

COGME

Council on Graduate Medical Education

Lois Margaret Nora, MD, JD, MBA
Past Chair, COGME

Erin Patricia Fraher, PhD, MPP
Chair, COGME

Kennita R. Carter, MD
Designated Federal Official

August 6, 2020

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Lamar Alexander
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Greg Walden
Ranking Member, Committee on Energy and
Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Azar, Chairman Alexander, Ranking Member Murray, Chairman Pallone, and Ranking Member Walden:

Since its inception in 1986, the Council on Graduate Medical Education (COGME) has provided oversight and offered recommendations on a wide variety of medical training, financing, and workforce issues. One consistent theme throughout COGME's letters, resource papers, and reports has been the Council's support for efforts to strengthen the physician workforce through programs that attract individuals from diverse backgrounds into the medical career pipeline. As the COGME Chair, I wish to express the Council's concern at the recent Congressional budget proposal to terminate funding for the Health Careers Opportunity Program (HCOP), first authorized in 1972 under Title VII of the Public Health Service (PHS) Act. HCOP is designed to provide individuals from economically and educationally disadvantaged backgrounds with the opportunity and resources they need to develop the skills to successfully compete for, enter, and graduate from schools of health professions. The Council believes not only that HCOP needs to remain funded, but that the funding for fiscal year (FY) 2021 should be increased by 25 percent over the FY 2020 appropriation of \$15 million, to a level of roughly \$18.75 million. The Council members believe the additional funding should support the recruitment of health care workers from local communities, or "grow-your-own" programs. By its statute, COGME is charged to "recommend appropriation levels for programs under PHS Act, Title VII."

Located within the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS), HCOP currently funds the National HCOP Academies, which provide a range of academic and social assistance to individuals from disadvantaged backgrounds through formal academic and research training, programming, and student enhancement or support services. In Academic Year 2018-2019, the National HCOP Academies offered more than 230 training programs and activities, and reached more than 5,600 trainees across the country, nearly 3,800 of whom completed their training.¹ The goals of this investment are to:

- 1) Promote the recruitment of qualified individuals from disadvantaged backgrounds;
- 2) Improve retention, matriculation and graduation rates; and
- 3) Provide opportunities for community-based health profession training in primary care, emphasizing experiences in rural and underserved communities.

¹ HRSA, National Center for Health Workforce Analysis. (2020). Health careers pipeline and diversity programs: Academic year 2018-2019.: <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2019-2020/health-careers-pipeline-diversity-programs-2019.pdf>

The National HCOP Academies are vital, well-established education and training programs that serve to recruit aspiring health professions students into high-need and high-demand health care careers, and provide them with the support and resources they need to succeed. By promoting the diversity in our nation's health professions workforce, the National HCOP Academies work to improve health outcomes and reduce health disparities.

As COGME was reviewing HCOP and preparing its funding recommendation, the nation began to experience the COVID-19 pandemic. This national public health emergency has exacerbated existing health disparities between rural and urban areas and the pandemic is having a disproportionate impact on minority and vulnerable populations. HCOP is needed now more than ever to bolster the rural workforce and improve workforce diversity. The rural health workforce and rural health systems will not have the capacity to respond on their own. HCOP provides one mechanism to support local health systems and improve health care access for underserved communities.

The members of COGME urge Congress to continue its investment in improving and diversifying the nation's next generation of health professionals through an increase of funding for HCOP, and we stand ready to provide any further information as needed. We greatly appreciate your consideration of this request.

