



2004
Fourth Annual Report
to the SECRETARY of the
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
and to the
CONGRESS

RECOMMENDATIONS
Interdisciplinary, Community-Based Linkages
Title VII, Part D
Public Health Service Act

Advisory Committee on
Interdisciplinary, Community-Based Linkages



Advisory Committee on Interdisciplinary, Community-Based Linkages Fourth Report

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The views expressed in this report are solely those of the Advisory Committee on Interdisciplinary, Community-Based Linkages and do not represent the views of the Health Resources and Services Administration or the U.S. Government.

I. Executive Summary

The Advisory Committee on Interdisciplinary, Community-Based Linkages (the Committee) provides advice and recommendations on programs authorized under Title VII, Part D of the Public Health Service (PHS) Act, as amended. The Committee is governed by provisions of Public law 92-463, as amended (5 U.S.C. Appendix 2).

The Committee views community-based, interdisciplinary training as the most effective way to prepare the health care workforce to meet the health care-related needs of our Nation's most vulnerable populations including the socio-economically disadvantaged and geographically isolated, as well as the elderly, children, the chronically ill, and disabled people. Federal Title VII, Part D, Section 751 through 756 Interdisciplinary, Community-based Training Grant Programs, hereafter referred to as the Title VII Interdisciplinary, Community-Based Training Grant Programs, ensure that health care professionals are able to address the many challenges related to providing high-quality services to unserved and underserved populations and communities. The efforts of Title VII Interdisciplinary, Community-Based Training Grant Program grantees, as educators and providers of ongoing training, ensure that sufficient numbers of providers are well qualified to meet the diverse health care needs of our Nation.

From October 2003 to September 2004, the Committee addressed four topics: cultural competence and diversity; health disparities; health workforce; and the health workforce pipeline and faculty development. Brief summaries of the Committee's findings and recommendations in these areas are listed below.

In addition to developing recommendations related to the four topics, the Committee also identified cross-cutting recommendations addressing ongoing support of the Title VII Interdisciplinary, Community-Based Training Grant Programs and strategies for strengthening program efforts and optimizing the use of resources. Specifically, the Committee calls for:

- Reauthorization of the Title VII Interdisciplinary, Community-Based Training Grant Programs;
- Collaboration across Federal health workforce-related efforts, including those supported by the Departments of Health, Labor, and Education, in order to build on existing efforts, avoid duplication of effort, and optimize use of resources; and
- Collaboration between the Committee and other national committees and advisory bodies addressing the health care workforce to promote a cross-fertilization of ideas and a more streamlined approach to the advisory process.

Cultural Competence and Diversity

The Committee found that grantees, in their role of educating and training health care providers, play a major part in fostering culturally relevant health promotion and disease prevention activities targeting diverse, unserved, underserved, vulnerable, and disadvantaged populations. The Committee recommends adoption of cultural and linguistic standards and practices, collection of relevant qualitative and quantitative data to document and evaluate these practices, and use of evidence-based approaches by grantees. Funding incentives, collaborative initiatives,

and provider partnerships are recommended as means for implementing the strategies mentioned above.

Health Disparities

Recognition and reduction of disparate health indicators will be enhanced by data collected in response to specific reporting requirements for Title VII Interdisciplinary, Community-Based Training Grant Program grantees. Educational and clinical experiences provided by grantees should document the existence of health disparities and develop and implement interventions to reduce their deleterious effects. The identification and adoption of “best practices,” supported by targeted funding, is a way for Title VII Interdisciplinary, Community-Based Training Grant Programs to reduce health disparities. Linkages with other Federal agencies, committees, and commissions are recommended and should be encouraged through funding increases. Use of community health workers and patient navigators is considered by the Committee to be a promising and potentially cost-effective approach to addressing health disparities in unserved and underserved populations and communities.

Health Workforce

Optimizing the use of information technology, distance education, and telehealth is recommended by the Committee. These strategies will help to increase the diversity of the health care workforce and improve access to health professions training. In addition, career ladders and health careers awareness programs offer benefits by increasing the availability of educational opportunities.

Grant application processes, review, and funding should address workforce diversity, recruitment, and retention. Interdisciplinary elements of education and training programs are encouraged, with particular attention to geriatric education. The Committee strongly encourages the establishment of linkages with the Departments of Labor and Education, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration (HRSA) Bureau of Health Professions (BHP).

Health Workforce Pipeline and Faculty Development

The Committee recommends the identification of successful and effective health career program models (i.e. best practices). The identification process would be facilitated and enhanced by a HRSA-supported consensus conference, with specific attention to workforce competence, diversity, and flexibility. Also, program support dedicated specifically for “Kids into Health Careers” activities that target younger children is recommended. Expanding scholarships and training grants, especially to health professions that are currently not covered by such programs, is recommended. Faculty development grants and fellowships are recommended, with specific language addressing geriatrics faculty.

The Committee found that collaboration and coordination are important strategies in strengthening the health workforce pipeline. Collaborative efforts among the Departments of Health and Human Services, Education, and Labor should be encouraged through joint meetings, convened by the respective Secretaries. Increased involvement in the work of Title VII Interdisciplinary, Community-Based Training Grant Program grantees by professional

associations and national committees would enhance interdisciplinary approaches to health careers preparation.

Future Directions

In continued pursuit of its Congressional charge, the Committee has identified and prioritized issues warranting exploration at future meetings. These topics include: allied health professions; assistance for, and costs of, health professions education; public health and patient safety; health literacy and healthy behaviors; interdisciplinary teams; rural health issues; and new visions for HRSA.

II. Recommendations

Cross-Cutting Recommendations

Recommendation 1: Congress should reauthorize the Title VII Interdisciplinary, Community-Based Training Grant Programs.

Recommendation 2: The Secretary and Congress should require Federal agencies, including the Department of Labor, the Department of Education, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention and others to establish formal funding-based links with HRSA to leverage the resources of the Title VII Interdisciplinary, Community-Based Training Grant Programs and to enhance their reach in the recruitment, training, and retention of the health workforce across the nation.

Recommendation 3: The Secretary and Congress should encourage linkages and collaboration between the Advisory Committee on Interdisciplinary, Community-Based Linkages and U.S. Department of Health and Human Services (DHHS), HRSA, BHPPr and national advisory committees and commissions addressing similar topics.

Cultural Competence and Diversity

Recommendation 4: The Secretary and Congress should include legislative language, applied uniformly, that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to address cultural competency.

Recommendation 5: The Secretary and Congress should include legislative language requiring Title VII Interdisciplinary, Community-Based Training Grant Program grantees to address, as appropriate, faculty development in cultural and linguistic competence. This training should be done in partnership with students, when possible.

Recommendation 6: The Secretary and Congress should strengthen HRSA reporting requirements to include, where appropriate, collection of qualitative and quantitative data relating to the cultural competence efforts of Title VII Interdisciplinary, Community-Based Training Grant Programs.

Recommendation 7: The Secretary and Congress should through legislative language require Title VII Interdisciplinary, Community-Based Training Grant Program grantees, where appropriate, to conduct program evaluation to support the development of evidence-based strategies for the incorporation of cultural competence efforts in health professions education and training.

Recommendation 8: The Secretary and Congress should appropriate funding incentives to health professions education and training programs focused on culturally relevant health promotion and disease prevention activities targeting diverse, unserved, underserved, vulnerable, and disadvantaged populations.

Recommendation 9: The Secretary and Congress should encourage Title VII Interdisciplinary, Community-Based Training Grant Program grantees to form partnerships with providers at the State and local level to prepare a culturally competent and diverse workforce.

Health Disparities

Recommendation 10: The Secretary and Congress should through legislative language mandate that HRSA reporting requirements include, where appropriate, collection of qualitative and quantitative data relating to efforts carried out by Title VII Interdisciplinary, Community-Based Training Grant Programs to contribute to a reduction in health disparities. Linkages should be established that provide access to other HRSA data sources related to health disparities to enhance assessment and evaluation activities of Title VII Interdisciplinary, Community-Based Training Grant Program grantees.

Recommendation 11: The Secretary and Congress should through legislative language, applied uniformly, require Title VII Interdisciplinary, Community-Based Training Grant Programs to address the recognition and elimination of health disparities.

Recommendation 12: The Secretary and Congress should through legislative language require Title VII Interdisciplinary, Community-Based Training Grant Programs to provide educational and clinical experiences for students, faculty, and/or practitioners that increase awareness and demonstrate how appropriate, evidenced-based interventions can be used in combination with other measure to identify and lessen health disparities unique to their region or local area.

Recommendation 13: Congress should restore funding for Title VII Interdisciplinary, Community-Based Training Grant Programs to FY 2003 funding of \$89.7 million. Further, the Committee encourages Congress to consider additional funding of \$50 million for these programs to enable programmatic growth to further the reduction of health disparities through the continued preparation of a diverse health workforce.

Recommendation 14: Congress should appropriate \$2 million to HRSA to conduct a study to investigate community health workers/patient navigators in terms of: 1) utilization and cost effectiveness; 2) education and training expectations including career advancement pathways; 3) roles and responsibilities; and 4) their contributions to the reduction of health disparities.

Health Workforce

Recommendation 15: The Secretary and Congress should encourage Title VII Interdisciplinary, Community-Based Training Grant Programs to enhance the use of information technology (IT), tele-education, and telehealth in education and training strategies in order to reach and retain health care professionals in remote and underserved areas.

Recommendation 16: The Secretary and Congress should include legislative language that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to utilize

strategies to promote effective participation and representation by members of underrepresented racial/ethnic groups to increase the diversity of the health care workforce and reduce health disparities and to improve recruitment, retention, and distribution of the health care workforce.

Recommendation 17: The Secretary and Congress should require the HRSA Administration to change the application review and progress report review criteria to emphasize the use of strategies aimed at increasing the diversity, recruitment, and retention of the health care workforce.

Recommendation 18: The Secretary and Congress should include legislative language that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to design education and training programs that promote effective participation and representation by members of multiple health professions disciplines and their effective interdisciplinary interaction on behalf of patients, special populations, and/or diverse communities.

Recommendation 19: The Secretary and Congress should include legislative language requiring Title VII Interdisciplinary, Community-Based Training Grant Programs to incorporate geriatric education and training in their programs and activities and encouraging collaboration with Geriatric Education Centers (GECs) to improve the skills and knowledge of the workforce in the care of our aging population.

