



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**Fiscal Year 2015 Report on the Preventive Medicine
and Public Health Training Grant and
Integrative Medicine Programs**

Executive Summary

This is the Fiscal Year 2015 Report on the Preventive Medicine and Public Health Training Grant and Integrative Medicine Programs, which is administered by the Health Resources and Services Administration (HRSA).

The Joint Explanatory Statement regarding the Consolidated and Further Continuing Appropriations Act of 2015 provided guidance to HRSA to continue to support preventive medicine residencies and integrative medicine. Specifically, the Explanatory Statement noted that “[t]he agreement provides \$21,000,000 for Public Health Workforce Development and directs that no less than \$6,000,000 [be awarded] for preventive medicine residencies and no less than \$4,000,000 [be awarded] for existing programs and residencies related to integrative medicine.” This report provides a description and funding levels of the following HRSA programs that issued awards in fiscal year (FY) 2015: (1) the Preventive Medicine Residency Program, (2) the Preventive Medicine Residency with Integrative Health Care Training Program, and (3) the Center for Integrative Medicine in Primary Care, now named the National Center for Integrative Primary Healthcare.

Guided by lessons learned from the Integrative Medicine Program, HRSA combined the preventive medicine residency and integrative health care components into the new Preventive Medicine Residency with Integrative Health Care Training Program. The aim of this new program is to enhance or expand preventive medicine residency programs, enhance training on integrative health care, and increase the integration of these two fields into primary care training and practice. In FY 2015, HRSA provided 15 new Preventive Medicine Residency with Integrative Health Care Training Program grants, with a total of \$5,111,343 in funding. In addition, HRSA awarded 10 non-competing continuation awards to existing Preventive Medicine Residency Program grantees totaling \$4,117,436.

HRSA’s Integrative Medicine Program supports a national center of excellence for integrative medicine in primary care for the purpose of developing and disseminating best practices for integrative medicine training for physicians, nurses, psychologists, and other primary care and behavioral health professionals. In FY 2015, HRSA continued to support the Center for Integrative Medicine in Primary Care cooperative agreement, now named the National Center for Integrative Primary Healthcare, for the second year of their 3-year project period to enhance curricula for primary care providers by adding content on integrative medicine and integrative health care. The National Center for Integrative Primary Healthcare received \$1,699,998 in FY 2014 for the full 3-year project period and received an additional \$329,413 in FY 2015 to expand its pilot of an online integrative health care curriculum.



Fiscal Year 2015 Report on the Preventive Medicine and Public Health Training Grant and Integrative Medicine Programs

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Acronym List

ABMS	American Board of Medical Specialties
AM	Aerospace Medicine
ACGME	Accreditation Council for Graduate Medical Education
ACPM	American College of Preventive Medicine
AY	Academic Year
FY	Fiscal Year
HRSA	Health Resources and Services Administration
OM	Occupational Medicine
PGY- #	Postgraduate year (also known as residency). PGY-1 is the first year of graduate training after completion of the formal 4 years of medical school. Similarly, PGY-2 and PGY-3 are the abbreviations for postgraduate years 2 and 3. The 2-year Preventive Medicine Program starts in a resident's PGY-2.
PH/GPM	Public Health and General Preventive Medicine
PHS	Public Health Service
VA	U.S. Department of Veterans Affairs

I. Legislative Language

This is the Fiscal Year 2015 Report on the Preventive Medicine and Public Health Training Grant and Integrative Medicine Programs, administered by the Health Resources and Services Administration (HRSA). The HRSA Preventive Medicine and Public Health Training Grant and Integrative Medicine Programs are authorized by Section 765 (42 U.S.C. 295) and Section 768 (42 U.S.C. 295c) of the Public Health Service (PHS) Act.

