

HRSA Technical Assistance Webinar 109

STRATEGIES FOR IMPROVING BHP_r REPORTING CONSISTENCY

AHECs Finding Common Ground

June 22 & 28, 2011

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Gainesville, Florida

**US. Department of Health and Human Services
(HHS)**

Health Resources and Services Administration (HRSA)

Bureau of Health Professions (BHP)

**Division of Public Health and Interdisciplinary Education
(DPHIE)**

Area Health Education Centers (AHEC) Branch

AHEC Training and Consultation Center (A-TrACC)

PRESENTATION OBJECTIVES

- 1. Identify strategies for improving reporting consistency among AHEC grantees on the BHPPr performance data tables**
- 2. Highlight terminology and definitions and their use within an AHEC Program context**
- 3. Create a framework for organizing your AHEC data**

OVERVIEW

- **The BHP_r Performance Report Consists of Two Parts:**
 - Part I reports on programmatic areas that are specific to AHEC that address recruitment into health careers and the training of health professionals.
 - Part II collects data on overall project performance related to the BHP_r's strategic goals, objectives, outcomes and indicators.

REPORTING TIMEFRAME AND SCOPE

- **Timeframe:**

- Report on the last 12 months of programming since your last BHP report (July 1, 2010-June 30, 2011).

- **Scope:**

- Report on the entirety of your AHEC Program and not just the Bureau funded activities.
- Include programs and activities that contribute to either the AHEC specific indicators or the Bureau level indicators

BHP_r PART I

Gen 1 - Special Topics

**Gen 2 - Contacts with
Organizations that Serve
a High Proportion of
Minority or
Disadvantaged Students
(K-12)**

TABLE GEN-1 – SPECIAL TOPICS

- Purpose:
 - Provides a snapshot or overview of your AHEC Program
- Utilization:
 - Used by HRSA to identify AHEC involvement in key initiatives.
- Importance to AHEC
 - Summary of AHEC's contribution and value to the BHP

TABLE GEN-1- SPECIAL TOPICS

**Table GEN-1
Special Topics**

Click in the box to mark an "X" to the left of any of the topics listed below which are relevant to your project activities for the period July 1, 2010 through June 30, 2011.

<input type="checkbox"/>	Adolescent Health
<input type="checkbox"/>	Alternative Medicine
<input type="checkbox"/>	Ambulatory Care
<input type="checkbox"/>	American Indian/Alaskan Native Initiative
<input type="checkbox"/>	Behavioral Health
<input type="checkbox"/>	Bioterrorism
<input type="checkbox"/>	Border Health Activities
<input type="checkbox"/>	Clinical Sites in underserved areas
<input type="checkbox"/>	Community Health Centers
<input type="checkbox"/>	Governor Designated Area
<input type="checkbox"/>	Health Departments
<input type="checkbox"/>	Health Professions Shortage Area
<input type="checkbox"/>	Migrant Health Centers
<input type="checkbox"/>	Rural Health Clinics
<input type="checkbox"/>	Others (List)
<input type="checkbox"/>	Community-Based Continuity of Care Experiences
<input type="checkbox"/>	Cultural Competence
<input type="checkbox"/>	Diseases
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	Other(s) (List)
<input type="checkbox"/>	Distance Learning
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Evidence Based Practice
<input type="checkbox"/>	Faith-Based
<input type="checkbox"/>	Faculty Development
<input type="checkbox"/>	Health Promotion/Disease Prevention
<input type="checkbox"/>	Home Health
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Informatics
<input type="checkbox"/>	Genetics
<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Interdisciplinary Training

<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Managed Care
<input type="checkbox"/>	Maternal and Child Health
<input type="checkbox"/>	Medical Economics
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Minority Health Issues
<input type="checkbox"/>	Minority Recruitment/Retention
<input type="checkbox"/>	Hispanics
<input type="checkbox"/>	African Americans
<input type="checkbox"/>	American Indian/Alaska Natives
<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	Oral Health
<input type="checkbox"/>	Patient Safety (Medical Errors)
<input type="checkbox"/>	Quality Improvement in Health Professions Education or Practice
<input type="checkbox"/>	Research
<input type="checkbox"/>	Rural Health
<input type="checkbox"/>	Substance Abuse/Prevention
<input type="checkbox"/>	Telemedicine/Telehealth
<input type="checkbox"/>	Urban Health
<input type="checkbox"/>	Women's Health
<input type="checkbox"/>	Other (Specify)

TABLE GEN-1- POPULATION SERVED

Race / Ethnicity of Populations Served Percent

Choose from the following range of percentages (0-25%, 26%-50%, 51%-75%, 76%-100%)