Recommendation 20: The Secretary and Congress should expand the Geriatric Academic Career Awards (GACA) Program by allocating increased funding and legislating increased authority to include other doctoral-level health professions disciplines that care for aging populations and to provide mid-career awards to create academic leaders in geriatrics.

Recommendation 21: The planning committee for the “BHPPr All Grantee” meeting in June 2005 should consider creating a venue to explore strategies to share information, data, and resources among BHPPr grantees.

Recommendation 22: Congress should expand the legislative authority of the Chiropractic Demonstration Projects Program to establish and include training programs to integrate chiropractic health care with other Title VII Interdisciplinary, Community-Based Training Grant Programs.

Health Workforce Pipeline

Recommendation 23: Funding should be appropriated to support a HRSA consensus conference to include, at a minimum, Title VII Interdisciplinary, Community-Based Training Grant Programs, the National Health Service Corps, and Division of Health Care Diversity and Development Programs. The purpose of the conference will be to identify successful and effective program models that encourage, on an ongoing basis, children and young adults to consider a broad range of health careers.

Recommendation 24: Make a statutory change to all Title VII Interdisciplinary, Community-Based Training Grant Programs to permit, but not require, a portion of grant dollars to be utilized to focus on pipeline programs encouraging young people to enter a full range of health careers.

Recommendation 25: The Secretaries of DHHS, Education and Labor should convene a meeting to develop collaborative approaches across their Departments to recruit, educate and retain greater numbers of children and young adults (K-20) into the health professions. Special emphasis should be placed on program models that target students from disadvantaged and underrepresented backgrounds.

Recommendation 26: The Committee encourages linkages and collaborations with DHHS, HRSA, BHPPr, Department of Labor, Department of Education, professional associations, and national committees and commissions that are addressing Kids into Health Careers.

Recommendation 27: An additional scholarship and/or loan repayment program should be established through BHPPr that is based on community needs and workforce assessment and would apply to the full range of health professions not currently supported by BHPPr funding mechanisms. Based on the large number of health professions involved, the Committee recommends starting with an appropriation of \$10 million.

Recommendation 28: Additional funding should be allocated to Title VII Interdisciplinary, Community-Based Training Grant Programs to support their efforts in the development and maintenance of academic enrichment programs for students in the health professions pipeline.

Faculty Development

Recommendation 29: The Secretary and Congress should authorize and fund institutions with accredited health professions programs to meet the costs of projects to:

- Plan and develop interdisciplinary faculty development programs to include 1) post-doctoral fellowships, 2) scholarship, teaching, and service training for junior faculty, and 3) mentoring and retention support through demonstration models; and
- Provide financial assistance to fellows and faculty enrolled in such programs.

Recommendation 30: The legislative language relating to geriatric faculty as currently enacted in Section 753 should be revised.

- Revise 753(b) to read: Geriatric Training Regarding Physicians, Dentists, and Behavioral Health Professionals, including social workers and nurses.
- Revise 753(b)(3)(A)(iii) to read: have completed graduate medical education or doctoral training in behavioral and mental health services, including social workers and nurses.
- Revise 753(b)(4)(c) to read: The term "graduate and post-doctoral training in behavioral and mental health services" means training experiences that include graduate training resulting in a PhD., an internship accredited by the American Psychological Association, and post-doctoral training that qualifies a person for designation as a health service provider.

III. Committee Recommendations with Rationales and Benefits

A. Cross-Cutting Recommendations

Recommendation 1: Congress should reauthorize the Title VII Interdisciplinary, Community-Based Training Grant Programs.

Rationale

Congress and the Secretary should make every effort to maintain and expand these clearly effective approaches to building a workforce that provides health care services to unserved, underserved, and vulnerable populations. The Title VII Interdisciplinary, Community-Based Training Grant Programs focus on recruitment, education, training, and retention of key health personnel. They have been critical to past and present successes, and should be promoted in any future legislative actions or administrative policies.

Benefits

The value of interdisciplinary, capacity-building training programs directed toward vulnerable populations has been demonstrated by Title VII Interdisciplinary, Community-Based Training Grant Programs since 1972. The Title VII Interdisciplinary, Community-Based Training Grant Programs have annually trained more than 40,000 health professions students and have exposed over 340,000 K-12 students to health professions career recruitment activities. Continuing professional education and health promotion to consumers and community groups are additional benefits of these programs.

The result has been the enhancement of access to care in two ways: first, by the numbers of caregivers whose education and training have been positively influenced through the grant programs; and second, through the placement of the grants in areas of great need, where they serve as role models and “incubators” for primary care efforts. The real-world experiences of the trainees focus upon underserved and vulnerable populations, while at the same time delivering health care services to locations where the needs are greatest.

Recommendation 2: The Secretary and Congress should require Federal agencies, including the Department of Labor, the Department of Education, the National Institutes of Health, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention and others to establish formal funding-based links with HRSA to leverage the resources of the Title VII Interdisciplinary, Community-Based Training Grant Programs and to enhance their reach in the recruitment, training, and retention of the health workforce across the nation.

Rationale

Other Federal agencies often have goals similar to those of the goals of the Title VII Interdisciplinary, Community-Based Training Grant Programs. For example, the Department of Labor, in response to the President’s High Growth Job Training Initiative, developed a grant program to address health workforce shortages. Steps should be taken to assure that Federal

agencies are aware of each others' activities and that interagency cooperation is encouraged to the extent it is feasible. HRSA's BHPPr is well positioned to facilitate this communication and cooperation.

Benefits

Title VII Interdisciplinary, Community-Based Training Grant Programs already provide the national network and system needed to build other Federal health care workforce initiatives. Interagency cooperation and collaboration would facilitate the continuation and expansion of Title VII Interdisciplinary, Community-Based Training Grant Programs, which could serve as the "official" educational pipelines to meet the health workforce needs in the Nation. It is likely that these collaborative efforts would reduce the costs of creating redundant organizational structures to address health workforce preparation. Collaboration would also result in a more effective and efficient use of existing funds appropriated to the various agencies.

It is the intent of the Committee that this cross-agency collaboration address all of the topics considered by the Committee in this report, with special attention paid to cultural competency, diversity, and health disparities.

Recommendation 3: The Secretary and Congress should encourage linkages and collaboration between the National Advisory Committee on Interdisciplinary, Community-Based Linkages and DHHS, HRSA, BHPPr and national advisory committees and commissions addressing similar topics.

Rationale

Various DHHS, HRSA, and BHPPr advisory committees, such as the Council on Graduate Medical Education (COGME) and the National Advisory Council on Nurse Education and Practice (NACNEP), have addressed the same issues as the Committee, such as cultural competence and diversity. In addition, there are national commissions, such as the Sullivan Commission on Diversity in the Healthcare Workforce, supported by the Kellogg Foundation, which are also exploring similar issues. The Committee suggests that Congress and the Secretary facilitate linkages and collaboration between DHHS, HRSA, BHPPr, and national advisory committees and commissions. An effort to increase linkages and collaboration between committees and commissions will increase members' awareness of duplication of efforts and gaps in health professions education and training efforts.

Opportunities should be developed for committees and commissions to meet or share ideas and recommendations. The opportunities should be in the form of joint meetings, shared testimony, and joint conference opportunities addressing one or more issues. This will promote the quality and consistency of recommendations developed by various committees and commissions addressing the same issue; promote the most effective utilization of existing resources; maximize existing infrastructure; avoid replication of the same or similar systems to address like issues; and leverage and optimize use of Federal funds. Joint meetings or stand-alone conferences on specific topics of mutual interest may also allow for a cross-fertilization of ideas, especially across advisory committees representing diverse disciplines.

Additionally, the existing community-based infrastructure established in Title VII Interdisciplinary, Community-Based Training Grant Programs is not well recognized as a resource. Increased collaboration can promote awareness of the work of these grantees. Also, committees and commissions that form linkages and collaborations can explore common data elements and collections systems to assess, evaluate, and address the effectiveness of health professions education and training efforts. This supports HRSA's current initiative to evaluate data collection and performance review protocol.

Areas where this collaboration among committees and commissions may be particularly appropriate include cultural competence, workforce diversity, health disparities, the health workforce pipeline, and faculty development.

Benefits

Increased collaboration within DHHS, HRSA, BHP, and among national advisory committees and commissions will result in a more comprehensive and streamlined process for addressing issues at the national level and will have the following benefits:

- Increased consistency and unified recommendations to the Secretary and Congress across national advisory committees and commissions;
- Increased opportunities for national advisory committees and commissions to recognize both gaps and duplication of services and resources;
- Increased recognition and awareness across national programs of the work of the Title VII Interdisciplinary, Community-Based Training Grant Programs; and
- Expanded opportunities for leadership by the Title VII Interdisciplinary, Community-Based Training Grant Programs to share knowledge, experience, and expertise regarding resources and infrastructure of the national Title VII network.

B. Cultural Competence and Diversity

Recommendation 4: The Secretary and Congress should include legislative language, applied uniformly, that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to address cultural competency.

Rationale

The development of national standards for culturally and linguistically appropriate health care services is a significant step toward assuring culturally competent care for all Americans. Congress and the Secretary of DHHS should require, as appropriate, Title VII Interdisciplinary, Community-Based Training Grant Programs to incorporate the national standards for culturally and linguistically appropriate services (CLAS) in health care. To assist Title VII Interdisciplinary, Community-Based Training Grant Programs in incorporating CLAS standards, HRSA and other Federal agencies should support the identification of successful models of cultural and linguistic competence across various programs and providers. In addition, HRSA should direct potential applicants, in the application guidance, to various resources on CLAS, especially those developed by DHHS's Office of Minority Health.

Benefits

Federal requirements related to the adoption of CLAS could result in a more rapid institutionalization of standards for CLAS in Title VII Interdisciplinary, Community-Based Training Grant Programs. In addition, the incorporation of national standards for CLAS into the legislative language and program guidance for Title VII Interdisciplinary, Community-Based Training Grant Programs could lead to the identification of more examples of best practices, including case studies and teaching-specific models, for demonstrating the impact of cultural and linguistic competence. These models can be replicated by other Title VII Interdisciplinary, Community-Based Training Grant Programs.

Recommendation 5: The Secretary and Congress should include legislative language requiring Title VII Interdisciplinary, Community-Based Training Grant Program grantees to address, as appropriate, faculty development in cultural and linguistic competence. This training should be done in partnership with students, when possible.

