



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

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HUMAN RESOURCES
DIVISION

DEC 16 1980

The Honorable Julius B. Richmond, M.D.
Assistant Secretary for Health
Department of Health and Human Services

Dear Dr. Richmond:

Subject: [NIH Biomedical Research Support Grant
Program] (HRD-81-42)

During our survey of the National Institutes of Health's (NIH's) Biomedical Research Support Grant (BRSG) program, we noted that NIH did not have measurable program objectives or a methodology for evaluating the program's effectiveness. As part of our survey, we also looked into the activities NIH funded under the BRSG program and found no significant or widespread problems with the use of grant funds.

The objectives of our survey were to determine whether (1) the program's objectives were being achieved and (2) grant funds were being properly used. We reviewed policies, procedures, guidelines, plans, and studies related to the program and interviewed officials from NIH's Division of Research Resources, which is responsible for its implementation. We also performed on-site reviews at four grantees and conducted interviews at two other grantees. During our on-site visits, we interviewed grantee officials and reviewed the grantees' systems for managing their grants, including their financial records and annual reports to NIH.

The BRSG program was authorized in 1960 by Public Law 86-798, which amended section 301 of the Public Health Service Act (42 U.S.C. 241). Under Public Law 86-798, grants are made to public or nonprofit universities, hospitals, laboratories, and other institutions to complement other types of targeted research support. The general BRSG grants give grantees the flexibility and discretion to identify and meet research needs not readily served by the other grant programs.

Under the program, each grant is administered at the grantee institution by a program director. A standing committee of qualified scientific and administrative personnel from the institution is required to advise the program director on the use of BRSG funds. Each grantee must submit annual reports to NIH's program officials showing how funds have been used and what has been achieved.

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The BRSG program has been expanded and revised several times since its inception and has been continuously funded by the Congress since fiscal year 1962. Through fiscal year 1980 about \$872 million had been appropriated for the program. In fiscal year 1980, 506 grantees received BRSG grants amounting to \$44.7 million. The Department of Health and Human Services' 1/ fiscal year 1981 budget includes \$45.9 million for the program.

The Department did not request funds for the BRSG program for fiscal years 1975-78 because the program was considered to have accomplished its objective of strengthening research institutions and, therefore, to have a lower priority than targeted research. During this period, however, the Congress continued to appropriate money for the program, citing research institutions' continuing need for the flexible research funds. The Department resumed requesting BRSG funds for fiscal year 1979 and justified its request by enumerating new program objectives.

The BRSG program objectives, as currently established, appear too general to permit NIH to effectively measure the extent to which they are being met. Until April 1979, NIH's stated objectives for the program were "to strengthen, to balance, and to stabilize Public Health Service supported biomedical and behavioral research programs." Despite its inability to measure specifically whether these objectives had been met, the Department justified its decision to not request BRSG funds for 4 fiscal years by stating that the objectives had been met, thus obviating the need for additional funding. The Congress, however, continued to fund the program.

The need to develop measurable objectives and an evaluation methodology for the BRSG program was brought to NIH's attention in a 1976 report by the Research Resources Evaluation Panel (a non-Federal group) on its evaluation of the scientific mission of NIH's Division of Research Resources. In its report, the Panel recommended that the Division:

"* * * seriously address the problem of designing a portfolio of economical and effective approaches for the ongoing evaluation of the BRSG program, including quantitative economic analyses to demonstrate its effectiveness and impact. Such analyses

1/On May 4, 1980, a separate Department of Education commenced operating. Before that date, the activities discussed in this report were the responsibility of the Department of Health, Education, and Welfare.

should include a comparison of the efficiency and effectiveness of the BRSO and regular project grant mechanisms for supporting the types of grants (small, short-term, immediately-needed) typically made from BRSO funds."

When it resumed requesting funds for the program, the Department established new objectives for the BRSO program:

"to enhance the quality, increase the productivity, and reduce the cost of Public Health Service supported biomedical and health related behavioral research programs."

We discussed with program officials the new objectives which, in our opinion, are--like the previous objectives--not easily quantifiable. The chief of the Biomedical Research Support Program said that information showing the program's success is included in annual progress reports submitted by grantee institutions. These reports identify recipients of grant funds, describe how funds were used, list publications produced from supported work, and give grantees' assessments of program impact. Our work indicated, however, that the annual reports sometimes were inaccurate or not supported by backup records. Examples of inaccuracies included misstatements concerning the amounts of program funds spent and overstatements of the number of publications resulting from BRSO-supported work. Also, because grantees apply different definitions to terms used in the annual reports, combining the data from all the reports does not yield valid results. To improve the quality of data received, NIH has issued new instructions to grantees for preparing annual reports.

Division of Research Resources officials told us they recognize that the BRSO program objectives are too broad and that no plausible method exists to measure the extent to which the objectives are being met. They also expressed their commitment to having an objective assessment made of the BRSO program. Efforts to fulfill this commitment, however, have been somewhat limited. In August 1980, a temporarily assigned employee prepared a paper in which possible actions leading to a program evaluation were suggested. More recently, program officials have begun drafting more measurable objectives for the program, but this effort is still in a very preliminary stage.

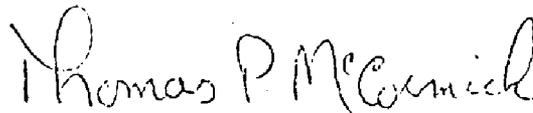
The Division of Research Resources' 5-year operating plan shows that an evaluation of the BRSG program is scheduled for fiscal year 1983. We believe that, in order to make the 1983 planned evaluation meaningful, measurable objectives should be established and an evaluation methodology developed as soon as possible. Therefore, we recommend that, as a first step toward assessing BRSG program effectiveness, you require NIH to establish firm target dates for establishing measurable program objectives and developing an evaluation methodology under which program achievements can be measured against those objectives.

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We appreciate the cooperation given to our representatives during our survey. We would appreciate being advised of any actions you take on this matter. If you or your staff have any questions about this information, please call Mr. Matthew Solomon of my staff on (301) 496-2107.

We are sending copies of this letter to the Director, National Institutes of Health, and the Assistant Inspector General for Auditing.

Sincerely yours,



Thomas P. McCormick
Senior Associate Director