Ethnicity

<input type="checkbox"/>	Hispanics or Latino	_____	%
<input type="checkbox"/>	Not Hispanics or Latino	_____	%

Race

<input type="checkbox"/>	African American	_____	%
<input type="checkbox"/>	American Indian or Alaska Native	_____	%
<input type="checkbox"/>	Asian	_____	%
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	_____	%
<input type="checkbox"/>	White	_____	%
<input type="checkbox"/>	More than One Race	_____	%

TABLE GEN-1 – PATIENTS SERVED

Populations Served/Percent of Patients Served

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medicaid 0-25% 26-50% 51-75% 76-100%
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Uninsured 0-25% 26-50% 51-75% 76-100%
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medicare 0-25% 26-50% 51-75% 76-100%

TABLE GEN-1 – FINAL NOTES

Category	Table Gen -1 Notes
Special Topics	<p>Conduct a careful review of your AHEC Program's activities. Align programs and activities along special topics identified in this table.</p> <p>Since the reauthorization of AHEC Program , there are new programmatic areas being addressed by AHECs such as partnerships with Workforce Investment Boards. Add new areas in the unspecified categories.</p>
Clinical Sites	<p>This component contributes to AHECs involvement with the health safety-net through its health professions student training activities.</p> <p>Many of the safety net facilities are not listed here such as NHSC and FQHCS.</p> <p>Use the unspecified category to add site types not present in the list.</p>
Diseases	<p>Again, use the unspecified category to add other health-related issues being addressed by your AHEC Program</p>
Minority Recruitment and Retention	<p>Consider the full range of your AHECs programs and services and how they may intersect with minority recruitment and retention efforts.</p>

TABLE GEN-1 – FINAL NOTES

Category	Notes
Population Served	<p>Geographic Area - the AHEC region that you specified in your original grant application.</p> <p>Use health statistics and census data as a basis for calculating the percentage of calculating the race/ethnicity composition in the in service area.</p> <p>Consult your state health data center to locate information about Medicaid enrollment, to identify the number of Medicare beneficiaries and to determine the number of uninsured persons in each division or county within your state.</p> <p>To be consistent: the characteristics of the service area and not just the population served by AHEC should be reported here.</p>

TABLE GEN-2

CONTACTS WITH ORGANIZATIONS THAT SERVE A HIGH PROPORTION OF MINORITY OR DISADVANTAGED STUDENTS (K-12)

Purpose:

To report on AHEC interaction with parents, students and school officials to recruit K-12 students into health careers.

Minority

Individual is either of the Hispanic or Latino ethnicity or is an American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander.

Disadvantaged

1) Educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school, or

2) Economically comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census

TABLE GEN-2

CONTACTS WITH ORGANIZATIONS THAT SERVE A HIGH PROPORTION OF MINORITY OR DISADVANTAGED STUDENTS (K-12)

Report the number of visits (6 suggested minimum) and the number of students, parents and teachers/counselors/administrators contacted for the period July 1, 2010 through June 30, 2011.

	Number
Visits	
Students contacted	
Parents contacted	
Teachers, counselors, and/or administrators contacted	

Visits



Face-to-face encounters with (K-12) students, parents, teachers, counselors and/or administrators.

TABLE GEN-2

CONTACTS WITH ORGANIZATIONS THAT SERVE A HIGH PROPORTION OF MINORITY OR DISADVANTAGED STUDENTS (K-12)

Report the number of visits (6 suggested minimum) and the number of students, parents and teachers/counselors/administrators contacted for the period July 1, 2010 through June 30, 2011.

	Number
Visits	
Students contacted	
Parents contacted	
Teachers, counselors, and/or administrators contacted	

Contact refers to any communication with (K-12) students, parents, teachers, counselors and/or administrators.

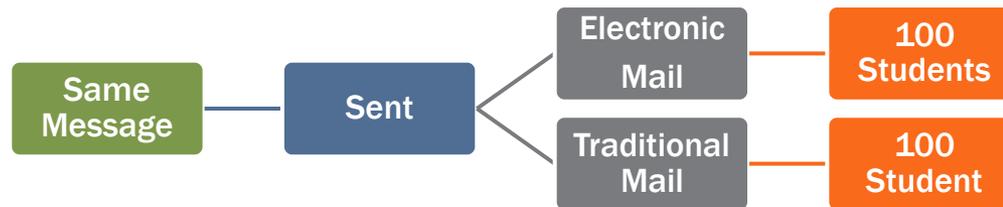
Same Message = One Contact

TABLE GEN-2

CONTACTS WITH ORGANIZATIONS THAT SERVE A HIGH PROPORTION OF MINORITY OR DISADVANTAGED STUDENTS (K-12)

Example 1:

Same message sent to 200 students using two different methods, e-mail and traditional mail