The Joint Explanatory Statement regarding the Consolidated and Further Continuing Appropriations Act of 2015 provided guidance to HRSA to continue to support preventive medicine residencies and integrative medicine. Specifically, the Explanatory Statement noted that “[t]he agreement provides \$21,000,000 [be awarded] for Public Health Workforce Development and directs that no less than \$6,000,000 [be awarded] for preventive medicine residencies and no less than \$4,000,000 for existing programs and residencies related to integrative medicine.”

This report is required by Section 768(d) of the PHS Act. Section 768(d) states:

REPORT. The Secretary shall submit to the Congress an annual report on the program carried out under this section.

II. Introduction

HRSA is committed to improving health equity by increasing access to quality services and promoting a skilled health professions workforce. One mechanism for achieving this is through supporting innovative programs that increase the number and skills of physicians educated in prevention science and public health. These physicians, in turn, are prepared to build the evidence base for prevention and to assume leadership at all levels of the public health system.

Preventive Medicine

Preventive medicine is one of the more than 150 specialties and subspecialties that are recognized by the 24-member boards of the American Board of Medical Specialties (ABMS).¹ Preventive medicine physicians are educated in both clinical medicine and public health. Examples of curriculum content for preventive medicine include biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. Within preventive medicine, there are three specialty areas that share common core knowledge, skills, and competencies, but emphasize different populations, environments, or practice settings. These

¹ ABMS website: http://www.abms.org/About_ABMS/member_boards.aspx, accessed April 1, 2016.

areas are public health and general preventive medicine (PH/GPM), aerospace medicine (AM), and occupational medicine (OM).²

- Public Health and General Preventive Medicine focuses on promoting health, preventing disease, and managing the health of communities and defined populations. The PH/GPM physicians combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice. These physicians investigate disease outbreaks; assess the medical needs of both individuals and populations; counsel patients for health promotion behavioral changes; implement community-based programs that reduce the exposure to disease risk factors or better manage chronic diseases; conduct policy analyses to improve population health; complete research to inform health policy; design and operate surveillance systems; and promote clinical preventive medicine for individuals and populations such as following guidelines for clinical preventive services like immunizations, screening tests, and preventive medications. For example, selected PH/GPM-trained physicians continued to play an active role in helping to allocate resources, determine priorities, and coordinate efforts in the recent global Ebola crisis. In addition, certain residency programs provided practice experience in local public health to educate health professionals on Ebola.³
- Aerospace Medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crew members and passengers of air and space vehicles, working together with support personnel who assist with the operation of such vehicles. AM physicians develop the scientific evidence that guides health care for the personnel and passengers of air and space vehicles. Through ongoing assessment of the aerospace workforce, they assure the safety of the passengers. They assess the conditions under which it is safe to operate these vehicles.⁴
- Occupational Medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. These residency programs have a close relationship with the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health and serve as resources for the primary health care personnel who care for migrants and assess the health effects of workplace hazards. Residents are able to identify factors affecting health that are present in the workplace and to take steps to ameliorate, prevent, and address the effects of such factors.⁵

Preventive medicine residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association. As of July 2011, ACGME accreditation standards require 4 months of direct patient care in the

² ACGME - preventive medicine definition.

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/380_preventive_medicine_07012015.pdf, accessed April 1, 2016.

³ Ibid. accessed April 1, 2016.

⁴ Ibid. accessed April 1, 2016.

⁵ Ibid. accessed April 1, 2016.

24-month residency training, which is a minimum of 2 months each year. The training requirements consist of 2 years of competency-based education and academic- and practicum-based training that incorporates the attainment of a Master of Public Health or other appropriate postgraduate degree. Accredited preventive medicine residency programs require prior graduate medical education training comprised of at least 1 year of clinical training. Many residents complete preventive medicine training after they have completed another specialty. Thus, preventive medicine residency training occurs in the second and third postgraduate years (PGY-2 and PGY-3) or mid-career. Residents often combine preventive medicine residency training with another specialty, such as family medicine or internal medicine.

