reviewed. Overall, minority-serving institutions submitted about 25 percent of the applications reviewed and received about 30 percent of the competitive grants; historically black colleges and universities were the most numerous grantees among minority-serving institutions, followed by Hispanic-serving institutions.

HRSA commented that a draft of this report met the goals of describing the award process and outlining the number and characteristics of HCOP applicants and grantees.

Results of Competitive HCOP Process, Fiscal Years 2002–05



Note: The reviewers did not score applications they found were not responsive to the review criteria.

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Abbreviations

HCOP	Health Careers Opportunity Program
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration

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United States Government Accountability Office
Washington, DC 20548

February 2, 2007

The Honorable Tom Harkin
Chairman
The Honorable Arlen Specter
Ranking Minority Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

The Honorable David R. Obey
Chairman
The Honorable James T. Walsh
Ranking Minority Member
Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
House of Representatives

An appropriate supply of health professionals is vital to ensuring that all Americans have adequate access to health care. To support the education and training of health professionals, the Health Resources and Services Administration (HRSA), an agency within the Department of Health and Human Services (HHS), administers numerous health professions education and training programs authorized under title VII of the Public Health Service Act. One such program, the Health Careers Opportunity Program (HCOP), provides grants to health professions schools—such as medical or dental schools—and other entities to help students from disadvantaged backgrounds prepare for, and succeed in, education and training for the health professions.¹ HCOP grants are generally approved for a period of 3 years and support activities such as training to help students prepare for health professions education as well as counseling and mentoring for those already enrolled. Preference in funding HCOP grants is given to applications for projects with a comprehensive approach, including partnerships among health or educational entities to develop a pool of individuals from disadvantaged backgrounds interested

¹See Public Health Service Act, title VII, § 739 (codified, as amended, at 42 U.S.C. § 293c).

in pursuing health careers.² Applications that receive this funding preference are considered for funding ahead of applications that do not.

For each of fiscal years 2002 through 2005, HRSA awarded about \$34 million for HCOP grants, including grants awarded on a competitive basis as well as funds distributed on a noncompetitive basis to continue funding existing HCOP grant projects within their approved project periods.³ For fiscal year 2006, in response to direction received during the appropriations process,⁴ funding made available for HCOP by HRSA from its appropriations was reduced significantly. As a result, HRSA cancelled the competition for grants and distributed all funds available for HCOP for fiscal year 2006—about \$4 million—on a noncompetitive basis to continue funding 4 of 58 existing HCOP grant projects within their approved project periods.⁵ In response to guidance in an appropriations committee report, which strongly urged HRSA to give priority to those institutions with a historic mission of training minorities in the health professions,⁶ the agency distributed the \$4 million for fiscal year 2006 to continue funding existing HCOP grant projects at four institutions that met that criterion.⁷

²42 U.S.C. § 293c(b).

³All recipients of noncompetitive continuation grants initially competed for their HCOP grants and must compete for additional funding following the end of their approved project periods; for awards made for fiscal years 2002 through 2005, this period was 3 years. Funding after the initial year of each project period is awarded noncompetitively, subject to the availability of funds and HRSA's review of each grantee's annual progress report.

⁴H.R. Rep. No. 109-337, at 135 (2005) (accompanying the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006).

⁵According to officials with HRSA's grants management office, about \$26 million would have been required for fiscal year 2006 to fund all 58 HCOP grants that would otherwise have been considered for noncompetitive continuation grants for that year.

⁶S. Rep. No. 109-103, at 38 (2005).

⁷On January 27, 2006, HRSA notified the 54 remaining HCOP grantees that, because of reductions in the funding available for HCOP, they would not receive noncompetitive continuation grants.

All projects supported by HCOP grants focus on individuals who are either educationally or economically disadvantaged.⁸ In reports accompanying HHS appropriations bills for fiscal years 2002 through 2004, congressional appropriations committees with responsibility for HHS programs noted with approval that HRSA had given “priority consideration for HCOP grants to minority health professions institutions.”⁹ In the conference report accompanying the fiscal year 2005 appropriations act, however, the conference committee expressed concern that several applications for new or competitive continuation grants from historically minority health professions schools had not been funded for fiscal year 2004.¹⁰ In this report, the conference committee also directed us to study the HCOP grant award process.¹¹ As discussed with the appropriations subcommittees with responsibility for HHS programs, this report addresses, for fiscal years 2002 through 2005, (1) HRSA’s process for awarding HCOP grants and (2) the number and characteristics of HCOP applicants and grantees.

To conduct our work, we analyzed HRSA’s data on HCOP applications, including the scores and funding preference determinations made during the application review process, and HCOP grant award decisions for fiscal years 2002 through 2005.¹² We assessed the reliability of HRSA’s data on HCOP grant awards by discussing with agency officials the validation and internal controls applied to HRSA’s grant data and by comparing the data with HRSA documents, such as records of HCOP grant award decisions. We determined that the HCOP data were sufficiently reliable for our purposes. In addition, we interviewed HRSA officials and reviewed

⁸For HCOP, HRSA has defined educationally disadvantaged individuals as those from an environment that has inhibited their obtaining the knowledge, skills, and abilities to enroll in and graduate from a health professions school or allied health program; it has defined economically disadvantaged individuals as those from families with annual incomes at or below the low-income thresholds published by the U.S. Bureau of the Census. See, for example, U.S. Department of Health and Human Services, Health Resources and Services Administration, *Health Careers Opportunity Program (HCOP): New Competition, Program Guidance, Fiscal Year 2005*, HRSA 05-098 (Rockville, Md.: Oct. 28, 2004).

⁹See, for example, S. Rep. No. 107-84, at 55–56 (2001); H.R. Rep. 107-229, at 25 (2001); S. Rep. No. 107-216, at 48 (2002); H.R. Rep. 108-188, at 24 (2003); and S. Rep. No. 108-81, at 49 (2003).

¹⁰H.R. Conf. Rep. No. 108-792, at 1156 (2004).

¹¹*Id.*

¹²Some entities applied for more than one HCOP grant or operated more than one HCOP-supported project. The numbers of HCOP applications presented in this report represent the applications and not the individual entities that applied for, or received, HCOP grants.

relevant federal laws, congressional committee reports, and agency documents. In reviewing the characteristics of entities submitting HCOP applications and of HCOP grantees, we included only those applications that HRSA officials determined met the initial screening requirements to be considered for awards. To determine whether applicants and grantees that were institutions of higher education met criteria for designation as minority-serving institutions,¹³ we used Department of Education documents and other sources. We conducted our work from October 2005 through January 2007 in accordance with generally accepted government auditing standards.