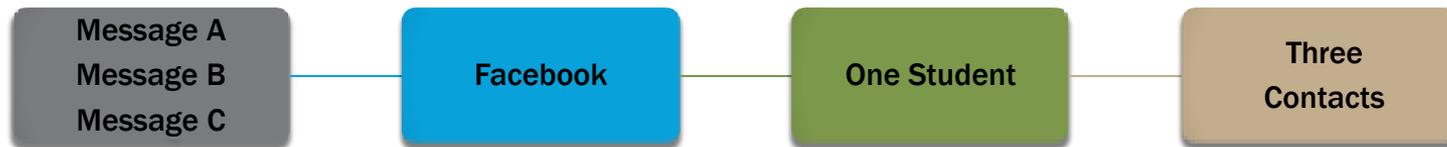


Contacts = 1

TABLE GEN-2

CONTACTS WITH ORGANIZATIONS THAT SERVE A HIGH PROPORTION OF MINORITY OR DISADVANTAGED STUDENTS (K-12)

Example 2 - Three different messages were communicated to a health careers program participant via their Facebook page.



Contacts = 3

AHEC DSCPH TABLES

Clinical Sites and Preceptors

Health Professions Student Training

K-12 Health Careers

Professional Continuing Education

TABLE DSCPH-2 - TRAINING SITES

**Table DSCPH-2
AHEC/PMRP/PHTC Training Site Types**

Provide how many of the following training site types your program has for the period July 1, 2010 through June 30, 2011.

Type of Site	Number
AHEC Urban Community Based Training Site	
Ambulatory Practice Sites Designated by State Governor	
Community Health Center (CHC)	
Federally Qualified Health Centers (FQHC)	
Health Care for the Homeless	
Health Department	
Health Professions Shortage Area (HPSA)	
Indian Health Service (IHS) or Tribal Health Sites	
Migrant Health Center (MHC)	
National Health Service Corp (NHSC) Sites	
Public Housing Primary Care Grantees	
Rural Health clinics	
Other AHEC Community Based Training Sites	
Other Site (Describe)	
TOTAL	



Report rural sites with no other federal or state designation

Under "Other AHEC Community-based"



If does align under any other category, report under "Other Sites"

TRAINING SITES

**Table DSCPH-2
AHEC/PMRP/PHTC Training Site Types**

Provide how many of the following training site types your program has for the period July 1, 2010 through June 30, 2011.

Type of Site	Number
AHEC Urban Community Based Training Site	
Ambulatory Practice Sites Designated by State Governor	
Community Health Center (CHC)	
Federally Qualified Health Centers (FQHC)	
Health Care for the Homeless	
Health Department	
Health Professions Shortage Area (HPSA)	
Indian Health Service (IHS) or Tribal Health Sites	
Migrant Health Center (MHC)	
National Health Service Corp (NHSC) Sites	
Public Housing Primary Care Grantees	
Rural Health clinics	
Other AHEC Community Based Training Sites	
Other Site (Describe)	
TOTAL	

Improve Data Accuracy

Many health centers use the phrase “community health center” or “rural health clinic” as a part of their name; verify status as federal designation.

Enhance Site Data Utility

Avoid over-reporting and duplication by counting a site only once. Many sites have multiple federal designations.

TABLE DSCPH-2 - TRAINING SITES

Create	<ul style="list-style-type: none">• Hierarchy of Importance
Prioritize	<ul style="list-style-type: none">• Community Health Centers
Comment	<ul style="list-style-type: none">• Total NHSC Sites Used• Total Health Department Sites

TABLE DSCPH-3 DISCIPLINES SERVING IN MEDICALLY UNDERSERVED COMMUNITIES

Using Table DSCPH-3 Training Sites:

- 1) Report - Number of health professions students in the upper portion.
- 2) Report - Preceptors within each discipline who provide service to patients at the training sites.

AHEC Programs Disciplines Serving Medically Underserved Communities

Provide the number of health professions students and preceptors in each discipline who provide service to patients in the training sites shown on the Table DSCPH – 2 for the period July 1, 2010 through June 30, 2011.

