

## **ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES (ACICBL)**

**Meeting Minutes: January 28, 2015**

**Advisory Committee Members Present:**

Mary Ann Forciea, MD, Chair  
Edna Apostol, MPH  
Freddie L. Avant, PhD, LMSW-AP, ACSW, C-SSWS  
Patrick DeLeon, PhD, JD, MPH  
Jacqueline Gray, PhD  
Patricia A. Hageman, PT, PhD  
Neil L. Horsley, MS, DPM, FACFAS, FACFAOM  
Sharon A. Levine, MD  
M. Jane Mohler, NP-C, MSN, MPH, PhD  
Carmen Morano, PhD  
Elyse A. Perweiler, MPP, RN  
Sandra Y. Pope, MSW  
Linda J. Redford, RN, PhD  
Peggy Valentine, EdD, FASAHP

**Others Present:**

Joan Weiss, PhD, RN, CRNP, FAAN Designated Federal Official, ACICBL, HRSA  
Kandi Barnes, Management Analyst, HRSA  
Meseret Bezuneh, MEd, Chief, Health Careers Pipeline Branch, HRSA  
Debbie Jaeger, Public Health Analyst, HRSA  
Kimberly Kline, Director, Advisory Committee Operations, HRSA  
Catherine Kuchinsky, Program Analyst, HRSA  
Anne Patterson, Public Health Analyst, HRSA  
Julia Sheen-Aaron, MPH, Chief, Behavioral and Public Health Branch, HRSA  
Crystal Straughn, Technical Writer, HRSA  
Nina Tumosa, PhD, Public Health Analyst, HRSA  
Tamara Zurakowski, PhD, GNP-BC, CRNP, Public Health Analyst, HRSA

**Wednesday, January 28, 2014**

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:00 AM at the Health Resources and Services Administration's headquarters in the Parklawn Building, 5600 Fishers Lane, Room 15W-48, Rockville, MD 20857.

The conference operator opened the meeting on behalf of the Health Resources and Services Administration. Ms. Anne Patterson then presented housekeeping tips about the webinar and conference call. Dr. Joan Weiss, Designated Federal Official, greeted the committee members and took roll. She then reviewed the agenda and noted that the focus of the meeting was to review the programs under Title VII, Part D; to that end, the Advisory Committee would hear presentations on the Area Health Education Centers (AHEC) program, the Quentin N. Burdick Program for Rural Interdisciplinary Training, behavioral and mental health programs, and geriatrics programs. Dr. Weiss turned the meeting over to Dr. Mary Ann Forciea, the Advisory Committee Chairperson, who introduced the first speaker, Ms. Meseret Bezuneh, the Chief of the Health Careers Pipeline Branch.

Ms. Bezuneh gave an overview of the Area Health Education Centers (AHEC) program, stating that its purpose was to enhance access to high-quality, culturally-competent health care through academic and community partnerships that were specifically formed to address the needs of underserved populations. Ms. Bezuneh explained that the program provides grant awards through cooperative agreements to schools of medicine and schools of nursing that are targeted at a number of priority areas: the expansion of the primary care workforce, the promotion of interprofessional education and workforce diversity, and

the evaluation of program performance and effectiveness. Ms. Bezuneh emphasized that collaboration and partnerships were paramount to the AHEC program. She then noted some of the special initiatives taking place and commented that, in regards to the Affordable Care Act, many AHECs were providing outreach and were involved in the health insurance marketplaces. Describing the strengths of the AHEC program, Ms. Bezuneh commented that the grantees developed strong partnerships that were responsive to the needs of underserved populations in their specific geographic regions. In turn, she noted that the variation in programmatic strategies and resources, in addition to inconsistent funding, were challenges to the AHEC program. Ms. Bezuneh also remarked that there were opportunities to support fewer programs that had greater impact, and that incorporated evidence-based models and program evaluation. Ms. Bezuneh concluded her presentation by underscoring that the AHEC program fosters community, academic, and government partnerships to improve the recruitment, training, and retention of a diverse health workforce to serve underserved communities. She also emphasized the current number of AHEC centers in the nation that were available for collaboration.