Results in Brief

HRSA followed a standard process to award HCOP grants each year, distributing available funds on a noncompetitive basis to continue funding existing grant projects (subject to HRSA officials' review of each grantee's progress report), then awarding the remaining funds on a competitive basis. For each of fiscal years 2002 through 2005, HRSA awarded as competitive grants between \$4 million and \$15 million from the approximately \$34 million annually available for HCOP. The competitive process relied on independent reviewers: individuals with experience in fields related to health and education and who were unaffiliated with either HRSA or current HCOP grant applicants. These reviewers first scored applications in accordance with HRSA's review criteria, then determined if the applications qualified for the funding preference for projects with a comprehensive approach. HRSA ranked the applications according to the results of this review—those with the funding preference first, from highest to lowest score, followed by those without the funding preference. HRSA then awarded grants in rank order, starting with the highest-ranked application and proceeding in order of decreasing rank until the funds available for competitive grants that year were exhausted. Although HRSA officials have discretion to award grants in an order that

¹³These minority-serving institutions include historically black colleges and universities, American Indian tribally-controlled (or "tribal") colleges and universities, Hispanic-serving institutions, Native Hawaiian-serving institutions, and Alaska Native-serving institutions. The term "minority-serving institution" includes institutions of higher education eligible for federal funding under title III or title V of the Higher Education Act of 1965, Pub. L. No. 89-329, title III, §§ 301–305 et seq., 79 Stat. 1229–1231 (1965), as amended (codified, as amended, at 20 U.S.C. §§ 1051 et seq.); Pub. L. No. 89-329, title V, §§ 501–528, 79 Stat. 1254–1260 (1965), as amended (codified, as amended at 20 U.S.C. § 1101 et seq.). See app. I for a detailed description of our methodology for determining an entity's status as a minority-serving institution for the analyses in this report.

departs from the recommendation of the independent reviewers, the agency did not do so for fiscal years 2002 through 2005.

Overall, less than one-fourth of all applications for competitive HCOP grants were funded; minority-serving institutions submitted about 25 percent of the applications and received about 30 percent of the competitive grants. For fiscal years 2002 through 2005, HRSA reviewed a total of 439 applications for competitive HCOP grants and awarded 99 grants. The number of HCOP grants awarded on a competitive basis ranged from a low of 10 (for fiscal year 2003) to a high of 34 (for fiscal year 2005). HRSA awarded the fewest competitive grants for fiscal year 2003 because that year the agency distributed almost 90 percent of available funds to continue funding existing HCOP grant projects on a noncompetitive basis. HCOP grantees consisted primarily of postsecondary educational institutions, such as community colleges, medical schools, and state university systems. Of the 30 grants awarded to minority-serving institutions for fiscal years 2002 through 2005, grants to historically black colleges and universities were the most numerous (18), followed by grants to Hispanic-serving institutions (10) and tribal colleges and universities (2).

In commenting on a draft of this report, HRSA stated that the report met the goals of describing the award process and outlining the number and characteristics of HCOP applicants and grantees.

Background

First authorized in 1971,¹⁴ the program currently known as HCOP was last reauthorized in 1998.¹⁵ The Secretary of Health and Human Services is authorized to make HCOP grants “for the purpose of assisting individuals

¹⁴This program was authorized as Health Manpower Education Initiative Awards. See Comprehensive Health Manpower Training Act of 1971, Pub. L. No. 92-157, § 774(b), 85 Stat. 446–448 (1971).

¹⁵Health Professions Education Partnerships Act of 1998, Pub. L. No. 105-392, 112 Stat. 3534-3536 (1998) (codified, as amended, at 42 U.S.C §293c). The 1998 reauthorization resulted in the grouping of the more than 40 health professions education and training programs, including HCOP, in existence at the time into seven clusters. The Senate report accompanying the reauthorization legislation stated that the purposes of the cluster that included HCOP were to (1) provide for the training of minority and disadvantaged health professionals to improve health care access in underserved areas, (2) improve representation in the health professions, and (3) provide administrative flexibility and simplification. See S. Rep. No. 105-220, at 2 (1998). See also “Related GAO Products” at the end of this report.

from disadvantaged backgrounds . . . to undertake education to enter a health profession.”¹⁶ A wide range of entities are eligible to receive HCOP grants, including, for example, schools of medicine, dentistry, and pharmacy; schools with graduate programs in behavioral and mental health; programs to train physician assistants; and other public or private nonprofit health or educational entities.¹⁷ HCOP grant funds may be used for a variety of activities, such as recruiting individuals from disadvantaged backgrounds interested in health careers; facilitating their entry into health professions schools; providing counseling, mentoring, and other support activities designed to assist them to complete this education; providing information on financial aid; and providing experience in primary health care settings.

The 1998 reauthorization of HCOP emphasized the importance of outreach activities by adding a funding preference for HCOP applications for projects that “involve a comprehensive approach by several public or private nonprofit health or educational entities to establish, enhance and expand educational programs that will result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers.”¹⁸ Applications qualifying for this funding preference have an advantage because they must be considered for funding ahead of applications that do not.

Projects supported by HCOP grants focus on individuals from disadvantaged backgrounds, and Congress has recognized that such individuals may be members of minority groups. The Public Health Service Act directs the Secretary of Health and Human Services “to the extent practicable, [to] ensure that services and activities [funded by HCOP] are adequately allocated among the various racial and ethnic populations who are from disadvantaged backgrounds.”¹⁹ Section 739 of the Public Health

¹⁶42 U.S.C. § 293c(a)(1). These provisions also authorize the Secretary of Health and Human Services to enter into contracts with eligible entities. A HRSA official responsible for administering HCOP informed us that, for fiscal years 2002 through 2005, the agency entered into such contracts for administrative and logistical services, such as arranging meetings for HCOP project directors.

¹⁷Schools of nursing are not eligible for HCOP grants; nursing education programs are supported under title VIII of the Public Health Service Act.

¹⁸See Health Professions Education Partnerships Act of 1998, Pub. L. No. 105-392, title I, § 739(b), 112 Stat. 3534–3536 (1998)(codified, as amended, at 42 U.S.C. § 293c(b)).

¹⁹42 U.S.C. § 293c(c).

Service Act does not specify any particular populations or methods that HRSA must use to ensure this allocation, leaving these decisions to the agency's discretion. According to HRSA officials, in the 1990s, the agency allocated additional points to the scores of applications from historically black colleges and universities, Hispanic-serving institutions, and tribal colleges and universities to improve their chances of receiving an HCOP grant. HRSA reported that for 1997 this practice resulted in its awarding eight more HCOP grants to historically black colleges and universities than it had awarded for the previous year.²⁰

HRSA Followed a Standard Process to Award HCOP Grants

For fiscal years 2002 through 2005, HRSA followed a standard process to award HCOP grant funds, distributing the program's available funds on a noncompetitive basis to continue funding existing grant projects, then awarding the remaining funds on a competitive basis. For competitive HCOP grants, HRSA published criteria and relied on the assessment of independent reviewers. Grants were awarded in accordance with the applications' rank order as determined by the independent reviewers.