Disciplines	Number
Health Profession Students	
Advanced Practice Nurse	
Allied Health	
Allopathic Medicine	
Community Health Worker	
Dentistry	
Mental Health	
Nursing	
Osteopathic Medicine	
Pharmacy	
Physician Assistant	
Public Health	
On Site AHEC Preceptor	
Advanced Practice Nurse	
Allied Health	
Dentistry	
Medicine	
Physician Assistant	
Unspecified	
TOTAL (Students and Preceptor)	

TABLE DSCPH-4

AHEC DIVERSITY: STUDENTS INTO HEALTH CAREERS

Provide the number of underrepresented minority or disadvantaged students who participated in health career training or academic enhancement experiences for the period July 1, 2010 through June 30, 2011

Table DSCPH-4
AHEC Diversity: Students into Health Careers

Grade 9 – 12 Student Program Completers	Number of Students
Students who completed health careers training or academic enhancement experiences ≥ 20 hours	
Students who completed health careers training or academic enhancement experiences < 20 hours	

TABLE DSCPH-4

AHEC DIVERSITY: STUDENTS INTO HEALTH CAREERS

- Provide the number of under-represented minority or disadvantaged students who participated in health career training or academic enhancement experiences during the 12 month reporting period
- The total on DSCPH 4 should NOT exceed the total on DSCPH-14

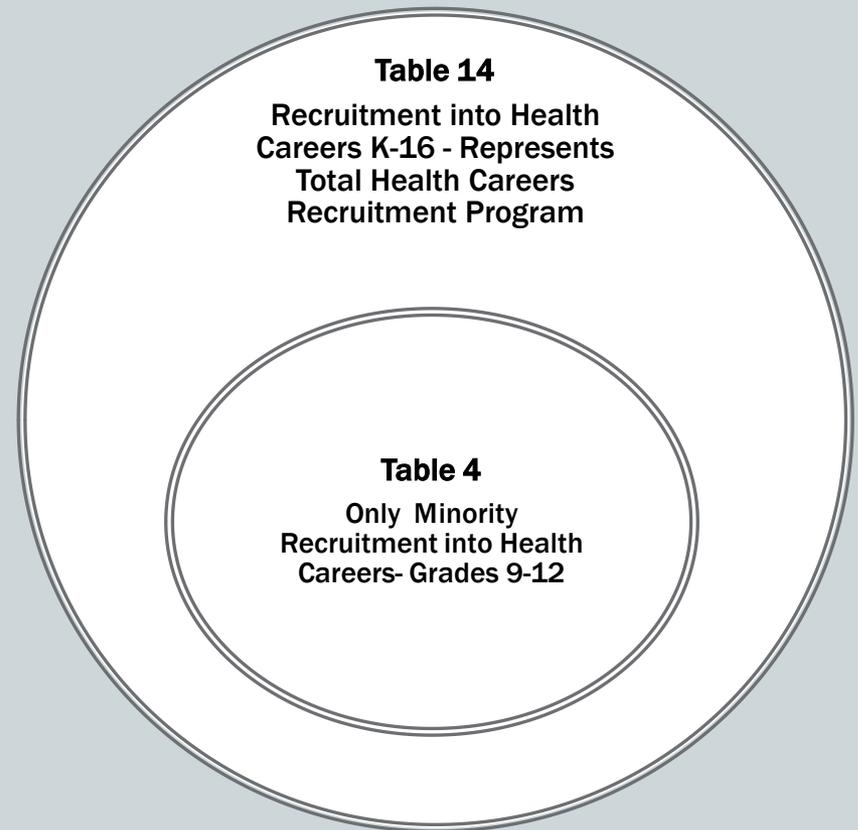


TABLE DSCPH-14

RECRUITMENT INTO HEALTH CAREERS

Provide the following information for the period July 1, 2010 through June 30, 2011

	Grades K-8	Grades 9-12	College Students
Students who completed health careers training programs \geq 20 Hrs			
Students who completed health careers training programs $<$ 20 Hrs			

TABLE DSCPH-5

AHEC PROGRAMS CONTINUING EDUCATION (CE) TRAINEES BY DISCIPLINE AND PARTICIPANT LOCATION

Provide the following information for the period July 1, 2010 through June 30, 2011

TRAINEES	EMPLOYMENT LOCATION OF PARTICIPANTS													TOTAL
	CHC	Governor Designated Area	Health Care for Homeless	Health Dept.	IHS/ Tribal Health Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural AHEC Sites	Rural Health Clinics	Urban Community Based Training Sites	Other AHEC Community Based Sites	Other Sites	
Adv Prac Nurse														
Allied Health														
Comm Hlth Wk														
Dent Hygienist														
Dentist														
EMS														
Fire														
Health Admin														
Mental Health														
Nurse														
Pharmacist														
Phys Therapist														
Physician														
Phys Assistant														
Police														
Public Health														
Veterinarian														
Unspecified***														
Unspecified***														
Unspecified***														
TOTAL														

*Fill out entire table and under "Other Sites" column, describe site.

** Specify unspecified discipline if information is available.

¹ Urban training site with a 50% Medicaid and/or uninsured population.