Dr. Weiss then presented on the Quentin N. Burdick Program for Rural Interdisciplinary Training, a program that was designed to reach students and providers in non-medical health disciplines in rural areas. She outlined the purpose, eligibility requirements, and funding history of the Burdick program, and then detailed the five overarching aims: to use new and innovative methods to train health care practitioners to provide services in rural areas; to demonstrate or evaluate innovative interdisciplinary methods and models designed to improve access to comprehensive care; to deliver health care services to individuals residing in rural areas; to enhance relevant research conducted in rural areas; and to increase the recruitment and retention of health care practitioners into rural areas, and make rural practice a more attractive career choice for health care practitioners. Dr. Weiss noted that the Burdick program had lost its funding in 2006, and clarified that it was still legislatively authorized, even though it did not have an appropriation. She also commented that many of the funded Burdick programs had been institutionalized, and went on to give examples of the Eastern Area Health Education Center at East Carolina University, the Low Country Area Health Education Center, and the Rural Interdisciplinary Training Programs at the University of Nebraska.

Following the two presentations, the Advisory Committee discussed the two programs, making note of the ways they were interrelated, as it was mentioned that AHECs had received a third of the Burdick grants awarded. The Advisory Committee began by considering the efforts these programs made in the recruitment and retention of health care providers in rural and underserved areas. Advisory Committee members raised the question about which programmatic elements were sustained, considering the various approaches and models that encouraged innovation and sustainability. The discussion then turned to the topic of outcomes and performance measures, and how the focus on these elements has changed in the last 15 years, which in turn would change the evaluation of these programs and the possible recommendations that the committee could make. The Advisory Committee went on to consider the similarities and differences of the two programs, acknowledging that the Burdick was a special projects program, and that AHEC was a centers program. The Advisory Committee highlighted another notable difference in observing that the Burdick program provided traineeship stipend support, while AHEC Program did not. This led to a discussion of how AHECs endeavored to engage students in these communities, touching upon the travel and housing expenses, as well as the paradox of having a need for health care workers in underserved areas and the difficulty students have in finding jobs in those same areas. This raised the question of whether it was better to educate people already living in those regions, rather than to bring people into the areas, as well as the need for new ways for serving these populations. The Advisory Committee noted some possible methods such as the hub-and-spoke model, satellite clinics, and telemedicine.

While delving into the differences of the AHEC and Burdick programs, the Advisory Committee also deliberated over larger issues that could be incorporated into recommendations in their upcoming report. The Advisory Committee considered the future of these programs and the ways in which it could support successful programs that no longer had appropriations. The discussion of financial viability also included the concept of matching funds and the Advisory Committee considered reflecting on the pros and cons of matching funds in their report. Advisory Committee members also raised the question of whether the statutory purposes of the programs had become limiting, or if they would be able to evolve with the

changing needs of the populations served. Ultimately, the Advisory Committee reflected upon the programs and the presentations in relation to their report in order to decide whether these programs would help to meet the workforce and patient care needs over the next decade.

At the beginning of the afternoon session, Dr. Weiss had the meeting attendees present in Room 15W-48 introduce themselves for the Advisory Committee members on the phone. She then went over some matters of business for the Advisory Committee members, including each member's responsibility to complete their ethics training. Dr. Weiss then turned the meeting over to Dr. Forciea, who introduced the next speaker, Ms. Julia Sheen-Aaron, the Chief of the Behavioral and Public Health Branch.