HRSA Funded Existing HCOP Projects Before Awarding Competitive Grants

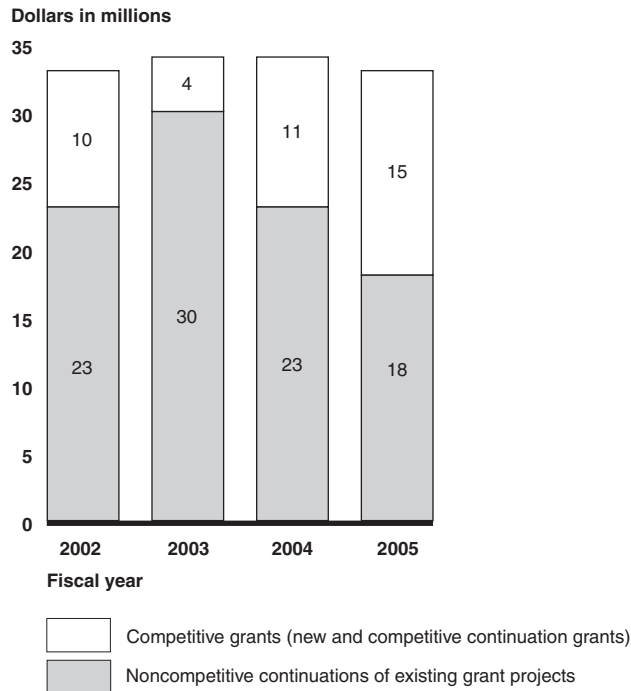
The amount of HCOP funds HRSA distributed each year on a noncompetitive basis to continue funding existing grant projects determined the amount that remained available for competitive grants and, consequently, the number of competitive grants HRSA awarded. For fiscal years 2002 through 2005, the amounts HRSA made available for HCOP grants from its annual appropriations remained relatively stable, with an average of about \$34 million a year over the 4 fiscal years. Before making competitive awards, HRSA distributed funds each year on a noncompetitive basis to support existing HCOP grant projects in their second or subsequent years.²¹ These noncompetitive continuation awards were subject to HRSA officials' approval after the agency reviewed each

²⁰U.S. Department of Health and Human Services, Health Resources and Services Administration, *Fiscal Year 1999 Justification of Estimates for Appropriations Committees*, vol. 1, *Budget* (Washington, D.C.). The *Federal Register* notifications describing the factors to be considered in awarding HCOP grants for fiscal years 1996 through 1998 did not specify that additional points would be allocated to minority-serving institutions, and the HRSA official responsible for administering HCOP informed us that additional points were not allocated to applications from these institutions after fiscal year 1998.

²¹For fiscal years 2002 through 2005, HRSA authorized project periods of 3 years for HCOP. For fiscal year 2001, HRSA authorized project periods of up to 5 years.

grantee's annual progress report. Once the noncompetitive continuation awards were made, HRSA awarded the remaining HCOP funds on a competitive basis, including new grants to entities that did not have an HCOP grant for a particular project and competitive continuation grants to entities that applied for continued funding after the end of their authorized HCOP grant period. As shown in figure 1, the amounts distributed on a noncompetitive basis to continue funding existing grant projects varied, from a low of \$18 million for fiscal year 2005 to a high of \$30 million for fiscal year 2003, and the remaining funds awarded as competitive grants ranged from a low of \$4 million for fiscal year 2003 to a high of \$15 million for fiscal year 2005.

Figure 1: Funds Awarded through the Health Careers Opportunity Program as Noncompetitive Continuations and Competitive Grants, Fiscal Years 2002–05



Source: GAO analysis of HRSA data.

HRSA's Process for Awarding Competitive Grants Was Based on Published Criteria

For each of fiscal years 2002 through 2005, HRSA published a notification of upcoming grant opportunities, including those for HCOP grants. This notification provided an overview of the HCOP program, including the entities eligible to receive HCOP grants and a description of the funding preference for projects with a comprehensive approach. For detailed review criteria, the annual notification referred prospective HCOP applicants to the HCOP program guidance available on request or, for fiscal year 2005, through HRSA's Web site.²²

The review criteria HRSA published in its HCOP program guidance addressed different aspects of a successful HCOP project. Each criterion carried a specified number of potential points, for a maximum total score of 100. For some criteria, the point values differed according to whether the application was for a new grant or a competitive continuation grant.²³ This difference reflected the fact that applications for competitive continuation grants were required to include a summary of the grantee's management of its previous HCOP grant project and of progress toward meeting its objectives. For all applications for competitive grants—both new and competitive continuations—HRSA assigned the greatest number of potential points to the criterion that addressed plans to implement the HCOP activities authorized in the Public Health Service Act. Table 1 summarizes the criteria used by reviewers to assess HCOP applications for fiscal year 2005.²⁴

²²For fiscal years 2002 through 2004, these notifications, called "HRSA Preview," were published in the *Federal Register* along with announcements for other HRSA grant opportunities. For fiscal year 2005, HRSA published a notice in the *Federal Register* that referred interested parties to the HRSA Preview available through the HRSA Web site. See 69 Fed. Reg. 61026 (Oct. 14, 2004).

²³Competitive grants consisted of both new grants to entities that did not have an HCOP grant for a particular project and competitive continuation grants to entities that applied for funding after the end of a previously authorized HCOP project period.

²⁴HRSA made minor revisions to the format and terminology of the published HCOP review criteria each year, but they remained substantially similar for fiscal years 2002 through 2005. For example, the fiscal year 2005 criterion titled "Resources and Capabilities" was called "Institutional Commitment" in the guidance from 2002 through 2004, although it required essentially the same documentation for all years.

Table 1: Review Criteria for HCOP Applications, Fiscal Year 2005

Criterion	Weight in points	
	Competitive continuation	New
Response: An effective, well-delineated plan for carrying out the HCOP program activities authorized by the Public Health Service Act; ^a identifying the targeted health disciplines; and providing measurable objectives linked to sections within the application’s methodology, evaluation, and budget sections.	35	50
Evaluative measures: A progress summary showing successful management of a previous grant and meeting of its objectives.	20	Not applicable
Cultural competence development: Clearly defined goals and objectives for teaching cultural competence, with activities appropriate to each educational level. ^b	15	10
Need: Well-established need for the project, supported by data on the targeted health disciplines and health professions workforce needs in the geographic area and on the academic and social needs of the individuals participating in proposed HCOP activities.	10	10
Support requested: A cost-effective, reasonable budget consistent with the project’s objectives and activities.	10	10
Resources and capabilities: A demonstrated commitment to disadvantaged students, underserved communities, or both, with experience using institutional resources and activities to develop, train, and strengthen the academic performance of disadvantaged students at all educational levels, including health professional schools. A well-delineated plan to meet the needs of underserved communities in the area.	5	15
Impact: A clearly designed plan to disseminate and implement HCOP project results to the regional or national education and health professions communities.	5	5

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, *Health Careers Opportunity Program (HCOP): New Competition, Program Guidance, Fiscal Year 2005*, HRSA 05-098 (Rockville, Md.: Oct. 28, 2004).