Rationale

Among the major challenges to the delivery of culturally and linguistically appropriate health care services are the ongoing deficiencies in this area on the part of health care professionals. Title VII Interdisciplinary, Community-Based Training Grant Program grantees educate and train students from a broad range of health professions disciplines. In order to effectively train the providers of tomorrow to be culturally and linguistically competent, faculty must be qualified to provide this training, which may require faculty development in this area on an ongoing basis. Cultural and linguistic competence should not be presented as a stand-alone topic, but integrated throughout the entire educational curriculum. This requires that the entire faculty be appropriately trained on the topic.

At many institutions, students have initiated activities to address cultural and linguistic competence. When possible, students and faculty should be encouraged to collaborate in this area. Not only should student input be solicited in the development and/or maintenance of activities addressing cultural and linguistic competence, but student-initiated activities should be supported by institutions and, as appropriate, incorporated into the overall program so that the activities can be sustained over time.

In addition to faculty development efforts, educators must incorporate cultural and linguistic competence into their curricula and work to raise awareness among students about the impact of culture and language on the quality of health care service delivery.

Benefits

The integration of training in cultural and linguistic competence throughout the health professions educational process will result in a more culturally and linguistically competent health care workforce. A culturally and linguistically competent workforce is a key element to addressing health disparities, enhancing access, and ensuring better health outcomes for all Americans.

Recommendation 6: The Secretary and Congress should strengthen HRSA reporting requirements to include, where appropriate, collection of qualitative and quantitative data relating to the cultural competence efforts of Title VII Interdisciplinary, Community-Based Training Grant Programs.

Rationale

To comprehensively evaluate education and training efforts, both quantitative and qualitative data are required. Quantitative data allow for the tracking of numbers trained, training provided, and characteristics of those trained. This can be augmented by qualitative data, which provide insight into the impact of education and training activities. Both quantitative and qualitative data can aid in the assessment of the overall effectiveness of training and education efforts, as well as help to identify areas that must be strengthened or modified. HRSA's BHP_r should identify appropriate quantitative and qualitative measures relating to cultural and linguistic competence that can be incorporated into existing reporting requirements for Title VII Interdisciplinary, Community-Based Training Grant Programs. BHP_r should consult with Title VII Interdisciplinary, Community-Based Training Grant Program grantees in identifying these measures to ensure that they address appropriate activities and do not constitute an undue burden for grantees.

Benefits

Because a health care workforce that is culturally and linguistically competent is essential to addressing health disparities in racial/ethnic minorities and vulnerable populations, tracking the availability and effectiveness of cultural and linguistic competence-related activities conducted by Title VII Interdisciplinary, Community-Based Training Grant Programs through the collection of quantitative and qualitative data will provide information that can be used to strengthen these efforts. These data will allow individual grantees to track the number of people trained and the type of training provided. HRSA will be able to use aggregate data to assemble a picture of these activities on a national level. A greater understanding of current efforts can help shape and improve future efforts.

Recommendation 7: The Secretary and Congress should through legislative language require Title VII Interdisciplinary, Community-Based Training Grant Program grantees, where appropriate, to conduct program evaluation to support the development of evidence-based strategies for the incorporation of cultural competence efforts in health professions education and training.

Rationale

The provision of culturally and linguistically appropriate services has the potential to improve patient outcomes as well as the efficiency and cost-effectiveness of health care services. Key to the provision of culturally and linguistically appropriate services are health care professionals who have been appropriately trained in this area. Title VII Interdisciplinary, Community-Based Training Grant Program grantees, in collaboration with BHP_r, should explore evidence-based approaches that can be used to measure improved health care outcomes resulting from the training in cultural and linguistic competence provided by Title VII Interdisciplinary, Community-Based Training Grant Programs.

Benefits

Program evaluation by Title VII Interdisciplinary, Community-Based Training Grant Program grantees that can link education and training activities related to cultural and linguistic competence to improved patient outcomes and demonstrate the effectiveness of these efforts are critical to the identification of “best practices.” This evaluation can also provide Title VII Interdisciplinary, Community-Based Training Grant Program grantees with information that can help them modify existing programs to enhance their efforts.

Recommendation 8: The Secretary and Congress should appropriate funding incentives to health professions education and training programs focused on culturally relevant health promotion and disease prevention activities targeting diverse, unserved, underserved, vulnerable, and disadvantaged populations.

Rationale

Not only do racial/ethnic minorities have limited access to health care in general, research indicates that these populations are less likely to receive preventive care. The Kaiser Family Foundation’s report, *Key Facts: Race, Ethnicity and Medical Care*, presents data on these disparities in various areas such as health status, health insurance coverage, and health care access and quality among racial/ethnic minority groups in the United States. For example, in 2000, Latinos, African Americans, Asians, and American Indian/Alaska Natives were more likely to be without a health care visit in the past year than were Whites. Prenatal care that begins in the first trimester of pregnancy improves maternal health and birth outcomes. Though the percent of live births to mothers who received late or no prenatal care has decreased over the past two decades, Latinos, African Americans, and American Indian/Alaska Natives are still at least twice as likely as Whites and Asian/Pacific Islanders to receive late or no prenatal care.

While access to and the ability to afford care play a significant role in the failure of racial/ethnic minorities to access preventive services, there are other factors that relate specifically to service providers. The Kaiser Family Foundation’s report, *Perceptions of how Race and Ethnic Background Affect Medical Care*, found that minority patients are often distrustful of the health care system in the United States. Reasons cited included the lack of time and attention given to patients by health care providers and the perception that providers have negative stereotypes of minority patients.

Title VII Interdisciplinary, Community-Based Training Grant Program grantees, as educators of health care providers, can play an important role in fostering culturally relevant health promotion and disease prevention activities targeting diverse, unserved, underserved, vulnerable, and disadvantaged populations. However, the initiation and maintenance of education and training activities focusing on health promotion and disease prevention activities cannot be done without additional support. Providing incentives to Title VII Interdisciplinary, Community-Based Training Grant Program grantees to incorporate training in culturally sensitive health promotion and disease prevention activities can be a first step in integrating training in this critical area into the overall educational experience.

Benefits

Effective health promotion and disease prevention activities targeting underserved populations can result in improved health outcomes and greater cost effectiveness. In addition, while it is less tangible to measure, less illness and better health can greatly contribute to improved quality of life.

Recommendation 9: The Secretary and Congress should encourage Title VII Interdisciplinary, Community-Based Training Grant Program grantees to form partnerships with providers at the State and local level to prepare a culturally competent and diverse workforce.

Rationale

Ensuring a culturally competent and diverse health care workforce will require the participation of numerous stakeholders across the entire spectrum of health care service providers and education/training institutions. Numerous opportunities for collaboration exist and there are successful models for this collaboration available. Opportunities for increasing the cultural competence and diversity of the health care workforce include: mentoring programs to foster an interest in health care careers among racial/ethnic minorities; scholarship/loan repayment programs to make training for health care careers more available to lower-income individuals; and programs that recruit foreign-trained providers. In addition, programs fostering partnerships between training institutions and service providers with diverse patient populations, especially community-based organizations, can result in more culturally competent providers and improved services. However, these collaborative activities do require additional financial and human resources and support should be available to allow service providers to carry them out.

Benefits

Fostering partnerships at the State and local level can contribute to the development of a more diverse and culturally competent health care workforce through enhancing recruitment efforts, educational programs, and ongoing training activities. These partnerships can also benefit patients in the short-term by increasing resources available to local providers and in the long-term as the workforce becomes more diverse and culturally competent.

C. Health Disparities

Recommendation 10: The Secretary and Congress should through legislative language mandate that HRSA reporting requirements include, where appropriate, collection of qualitative and quantitative data relating to efforts carried out by Title VII Interdisciplinary, Community-Based Training Grant Programs to contribute to a reduction in health disparities. Linkages should be established that provide access to other HRSA data sources related to health disparities to enhance assessment and evaluation activities of Title VII Interdisciplinary, Community-Based Training Grant Program grantees.

Rationale

Currently, there is a lack of adequate data on outcomes to fully demonstrate the impact of Title VII Interdisciplinary, Community-Based Training Grant Programs on health disparities. Qualitative and quantitative data provide different types of information which, together, will enable a more comprehensive evaluation of the impact of Title VII Interdisciplinary, Community-Based Training Grant Programs on health disparities. Quantitative data are important for tracking numbers and characteristics of trainees and other program participants. Qualitative data can provide an in-depth view of the experience of trainees and the impact of program activities on health disparities. Identification or establishment of linkages to existing data sources related to health disparities will provide additional information for program evaluation while not imposing a burden on grantees.

Benefits

Collection of both qualitative and quantitative data, and establishing linkages to existing data sources, will enable grantees to develop more convincing documentation of their programs' impact on health disparities. It will also allow HRSA to aggregate individual program data to document impact on a national level, and will assist in shaping future efforts.

Recommendation 11: The Secretary and Congress should through legislative language, applied uniformly, require Title VII Interdisciplinary, Community-Based Training Grant Programs to address the recognition and elimination of health disparities.

Rationale

Reduction of health disparities is a critical component of the HRSA agenda and Title VII Interdisciplinary, Community-Based Training Grant Programs need to demonstrate effectiveness in this area. Documentation of tertiary outcomes is difficult and each of the Title VII Interdisciplinary, Community-Based Training Grant Programs has a unique emphasis. However, appropriate assessment tools need to be developed to capture data linking programming to the reduction of health disparities. Existing reports on health disparities, such as reports from the Institute of Medicine (IOM) (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002; *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, 2004), DHHS's Office of Minority Health, National Center for Health Workforce Analysis, and National Center on Minority Health and Health Disparities, provide useful examples of methods and approaches that can be incorporated into program-specific evaluation activities. HRSA and other Federal agencies should encourage and support collaboration to develop assessment tools. In addition, HRSA should provide potential applicants, in the application guidance, examples of assessment activities for each Title VII Interdisciplinary, Community-Based Training Grant Program. Presently, Title VII Interdisciplinary, Community-Based Training Grant Programs report outcomes related to health disparities to varying degrees and in various ways. Lack of uniform reporting guidelines has led to approaches that are uneven at best and, in some cases, not clearly linked to health disparities. This has resulted in data that are fragmented, local in nature, and of limited utility for describing overall national programmatic achievements. Legislative directives have proven to be an effective approach in other areas where documentation of program effectiveness needed to be improved.