Sources of funding for preventive medicine residents and programs are limited. This creates several challenges and barriers when programs are attempting to fund these positions. Over the 10-year period from 2004 through 2013 (last year that information is available), the total number of preventive medicine physicians certified by the board per year has decreased from 242 to 212, with a 10-year total of 1,961.⁶ HRSA is the primary source of federal support for preventive medicine residency programs and public health workforce development, as authorized in Title VII of the PHS Act. HRSA provides support to strengthen the health workforce infrastructure to address population health and public health issues.

Integrative Medicine

Integrative medicine emphasizes the relationship between the practitioner and patient by placing the whole person at the center of care.⁷ This approach addresses the full range of physical, psychological, social, spiritual, and environmental influences affecting health. The concepts are evolving and include complementary and alternative therapies and providers.

Integrative medicine enhances preventive medicine. The focus on prevention, individual self-care, and team-based care implicit in integrative medicine is consistent with the prevention focus in preventive medicine residency education. Integrative medicine's focus on prevention, interprofessional delivery of care, and incorporation of lifestyle changes that promote health is of critical importance to improving the health of the population. The principles of integration of non-traditional therapies and approaches complement—and are facilitated by—the movement to patient-centered medical homes and other coordinated care and case management systems.

The principles of integrative medicine support and overlap with the principles and competencies that are in place for preventive medicine. The defining principles of integrative medicine are that:

- The relationship between the patient and practitioner is critical to treatment;
- All factors that influence health, wellness, and disease are taken into consideration;

⁶ ABMS. 2015. *2013-2014 ABMS Board Certification Report*. Chicago, IL.

http://www.abms.org/media/84770/2013_2014_abmscertreport.pdf, accessed April 2, 2016.

⁷ For the purposes of this report, the terms integrative medicine and integrative health care are used interchangeably. HRSA has moved towards using the term “integrative health care” in FY 2015 to reflect the movement of the field to be more interprofessional and inclusive of all health professionals.

- Care addresses the whole person, including mind, body, and spirit;
- Principles are based in good science, are inquiry-driven, and evidence-based;
- Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount; and
- Care is individualized to best address the person’s unique conditions, needs, and circumstances.⁸

Integrative medicine also incorporates the five dimensions described in the Institute of Medicine report entitled “Integrative Medicine and the Health of the Public: Summary of the February 2009 Summit.” These five dimensions include health care that (1) embraces physical, mental, emotional, and spiritual factors; (2) encompasses a full spectrum of health interventions, including approaches to prevention, treatment, rehabilitation, and recovery; (3) emphasizes coordination of care across an array of caregivers and institutions; (4) is patient-centered; and (5) is open to multiple modalities of care, not just “usual care,” but also unconventional care that helps patients manage, maintain, and restore health.⁹

III. Overview

This report provides a description, funding levels, and selected highlights of the following programs: (1) the Preventive Medicine Residency Program; (2) the Preventive Medicine Residency with Integrative Health Care Training Program; and (3) the Center for Integrative Medicine in Primary Care, now named the National Center for Integrative Primary Healthcare.

The goal of HRSA’s Preventive Medicine Residency and Preventive Medicine Residency with Integrative Health Care Training Programs is to improve the health of communities by increasing the number and quality of preventive medicine physicians who can address public health needs and advance preventive medicine practices through grants to accredited schools of public health, medicine, or osteopathic medicine; accredited public or private nonprofit hospitals; state, local, or tribal health departments; or a consortium of two or more of these entities to plan and develop new residency training programs and expand current ones in the specialty of preventive medicine. In fiscal year (FY) 2015, HRSA awarded 10 non-competing continuation awards to Preventive Medicine Residency Program grantees totaling \$4,117,436. Lessons learned from the previous Integrative Medicine Program guided HRSA to combine the preventive medicine residency and integrative health care components so that financial support could reach further. The Integrative Medicine Program grants were previously awarded to preventive medicine residency programs to incorporate integrative medicine content into their existing programs and demonstrated the effectiveness of this model. The principles of integrative medicine and preventive medicine align well with each other, and training in integrative medicine was well

⁸ The Bravewell Collaborative. 2011. *What is Integrative Medicine?* www.bravewell.org, accessed June 9, 2014.