Note: Reviewers did not approve for funding or assign scores to applications they determined were not responsive to these criteria.

^aHRSA’s guidance for this criterion required that applications address all of the following HCOP activities listed in the Public Health Service Act: (1) identifying and recruiting individuals from disadvantaged backgrounds; (2) facilitating their entry into health professions education; (3) providing counseling, mentoring, and support services; (4) providing preparatory education and health research training; (5) disseminating information on financial aid; (6) supporting programs that provide experience in primary care settings; and (7) conducting activities to develop a competitive health professions applicant pool through community partnerships. In addition to the activities that all applications had to address in this criterion, the Public Health Service Act authorized grantees to use HCOP funds to pay for stipends or scholarships for health professions programs—subject to the approval of the Secretary of Health and Human Services, 42 U.S.C. § 293c(a)(2). The program guidance for fiscal year 2005 stated that grantees could provide stipends, with justification and approval by the Secretary, but that grantees could not use funding to pay for scholarships.

^bFor purposes of the HCOP program, HRSA defines cultural competence as the skills required to provide effective clinical care to patients from diverse racial or ethnic groups.

The HCOP program guidance also included information on how to apply for, and receive, the funding preference for projects involving a comprehensive approach. To receive the funding preference, applicants were required to meet all four of the following statutory requirements:

- Demonstrate a commitment to a comprehensive approach through formal signed agreements that specify common objectives and establish partnerships with institutions of higher education, school districts, and other community-based entities.
- Enter into formal signed agreements reflecting the coordination of educational activities and support services and the consolidation of resources within a specific area.
- Design activities that establish a competitive health professions applicant pool of individuals from disadvantaged backgrounds by focusing on both academic and social preparation for health careers.
- Describe educational activities that focus on developing a culturally competent health care workforce to serve needy populations in the geographic area.²⁵

HRSA's HCOP program guidance for fiscal years 2002 through 2005 specified that, to receive the funding preference, copies of formal agreements between applicants and community-based partners must be included with the application.

HRSA's Process for Awarding Competitive Grants Relied on Assessment by Independent Reviewers

For fiscal years 2002 through 2005, HRSA's standard process for awarding competitive HCOP grants relied on independent reviewers to assess applications against the agency's published review criteria. HRSA officials generally limited their own review of applications for competitive HCOP grants to screening for applicant eligibility and compliance with technical requirements such as format and length.

²⁵U.S. Department of Health and Human Services, Health Resources and Services Administration, *Health Careers Opportunity Program (HCOP): New Competition, Program Guidance, Fiscal Year 2005*, HRSA 05-098 (Rockville, Md.: Oct. 28, 2004); 42 U.S.C. § 293c(b).

After determining which applications met basic eligibility requirements, HRSA officials forwarded all eligible HCOP applications to the agency's Division of Independent Review to arrange for assessment and scoring.²⁶ To assess HCOP applications, the division selected reviewers with health-related educational, counseling, academic, or project management experience who were not employed by HRSA and who were free from conflicts of interest, including employment or consulting arrangements with any entity that was applying for an HCOP grant for that fiscal year.²⁷ The division sent each reviewer about eight applications to read in advance, then convened multiple panels in which reviewers met to discuss the merits of those applications. The reviewers were instructed to apply the published HCOP review criteria and reach consensus within each panel on their funding recommendations. The reviewers did not recommend for approval those applications they determined were not responsive to the review criteria. For each application recommended for approval, the reviewers assigned a score and determined whether the application qualified for the funding preference. The reviewers also had the opportunity to comment on applications' proposed budgets and to recommend adjustments for reasonableness.²⁸

After the independent reviewers completed their assessments, HRSA officials used a statistical method to standardize the results from all HCOP review panels for a given year into a single ranked list, placing all applications receiving the funding preference ahead as a group, from

²⁶HRSA's Division of Independent Review selected independent reviewers and organized reviews of applications for competitive grants for HRSA-administered grant programs. Division officials briefed reviewers on the review process and sent reviewers a manual with detailed instructions on their responsibilities, along with the applications they were assigned to read. The division then convened panels of reviewers and facilitated their discussions.

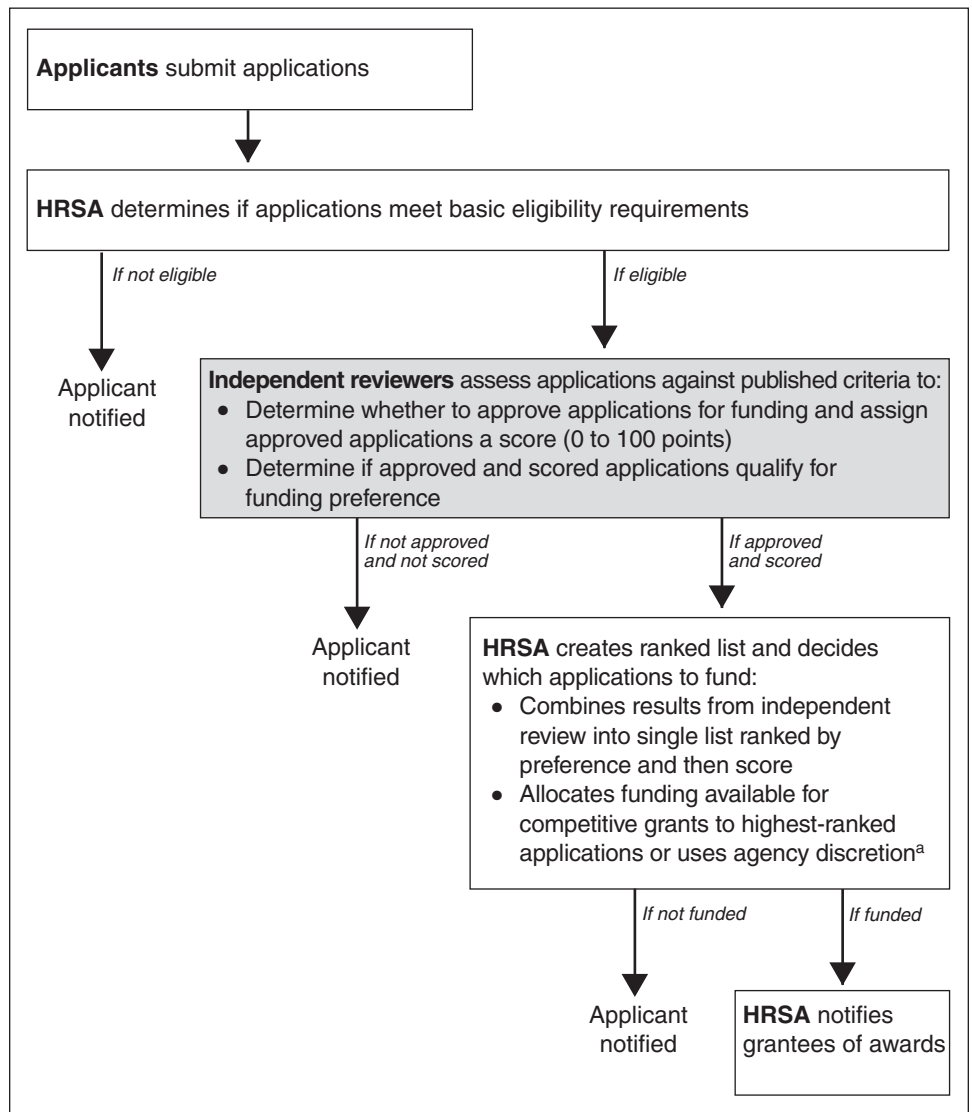
²⁷The Division of Independent Review obtained a conflict-of-interest certification from each reviewer. Reviewers needed to be free from biases and to certify that they did not have a conflict of interest, including employment or consulting arrangements, with an entity applying for an HCOP grant during that fiscal year. According to the Director of the Division of Independent Review, employment information supplied by potential reviewers was compared to applicant organization entities to identify obviously excludable reviewer candidates. Otherwise, the division accepted the conflict-of-interest certifications at face value unless the prospective reviewers declared either a potential conflict of interest or the potential perception of a conflict of interest. In such cases, the division determined whether to disqualify the prospective reviewers after contacting them directly and discussing the nature of the potential conflict.