Benefits

Development of uniform reporting guidelines for reduction of health disparities will help all Title VII Interdisciplinary, Community-Based Training Grant Programs demonstrate accomplishments and progress at the national level. Focused and achievable directives that can be utilized by all Title VII Interdisciplinary, Community-Based Training Grant Programs would facilitate enhanced programming and assessment activities. Federal requirements related to reduction of health disparities could result in a more rapid institutionalization of standards for measuring effects on health disparities in Title VII Interdisciplinary, Community-Based Training Grant Programs. Additionally, the incorporation of national standards for assessment of effects on health disparities can lead to the identification of more examples of best practices, including case studies and teaching-specific models, for demonstrating the impact of reductions in health disparities. All Title VII Interdisciplinary, Community-Based Training Grant Programs should have appropriate models available for use in assessment activities.

Recommendation 12: The Secretary and Congress should through legislative language require Title VII Interdisciplinary, Community-Based Training Grant Programs to provide educational and clinical experiences for students, faculty, and/or practitioners that increase awareness and demonstrate how appropriate, evidenced-based interventions can be used in combination with other measures used to identify and lessen health disparities unique to their region or local area.

Rationale

The Title VII Interdisciplinary, Community-Based Training Grant Programs are specifically required, through their enabling legislation, to carry out certain programmatic elements. In the effort to educate and train health professionals in providing care for vulnerable populations and underserved communities, it will be important to relate evidence-based practices to the actual accomplishment of better health status. Moreover, the existence of health disparities, well-documented (but varying in characteristics) throughout the country, is an especially compelling and motivating factor in curriculum and clinical experience design. Data supporting the existence of disparities in health status among various population groups have been analyzed by IOM and many other authoritative sources. The measurement of health status changes, including both direct and indirect health outcomes, and the reduction of disparities in the health status of populations, should be unifying principles throughout the Title VII Interdisciplinary, Community-Based Training Grant Programs. Furthermore, efforts to instill a desire for lifelong learning should include the professional, continuing commitment to outcomes assessment and reduction of health disparities. These activities should be incorporated into the basic statutory and regulatory requirements of all Title VII Interdisciplinary, Community-Based Training Grant Programs.

Benefits

Health professionals must have a lifelong commitment to education and training due to an ever evolving environment that includes changing patient demographics, increasing recognition of health disparities, and technological advances in the delivery of health care. Educational training programs designed to increase awareness of the changes in health care delivery and mechanisms

to measure and ensure effectiveness of education and training efforts will benefit the providers and recipients of health care services.

Recommendation 13: Congress should restore funding for Title VII Interdisciplinary, Community-Based Training Grant Programs to FY 2003 funding of \$89.7 million. Further, the Committee encourages Congress to consider additional funding of \$50 million for these programs to enable programmatic growth to further the reduction of health disparities through the continued preparation of a diverse health workforce.

Rationale

Healthy People 2010 states, “Communities, States and national organizations will need to take a multidisciplinary approach to achieving health equity—an approach that involves improving health education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself.” In its First Report, the Committee found that the primary purpose behind the Title VII Interdisciplinary, Community-Based Training Grant Programs is creation of a health workforce responsive to the health needs of the Nation. Further, the Committee found that these programs are sensitive to the evolving system of health care delivery, the changing scope of practice for various disciplines, the socioeconomic and cultural characteristics of an increasingly diverse national population, and the ever-expanding base of scientific knowledge. These model programs focus on recruitment and retention of racial, ethnic, and disadvantaged populations into health professions training. They provide interdisciplinary, community-based education, teaching students and practicing health professionals to work interdependently to develop a larger array of treatment options for the people they serve. These programs provide opportunities for health professionals to actively collaborate with each other and routinely partner with a wide variety of Federal, State, and locally funded programs. They possess extensive planning and logistic capabilities that enable them to respond to changing health workforce needs in a flexible and timely manner.

Benefits

These programs have the potential to prepare a national infrastructure for the recruitment, training, and retention of the Nation’s health workforce. Additional funding would help to ensure that these programs continue to respond to the health workforce shortages and emerging health issues such as bioterrorism. It would also allow for the expansion of the current network to all 50 States, the District of Columbia, and Puerto Rico.

Recommendation 14: Congress should appropriate \$2 million to HRSA to conduct a study to investigate community health workers/patient navigators in terms of: 1) utilization and cost effectiveness; 2) education and training expectations including career advancement pathways; 3) roles and responsibilities; and 4) their contributions to the reduction of health disparities.

Rationale

Community health workers (CHWs) and patient navigators (PNs) are drawn from the target population. They are trained to provide specific health education and support services within their communities. “Community health worker” is a broad term and CHWs perform a variety of functions within communities such as outreach, patient education, and peer counseling. “Patient

navigator” is a much more specific role. PNs help those suffering from a specific condition navigate the health care system. The unique aspect of the PN is that they have also experienced the same condition and can help the patient based on personal experience, in addition to sharing the information they received during their training process.

While they have different titles, the key qualities of CHWs and PNs are similar. The most important aspect is that they are from the community they serve. As peers, they know the needs of the community, speak a common language as community members, and have an existing rapport with community members who may be distrustful, afraid, or otherwise reluctant to access mainstream health care services. With a disease-specific model, where the CHW or PN is also affected by or has the condition, they also serve as the voice of experience. Other key roles of CHWs and PNs include:

- Serving as liaisons or advocates between patients and providers;
- Educating providers about community needs and the culture of the community;
- Providing patient education;
- Enhancing continuity and coordination of care; and
- Increasing use of preventive and primary care services.

Depending on their training, role, and other skills, these peer workers can conduct or facilitate other services such as the outreach, translation, transportation, case management, family support, adherence support, and health education. Peer workers, such as CHWs and PNs, serve throughout the United States in a diverse array of cultural settings.

Some Title VII Interdisciplinary Training Grant Programs have initiated efforts to train CHWs. For example, Part D, Section 752. (4) requires that Health Education and Training Centers (HETCs) conduct training and health education services, including training to prepare CHWs.

There are challenges related to greater utilization of CHWs and PNs. Specifically, in most areas, job descriptions do not exist, nor do standardized training programs for peer health workers. CHWs and PNs are not viewed as legitimate health care providers—they fall somewhere between a highly trained volunteer and an employee. This is despite some fairly rigorous training requirements for CHWs and PNs. Because of this, compensation and reimbursement for CHW and PN services remains problematic. These issues will need to be resolved if CHWs and PNs are to become a fully integrated component in the health care system. Further study of the role of CHWs and PNs in the health care system is necessary to determine: 1) their impact on utilization and cost effectiveness of health care services; 2) realistic education and training expectations, including career advancement pathways; 3) roles and responsibilities of CHWs and PNs; and 4) the long-term contribution of CHWs and PNs to the reduction of health disparities.

Benefits

This funding will provide for the establishment of cost-effective models and stimulate the development of CHW and PN training programs across the Nation. The widespread incorporation of CHWs and PNs into the health care delivery system provides opportunities to improve the delivery of preventive and primary care to diverse communities and can result in

cost savings, increased access to care, and increased outreach activities to provide health education and bring people to care.

Research indicates that use of CHWs and PNs may result in the reduction of cultural and language barriers, improve health literacy levels, and reduce provider bias and unequal treatment of patients. Reducing these challenges and barriers to care may ultimately result in a reduction in health disparities and improved health outcomes for unserved and underserved populations.

D. Health Workforce

Recommendation 15: The Secretary and Congress should encourage Title VII Interdisciplinary, Community-Based Training Grant Programs to enhance the use of information technology (IT), tele-education, and telehealth in education and training strategies in order to reach and retain health care professionals in remote and underserved areas.

Rationale

Health care professionals in remote and underserved areas report that electronic resources are valuable assets to their practice and continuing education. The capabilities and quality of electronic resources have improved significantly over the past five years. HRSA is providing funding to every State to develop and implement telehealth and IT tools. Additionally, many best practice models for educational tools and projects have been identified and disseminated. The effectiveness of electronic consultation and assistance for remote practitioners continues to increase. Some Title VII Interdisciplinary, Community-Based Training Grant Programs have the ability to influence retention of health care providers in underserved areas through the education/training opportunities they provide, especially if these opportunities are easily accessible to remote practice sites.

Benefits

The appropriateness of the use of IT, tele-education, and telehealth varies across Title VII Interdisciplinary, Community-Based Training Grant Programs. However, it is likely that all the programs could benefit in some way by increased use of electronic resources. All Title VII Interdisciplinary, Community-Based Training Grant Programs have developed significant expertise in providing content for education and training. Conversion of this programming into an electronic format to reach remote participants represents a logical extension of these efforts. While effective electronic delivery of materials and expertise is an expensive undertaking, existing Title VII networks support and facilitate partnerships and collaboration. Thus, widespread incorporation of electronic programming is an achievable goal. The impact of Title VII Interdisciplinary, Community-Based Training Grant Programs on retention has been difficult to measure. Increased use of electronic approaches will lead to development of more reliable measures regarding retention. For example, through pre- and post-tests and retention studies, practitioners in remote locations may report that electronic resources are instrumental in keeping them in their practice area.

Recommendation 16: The Secretary and Congress should include legislative language that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to utilize strategies to promote effective participation and representation by members of underrepresented racial/ethnic groups to increase the diversity of the health care workforce and reduce health disparities and to improve recruitment, retention, and distribution of the health care workforce.

Rationale

The health care needs created by an aging and increasingly diverse population will demand the ongoing development of a more diverse health care workforce. Title VII Interdisciplinary, Community-Based Training Grant Programs may need to identify newer and more innovative strategies for career awareness and the development of career ladders.

The intention of this recommendation is to promote increased diversity in the health care workforce through recruitment, retention, and distribution, with particular emphasis on admissions policies and faculty diversity. Although it is recognized that Title VII Interdisciplinary, Community-Based Training Grant Programs have limited influence in the areas of admissions policies and curriculum development, they can effectively play a role in sensitizing educational institutions about their admissions processes, which can facilitate improved recruitment and retention outcomes. The IOM report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, identifies policy level strategies needed to modify admission practices, reduce financial barriers, increase diversity goals in program accreditation, and improve institutional campus climate to promote a diverse workforce.

Additionally, there is a need to track the impact of pipeline development programs. The longitudinal collection of data will ensure that programs are recognized and successful in achieving optimal outcomes in their strategies in recruitment and enhance the sharing of data across all Title VII Interdisciplinary, Community-Based Training Grant Programs related to workforce distribution and retention.

Benefits

Expansion of career ladders and health careers awareness programs could facilitate and promote career advancement and enhance opportunities for recruitment, retention, and distribution to increase the diversity of the health care workforce and thereby reduce health disparities. The benefits of recruitment and training to enhance diversity among health professions would likely improve the health workforce and enhance cultural competence.