TABLE DSCPH-5

AHEC PROGRAMS CONTINUING EDUCATION (CE) TRAINEES BY DISCIPLINE AND PARTICIPANT LOCATION

Count	• Each Participant Once
Create	• Hierarchy of Importance
Prioritize	• Community Health Centers
Comment	• Total number of CE Participants employed by NHSC Sites
Report	• Unlisted Health Professions under Unspecified Category
Consider	• Employment sites may have more than federal or state designation

QUESTIONS??

BHP_r PART II

BPR II PERFORMANCE MEASURES

Performance measures are broadly categorized as:

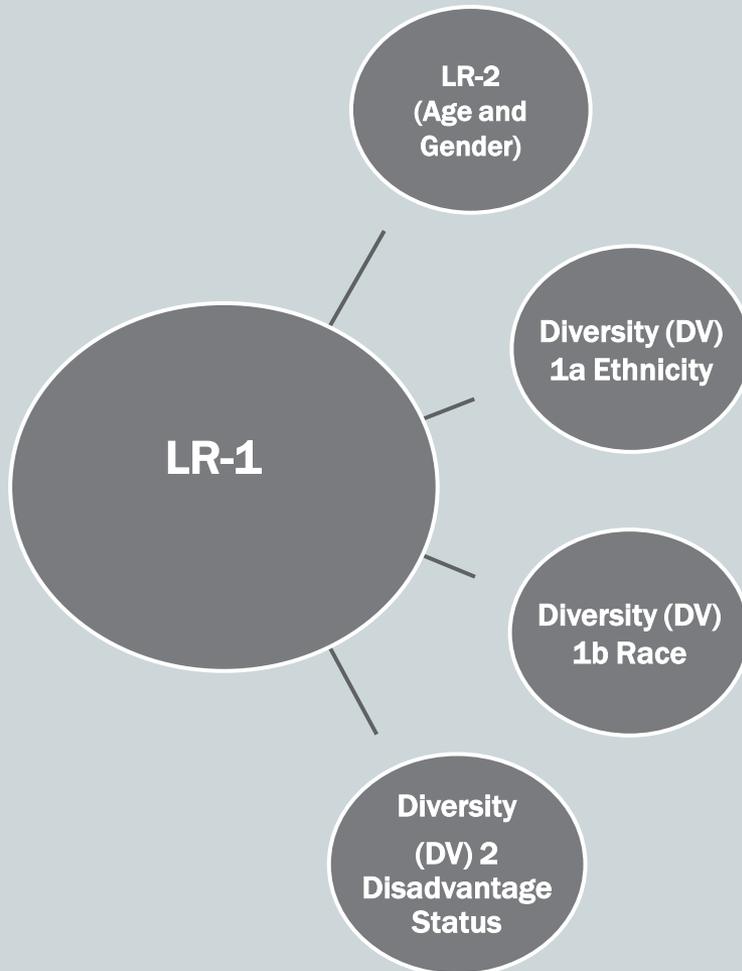
- **Diversity - Increase diversity in the health care workforce**
Increase matriculation and graduation rates for underrepresented minorities and students from disadvantaged backgrounds to increase the proportion of minorities in the health professional workforce.
- **Primary Care - Primary Care Career Choice**
Implement evidence-based strategies to promote careers in primary care.
- **Distribution - Improved Workforce Distribution**
Implement evidence-based strategies to improve workforce distribution.
- **Infrastructure - Improved Infrastructure for health, especially primary care, public health**
Improve timeliness and accessibility of data; the degree to which specific competencies related to public health are addressed in BHPPr programs.
- **Quality - Improved Workforce Quality**
The degree to which the Institute of Medicine's 2003 core competencies are integrated into BHPPr education and training programs and institutional commitment to addressing cultural competence and health literacy.

LEGISLATIVELY REQUIRED (LR) DATA

Legislatively Required data tables have been developed

- to meet the Public Health Service Act requirements for data collection [PHS, Title VII, Sec 799(c) (2)],
- to meet the Government Performance and Results Act (GPRA) requirements and/or Office of Management and Budget's (OMB's) program assessment and evaluation requirements.
 - LR-1 Total number of students being trained in BHPPr-funded programs.
 - LR-2 Age and Gender of students trained in BHPPr-funded programs.

