QUENTIN N. BURDICK PROGRAM FOR RURAL INTERDISCIPLINARY TRAINING

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Advisory Committee on Interdisciplinary Community-Based Linkages
Senior Advisor, Division of Medicine and Dentistry
Bureau of Health Workforce
Health Resources and Services Administration
Department of Health and Human Services
Purpose

• Use new and innovative methods to train health care practitioners to provide services in rural areas
• Demonstrate/evaluate innovative interdisciplinary methods/models designed to provide access to comprehensive health care
Purpose

• Deliver health care services to individuals residing in rural areas
• Enhance amount of relevant research conducted concerning the health care issues in rural areas
Purpose

• Increase recruitment/retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners
Eligibility

- Accredited health professions schools, academic health centers, State or local governments, public or private non-profit entities, including faith-based and community-based organizations.
Eligibility

Applications are required:

– to be jointly submitted by at least two eligible applicants with express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas.
**Funding**

**Quentin N. Burdick Program**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
<th>Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2001</td>
<td>$5,600,000</td>
<td>(27 grants)</td>
</tr>
<tr>
<td>FY 2002</td>
<td>$6,996,000</td>
<td>(28 grants)</td>
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<tr>
<td>FY 2003</td>
<td>$6,954,000</td>
<td>(22 grants)</td>
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<tr>
<td>FY 2004</td>
<td>$6,125,000</td>
<td>(20 grants)</td>
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<tr>
<td>FY 2005</td>
<td>$6,076,000</td>
<td>(20 grants, est.)</td>
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</tbody>
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Outcomes

• From 1990 – 2005, $77.151 million funded 189 projects

• Between 1990 – 2002, over 13,000 health care providers, teachers, and students in 23 disciplines, and 31 states were educated and trained
Outcomes

Retention:
• 54% of the graduates were employed in rural or frontier areas 3 years after their training
Eastern Area Health Education Center
(East Carolina University) (FY 1993, FY 2005)

• **Title of Project:** Interdisciplinary Rural Health Training Program

• **Purpose:** Establish an innovative model of culturally sensitive interdisciplinary health sciences education in Health Professional Shortage Areas
Eastern Area Health Education Center (East Carolina University) (FY 1993, FY 2005)

Interdisciplinary Activities:

• Created the Office of Interdisciplinary Health Sciences Education (OIHSE) which is the umbrella Office for Interdisciplinary Health Professions Education and Training Programs for the University

• Developed a shared institutional vision of health professions education which led to an understanding of the role of interdisciplinary education and training

• Created a community advisory group to gain input into interdisciplinary education and training rural health outreach programs
Eastern Area Health Education Center (East Carolina University) (FY 1993, FY 2005)

• As a result of the efforts of the OISHE, interdisciplinary education and training for health professions students have been institutionalized at East Carolina University.
Low Country Area Health Education Center (Medical University of South Carolina) (FY 1993, FY 2005)

- **Title of Project:** South Carolina Rural Interdisciplinary Program of Training

- **Purpose:** Rural interdisciplinary training program expanded to integrate community oriented primary care, case management and development of culturally sensitive health professionals to work in an interdisciplinary care team in rural areas

- **Interdisciplinary Activities:** Interdisciplinary courses were instituted at the Medical University of South Carolina and the University of South Carolina

- **Outcomes:** 9 doctoral fellows in interdisciplinary care teams are conducting rural health services research in targeted rural community health centers
Low Country Area Health Education Center (Medical University of South Carolina) (FY 1993, FY 2005)

Interdisciplinary Activities:

• Initial focus of the grant in FY 1993 was to establish rural interdisciplinary training, integrate community-oriented primary care, case management and development of culturally sensitive health professionals in the health professions curriculum, and educate and train interdisciplinary care teams of health care professionals to deliver culturally competent and sensitive health care in rural areas.

• Through Burdick funding, interdisciplinary courses were instituted at the Medical University of South Carolina and the University of South Carolina
Low Country Area Health Education Center
(Medical University of South Carolina) (FY 1993, FY 2005)

• In FY 2005, Low Country AHEC expanded the project to increase relevant research concerning rural health issues
University of Nebraska
Rural Interdisciplinary Training Programs (1999 – 2005)

• Institutionalized
• UNMC’s Rural Health Education Network
• Formal partnerships with 90 of Nebraska’s nonmetropolitan communities and the Winnebago and Omaha tribal communities
• Team training for preceptors and community leaders who provide rural practicum experiences for Rural Health Opportunities Program Students (RHOP)
University of Nebraska
Rural Interdisciplinary Training Programs (1999 – 2005)

RHOP Students

• Admitted through a competitive process
• Receive early admission and early clinical experiences
• Education includes a focus on unique needs of rural health community-based care
University of Nebraska
Rural Interdisciplinary Training Programs (1999 – 2005)

• 2012 Evaluation
• 86% of RHOP allied health graduates (clinical lab science, physician assistants, physical therapy and radiography) have worked in a rural community at some point in their career
University of Nebraska
Rural Interdisciplinary Training Programs (1999 – 2005)

• University of Nebraska Medical Center-rural Native American community on diabetes prevention

• Train students at the tribal college as Diabetes Prevention Program assistants to provide diabetes education to their tribal members.

• Community-based wellness programming, including outcome assessment, is ongoing in the Native American communities.
Contact Information

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