⁹ Institute of Medicine. 2009. *Integrative Medicine and the Health of the Public: Summary of the February 2009 Summit*. Washington, DC: The National Academies Press.

received in the preventive medicine residency programs.¹⁰ Therefore, in FY 2015, HRSA awarded 15 new Preventive Medicine Residency with Integrative Health Care Training Program grants totaling \$5,111,344. In addition to supporting the enhancement and expansion of preventive medicine residency training, the Preventive Medicine Residency with Integrative Health Care Training Program aims to increase access to integrative health care and increase the integration of preventive medicine and integrative health care into primary care training and practice. Results from the 15 grants that were funded in FY 2015 will be used in formulating future funding opportunity announcements and continued support for curriculum enhancements in integrative health care for the preventive medicine residency educational programs based on the needs assessments for these programs.

HRSA's Integrative Medicine Program supports a national center of excellence for integrative medicine in primary care for the purpose of developing and disseminating best practices for integrative medicine training for physicians, nurses, psychologists, and other primary care and behavioral health professionals. In FY 2014, HRSA funded the Center for Integrative Medicine in Primary Care, now named the National Center for Integrative Primary Healthcare, for a 3-year project period (which began September 1, 2014) to enhance curricula for primary care providers by developing training on integrative medicine and integrative health care. The National Center for Integrative Primary Healthcare awardee – the University of Arizona – received \$1,699,998 for the entire 3-year period. During FY 2015, a supplement of \$329,413 was awarded to increase the number of pilot sites for the new online curriculum, provide additional technical assistance in integrative health care for the preventive medicine residency with integrative health care funded programs, and increase the reach of faculty development activities both for existing preventive medicine residency program grantees and other preventive medicine faculty.

In addition to the work of the National Center for Integrative Primary Healthcare, HRSA's Integrative Medicine Program previously funded a National Coordinating Center for Integrative Medicine. The National Coordinating Center cooperative agreement awardee – the American College of Preventive Medicine (ACPM) – was fully funded in FY 2012 for a 2-year project. The awardee received a no-cost extension through September 29, 2015, to complete its work. The grant extension allowed the ACPM to support the publication of a supplement in the *American Journal of Preventive Medicine* entitled "Integrative Medicine in Preventive Medicine Education" published in November 2015.¹¹ The supplement highlighted the achievements and implementation insights of the Integrative Medicine Program grantees, provided an overview of the field of integrative medicine in preventive medicine, and described the evaluation of grantee achievements.

¹⁰ Burton, D., Trask, J., Sandvold, I., Amr, S., Chaudry, S.S., & Debay, M. 2015. "Integrative Medicine in Preventive Medicine Education: Implementation Analysis." *American Journal of Preventive Medicine*. 49 (5S3): S241-S248.

¹¹ David Katz, ed. 2015. "Integrative Medicine in Preventive Medicine Education." *American Journal of Preventive Medicine, Supplement 3*.

IV. HRSA Preventive Medicine Residency Program

Program Funding

The Preventive Medicine Residency Program provides support for residents in medical training in preventive medicine, including stipends for residents to defray the costs associated with living expenses, tuition, and fees. Preventive Medicine Residency Program grant funds were used to plan, develop, and implement preventive medicine curricula; operate or participate in an accredited residency program in preventive medicine; establish and maintain academic administrative units in preventive medicine; and improve clinical teaching in preventive medicine. The Preventive Medicine Residency Program also provided travel support for those residents who presented their research findings at national academic meetings. A portion of the funds provided support for faculty and staff who were directing the program; developing curricula; teaching; and coordinating program activities, including clinical rotations.