Educational opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented in HRSA's Title VII Interdisciplinary, Community-Based Training Grant Programs, could be enhanced. Moreover, improved data on program outcomes will demonstrate the effectiveness of programs and the relative impact in the community.

Recommendation 17: The Secretary and Congress should require the HRSA Administration to change the application review and progress report review criteria to emphasize the use of strategies aimed at increasing the diversity, recruitment, and retention of the health care workforce.

Rationale

In order to increase the diversity, recruitment, and retention of the health care workforce in this country, Title VII Interdisciplinary, Community-Based Training Grant Program grantees should move beyond the use of numbers and numerical data in reporting program plans and progress toward meeting goals and objectives. Both applications and progress reports should include narrative information to report processes and outcomes. These narratives should describe best practices in enhancing workforce development and capture efforts that do not translate into numbers. Descriptive materials may include discussion of strategies and efforts and models used. These descriptions should incorporate a “feedback loop” to demonstrate that tracking and evaluation are incorporated into operational considerations on an ongoing basis.

Narrative reports can be included in new sections of both applications and progress reports, possibly with the assignment of points to allow recognition of effort and outcomes. It is anticipated that these changes in format would need to be program specific, since missions, and mission-critical strategies, vary across Title VII Interdisciplinary, Community-Based Training Grant Programs.

Benefits

Title VII Interdisciplinary, Community-Based Training Grant Program grantees will recognize, both on initial application and upon renewal application, that strategies to increase diversity, recruitment, and retention of the health care workforce are major elements in their specific program support. The narrative description of outcomes and the encouragement of use of best practices will emphasize the importance of these issues, which include, as well as transcend, local and regional needs. At the community level, the changes in application and progress report reviews should be perceived as “opening doors,” and grantees can model strategies for other community institutions such as applying non-restrictive hiring practices and providing information on potential financial assistance to persons pursuing health care careers.

Recommendation 18: The Secretary and Congress should include legislative language that requires Title VII Interdisciplinary, Community-Based Training Grant Programs to design education and training programs that promote effective participation and representation by members of multiple health professions disciplines and their effective interdisciplinary interaction on behalf of patients, special populations, and/or diverse communities.

Rationale

Currently, “silos” in which health professions practice in isolation from one another are common. Such isolation detracts from continuity of care, especially for special populations with complex health care needs. It may also contribute to “turf battles” among health professionals, who often do not understand one another’s role in providing care. Evidence to support the use of interdisciplinary training models exists, demonstrating that it can enhance patient care. However, even though interdisciplinary training is well-integrated into many Title VII Interdisciplinary, Community-Based Training Grant Programs, the full range of health care disciplines represented in these programs is not fully utilized in such training programs.

Benefits

In a health care system with many workforce shortages, effective use of the special skills of different health professions on interdisciplinary teams may enhance the efficiency of health care delivery and avoid duplication of care. It can provide health professionals with a better understanding of one another's roles in service to patients, special populations, and the community.

Recommendation 19: The Secretary and Congress should include legislative language requiring Title VII Interdisciplinary, Community-Based Training Grant Programs to incorporate geriatric education and training in their programs and activities and encouraging collaboration with Geriatric Education Centers to improve the skills and knowledge of the workforce in the care of our aging population.

Rationale

The importance and need for developing and maintaining a health professions workforce competent in the care and service of the aging population has been well documented. The amount of education and training necessary to acquire the knowledge, skills, and attributes associated with technically appropriate and culturally competent care require education and training opportunities beyond what crowded professional school curricula can offer. GECs have spent many years developing expertise and programming for the education/training of health professionals in geriatrics and gerontology. Most States have at least one GEC and for those States that do not have a GEC, GECs in neighboring States include them within their geographic service area. The national GEC network is dedicated to improving the education/training, supply, distribution, diversity, and quality of health care professionals through strong community-academic partnerships that improve the quality of health care for all elderly individuals, including the underserved and minorities.

Benefits

The appropriateness of the incorporation of geriatric education and training varies across the Title VII Interdisciplinary, Community-Based Training Grant Programs. However, it is likely that most of the programs could benefit in some way by the increased geriatrics/gerontology resources that the GEC network can provide. For example, because of the way they are structured and operate, many Area Health Education Centers (AHECs) have developed extensive and highly effective community-based infrastructures and programming designed to address health professions issues related to recruitment/retention, diversity/distribution, and education/training. However, there may be little if any geriatrics/gerontology content. At the same time, GECs have highly developed geriatrics/gerontology content but often suffer from inadequate infrastructure to support widespread dissemination. Thus, encouraging GEC collaborations would benefit most Title VII Interdisciplinary, Community-Based Training Grant Programs.

Recommendation 20: The Secretary and Congress should expand the Geriatric Academic Career Awards Program by allocating increased funding and legislating increased authority to include other doctoral-level health professions disciplines that care for aging populations and to provide mid-career awards to create academic leaders in geriatrics.

Rationale

The GACA Program supports career development of geriatricians in junior faculty positions in medical schools nationwide. This program has had a major impact on the field of medicine, producing academic and community leaders that have the ability to influence education/training curricula, community health care, and national health care legislation. There is a tremendous need for such future leaders in other health care disciplines. The interdisciplinary nature of effective geriatric care requires multiple health professionals to work collaboratively. Other health professions continue to lag far behind medicine with regard to their ability to recruit and support geriatric clinicians and scholars. Without participation from other health care disciplines, the overall impact of the GACA Program will be compromised. Awards for mid-career health professions faculty would also be helpful with regard to recruitment and retention. Many excellent faculty select or are identified with an interest in geriatrics at later stages in their careers. Support for a shift in career emphasis to geriatrics would greatly increase the numbers of health professions faculty available for leadership positions within this field.

Benefits

Extension of the GACA Program to other doctoral-level health professions and to include mid-career awards should increase the overall impact of the GACA Program and lead to more effective interdisciplinary academic and community leadership that has the ability to influence education/training curricula, community health care, and national health care legislation.

Recommendation 21: The planning committee for the “BHP_r All Grantee” meeting in June 2005 should consider creating a venue to explore strategies to share information, data, and resources among BHP_r grantees.

Rationale

The All Grantee meeting provides an excellent opportunity to offer resources, tools, common definitions, and mechanisms for the collection, analysis, and application of data. For example, the chair of this Committee could moderate a panel describing models, strategies, and best practices selected from among outstanding grantees. This portion of the All Grantee meeting could focus discussion in a manner similar to a clinical treatment consensus conference and result in the development of widely-applicable processes analogous to clinical guidelines and protocols.

In the presentation and dissemination of these model processes, national grantee organizations, in their technical assistance roles, could be invited to help in the creation of web-based repositories, collecting resources and making them available to Title VII Interdisciplinary, Community-Based Training Grant Program grantees. Such entities as the Rural Assistance Center could play a part in aggregating information and making it accessible through the Internet.

Benefits

The BHP_r All Grantee meeting offers a forum to stimulate and coordinate the sharing of information about strategic models and best practices, giving each grantee the opportunity to reflect upon both processes and outcomes in an environment of learning and collaboration. The result will be an expected upgrade in performance by all grantees. This enhanced performance could ultimately result in improved health outcomes.

Recommendation 22: Congress should expand the legislative authority of the Chiropractic Demonstration Projects Program to establish and include training programs to integrate chiropractic health care with other Title VII Interdisciplinary, Community-Based Training Grant Programs.

Rationale

In its Second Report, the Committee recommended that the Chiropractic Demonstration Projects Program be expanded to include training programs that would increase the number of individuals trained in chiropractic since chiropractors are not evenly distributed in the United States and minorities and women are underrepresented in the profession. This new recommendation builds upon the previous one in order to increase the impact of this expansion.

The Chiropractic Demonstration Projects Program is the only Title VII Interdisciplinary, Community-Based Training Grant Program designated to focus exclusively on research. The need for training of chiropractors to work with other health care providers and the need to increase minority representation, as well as cultural competence among chiropractors, is not addressed in any other program. These training issues are recognized in the other Title VII Interdisciplinary, Community-Based Training Grant Programs, but to date, chiropractic institutions and practitioners have not participated significantly in them.

Benefits

Integration into the existing Title VII Interdisciplinary, Community-Based Training Grant Programs would allow chiropractors to work more effectively within the health care system and avoid the duplication of services occurring when they provide services isolated from those of other health care providers.

E. Health Workforce Pipeline

Recommendation 23: Funding should be appropriated to support a HRSA consensus conference to include, at a minimum, Title VII Interdisciplinary, Community-Based Training Grant Programs, the National Health Service Corps, and Division of Health Care Diversity and Development Programs. The purpose of the conference will be to identify successful and effective program models that encourage, on an ongoing basis, children and young adults to consider a broad range of health careers.

Rationale

Pipeline programs, which are designed to promote health careers, vary widely in approaches, costs, and documented effectiveness. Pipeline programs focus on expanding the pool of children, young adults, and minorities interested in health care careers at the K-12 level, as well as pre-and post-higher education. An additional focus is on strengthening academic preparedness of young people who seek careers in health care. Many of these programs are characterized by flexibility. The participation of significant adults in the lives of young people and of peers has been recognized as an important component.

There is a need for adequate and ongoing support for Federal programs that encourage health workforce diversity and to ensure an adequate pool of applicants and students. The dissemination of successful pipeline practices will increase awareness, knowledge, and support for programs that encourage a broad range of health careers. Providing opportunities for forums and the sharing of expertise and innovative ideas with other groups working in this area will promote partnerships and further support training activities within States and academia. These best practice models should represent a wide range of health professions. An exploration should be made of program-specific models that would be appropriate to the unique missions of the various Title VII Interdisciplinary, Community-Based Training Grant Programs.

Benefits

This funding will provide for the exploration of cost-effective models and strengthen pipeline health career offerings through the delivery of programs addressing all segments of the health careers ladder and promoting the involvement of diverse and underserved communities. The promotion and development of innovative career awareness programs in communities and the promotion of programming to focus on the recruitment and retention in training will encourage young people to consider a broad range of health careers.

A HRSA consensus conference is an efficient, cost-effective means to determine the best approaches, especially if a specific product is developed that will be of use to Title VII Interdisciplinary, Community-Based Training Grant Programs. The identification, evaluation, and promulgation of the most effective models will assist grantees in the implementation of effective Kids into Health Careers programs.