²⁸For each application, the reviewers also prepared a summary statement of its strengths and weaknesses.

highest to lowest score, followed by applications without the funding preference, from highest to lowest score. HRSA officials used this rank-order list as their basis for recommending which applications should receive grants for a given fiscal year and the amount of each award. The HRSA officials' recommendations were included in memorandums to the HRSA Administrator, who made the final award decisions for fiscal years 2002 through 2005.²⁹ Figure 2 provides an overview of the process for awarding competitive HCOP grants.

²⁹For fiscal years 2002 through 2005, the HRSA Administrator's award decisions were consistent with these recommendations.

Figure 2: Process for Awarding Competitive HCOP Grants



Source: GAO and HRSA.

^aHRSA has discretion to award grants to applications out of rank order for documented policy reasons, such as ensuring geographic distribution, targeting high-priority health professions, or allocating HCOP services and activities among disadvantaged minority populations.

When awarding HCOP grants, HRSA had the discretion to consider additional factors, such as geographic diversity, targeted health professions, and the allocation of HCOP-funded services and activities among minority populations who are disadvantaged. According to a HRSA

official responsible for administering the HCOP program, the agency could have used this discretion to depart from the rank-order list resulting from the independent review process but did not do so for fiscal years 2002 through 2005. This official said that 80 percent of HCOP program participants in fiscal year 2004 came from disadvantaged minority groups, regardless of the entity that received the HCOP grants, and that HRSA had concluded that no divergence from the rank-order list was required since the allocation of HCOP-funded activities among minority populations was consistent with the Public Health Service Act.³⁰ For fiscal year 2004, however, HRSA reduced all competitive HCOP grant budgets by 10 percent—an action that enabled the agency to fund five additional grants, including three at historically black colleges and universities that would not otherwise have been funded.

Applications from Minority-Serving Institutions Generally Received Grants in Greater Proportion Than All Applications

For fiscal years 2002 through 2005, HRSA reviewed a total of 439 applications for competitive HCOP grants and awarded 99 HCOP grants.³¹ The number of competitive HCOP grants awarded depended on the availability of funds each year, and HRSA was unable to fund many high-scoring applications that received the funding preference. Over the 4 fiscal years, minority-serving institutions submitted 25 percent of the applications for competitive HCOP grants and received 30 percent of the awards.

Number of Competitive Grants Awarded Depended on Availability of Funds

Both the number of applications and the number of competitive grants awarded varied from year to year (see table 2).³² Overall, for fiscal years 2002 through 2005, applications for new HCOP grants outnumbered applications for competitive continuations by nearly three to one, but applications for new grants received about the same number of awards as applications for competitive continuation grants.

³⁰The Public Health Service Act's provision requiring that HCOP services and activities be adequately allocated among racial and ethnic populations from disadvantaged backgrounds refers to populations served by grantees and not to the grantee institutions. See 42 U.S.C. § 293c(e).

³¹The total number of applications included only those that passed HRSA's initial screening and were sent to the independent reviewers.

³²For information on the number of applications and grants by location, see app. II.

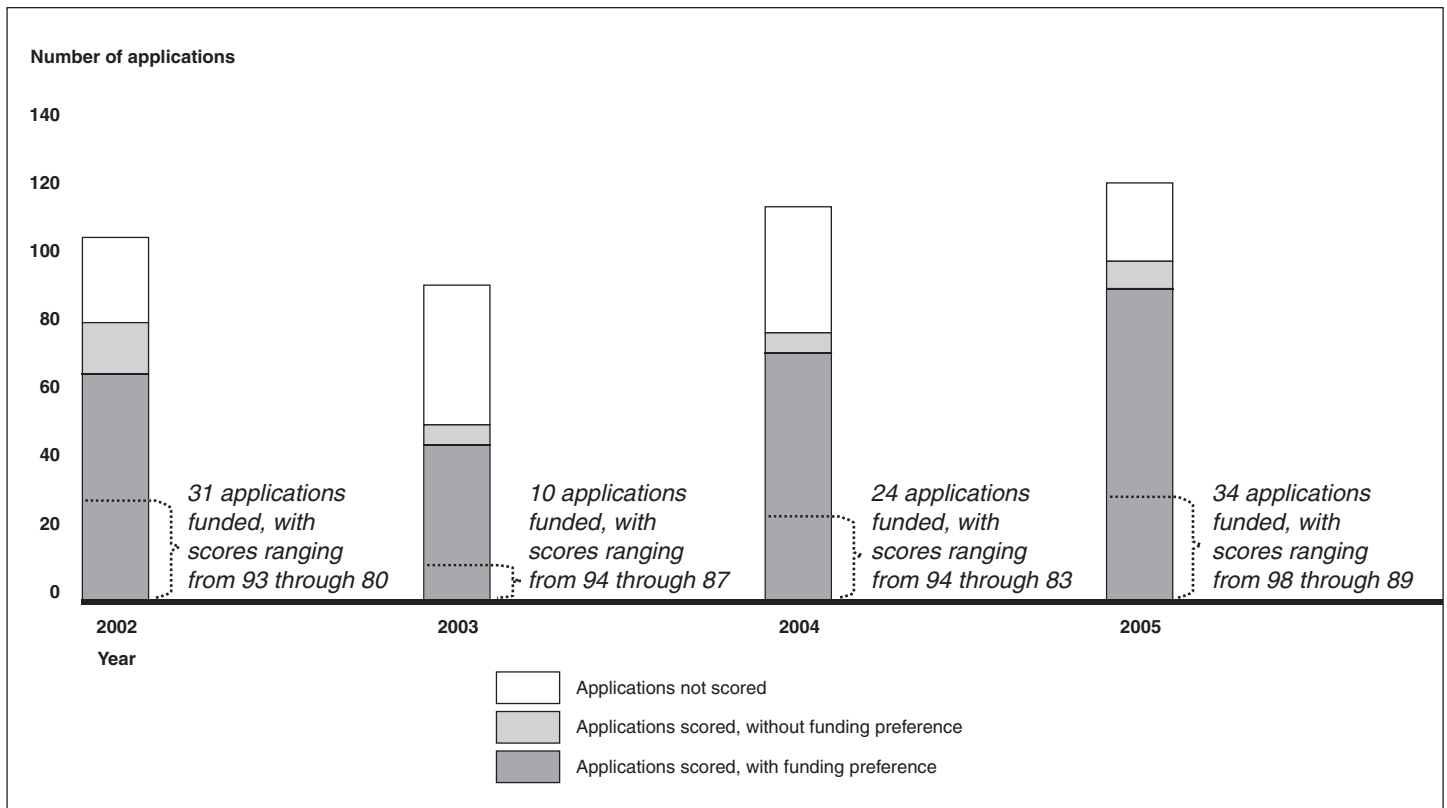
Table 2: Number of Applications for Competitive HCOP Grants and Competitive Grants Awarded, Fiscal Years 2002–05