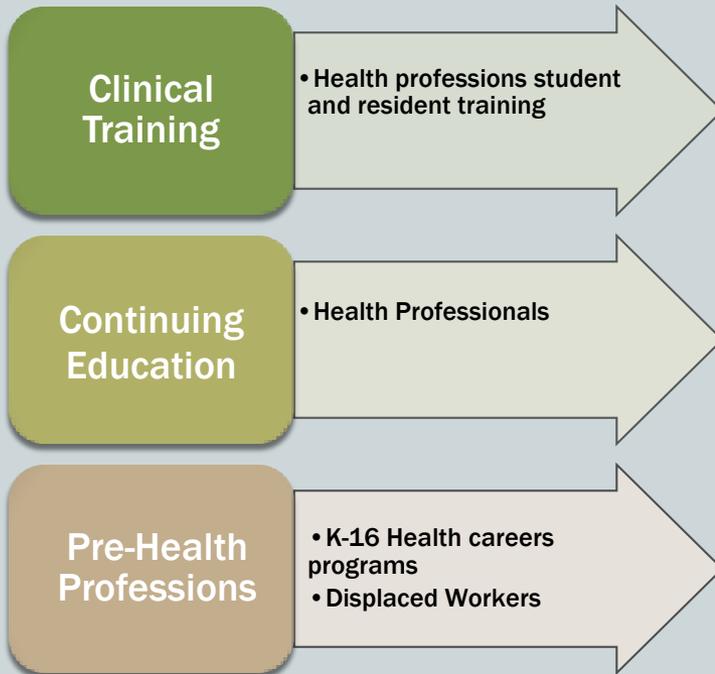
Table LR-1 - Relationships to Other BHP_r II Tables



- LR-1 Represents the total number of enrollees or graduates or program completers in BHP_r-funded pre-professional, formative education, and training programs
- LR-1 is very important as it is the denominator factor of many subsequent tables. LR-1 will affect your numbers and percentages for several tables: LR-2, DV-1a, DV-1b, DV-2. This table provides the denominator for tables LR-2 and DV-2 but not for DV-1a or DV-1b
- Totals from other tables do not have to equal the totals in LR-1 but they cannot exceed LR-1 totals

TABLE LR-1

TOTAL NUMBER OF STUDENTS BEING TRAINED IN BHPR-FUNDED PROGRAMS



For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

For each question below, provide the population data requested for the period between July 1, 2010 and June 30, 2011 in the text boxes) to the right of the question.

Count each student only once.

	<u>Formative Education and/or Training</u>	<u>Pre- Professional Training</u>
Total number of students being trained in BHPr-funded programs		
<u>Enrollees</u>		
How many students were trained in BHPr-funded programs and have not graduated or completed programs before June 30, 2011?	<input type="text"/>	<input type="text"/>
Total number of students being trained and graduated/completed programs in BHPr- funded programs before June 30, 2011		
<u>Graduates</u>		
How many students were being trained in BHPr-funded programs and have graduated?	<input type="text"/>	
<u>Program Completers</u>		
How many students were being trained in BHPr-funded programs and have completed programs that were less than or equal to 39 hrs?	<input type="text"/>	<input type="text"/>
How many students were being trained in BHPr-funded programs and have completed programs that were between 40 and 160 hrs?	<input type="text"/>	<input type="text"/>
How many students were being trained in BHPr-funded programs and have completed programs that were more than 160 hrs?	<input type="text"/>	<input type="text"/>
<u>Fellowships & Residencies</u>		
How many students were being trained in BHPr-funded programs and have completed Fellowships & Residencies of one year or more?	<input type="text"/>	

TABLE LR-1

TOTAL NUMBER OF STUDENTS BEING TRAINED IN BHPR-FUNDED PROGRAMS

- Enrollees { • Do not use
- Graduates { • Do not use
- Program Completers { • Refers to individuals who have met the requirements of a structured educational program which does not confer a degree.
- Fellowships and Residencies { • Residency refers to advanced training in a medical specialty after graduation from medical school. Fellowships refers to a 1 or 2-year organized training program designed to meet a specific purpose.

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

For each question below, provide the population data requested for the period between July 1, 2010 and June 30, 2011 in the text boxes) to the right of the question.

Count each student only once.

<u>Formative</u>	<u>Pre-</u>
<u>Education</u>	<u>Professional</u>
<u>and/or</u>	<u>Training</u>
<u>Training</u>	

~~Total number of students being trained in BHPr-funded programs~~

~~Enrollees~~

~~How many students were trained in BHPr-funded programs and have not graduated or completed programs before June 30, 2011?~~

--	--

Total number of students being trained and graduated/completed programs in BHPr- funded programs before June 30, 2011

~~Graduates~~

~~How many students were being trained in BHPr-funded programs and have graduated?~~

--

Program Completers

How many students were being trained in BHPr-funded programs and have completed programs that were less than or equal to 39 hrs?

--	--

How many students were being trained in BHPr-funded programs and have completed programs that were between 40 and 160 hrs?

--	--

How many students were being trained in BHPr-funded programs and have completed programs that were more than 160 hrs?

--	--

Fellowships & Residencies

How many students were being trained in BHPr-funded programs and have completed Fellowships & Residencies of one year or more?