In FY 2015, 10 non-competing continuation grantees received \$4,117,436 in FY 2015 funding. FY 2015 funds supported Academic Year (AY) 2015-2016 activities. The list of non-competing awards is presented in Table 1.

Table 1 - Preventive Medicine Residency Program Grantees Non-Competing Continuation Awards – FY 2015 Funding

State	Grantee	Award (FY 2015)	Discipline
California	University of California at San Francisco	\$400,000	OM
Colorado	University of Colorado Health Sciences Center, Denver	\$349,006	PH/GPM
Connecticut	Griffin Hospital, Inc.	\$500,000	PH/GPM combined with Internal Medicine
Massachusetts	Boston Medical Center	\$476,583	PH/GPM combined with Internal Medicine
Michigan	University of Michigan, Ann Arbor	\$208,646	PH/GPM
North Carolina	University of North Carolina	\$601,838	PH/GPM
Pennsylvania	University of Pennsylvania	\$453,384	OM
South Carolina	University of South Carolina	\$425,518	PH/GPM
Tennessee	Meharry Medical College	\$390,479	PH/GPM and OM
Utah	University of Utah	\$311,982	OM
Total		\$4,117,436	

Selected Program Highlights

In AY 2015-2016, all of the Preventive Medicine Residency Program grantees continued to provide assistance and learning experiences in state and local health departments and address current public health issues. Each program had a focus on meeting the needs of underserved populations, and all programs required their residents to have both academic and practicum experience focused directly on addressing Healthy People 2020 Objectives and incorporating clinical preventive services in their clinical and population health practice. These grantees' focus on training in prevention and public health contributed to HRSA's goals to improve access, to build healthy communities, and to improve health equity.

Selected highlights of the Preventive Medicine Residency grantees' activities and contributions are provided in this section.

Integration of Public Health and Primary Care

All of the Preventive Medicine Residency grantees have developed relationships with community-based health centers, such as Federally Qualified Health Centers, that provide primary care to underserved communities. For example, at the University of Michigan, all preventive medicine residents who are supported through the HRSA award train at community health centers that serve as the safety net for three Michigan cities – Flint, Detroit, and Jackson.

During these rotations, residents are attuned to address the social determinants of health, such as the living situations of their patients, and to understand patients' limitations in access to health care resources. In addition, while rotating at the local health department sites, residents are working on projects to help understand the epidemiology of homelessness in the local communities, and they are working with public health leaders on initiatives focused on homeless populations, including developing plans to address the needs of homeless individuals during public health emergencies.

Many of the grantees are also developing integrated primary care and preventive medicine residency programs. For example, Boston Medical Center requires preventive medicine residents to have completed a residency in family medicine, internal medicine, or pediatrics or to pursue the joint degree pathway of internal medicine and preventive medicine. Griffin Hospital in Connecticut also developed a combined preventive medicine and internal medicine program. HRSA funding supports the preventive medicine portion of the curriculum.

Vulnerable Populations

Many grantees have emphasized the preparation of physicians to care for vulnerable populations, by developing curricular content, rotations, and scholarly research projects that are focused on those populations. These scholarly projects add to the evidence needed to increase effective care for these special populations. One example is the University of South Carolina's use of HRSA funds to increase experiences focused on providing care for vulnerable populations, such as establishing a new rotation site with the University's Immunology Clinic, which provides care for individuals with HIV/AIDS. Residents are learning about team-based approaches to care for this high need population and will be engaged in quality improvement projects to enhance preventive care for this patient population. At the University of North Carolina, residents train

with Community Care of North Carolina, a public-private partnership of physicians, nurses, pharmacists, hospitals, health departments, social service agencies, and other community organizations seeking to coordinate care cooperatively, through a patient-centered medical home model, for North Carolina Medicaid patients.

Diversity

Meharry Medical College, the University of Colorado, the University of Michigan, the University of North Carolina, and the University of Pennsylvania specifically aim to enhance the diversity of the preventive medicine workforce through recruitment and mentorship strategies.