Fiscal year	Applications for competitive grants			Competitive grants awarded		
	Total	New	Competitive continuations	Total	New	Competitive continuations
2002	107	77	30	31	18	13
2003	93	84	9	10	7	3
2004	116	91	25	24	12	12
2005	123	78	45	34	15	19
Total	439	330	109	99	52	47

Source: GAO analysis of HRSA data.

The number of competitive grants awarded in a given year depended more on the availability of funds for competitive HCOP grants than on the applications' scores. Each year, the score of the lowest-scoring application receiving a grant differed little from the score of the next application on the list, which did not receive a grant. While all applications that received grants for fiscal years 2002 through 2005 qualified for the funding preference for comprehensive projects, the preference did not guarantee that an application would be funded. In some years, applications that received the funding preference and scored in the 80s (out of 100 possible points) were not funded. As shown in figure 3, the majority of applications that were approved for funding by the independent reviewers received the funding preference, but not all were funded.

Figure 3: Scores and Funding Preference for Competitive HCOP Applications and Grants, Fiscal Years 2002–05



Source: GAO analysis of HRSA data.

Note: Reviewers did not approve for funding or score applications that they determined were not responsive to the review criteria for HCOP applications.

About One-Third of Competitive HCOP Grants Were Awarded to Minority-Serving Institutions

For fiscal years 2002 through 2005, minority-serving institutions submitted a total of 25 percent of all applications for competitive HCOP grants and received about 30 percent of awards.³³ Although minority-serving institutions received awards in greater proportion than their representation among all applications for HCOP grants over the 4 fiscal years, the proportions varied from year to year. For fiscal years 2002, 2004, and 2005, minority-serving institutions were represented among grantees in the same, or in greater, proportion than they were among applications,

³³The designation of a minority-serving institution applies only to institutions of higher education that may be eligible for federal funding under title III or title V of the Higher Education Act of 1965, as amended.

submitting 25–28 percent of applications and receiving 25–35 percent of grants. Fiscal year 2003 stands out because of the smaller number of competitive grants awarded; that year, 10 competitive HCOP grants were awarded, 1 of which was awarded to a minority-serving institution (see table 3). The smaller number of competitive grants was mainly due to the relatively high number of noncompetitive continuation grants that received funding for that fiscal year.

Table 3: Applications and Awards for Competitive HCOP Grants, by Minority-Serving Status, Fiscal Years 2002–05

	Applications			Awards		
	Total	Number from minority-serving institutions	Percentage from minority-serving institutions	Total	Number to minority-serving institutions	Percentage to minority-serving institutions
2002	107	30	28	31	11	35
2003	93	20	22	10	1	10
2004	116	29	25	24	6	25
2005	123	32	26	34	12	35
Total	439	111	25	99	30	30

Source: GAO analysis of HRSA data.

Note: Total applications and total awards include entities other than institutions of higher education, such as health care providers, to which formal designation as a minority-serving institution does not apply. For grant competitions for fiscal years 2002 through 2005, such entities submitted less than 25 percent of all applications and received less than 12 percent of all competitive awards for any one fiscal year.

Among minority-serving institutions, historically black colleges and universities submitted the most applications and received the most awards, followed by Hispanic-serving institutions (see table 4).

Table 4: Numbers of HCOP Applications from, and Competitive Awards to, Designated Minority-Serving Institutions, Fiscal Years 2002–05

	Historically black colleges and universities		Hispanic-serving institutions		Tribal colleges and universities		Native Hawaiian– and Alaska Native–serving institutions	
	Applications	Awards	Applications	Awards	Applications	Awards	Applications	Awards
2002	17	6	10	4	3	1	0	0
2003	11	1	7	0	2	0	0	0
2004	21	5	6	0	2	1	0	0
2005	18	6	11	6	2	0	1	0
Total	67	18	34	10	9	2	1	0

Source: GAO analysis of HRSA data.

Some entities submitted more than one application over the 4 fiscal years of our review, and a given entity may have received more than one grant. For example, an entity may have applied for an HCOP grant for fiscal year 2002 and failed to receive a grant, then tried again in subsequent years. A new fiscal year 2002 grantee would have had to apply for a competitive continuation grant for fiscal year 2005 after the end of its 3-year project period. It is also possible for the same entity to have had more than one HCOP grant at the same time, provided that each grant had a distinct purpose and budget.

Agency Comments

In written comments on a draft of this report (see app. III), HRSA stated that the report met the goals of describing the award process and outlining the number and characteristics of HCOP applicants and grantees. HRSA suggested that, due to the small number of grantees, the summary of findings on our Highlights page present the numbers, rather than percentages, of minority institutions that were awarded grants between 2005 and 2006. For the summary, we believe it is appropriate to use percentages to convey that applications from minority-serving institutions generally received grants in greater proportion than all applications. As noted in the draft report, the percentages we present are for the 4-year period of fiscal years 2002 through 2005. HRSA provided two other comments suggesting revisions to clarify our discussion, which we generally incorporated. In addition, HRSA provided technical comments which we incorporated as appropriate.

We are sending copies of this report to the Administrator of HRSA and appropriate congressional committees. We will also provide copies to others upon request. In addition, the report is available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff members have any questions about this report, please contact me at (312) 220-7600 or aronovitzl@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix IV.