--

■ Balancing Act

The total number of students reported on LR-1 under Pre-professional Training should match the total number of students reported on DSCPH-14 Recruitment into Health Careers



Balancing Act

Continuing Education for Health Professionals



By The Numbers

The number of CE participants that are reported on DSCPH-5 should equal the number of CE participants reported on LR-1 under Formative Education and Training.

TABLE LR-2

STUDENTS BEING TRAINED BY AGE AND GENDER

Of the “students” entered on LR-1, LR-2 provides a breakdown by age and gender by the two major training types: formative education and pre-professional.

- The totals on LR-2 are not expected to match the totals from LR-1, but they **CANNOT EXCEED** the totals from LR-1.
- In an ideal world, the totals in LR-2 should match the numbers entered into LR-1.

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHP funded program is considered a student.

Provide data on age and gender data between July 1, 2010 and June 30, 2011.

~~Enrollees are students that were trained in BHP funded programs and have not graduated or completed programs before June 30, 2011.~~

Count each student only once.

LR-2
Students being Trained by Age and Gender

Age		Formative Education and Training		Pre-Professional		Total
		Males	Females	Males	Females	
Under 20	Enrollees					
	Grads/Program Completers					
20-29	Enrollees					
	Grads/Program Completers					
30-39	Enrollees					
	Grads/Program Completers					
40-49	Enrollees					
	Grads/Program Completers					
50-59	Enrollees					
	Grads/Program Completers					
60 or older	Enrollees					
	Grads/Program Completers					
Total	Enrollees					
	Grads/Program Completers					

DIVERSITY TABLES

**Increase
health
workforce
diversity.**

DIVERSITY PERFORMANCE INDICATORS

- **DV-1:** The percent of underrepresented minority students in BHPPr funded pre-professional, formative education, and training programs.
- **DV-2:** The percent of disadvantaged students

DIVERSITY TABLE - ETHNICITY DV-1A

Ethnicity:

There are two categories for data on ethnicity: “Hispanic or Latino,” and “Non-Hispanic or Non-Latino.”

“Hispanic or Latino” means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Did your BHPf funded program have students of “Hispanic or Latino” ethnicity between July 1, 2010 and June 30, 2011?

Yes No

If “Yes” provide the number of “Hispanic or Latino” students by race

Note: “Hispanic or Latino” is an ethnicity. Therefore you must enter the number of “Hispanic or Latino” students in the race categories below.

Table DV-1a
Hispanic or Latino Students by Race

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
American Indian or Alaska Native						
Asian (Not Underrepresented)						
*Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

DIVERSITY (DV)-1B

Non- Hispanic or
Non-Latino
Students

Students counted
in DV 1a and DV-
1b are a subset
of the total
students counted
in LR-1.

Did your BHPf funded program have students of a “Non-Hispanic or Non-Latino” ethnicity between July 1, 2010 and June 30, 2011?

Yes No

If “Yes” provide the number of “Non-Hispanic or Non-Latino” students by race

Table DV-1b
Non-Hispanic or Non-Latino Students by Race

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
American Indian or Alaska Native						
Asian (Not Underrepresented)						
*Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
More Than One Race						
Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

TABLE DV-2 DIVERSITY BY DISADVANTAGED STATUS

DV-2: The percent of disadvantaged students in BHPr funded pre-professional, formative education, and training programs.

For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPr funded program is considered a student.

Provide the number of students by race/ethnicity that have graduated or completed programs between July 1, 2010 and June 30, 2011. For enrollees provide the number of students who received training and have not graduated or completed programs before June 30, 2011.

**Table DV-2
Students by Disadvantaged Status and Race**

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Total number of disadvantaged students						
Total number of Hispanic Students from DV-1a plus total number of underrepresented minority students (URM) from DV-1b						
Number of disadvantaged students in row 1 that were not counted as a minority or Hispanic in tables DV-1a and DV-1b						
Number of either disadvantaged or Hispanic or underrepresented minority students*						

*These data are needed to respond to Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) request.

Note: Rows 2 and 4 will be pre-populated for you.

PRIMARY CARE (PC) TABLES

Strategy:
Promote
careers in
primary care.

PRIMARY CARE (PC) TABLES

- PC-1: The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.
- PC-2: The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.
- PC-3: The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

TABLE PC-1

EVIDENCE BASED STRATEGIES ENCOURAGING THE SELECTION OF A CAREER IN PRIMARY CARE

Strategies	Grant Funded Program
Creating/have a "primary care track" in residency or graduate nursing programs	
Developing community-based primary care rotations for residents and graduate nursing trainees	
Developing high school and college undergraduate recruitment programs	
Enhance the status and promotion of clinician-educators in health professions institutions:	
Including generalist oriented clinical medicine courses in the curriculum	
Including generalist practical experiences in the curriculum	
Including primary care community experiences in the curriculum, including experiences in federally funded health centers, urban, rural health clinics, migrant health centers	
Increase the representation of primary care providers on admissions committees	
Increasing the size of primary care residency or nursing traineeship programs	
Providing reimbursement or other incentives for community-based preceptors	
Special selection criteria to enhance recruitment of students committed to primary care	

- This table reports on the number of evidence-based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

- Please check all strategies that your host institution or university used between July 1, 2010 and June 30, 2011

PC-2 The percent of all students in BHPr-funded training and/or formative education programs being trained for a career in primary care.