U.S. Department of Veterans Affairs (VA) Collaborations

Many of the HRSA Preventive Medicine Residency Program grantees are collaborating with VA programs, including Meharry Medical College, the University of California at San Francisco, and the University of Pennsylvania, to ensure that preventive medicine residents are well trained to address the needs of veterans. These rotations provide opportunity for quality improvement projects, application of integrative health care approaches to care, preventive cardiology, and wellness clinics.

V. HRSA Preventive Medicine Residency with Integrative Health Care Training Program

Program Funding

Lessons learned from the previous Integrative Medicine Program guided HRSA to combine the preventive medicine residency and integrative health care components so that financial support could reach further. Therefore, in FY 2015, HRSA competed the Preventive Medicine Residency with Integrative Health Care Training Program. The goal of this program is to improve the health of communities by increasing the number and quality of preventive medicine physicians who can address public health needs, advance preventive medicine practices, increase access to integrative health care, and increase the integration of preventive medicine and integrative health care into primary care training and practice.

All of the grantees were required to:

- Increase the number of preventive medicine residents and/or improve training for these residents;
- Incorporate evidence-based integrative health care curricula into accredited preventive medicine residency programs; and
- Provide interprofessional training of their preventive medicine residents, including training in preventive medicine and integrative health care for other primary care or community-based health care trainees or providers in addition to preventive medicine residents.

In FY 2015, 15 new awards were funded for a total of \$5,111,343. The new grantees started their 3-year project periods on September 1, 2015. The list of new awards is presented in Table 2.

Table 2 - Preventive Medicine Residency with Integrative Health Care Program New Awards - FY 2015 Funding

State	Grantee	Award (FY 2015)	Discipline
California	California Department of Public Health	\$400,000	PH/GPM
California	University of California at Los Angeles	\$147,492	PH/GPM
California	University of California at San Diego	\$381,967	PH/GPM
Connecticut	Griffin Hospital, Inc.	\$399,994	PH/GPM
Georgia	Morehouse School of Medicine, Inc.	\$399,867	PH/GPM
Illinois	Hektoen Institute for Medical Research	\$400,000	PH/GPM
Louisiana	Tulane University	\$204,319	PH/GPM
Maine	Maine Medical Center	\$149,605	PH/GPM
Maryland	Johns Hopkins University	\$399,999	PH/GPM
Massachusetts	Boston Medical Center	\$339,110	PH/GPM combined with Internal Medicine
New Jersey	Rutgers, The State University of New Jersey	\$353,416	PH/GPM
New York	Albert Einstein College of Medicine (under Montefiore Umbrella)	\$395,371	PH/GPM combined with Family Medicine
New York	State University of New York at Stony Brook	\$400,000	PH/GPM
New York	University of Rochester	\$340,239	PH/GPM
Tennessee	Meharry Medical Center	\$399,964	PH/GPM and OM
Total		\$5,111,343	

As the Preventive Medicine Residency with Integrative Health Care Training Program grantees are in the initial phases of establishing new awards, program highlights will be provided in future reports to Congress. Additional information, including awardee abstracts, is available through HRSA's Data Warehouse.¹²

¹² HRSA Data Warehouse Find Grants Tool is available at: <http://datawarehouse.hrsa.gov/tools/findgrants.aspx>.

VI. HRSA Integrative Medicine Program

National Center for Integrative Primary Healthcare

HRSA's Integrative Medicine Program supports a national center of excellence for integrative medicine in primary care for the purpose of developing and disseminating best practices for integrative medicine training for physicians, nurses, psychologists, and other primary care and behavioral health professionals. The National Center for Integrative Primary Healthcare was funded through a cooperative agreement to develop content on integrative health care, including integrative medicine to build integrative health care expertise and to increase access to providers who practice integrative medicine through didactic and experiential learning opportunities. The learning opportunities are meant to incorporate team building and exposure to both academic and experiential learning with two or more other disciplines. HRSA awarded this cooperative agreement to the University of Arizona Center for Integrative Medicine for \$1,699,998 on September 1, 2014. The cooperative agreement was funded for a 3-year project period. In FY 2015, HRSA awarded a supplement of \$329,413 to increase the number of pilot sites for the online curriculum, increase capacity for evaluation of the results of the pilot, provide technical assistance to the preventive medicine residency program with integrative health care federal grantees, and increase faculty development activities and outreach.

