In April 2019, HRSA released the Health Center Program Service Area Considerations Request for Information (RFI). HRSA received almost 600 comments across all areas of consideration in the RFI.

HRSA staff have summarized the comments and work is underway to explore potential options informed by the feedback.

Some key takeaways from the public feedback included requests that HRSA consider:

**Unmet Need**

- How to account for real-time quantitative and qualitative data and circumstances to complement any standardized data used to support need-based decisions.
- The unique needs of statutorily-mandated special populations as well as cultural, racial, immigrant, LGBTQ, and limited English proficiency populations.
Proximity of Proposed New Service Delivery Sites to Existing Sites

- The impact of population density on considerations of minimum distance between sites.
- Other factors such as unmet need, geographic barriers, transportation infrastructure, rurality, and demonstrated health center performance in addition to proximity.

Reasonable Boundaries for Service Area

- The penetration of the low income population in combination with patient projections, travel time, access to specialty services, demonstrated collaboration, and defining how new sites would be responsive to local needs.
- Using census tracts instead of ZIP codes and factoring in state or regional considerations related to reasonable boundaries.
- How a requirement related to contiguous service areas may limit a health center’s ability to respond to unmet needs, for example related to language or emerging special populations.

Consultation with Local Providers

- Processes and other means of documentation that could decrease burden and better ensure unbiased and accurate documentation of consultation.
- Incorporating qualitative feedback from project officers, primary care associations, and/or primary care offices into HRSA’s evaluation.

Demonstrated Capacity and Performance in Existing Service Area

- More comprehensive ways to measure health center progress than the extent to which patient targets have been met.
- Limitations of current methods of measuring/considering remaining level of unmet need.
- Using Patient Centered Medical Home status or other clinical quality indicators.
- Controlling for cultural and social factors that impact quality measures.
- Setting minimum standards for the provision of comprehensive primary care and considering that health centers may need to expand physical capacity in order to provide comprehensive services.

Ensuring Patient Input/Representation

- Methods for ensuring patient/community input in planning, such as demonstrated collaboration with community-based organizations, focus groups, surveys, community needs assessments, and other input and involvement.
- Challenges in patient board recruitment and place-based representation.