Recommendation 24: Make a statutory change to all Title VII Interdisciplinary, Community-Based Training Grant Programs to permit, but not require, a portion of grant dollars to be utilized to focus on pipeline programs encouraging young people to enter a full range of health careers.

Rationale

Currently, of all Title VII Interdisciplinary, Community-Based Training Grant Programs, only AHECs are permitted to utilize grant funds to focus on Kids into Health Careers programs. Allied Health Special Projects grantees, as well as other Title VII Interdisciplinary, Community-Based Training Grant Programs, particularly HETCs and GECs, conduct Kids into Health Careers programs but are required to fund these activities through various other sources. Based on the significant need to expose children to a full range of health career opportunities, pipeline programs should not be optional for Title VII Interdisciplinary, Community-Based Training Grant Programs, unless it is not an appropriate activity for the grantee. Some programs are better positioned and qualified to conduct pipeline programs. Grantees should collaborate on these activities—each one does not need to have a stand-alone program.

Benefits

Not only will the greater availability of Kids into Health Careers programs increase the number of students interested in pursuing careers in health care, these programs can: help prepare students for the rigors of health-related education and training programs, especially science-

related courses; help students focus on the full range of careers in health care, not just medicine, dentistry, and nursing; expose students to mentors and role models; and create important linkages with families to increase potential students' support networks.

Recommendation 25: The Secretaries of DHHS, Education, and Labor should convene a meeting to develop collaborative approaches across their Departments to recruit, educate, and retain greater numbers of children and young adults (K-20) into the health professions. Special emphasis should be placed on program models that target students from disadvantaged and underrepresented backgrounds.

Rationale

To promote the effective development, implementation, and maintenance of career pipeline programs, Title VII Interdisciplinary, Community-Based Training Grant Programs should collaborate with other HRSA programs, as well as programs from other Federal agencies that are conducting similar activities. Included should be efforts to expand Kids into Health Careers (K-20) activities to other HRSA programs. It would include involvement of the existing health professions pipeline programs with a special emphasis on programs to increase the access to education and training for students from disadvantaged and underrepresented backgrounds. Collaboration across programs could prove to be an effective approach to maximizing existing resources.

Benefits

The implementation of collaborative pipeline activities across BHPPr and the programs of other Federal agencies will expand the impact of these programs and result in the direct benefit of exposing students to health careers at a stage in their lives when they may be receptive to a broad range of health career options. Promoting these programs will not only strengthen the health care workforce, but it will foster a cadre of health care providers that appreciate the importance of reaching young people in order to promote health careers and have an understanding of the additional efforts that are necessary to support these young people as they pursue their health professions training. This cadre will hopefully become future mentors and help bring a new generation into the health careers pipeline.

Recommendation 26: The Committee encourages linkages and collaborations with DHHS, HRSA, BHPPr, Department of Labor, Department of Education, professional associations, and national committees and commissions that are addressing Kids into Health Careers.

Rationale

The purpose of establishing and strengthening collaborative linkages across DHHS, HRSA, BHPPr, the Department of Labor, the Department of Education, professional associations, and national committees and commissions is to effectively leverage funds to expand efforts, which will result in expanded opportunities and options for young people to pursue careers in the health professions. There is fragmentation in the educational pipeline with multiple programs promoting various health-related careers. One important area of emphasis should be expanding the reach of these programs to higher education. Programs focusing on higher education and those addressing older students should work together, not in competition, with programs serving

younger students. This will help to address the “ruptured pipeline,” which occurs between high school and higher education.

Benefits

Since pipeline programs are incredibly expensive, Title VII Interdisciplinary, Community-Based Training Grant Programs should collaborate with other existing programs. Collaboration will enhance the promotion of health careers, encourage better student preparation, promote programs to underrepresented minorities, and result in interdisciplinary approaches to increase health career pipeline programs. The establishment of effective and ongoing collaboration and linkages with DHHS, HRSA, BHPPr, Department of Labor, Department of Education, professional associations, and national committees and commissions will significantly strengthen and enhance the recruitment of young people into health careers and result in improved pipeline and health careers outcomes (better qualified applicants, higher completion rates, etc.). Furthermore, linkages among and between these agencies and entities addressing these issues would focus on an interdisciplinary approach to health careers preparation.

Recommendation 27: An additional scholarship and/or loan repayment program should be established through BHPPr that is based on community needs and workforce assessment and would apply to the full range of health professions not currently supported by BHPPr funding mechanisms. Based on the large number of health professions involved, the Committee recommends starting with an appropriation of \$10 million.

Rationale

The rising cost and indebtedness associated with education and training in the health professions has created a significant barrier for many students from middle and lower socioeconomic classes. As a result of this indebtedness, increasing numbers of health professions graduates are choosing high-income practice settings and locations, rather than underserved areas and populations. These trends are expected to continue.

In addition to scholarships for graduate-level education, support is needed for young people pursuing four-year degrees. With programs designed to address this problem, the emphasis should be on loan repayment, since scholarships are too restrictive. The program could be modeled after the National Health Service Corps and the nursing programs (e.g., programs modeled on the Nursing Reinvestment Act). The disciplines supported through the new program should be prioritized based on the need for specific health professionals. Recognized standards that demonstrate a need within particular professions or criteria established based on regular assessments could be used in the prioritization process. This approach would recognize that shortages in the specific professions shift overtime, thus requiring the maintenance of flexibility in identifying areas of need.

In recognition of current collaboration between Title VII Interdisciplinary, Community-Based Training Grant Programs and the National Health Service Corps, the Committee continues to support the National Health Service Corps loan repayment program and supports the consideration of expansion of other health programs involved in loan repayment.

Benefits

The establishment of an additional scholarship and loan repayment program through BHP, addressing community need and workforce, would increase the numbers and diversity of future health care professionals and enhance the likelihood that they include underserved areas and populations in their practice.

Recommendation 28: Additional funding should be allocated to Title VII Interdisciplinary, Community-Based Training Grant Programs to support their efforts in the development and maintenance of academic enrichment programs for students in the health professions pipeline.

Rationale

To increase the number of students in the health professions pipeline, solutions must be identified to address the barriers to educational preparedness, in addition to those posed by the length and cost of training. Since many barriers are beyond what currently funded programs can address, Title VII Interdisciplinary, Community-Based Training Grant Programs must focus on areas where they can have an impact, such as academic enrichment programs, including summer enrichment programs. These programs support recruitment and stimulate interest on the part of young people in health professions careers and include activities such as: peer support groups; mentors; tutors; and summer programs and research opportunities. Support services, provided while students are enrolled in programs, can result in improved academic achievement, particularly for underrepresented minorities. While these services are not required, they should be encouraged. These programs, when effectively implemented, can serve as models to promote health careers.

Benefits

Additional funds for Title VII Interdisciplinary, Community-Based Training Grant Programs will support activities designed to enhance the retention and success of students in health professions training. In addition, the pre-health advising programs can promote the success of students pursuing health careers. An additional scholarship and loan repayment program on community needs and workforce development, established through BHP, would provide further support for promoting ongoing academic enrichment programs.

F. Faculty Development

Recommendation 29: The Secretary and Congress should authorize and fund institutions with accredited health professions programs to meet the costs of projects to:

- **Plan and develop interdisciplinary faculty development programs to include 1) post-doctoral fellowships, 2) scholarship, teaching, and service training for junior faculty, and 3) mentoring and retention support through demonstration models; and**
- **Provide financial assistance to fellows and faculty enrolled in such programs.**

Rationale

Programs that encourage academic careers during professional study are necessary to ensure the ongoing availability of a faculty career pipeline. Faculty development activities require extensive time for effective preparation and outcomes. Incentives must be provided both to faculty and the institutions to implement and participate in these programs. Faculty development continues to be discipline specific, and there is a need for interdisciplinary, community-based fellowship programs utilizing models similar to the GACA.

Programming should be directed toward the implementation of training through post-doctoral fellowships relative to scholarship, teaching, and service, particularly in support of training for junior faculty. The IOM Report, *In the Nation's Compelling Interest: Diversity in the Health Care Workforce*, provides specific recommendations for health care institutions that included: developing accreditation standards that promote a diverse faculty and student body; increasing cultural competency; identifying resources to overcome financial barriers faced by minority students; and consideration of a better balance of quantitative and qualitative candidate data.

In addition, a lack of leadership training exists in faculty development programs, particularly targeting underrepresented minorities. Many professional organizations do not see faculty development and diversity as a priority. Grantees should be required to collaborate with professional groups, as faculty shortages directly impact the health professions workforce shortages. Adequate funding of faculty development programs is important to help expand the number of disadvantaged and underrepresented minority students prepared as health professions leaders, since faculty with similar backgrounds and experiences are vital as role models and mentors.

Benefits

The funding of faculty development programs through faculty scholarship and loan programs facilitates the implementation of demonstration models focused on leadership, mentoring, and retention and matches expectations for success. This approach would enhance the diversity and distribution of faculty, as well as improve the recruitment and retention of underrepresented minority faculty. In addition, the availability of role models with interdisciplinary training will significantly improve the faculty pipeline in the health professions and reduce the existing faculty shortages. Moreover, applicants would be able to demonstrate that the faculty development program will prepare an interdisciplinary cadre of health professionals for academic careers in fields experiencing shortages of qualified faculty. Collaboration with professional organizations and institutions would be encouraged, in order to link and leverage these efforts.

Recommendation 30: The legislative language relating to geriatric faculty as currently enacted in Section 753 should be revised.

- **Revise 753(b) to read: Geriatric Training Regarding Physicians, Dentists, and Behavioral Health Professionals, including social workers and nurses.**
- **Revise 753(b)(3)(A)(iii) to read: have completed graduate medical education or doctoral training in behavioral and mental health services, including social workers and nurses.**

- **Revise 753(b)(4)(c) to read: The term "graduate and post-doctoral training in behavioral and mental health services" means training experiences that include graduate training resulting in a PhD, an internship accredited by the American Psychological Association, and post-doctoral training that qualifies a person for designation as a health service provider.**

Rationale

Geriatric Training Programs provide post-doctoral training in geriatrics for fellows who want to become teachers. The curriculum for fellows includes teaching, research, administration, and clinical care. Training sites must work with underserved populations and each trainee has a longitudinal panel of patients. The three different professions must train together in an interdisciplinary manner. Currently, HRSA funds the Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions grants, which train fellows to deliver quality, culturally competent, holistic care to elderly across the continuum, focusing on interdisciplinary clinical training. Many of the programs target underserved populations including rural populations, African-Americans, Latinos, and the developmentally disabled.