The University of Arizona renamed the center from Center for Integrative Medicine in Primary Care to the National Center for Integrative Primary Healthcare. The change was made to better encompass the objectives of the project related to interprofessional learning and interprofessional primary care providers.

During AY 2015-2016, the National Center for Integrative Primary Healthcare continued to disseminate information to a broad range of professions through presentations at national meetings on the meta-competencies for interprofessional integrative primary health care and carried out a second consensus building summit with their interprofessional leadership team. The interprofessional leadership team for the project authored an article on the interprofessional meta-competencies that was published in September 2015.¹³

The project staff and interprofessional leadership team continued to develop the online curriculum, incorporating competency- and evidence-based integrative health care training into existing educational programs for residents and practicing primary care providers. The curriculum launched with the pilot sites in January 2016.

During this second year of operation, the National Center for Integrative Primary Healthcare also added oral health and physical therapy to the wide range of stakeholders and participants and is collaborating with each discipline to develop discipline specific competencies that align with the

¹³ Kligler, Benjamin; Brooks, Audrey J.; Maizes, Victoria; Goldblatt, Elizabeth; Klatt, Maryanna; Koithan, Mary; Kreitzer, Mary Jo; Lee, Jeannie K.; Lopez, Ana Marie; McClafferty, Hilary; Rhode, Robert; Sandvold, Irene; Saper, Robert; Taren, Douglas; Wells, Eden; Lebensohn, Patricia. 2015. "Interprofessional Competencies in Integrative Primary Healthcare." *Global Advances in Health and Medicine*. www.gahmj.com. 4 (5): 33.

core meta-competencies for health professionals across the primary care disciplines. The awardee provided guidelines for access to integrative health care in primary care for underserved communities and developed culturally and linguistically appropriate patient education materials. In addition, the awardee collaborated with stakeholders to enhance the needs assessments, shared technical expertise with the multiple disciplines providing primary care, and disseminated information about the project and its deliverables as they were developed. The ultimate goal was to create effective interprofessional teams that work towards using integrative health care in primary care, help eliminate health disparities in underserved populations, and promote healthy communities.

VII. Summary and Conclusions

HRSA is committed to growing the health care workforce, including preventive medicine physicians, through innovative programs that increase access to quality health care by developing a strong health care workforce to meet the nation's health care needs. Health priorities, such as emerging infectious diseases and non-communicable chronic diseases (including multiple chronic conditions across the life span), present tremendous challenges and require solutions involving prevention, public health strategies, and leadership. Preventive medicine physicians, through their clinical and public health preparation, provide this essential leadership and expertise in many areas of health care, such as integrating public health with primary care, leadership in governmental public health, and conducting outbreak investigations to prevent the spread of emerging diseases.

This report to Congress describes the efforts of the Preventive Medicine Residency Program, the Preventive Medicine Residency with Integrative Health Care Training Program, and the National Center for Integrative Primary Healthcare to support the needs of a changing health workforce. It demonstrates how the funded programs continue to help forward key components of health service delivery reform policy to strengthen the focus on prevention and health promotion, increase interprofessional team work, and improve the quality of care delivered. The preventive medicine physicians that graduate from the supported programs contribute to HRSA's mission to improve health and achieve greater health equity through access to quality services, a skilled health workforce, and innovative programs. The residents who complete the program tend to practice in and lead local health departments, go on to serve as medical directors in health centers, and help bridge the incorporation of public health and integrative health care into primary care, which brings a population health approach to managing the health services in the community and contributes to health care transformation.