Sincerely,

/s/Lois Margaret Nora
Lois Margaret Nora, MD, JD, MBA
Past Chair, COGME

/s/Erin Patricia Fraher
Erin Patricia Fraher
Chair, COGME

Health Careers Pipeline and Diversity Programs

Academic Year 2018-2019

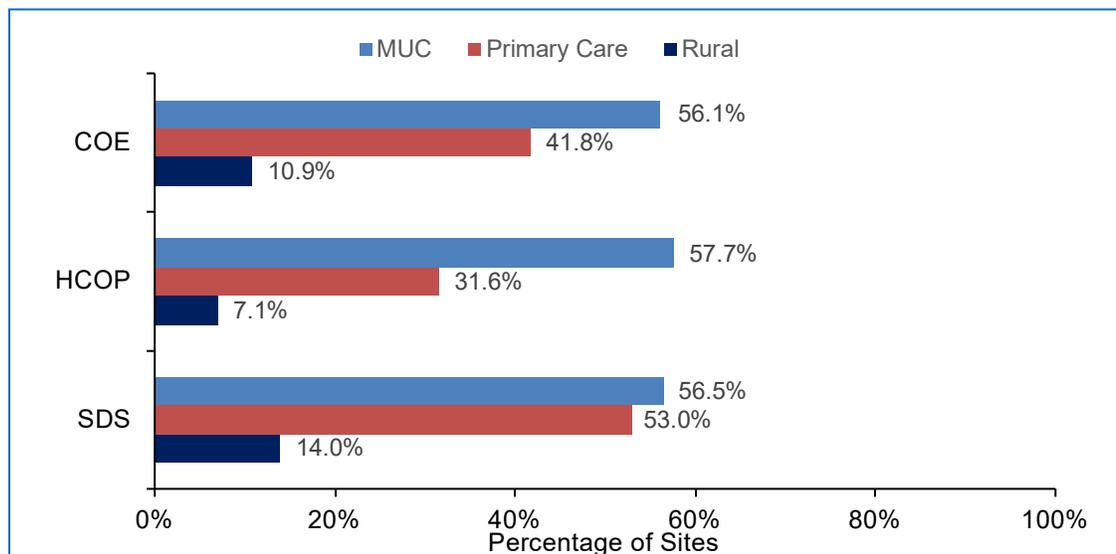
HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The Health Careers Pipeline and Diversity Programs support initiatives that aim to increase the diversity of the nation’s health professions workforce and to offer high quality, culturally-competent care within underserved communities. Specific efforts focus on the recruitment, retention, and support of trainees from disadvantaged and/or underrepresented backgrounds leading to increased distribution of health professionals in high need areas. Ensuring a national health workforce that is diverse and representative of the communities it serves has been shown to facilitate the delivery of effective, high quality, culturally sensitive, and patient-centered care. Below is a descriptive summary of the characteristics and accomplishments of grant programs and trainees who received Health Careers Pipeline and Diversity Program funding during Academic Year 2018-2019.

Select Program Characteristics

Program Name	Awardees	Trainees	Trainee Characteristics				Graduates/ Program Completers
			Underrepresented Minority (URM)		Disadvantaged		
COE	20	5,631	4323	76.8%	2609	46.3%	3107
HCOP	34	5,616	3,638	64.8%	5,616	100%	3,794
SDS	79	3,155	2,005	63.5%	3,155	100%	1,392

Clinical Training Settings



Note: A Medically Underserved Community(MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area, and/or medically underserved population. Training settings are not mutually exclusive.

Centers of Excellence (COE)

Health Careers Opportunity Program (HCOP)

Scholarships for Disadvantaged Students (SDS)

For more information, visit our website: bhw.hrsa.gov

Health Careers Pipeline and Diversity Programs

Centers of Excellence (COE)

- Across all 159 COE-funded structured programs, more than 5,600 students were trained, including 3,107 program completers.
- A subset of 1,357 structured program participants received direct financial support. The majority of these students were considered URM in the health professions – and included 47 percent of students who self-identified as being Hispanic/Latino.
- Of the students receiving direct financial support, 52 percent self-identified as Black or African American, 33 percent self-identified as White, 4 percent self-identified as American Indian or Alaska Native, and 1 percent self-identified as Asian.
- COE awardees partnered with 239 health care delivery sites, to provide 3,894 clinical training experiences to health professions trainees. The clinical experiences are designed to help prepare health professions students to provide quality health care to diverse populations. Nearly 42 percent of training sites were primary care settings and 56 percent were in medically underserved communities.
- COE awardees supported 282 collaborative faculty-student research projects related to minority health issues, involving 359 faculty and 414 health professions students.
- A total of 338 courses and training activities were developed or enhanced through grant funds and offered to 13,053 students and advanced trainees.

Health Careers Opportunity Program (HCOP)

- HCOP awardees offered 232 structured and unstructured programs to 5,616 students in the health professions pipeline, 3,794 of whom completed their training.
- The majority of the 1,997 directly-funded structured program participants were URM in the health professions – and included 36 percent who self-identified as being Hispanic/Latino.
- Additionally among the stipend-supported students, 41 percent self-identified as Black or African American, 33 percent self-identified as White, 12 percent self-identified as Asian, 3 percent self-identified as American Indian or Alaska Native and 4 percent self-identified as more than one race.
- Approximately 41 percent of stipend-supported students received training in MUCs and 8 percent received training in substance use treatment during the academic year.
- HCOP awardees partnered with 168 different sites to provide clinical training to students interested in careers in the health professions. Over 57 percent of clinical training sites were in MUCs and 32 percent were in primary care settings.

Scholarships for Disadvantaged Students (SDS)

- More than 27 percent of supported students reported coming from rural backgrounds.
- Approximately 38 percent of students self-identified as Hispanic/Latino, and 27 percent self-identified as Non-Hispanic Black/African American.
- The majority of graduates intended to seek employment or further education in MUCs (69 percent) and/or primary care settings (50 percent).
- One year after graduation, 12 percent of former SDS trainees were employed or training in a rural area.
- Health professions students with scholarships were earning degrees in these areas: behavioral health (25 percent), dental students (3 percent) medical students (8 percent), nursing students (50 percent), physician assistant students (5 percent), allied health (9 percent).