Benefits

Post-doctoral training fellowships in geriatrics would be significantly strengthened with the expanded participation and involvement of other health professionals in an interdisciplinary approach to training. Changes in the legislative language allows for the involvement and availability of a broad group of health professionals with unique training, clinical, educational, administrative, and research experiences to provide the knowledge and skills set necessary for optimum care while, at the same time, serving as an effective teaching clinician.

IV. Summary of Work: October 2003 to September 2004

The Committee's work from October 2003 to September 2004 addressed four topics: cultural competence and diversity; health disparities, health professions workforce, and health workforce pipeline and faculty development. For each topic, the committee posed questions and invited testimony from a variety of agencies and organizations in order to gather information to answer the questions. Recommendations related to each topic were the result of the Committee's deliberations on the testimony provided. The primary questions addressed for each topic are listed below.

Cultural Competence and Diversity

- How is cultural competence defined?
- How does cultural competence impact health outcomes?
- What are the benefits of a culturally competent health care workforce?
- What are Title VII Interdisciplinary, Community-Based Training Grant Programs doing in the areas of cultural competence and diversity?

Testimony was presented by HRSA BHP staff and representatives of various Title VII Interdisciplinary, Community-Based Training Grant Programs.

Health Disparities

- What is the relationship between health disparities and underserved populations?
- What is the impact of health disparities on Title VII Interdisciplinary, Community-Based Training Grant Programs?
- What are Title VII Interdisciplinary, Community-Based Training Grant Programs doing to address health disparities?
- What are the challenges associated with addressing health disparities?
- What are other programs doing to address health disparities and how can Title VII Interdisciplinary, Community-Based Training Grant Programs collaborate with them and build on existing infrastructures?

Testimony was presented by IOM staff on the report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*; the Office of Minority Health; the National Cancer Institute's Center to Reduce Cancer Health Disparities, and representatives of relevant Title VII Interdisciplinary, Community-Based Training Grant Programs.

Health Professions Workforce

- What does the national health care workforce currently look like?
- What is the impact of Title VII Interdisciplinary, Community-Based Training Grant Programs on health workforce distribution and retention?
- How does faculty development and recruitment impact workforce development?

- What are Title VII Interdisciplinary, Community-Based Training Grant Programs doing to address faculty issues related to workforce development?

Testimony was presented by staff from the Department of Labor; the National Center for Health Workforce Studies; the Center for the Health Professions; IOM; and representatives of Title VII Interdisciplinary, Community-Based Training Grant Programs and other HRSA BHPPr programs.

Health Professions Workforce-Pipeline Issues

- What is the current status of pipeline development programs?
- Do pipeline programs address the significant barriers faced by minorities in pursuing health careers?
- What is the relationship of Title VII Interdisciplinary, Community-Based Training Grant Programs to existing pipeline development programs?

Testimony was presented by staff from the American Association of Colleges of Nursing; American Association of Medical Colleges; IOM; and representatives of Title VII Interdisciplinary, Community-Based Training Grant Programs and other HRSA BHPPr programs.

V. Background of Committee

In 1998, under the Authority 42USC 294F, Section 756 of the Public Health Service Act, the Advisory Committee on Interdisciplinary, Community-Based Linkages was created. The Committee's charge is to: 1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning activities under Section 756, Title VII, Part D of the PHS Act; and 2) prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations.

In addition, Section 756 directs that:

- Appointments to the Committee be made from among individuals who are health professionals associated with schools of the type described in Sections 751 through 755;
- A fair balance be maintained among the health professions, with at least 75 percent of the appointments being health professionals;
- Broad geographic representation and a balance between urban and rural members be maintained; and
- Adequate representation of women and minorities be maintained.

HRSA and its Division of State, Community and Public Health in the Bureau of Health Professions, is responsible for all aspects of Committee management. The Committee addresses its charge by meeting several times annually to hear testimony from nationally recognized leaders in the disciplines listed above and by preparing annual reports accordingly.

The Committee was initially chartered March 24, 1999 and subsequently renewed March 22, 2001 and March 23, 2004.

VI. Title VII Interdisciplinary, Community-Based Training Grant Programs

The legislation, set forth in Title VII, Part D, of the Public Health Service Act, identified five sets of programs, all with the central mission of training and education and deemed to have the potential to support linkages that can impact upon the quality and availability of health care services to populations that have traditionally been underserved or are otherwise medically vulnerable. These programs are as follows:

- Area Health Education Centers (Section 751);
- Health Education and Training Centers (Section 752);
- Geriatric Education and Training Programs (Section 753);
- Quentin N. Burdick Program for Rural Interdisciplinary Training (Section 754); and
- Entities engaged in education and training for the allied health professions and other disciplines (Section 755).

Although these programs differ in detail, they share a common element; each has the potential for fostering the development and application of interdisciplinary, community-based linkages. This occurs in areas where such linkages are most urgently needed, on health care delivery issues of greatest concern from a community standpoint. They all provide training for health professions students, medical residents and local providers in community settings. In addition, they provide a key link between the academic health institutions, federally qualified health centers, and communities. They all are an integral part of the health safety net system.

Goals shared by all the programs include:

- Increasing the numbers of health professionals who can function in an interdisciplinary and multidisciplinary, community-based setting through the training of students in the health professions, education of faculty in academic health centers, and continuing education for health care practitioners;
- Promoting a redistribution of the health care workforce to underserved areas within our Nation; and
- Improving the health status of the most vulnerable of our citizens by providing them with health care professionals who are technically well-trained, culturally competent in the care they provide, responsive to the needs of the communities where they work, and comfortable providing that care as part of an interdisciplinary team.

Characteristics of Individual Programs

Area Health Education Centers (AHEC) - (Section 751)

The goals of the AHEC Program are to: 1) improve the recruitment, distribution, supply, quality, and diversity of personnel who provide health care services in underserved rural and urban areas or to populations with demonstrated serious unmet health care needs; 2) increase the number of primary care physicians and other primary care providers who provide services in such areas and to such populations; and 3) increase health careers awareness among individuals from underserved areas and underrepresented populations.

To accomplish these goals, AHECs carry out the following activities.

1. Develop and support the community-based, interdisciplinary training of health professions students, particularly in underserved rural and urban areas. Exposing health professions students to underserved communities increases the likelihood that they will return to these communities to practice.
2. Provide continuing education and other services that improve the quality of community-based health care. Improving the quality of care also enhances the retention of providers in underserved communities, particularly federally qualified community health centers.
3. Recruit underrepresented minority and disadvantaged students into the health professions through a wide variety of programs targeting elementary through high school students. Minority and disadvantaged students are grossly underrepresented in the health professions. These students are more likely to practice in underserved communities upon completion of their training.
4. Facilitate and support practitioners, facilities, and community-based organizations in addressing critical local health issues in a timely and efficient manner. AHECs often focus on interdisciplinary education in which multifaceted education programs are developed.

Health Education Training Centers (HETC) – Section 752

The goals of the HETC Program are to: 1) improve the supply, distribution, quality, and efficiency of personnel providing health services in the United States along the border with Mexico and in the State of Florida; 2) improve the supply, distribution, quality, and efficiency of personnel who provide services in other urban and rural areas, including frontier areas, of the United States and health services to any population group, including Hispanic individuals, that has demonstrated serious unmet health care needs; and 3) encourage health promotion and disease prevention through public education in the areas described above.

To accomplish these goals, HETCs carry out the following activities.

1. Conduct training and education programs for health professions students in the assigned service area.
2. Conduct training in community-based health education services, including training to prepare community health workers.
3. Provide education and other services to health professionals practicing in the area.

Geriatric Education Centers (GECs) – Section 753

The program goal for the GECs is to improve the training of health professionals in geriatrics through three specific programs.

1. Geriatric Education Centers – dedicated to the interdisciplinary geriatric education and training of all health professionals.
2. Geriatric Training for Physicians, Dentists, and Behavioral/Mental Health Professionals – ensuring that physicians, dentists, and behavioral/mental health professionals become experts in geriatrics in order to serve as faculty for other trainees in their respective health professions.
3. Geriatric Academic Career Awards – designed to increase the teaching of geriatrics in medical schools through the development of junior faculty who are committed to academic careers teaching clinical geriatrics.

To accomplish these goals, GECs carry out the following activities.

1. Improve the training of health professionals in geriatrics by providing geriatric residencies, traineeships, or fellowship.
2. Develop and disseminate curricula to health professionals on the treatment of health problems of the elderly.
3. Support the training and retraining of faculty to provide instruction in geriatrics.
4. Support continuing education of health professionals who provide geriatric care.
5. Provide students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

Quentin N. Burdick Program for Rural Interdisciplinary Training – Section 754

The Quentin N. Burdick Program is designed to support the interdisciplinary education and training of health professional teams to enter into practice and/or remain in rural areas. Program goals are to: 1) use new and innovative methods to train health care professionals to provide services in rural areas; 2) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care; 3) deliver health care services to individuals residing in rural areas; 4) enhance the amount of relevant research conducted concerning health care issues in rural areas; and 5) increase the recruitment and

retention of health care practitioners from rural areas and make rural practice a more attractive choice for health care practitioners.

To accomplish these goals, Quentin N. Burdick Programs carry out the following activities.

1. Provide interdisciplinary learning experiences for health professions students designed to enhance the understanding of the contribution that each discipline brings to the solution of health concerns.
2. Conduct educational workshops and activities in rural communities for rural health professionals and the community.
3. Provide information and awareness activities for students, grades K-12, concerning career opportunities in the health professions.

Allied Health and Other Disciplines – Section 755

While the main intent of this section addresses the allied health professions, it also includes the education and training of podiatric physicians, chiropractors, and behavioral/mental health practitioners.

The goal for the Allied Health Program is to increase the supply of allied health professionals, which is accomplished by supporting the following activities.

1. Support programs training professionals most needed by the elderly.
2. Develop and support programs that transition baccalaureate graduates into an allied health profession.
3. Support programs linking academic centers to rural clinical settings through a community-based setting.
4. Support career advancement training programs for allied health professionals.
5. Support programs that:
 - provide clinical training sites in underserved or rural communities;
 - provide interdisciplinary training to promote the effectiveness of allied health professionals in geriatric care;
 - establish centers that apply innovative models that link practice, education, and research around the allied health field; and
 - provide financial assistance to allied health students in fields in which there is a demonstrated shortage and who agree to practice in a medically underserved community.