Ms. Sheen-Aaron gave her presentation on the behavioral and mental health programs. After giving a brief introduction to the Behavioral and Public Health Branch and the challenges of providing care for behavioral and mental health issues, Ms. Sheen-Aaron highlighted the programs and initiatives that addressed them. She outlined the purposes of the behavioral health programs and their efforts to foster the training and integration of behavioral and mental health care into primary care. Ms. Sheen-Aaron covered five programs in her presentation: Graduate Psychology Education, Mental and Behavioral Health Education and Training, Behavioral Health Workforce Education and Training for Professionals and for Paraprofessionals, and Leadership in Public Health Social Work Education. Detailing the purposes, goals, and project periods for each of the programs, Ms. Sheen-Aaron also reported on the number of grantees and the programs' funding levels for 2014. Ms. Sheen-Aaron emphasized that these programs were intended to integrate behavioral and mental health care and primary care; to develop the behavioral health workforce, particularly in response to the increase in demand; and to care for the mental health of children and transitional age youth. While providing four examples of program grantee accomplishments, Ms. Sheen-Aaron highlighted in particular the Henry Ford Health System Health Psychology Internship and the University of North Dakota's Doctoral Psychology program. Ms. Sheen-Aaron noted that the challenges for these programs could also be considered in the context of opportunities and pointed to HRSA's collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) as an example.

Following her presentation, Ms. Sheen-Aaron answered the Advisory Committee's questions. It was also clarified that the Advisory Committee could make recommendations for two of the behavioral and mental health programs, the Graduate Psychology Education and the Mental and Behavioral Health Education and Training Program. This clarification led to a discussion on how the programs and Advisory Committee authority were aligned. Echoing their earlier discussion on AHEC and Burdick, the Advisory Committee discussed the need for funding grantees and the success of stipends. Advisory Committee members considered the targeted focus of these behavioral and mental health programs as the comment was made that care was needed not only for the young and for people with mental health diseases, but also for people with depression and anxiety disorders, as well as the elderly and the homeless. It was underscored that the underserved populations are in rural and urban areas, and that the links between mental health and housing needs have been priorities in some cities.

After this discussion, Dr. Nina Tumosa and Dr. Tamara Zurkowski, Public Health Analysts at HRSA, presented an overview of five geriatrics programs: Geriatric Education Centers (GEC), Comprehensive Geriatric Education Program (CGEP), Geriatric Academic Career Award (GACA), Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Providers (GTPD), and Geriatrics Workforce Enhancement Program (GWEP). Dr. Tumosa and Dr. Zurkowski explained that the GEC, CGEP, GACA, and the GTPD were currently funded programs that supported the training of health care providers in various disciplines in the care of elderly adults. The speakers also noted that the four programs will be consolidated into the GWEP, and that this will be effective summer of 2015. They noted that their presentation would cover all five programs so that the committee would have a full understanding of the changes. Dr. Tumosa and Dr. Zurkowski thus detailed program and eligibility requirements, and the funding history for the current geriatric programs. They then moved to discussing how the GWEP was designed to establish geriatric education centers with emphases on providing the primary care workforce with the knowledge and skills needed for the care of older adults, and encouraging collaborative opportunities to address the gaps in health care. The speakers also noted that the current four programs had been poorly distributed throughout the country, and that the new program would take geographical

representation into consideration. Following their presentation, Dr. Tumosa and Dr. Zurakowski answered the Advisory Committee's questions.

The Advisory Committee's questions on the new, consolidated Geriatrics Program led to a discussion on the decision-making and program review processes at HRSA, and the Advisory Committees' role in those processes. It was determined that a review of the Advisory Committee's role and influence would be conducted. It was suggested that the Advisory Committee consider the Geriatrics Programs as an example of what can happen when HRSA decides to reorganize programs, and to consider what other programs could also be consolidated. It was also noted that the Advisory Committee could use their report to make recommendations on policy and program development, appropriation levels for these programs, performance measures, and longitudinal evaluations. Other possible topics for the report were brought up, including a report on the dissemination of outcomes and best practices across all of the programs that the Advisory Committee oversees, and a review of education grants and practice change grants that also emphasize the importance of evaluation.

Following the discussion, the Advisory Committee considered possible dates for the next meeting. Dr. Weiss then opened the floor to public comments. As she had been unable to stay for the entire meeting, Ms. Bezuneh phoned in to apologize for her departure and to express her appreciation for being invited to speak to the committee. Answering the Advisory Committee's question about programmatic reorganization, she noted that the current AHEC program is funded until August 31, 2017, and that no formal revisioning process has begun. There were no other comments made by the public or speakers.

The meeting was adjourned at 4:00 PM.