Leslie G. Aronovitz
Director, Health Care

Appendix I: Identification of Minority-Serving Institutions

We determined whether Health Careers Opportunity Program (HCOP) applicants and grantees were minority-serving institutions by using statutory definitions, lists of institutions that fall under these statutory definitions, and data from the Department of Education. The term “minority-serving institution” refers to an accredited institution of higher education eligible for federal support under title III or title V of the Higher Education Act of 1965;¹ this support is administered by the Department of Education. These institutions include historically black colleges and universities, American Indian tribally controlled (or tribal) colleges and universities, Hispanic-serving institutions, Native Hawaiian–serving institutions, and Alaska Native–serving institutions.²

For our review, we defined historically black colleges and universities and tribal colleges and universities as institutions that met certain statutory definitions for institutions eligible to receive federal support under title III of the Higher Education Act of 1965.³ To identify an HCOP applicant or grantee as a historically black college or university, we compared a list of historically black colleges and universities published by the White House Initiative on Historically Black Colleges and Universities⁴ with the data we obtained from the Health Resources and Services Administration (HRSA) on HCOP grant applicants and recipients. To identify HCOP applicants and grantees that were designated as a tribal college or university, we compared a list published by the White House Initiative on Tribal Colleges

¹Higher Education Act of 1965, Pub. L. No. 89-329, title III, §§ 301–305 et seq., 79 Stat. 1229–1231 (1965), as amended (codified, as amended, at 20 U.S.C. §§ 1051 et seq.); Pub. L. No. 89-329, title V, §§ 501–528, 79 Stat. 1254–1260 (1965), as amended (codified, as amended, at 20 U.S.C. §§ 1101 et seq.). For the remainder of this appendix, we will refer to the U.S. Code when referencing provisions of the Higher Education Act of 1965.

²We included only educational institutions in our counts of applications from, and HCOP grants to, minority-serving institutions. We did not categorize applications from other entities, such as area health education centers (academic-community partnerships that train health care providers in rural or underserved areas), even if they served a minority population. Consequently, the non-minority-serving institution categories of HCOP grantees include institutions of higher education as well as entities that are not colleges or universities, which do not fall under the definition of minority-serving institutions as used in this report.

³20 U.S.C. §§ 1059c, 1061.

⁴U.S. Department of Education, “List of HBCUs—White House Initiative on Historically Black Colleges and Universities,” <http://www.ed.gov/about/inits/list/whhbcu/edlite-list.html> (downloaded November 21, 2005). This list represents entities that met certain criteria for Historically Black Colleges and Universities, regardless of whether the institutions had or were currently receiving federal funding under title III of the Higher Education Act of 1965.

and Universities⁵ with the data we obtained from HRSA on HCOP grant applicants and recipients.

Hispanic-serving institutions, Native Hawaiian-serving institutions, and Alaska Native-serving institutions are eligible for federal funding under title III or title V of the Higher Education Act of 1965.⁶ Unlike historically black colleges and universities and tribal colleges and universities, however, eligibility of these institutions for funding is based on the percentage of enrolled minority students.⁷ As a result, the number of institutions that qualify as Hispanic-serving institutions, Native Hawaiian-serving institutions, and Alaska Native-serving institutions can vary from year to year. For our review, we defined Hispanic-serving institutions as those that received grants through the Developing Hispanic-Serving Institutions Program under title V of the Higher Education Act of 1965⁸ for fiscal years 2002 through 2005. That is, we determined an institution's status as a Hispanic-serving institution for a particular fiscal year on the basis of whether the institution had a title V grant that year. To identify HCOP applicants and grantees that were Hispanic-serving institutions at the time of our review, we obtained lists of title V grantees for the Developing Hispanic-Serving Institutions Program from the Department of Education's Web site for fiscal years 1999 through 2005.⁹ We cross-checked the title V grantee lists with the membership of the Hispanic Association of Colleges and Universities¹⁰ and with lists of schools with significant

⁵U.S. Department of Education, "White House Initiative on Tribal Colleges and Universities: Tribal Colleges and Universities Address List," <http://www.ed.gov/about/inits/list/whhc/edlite-tclist.html> (downloaded Nov. 30, 2005). This list represents entities that met certain criteria for tribal colleges and universities, regardless of whether the institutions had or were currently receiving federal funding under title III of the Higher Education Act of 1965.

⁶20 U.S.C. §§ 1051 et seq.; 20 U.S.C. §§ 1101 et seq.

⁷For example, title V of the Higher Education Act of 1965, as amended, defines a "Hispanic-serving institution" as an institution of higher education that has an enrollment of full-time-equivalent undergraduate students consisting of at least 25 percent Hispanic students, and provides assurances that not less than 50 percent of its Hispanic students are low-income (at or below 150 percent of the federal poverty level). 20 U.S.C. § 1101a.

⁸20 U.S.C. §§ 1101 et seq.

⁹Department of Education, "Developing Hispanic-Serving Institutions Program—Title V," <http://www.ed.gov/programs/dueshsi/awards.html> (downloaded Mar. 28, 2006).

¹⁰Hispanic Association of Colleges and Universities, "HACU Member Hispanic-Serving Institutions," http://www.hacu.net/assnfe/CompanyDirectory.asp?STYLE=2&COMPANY_TYPE=1,5&SEARCH_TYPE=0 (downloaded Apr. 28, 2006).

Hispanic enrollment from the Department of Education's Office of Civil Rights.¹¹ We compared these lists with the data we obtained from HRSA on HCOP grant applicants and recipients. In addition, we counted all HCOP applicants and grantees located in Puerto Rico as Hispanic-serving institutions. Because not all institutions that could be eligible for grants under title V of the Higher Education Act of 1965 apply for or receive title V grants, our counts of Hispanic-serving institutions at a given time are likely to be conservative. Likewise, we defined Native Hawaiian-serving institutions and Alaska Native-serving institutions as those that were eligible to receive grants under title III of the Higher Education Act of 1965¹² and that received such grants for fiscal years 2002 through 2005.

As noted above, the exact number of entities designated as minority-serving institutions may vary from year to year. While we were able to classify the HCOP applicants and grantees for fiscal years 2002 through 2005, table 5 summarizes the different minority-serving institution designations and provides approximate counts for fiscal year 2005, the most recent year for which total counts were available.

¹¹Department of Education, Office of Civil Rights, "United States Department of Education Accredited Postsecondary Minority Institutions: Institutions with High Hispanic Enrollment," <http://www.ed.gov/about/offices/list/ocr/edlite-minorityinst-list-hisp-tab.html> (downloaded Mar. 28, 2006).

¹²20 U.S.C. § 1059d.