Podiatric medicine training grants are used to support training programs that encourage primary care, especially for underserved, minority, and elderly populations and for persons with AIDS.

Chiropractic demonstration grants help to build collaborative efforts between chiropractors and physicians for patient care and develop research protocols that will significantly expand documented research in the chiropractic field.

Behavioral and mental health training grants provide for training in residential care, faculty support for training and/or retraining, continuing education for certified/licensed paraprofessionals, and clinical training of students in senior centers and ambulatory care settings.

VII. Previous Findings and Recommendations

The Committee has produced three earlier reports. In these reports, findings and recommendations are presented regarding the Title VII Interdisciplinary, Community-Based Training Grant Programs. These findings and recommendations are listed below.

First Report

The Committee found:

1. The Title VII Interdisciplinary Training Grant Programs are effective approaches to building a diverse health professions workforce that provides health care services to unserved, underserved, and vulnerable populations.
2. The need for a diverse health professions workforce that provides health care services to unserved, underserved, and vulnerable populations will continue to increase in response to predicted demographic trends and health disparities issues.
3. National health care issues and needs are becoming increasingly unique to specific regions and local areas such as rural and inner city neighborhoods.
4. Interdisciplinary approaches and collaborative programming among Title VII Interdisciplinary Training Grant Programs have proven to be the most effective strategies to address emerging national health care issues and needs.
5. The role of allied health is becoming increasingly important as current and emerging allied health disciplines are supporting the delivery of health care to unserved, underserved, and vulnerable populations.
6. Federal agencies such as the National Institutes of Health, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Food and Drug Administration, Department of Education, and Department of Labor often support activities that are duplicative, related, or overlapping with the Title VII Interdisciplinary Training Grant Programs.
7. Of the Title VII Interdisciplinary Training Grant Programs, the HETCs have limited access to non-Federal resources.
8. Of the Title VII Interdisciplinary Training Grant Programs, the Podiatric Medicine Program does not fit within the overall objective and intent of the legislation.

The Committee recommended:

1. Reauthorization of the Title VII Interdisciplinary Training Grant Programs.
2. Increasing appropriations for Title VII Interdisciplinary Training Grant Programs.
3. Encourage collaboration between Title VII Interdisciplinary Training Grant Programs and local institutions that train minority/immigrant populations, community organizations representing those who will be served, and community health centers where primary care is provided.
4. Establish a grant program for “Interdisciplinary Education Demonstration Projects” to support cooperative community-based ventures among Title VII Interdisciplinary

Training Grant Programs and establish administrative “preferences and priorities” for funding programs that are truly interdisciplinary in scope.

5. Establish an Office or Division of Allied Health within HRSA.
6. Reallocate one percent of National Institutes of Health, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Food and Drug Administration, Department of Education, and Department of Labor annual appropriations to support formal collaborative programming with the Title VII Interdisciplinary Training Grant Programs.
7. The HETC programs should not be required to meet criteria for “self-sufficiency.”
8. Legislative authority for the Podiatric Medicine Program should be placed in Part D, Section 747 (discipline-specific programs for physicians).

Second Report

The Committee found:

1. Sections 755-758 in Part D of the Public Health Service Act have become outdated and need to be revised to facilitate effective function of the Title VII Interdisciplinary Training Grant Programs.
2. There is minimal collaboration among Title VII Interdisciplinary Training Grant Programs regarding diversity issues.
3. The current effectiveness of allied health programming is compromised by an incomplete listing of the various professions eligible for Federal support and the inability to respond to emerging workforce shortages.
4. Title VII Interdisciplinary Training Grant Programs have been underutilized for bioterrorism and emergency preparedness and can make a significant contribution in this area.
5. Title VII Interdisciplinary Training Grant Programs have not developed productive linkages with federally qualified community health centers, rural health clinics, and the National Health Service Corps with regard to providing an adequate supply of qualified health care workers to serve the public.
6. The Advisory Committee on Interdisciplinary, Community-Based Linkages does not have any representation on the DHHS Rural Task Force, even though this task force advocated for a “one stop” approach in its July 2002 report to the Secretary.

The Committee recommended:

1. Restructure Section 755 to specifically support allied health education and training programs (delete all other disciplines). Additionally, Sections 792 (Health Professions Data) and 799b should be redefined to employ the new list of recognized allied health professions. Create a new Section 756 to support chiropractic research and training in addition to demonstration projects. Create a new Section 757 (through removal of Section 755b1j) to support behavioral mental health for graduate psychology education (Section 757a), geriatric psychology education (Section 757b), and graduate social work education (Section 757c). Section 758 should be created for reauthorization of the

Advisory Committee on Interdisciplinary Community-Based Linkages by moving the committee authorization from Section 756 to Section 758. Podiatric medicine should be removed from Part D Section 755b2 and placed in Part C (family medicine, general internal medicine, general pediatrics, physicians assistants, general dentistry, and pediatric dentistry) and receive a separate appropriation from the allied health budget.

2. The Secretary should adopt measures to encourage collaboration among Title VII Interdisciplinary Training Grant Programs that enhances the diversity of the health professions educational pipeline, strengthens minority-serving institutions, and increases the development and exchange of culturally sensitive and appropriate health information.
3. Congress and the Secretary should take action to strengthen the capacity of the Allied Health Program in Title VII, Part D, Section 755 of the Public Health Service Act by reserving Section 755 for allied health education and training for the full range of allied health professions. Funds should be directed to those allied health professions demonstrating workforce shortages and serving unserved, underserved, and vulnerable populations.
4. Title VII Interdisciplinary Training Grant Programs should receive funding to partner with other agencies to educate and disseminate bioterrorism and emergency preparedness education and training.
5. The Secretary should strengthen the capacity of Title VII Interdisciplinary Training Grant Programs by creating new and enhancing existing linkages between these programs and federally qualified community health centers, rural health clinics, and the National Health Service Corps.
6. The Secretary should appoint a member of the Advisory Committee on Interdisciplinary, Community-Based Linkages to the DHHS Rural Task Force.

Third Report

The Committee found:

1. There is a need for standardized curricula for bioterrorism and emergency preparedness.
2. Each State needs to educate health professionals to assume responsibility for first response and continued care regarding bioterrorism and emergency preparedness.
3. To maximize effectiveness regarding bioterrorism and emergency preparedness, training must be provided to students in health professions schools.
4. Federal agencies that support programming in bioterrorism and emergency preparedness are not coordinated and many activities are fragmented. There is minimal linkage to Title VII Interdisciplinary Training Grant Programs as well as State programs.
5. Outcomes and performance measures for Title VII Interdisciplinary Training Grant Programs need to address the impact of the programs on the community health status and economy. The use of qualitative data will facilitate the evaluation of community impact.
6. Currently, there is minimal sharing of data regarding Title VII Interdisciplinary Training Grant Programs between Federal agencies.
7. Evaluation components of Title VII Interdisciplinary Training Grant Programs are not specifically funded and significant evaluation activity reduces the scope of programming that can be provided to the community.

The Committee recommended:

1. The HRSA Administrator should convene national health professions associations to develop consensus regarding core competencies and curricula for bioterrorism and emergency preparedness.
2. Federal funding should be continued for quality continuing education in bioterrorism and emergency preparedness for practicing health professionals in every State.
3. Federal funding should be available to develop new curricula or adapt existing curricula in bioterrorism and emergency preparedness for students in health professions schools.
4. Federal agencies should coordinate their efforts regarding bioterrorism and emergency preparedness and establish linkages with Title VII Interdisciplinary Training Grant Programs as well as State programs.
5. BHPPr should work with other Federal agencies, such as the Office of Management and Budget and the Congressional Budget Office, to develop additional performance measures, including the use of qualitative data, for Title VII Interdisciplinary Training Grant Programs that specifically evaluate impact on the community health status and economy.
6. Develop a process for sharing data from all Title VII Interdisciplinary Training Grant Programs within BHPPr, among interested Federal agencies, and across the programs.
7. Congress should appropriate funding for the purposes of evaluation, development of educational research models, and tracking long-term outcomes specific to Title VII Interdisciplinary Training Grant Programs.

VIII. Future Committee Directions

The Committee's charge, to make recommendations to strengthen the competence and capacity of the health care workforce through effective interdisciplinary, community-based programs, will be pursued in 2005 by the means of continued exploration and analysis in selected areas of interest.

The February 2005 meeting will set the stage for better understanding of the extent of resource support in its broader context. So that Committee members may understand roles in relation to resources, they have requested an overview briefing on Federal funding for health, including HRSA, BHP, Title VII Interdisciplinary, Community-Based Training Grant Programs, and related agencies.

Also in February, the Committee will consider expanding support for health professions education, with a specific focus on allied health professions, an ill-defined but important component comprising approximately 60 percent of the health care workforce. Pertinent information and employment trends from the Departments of Education and Labor will be reviewed, along with an update on the proposed Allied Health Reinvestment Act. Discussion will also include the professions of social work, mental health, clinical psychology, podiatry, and chiropractic practice.

For development of useful information for subsequent meetings, the Committee identified specific topics of interest, then grouped those topics under four broad themes.

Public Health and Patient Safety

Title VII Interdisciplinary, Community-Based Training Grant Programs should focus upon public health (prevention and education) and work closely with public health professionals. Included in this topic is health literacy, which encompasses such topics as healthy behaviors, physical activity, nutrition, individual and group counseling, health promotion/disease prevention, effects of health literacy on the public's health, and effects of health literacy on the workforce and disparities. The topic will also include patient safety and quality initiatives, which will include quality studies, health outcomes, continuous quality improvement, collaborative disease care models, and the forthcoming IOM report addressing these topics.

Interdisciplinary Teams

Topics include financing issues, limitations, and training to work in interdisciplinary settings.

Safety Net Issues/Rural Health

Topics include: the role of community health centers; increased demands for/on health workers; the role of the Departments of Education/Labor and State Offices of Rural Health; and the forthcoming IOM report on rural health.

HRSA: Revised Vision, Mission, and Goals

Topics include future funding priorities and the new strategic plan, especially as it relates to BHP.

The above “agenda” is, of course, a proposal at a point in time. Events will likely encourage certain topics to be added, deleted, or changed. The Title VII Interdisciplinary, Community-Based Training Grant Programs are dynamic, and Committee recommendations will no doubt reflect new and emerging concerns. These “Future Committee Directions” offer a general roadmap, with opportunities for modification as circumstances dictate.