Appendix I: Identification of Minority-Serving Institutions

Table 5: Minority-Serving Institution Designations, Criteria, and Approximate Number as of Fiscal Year 2005

Designation	Designation criteria	Approximate number as of fiscal year 2005
Historically black colleges and universities	Defined under title III of the Higher Education Act of 1965 as “any [accredited] historically Black college or university that was established prior to 1964, whose principal mission was, and is, the education of Black Americans.” ^a	104
Tribal colleges and universities	Defined under title III of the Higher Education Act of 1965 as an accredited institution of higher education that is formally controlled, or has been formally sanctioned or chartered, by the governing body of an Indian tribe. ^b	35
Hispanic-serving institutions	Defined under title V of the Higher Education Act of 1965 as an accredited institution of higher education with at least a 25 percent full-time-equivalent undergraduate enrollment of Hispanic students, of whom at least 50 percent must be low income (at or below 150 percent of the federal poverty level). ^c	179
Native Hawaiian–serving institutions	Defined under title III of the Higher Education Act of 1965 as an accredited institution of higher education with a student body consisting of at least 10 percent Native Hawaiian students. ^d	9
Alaska Native–serving institutions	Defined under title III of the Higher Education Act as an accredited institution of higher education with a student body consisting of at least of 20 percent Alaska Native students. ^e	10

Source: GAO, HRSA, the Department of Education, the White House Initiative on Historically Black Colleges and Universities, the White House Initiative on Tribal Colleges and Universities, and the Hispanic Association of Colleges and Universities.

^a20 U.S.C. § 1061.

^b20 U.S.C. § 1059c; 25 U.S.C. § 1801(a)(4).

^c20 U.S.C. § 1101a.

^d20 U.S.C. § 1059d.

^e20 U.S.C. § 1059d.

Appendix II: HCOP Competitive Applications and Grants, by Location of Grant Applicant, Fiscal Years 2002 through 2005

Table 6 shows, by location, applications and awards for competitive HCOP grants for fiscal years 2002 through 2005. The numbers represent applications, rather than individual applicant entities. An entity may have applied for a competitive HCOP grant more than once, and a single entity may have had more than one HCOP grant for separate and distinct HCOP projects. The locations are those of the grant applicants, although partnerships may cross state lines and result in HCOP-funded activities and services in more than one state.

Table 6: Entities Applying for and Receiving Competitive HCOP Grants, by Location, Fiscal Years 2002–05

State or territory of grant applicant	HCOP applications	HCOP awards
Alabama	17	5
Alaska	2	2
American Samoa	0	0
Arizona	4	0
Arkansas	6	2
California	30	7
Colorado	3	0
Commonwealth of the Northern Mariana Islands	0	0
Connecticut	2	1
Delaware	1	0
District of Columbia	13	3
Federated States of Micronesia	0	0
Florida	20	6
Georgia	13	3
Guam	2	0
Hawaii	3	0
Idaho	0	0
Illinois	7	1
Indiana	2	0
Iowa	3	0
Kansas	2	1
Kentucky	11	2
Louisiana	9	2
Maine	1	0
Maryland	7	1
Massachusetts	17	1

Appendix II: HCOP Competitive Applications and Grants, by Location of Grant Applicant, Fiscal Years 2002 through 2005

State or territory of grant applicant	HCOP applications	HCOP awards
Michigan	15	5
Minnesota	6	1
Mississippi	2	0
Missouri	4	2
Montana	5	2
Nebraska	8	1
Nevada	5	0
New Hampshire	2	0
New Jersey	8	3
New Mexico	8	2
New York	34	7
North Carolina	15	4
North Dakota	11	3
Ohio	13	5
Oklahoma	5	3
Oregon	4	3
Pennsylvania	11	3
Puerto Rico	4	0
Republic of the Marshall Islands	0	0
Republic of Palau	1	0
Rhode Island	1	0
South Carolina	12	0
South Dakota	3	0
Tennessee	10	3
Texas	42	6
United States Virgin Islands	2	2
Utah	8	2
Vermont	1	0
Virginia	4	1
Washington	9	1
West Virginia	2	1
Wisconsin	9	2
Wyoming	0	0
Total	439	99

Source: GAO analysis of HRSA data.

Appendix III: Comments from the Health Resources and Services Administration



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

JAN 22 2007

Leslie G. Aronovitz
Director, Health care
Government Accountability Office
Washington, DC 20548

Dear Ms. Aronovitz:

Enclosed are the Department's comments on the U.S. Government Accountability Office's (GAO) draft report entitled, "HEALTH CAREERS OPPORTUNITY PROGRAM: Process for Awarding Competitive Grants Included Independent Review" (GAO-07-137).

The Department has provided several technical comments directly to your staff.

The Department appreciates the opportunity to comment on this draft report.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Kennard".

for
Vincent J. Ventimiglia
Assistant Secretary for Legislation

**COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
ON THE GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT
ENTITLED: "HEALTH CAREERS OPPORTUNITY PROGRAM: PROCESS
FOR AWARDING COMPETITIVE GRANTS INCLUDED INDEPENDENTS
REVIEW" (GAO-07-137)**

General Comments:

The GAO's report on the competitive award process for the Health Careers opportunity Program (HCOP) is comprehensive and concise. GAO's report meets the goals of describing the award process and outlining the number and characteristics of HCOP applicants and grantees.

On the first page of the report, under GAO's summary of findings, the first sentence needs to be changed to:

HHS followed a standard process to award HCOP grants, first distributing funds on a noncompetitive basis to continue funding existing HCOP grants within their approved project periods, and then awarding the remaining funds on a competitive basis.

In the second paragraph of GAO's summary of findings, when describing the number of minority institutions that were awarded grants between 2005 and 2006, HRSA suggests that due to the small number of grantees the figures should not be presented in percentages. Instead, the information presented should be described as follows:

Of the 99 grants that were awarded, 30 grants were awarded to minority institutions comprising: 18 historically black colleges and universities (HBCUs), 10 Hispanic serving-institutions, and 2 tribal colleges and universities.

As a point of clarification, on page 15, in the first paragraph, in the last sentence, HRSA did reduce the competitive grants budgets by ten percent in the Fiscal Year 2004 competitive grant cycle. This resulted in five additional institutions being funded, of which two were not HBCUs and three were HBCUs.

Appendix IV: Contact and Acknowledgments

GAO Contact

Leslie G. Aronovitz at (312) 220-7600 or aronovitzl@gao.gov

Acknowledgments

In addition to the contact named above, Kim Yamane, Assistant Director; Matt Byer; Ellen W. Chu; Karlin Richardson; Suzanne Rubins; and Hemi Tewarson made key contributions to this report.

Related GAO Products

Health Professions Education Programs: Action Still Needed to Measure Impact. [GAO-06-55](#). Washington, D.C.: February 28, 2006.

Low-Income and Minority-Serving Institutions: Department of Education Could Improve its Monitoring and Assistance. [GAO-04-961](#). Washington, D.C.: September 21, 2004.

Health Professions Education: Clarifying the Role of Title VII and VIII Programs Could Improve Accountability. [GAO/T-HEHS-97-117](#). Washington, D.C.: April 25, 1997.

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