Provide the number of students who graduated or completed formative professional training programs between July 1, 2010 and June 30, 2011. Provide the number of enrollees. *For this table, enrollees refer to individuals who have received formative professional training, and did not graduate or complete a program before June 30, 2011.*

Count each person only once.

Do not count anyone as a program completer and also as a graduate; graduation from any program supersedes any completed program.

Count Students

Count Residents

Table PC-2a

Enrollees, Graduates, and Program Completers Trained in Primary Care Disciplines

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Dentistry						
Family Medicine						
General Internal Medicine						
General Pediatrics						
Nurse Practitioner						
Nurse-Midwife						
Physician Assistant						
Primary Care Podiatric Medicine						
Total						

TABLE PC-2A

Report resident trainees for the following disciplines: dentistry, Family Medicine, Internal Medicine, Pediatrics, and Primary Care Podiatric Care Medicine.

TABLE PC-2B

ENROLLEES, GRADUATES, AND PROGRAM COMPLETERS TRAINED IN OTHER HEALTH PROFESSIONS THAT COULD SUPPORT PRIMARY CARE

Table PC-2b
Enrollees, Graduates, and Program Completers Trained in Other Health Professions that could support Primary Care

Count Students						Count Residents
	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Allopathic Medicine						
Chiropractic						
Clinical Psychology						
Dental Public Health						
Health Administration						
Nurse Anesthetist						
Osteopathic Medicine						
Other Advanced Education Nurse						
Pharmacy						
Preventive Medicine						
Public Health						
Social Work						
Registered Nurse (not Advanced Practice)						
*Other						
Total						

*Specify any disciplines that could support primary care not listed above in the boxes under "Other" category

TABLE PC-3 STUDENTS RECEIVING CLINICAL TRAINING IN NON-HOSPITAL, PRIMARY CARE SITE

PC-3 The percent of formative education and formative training program students receiving a portion of their clinical training in a non-hospital, primary care site.

Provide the number of students receiving training between July 1, 2010 and June 30, 2011

**Table PC-3
Students Receiving Clinical Training in Non hospital, Primary Care Site**

Total Number of Students receiving clinical training supported by your formative education or training grant	Number of students receiving a portion of their clinical training in an ambulatory site	
	<1 month	≥ 1 month

- Non-hospital, primary care site: Ambulatory, primary care may be delivered in hospitals, such as often happens in rural hospitals.
 - report in this table rotations that are predominately ambulatory, primary care in nature even if their physical location is in a hospital.
 - This table should be a combination of data reported on PC-2a & PC-2b.

- Note: The sum of columns 2 and 3, “Number of participants receiving a portion of their training in an ambulatory site,” cannot exceed the number entered in column 1, “Total Number of Students supported by your formative education or training grant.”

DISTRIBUTION TABLES (DS)

**Improve
the
distribution
of the
health
workforce.**

DISTRIBUTION TABLES (DS)

- **Strategy: Improve the distribution of the health workforce.**
- **DS-1: The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.**
- **DS-2: The percent of students in this BHPr-funded grant program receiving a portion of their clinical training in underserved area sites.**

DS-1 The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

Table DS-1

Evidence Based Strategies to Influence the Distribution of Health Professional Workforce

Listed below are some evidence-based strategies that your grant-funded program may use to encourage service in underserved areas. Please check all the strategies your program used between July 1, 2010 and June 30, 2011.

Strategies	Grant Funded Program
Develop high school and college undergraduate outreach and recruitment programs addressing the underserved	
Enter into partnerships with interdisciplinary teams	
Financial assistance contingent on practice in underserved area	
Have a clear mission to produce clinicians to serve the needs of the underserved	
Implement a rural training track	
Implement an inner-city training track	
Increase emphasis on primary care in the curriculum	
Offer inner city residency traineeship rotation or preceptorships	
Offer rural residency traineeship rotation or preceptorships	
Provide clinical experiences in underserved areas	
Provide electives focusing on inner-city health issues	
Provide electives focusing on rural health issues	
Provide faculty role models who have worked in underserved communities	
Use innovative curricular strategies, e.g. Distance Learning, Telemedicine	
Use selective admissions criteria for students from rural and inner-city areas	

TABLE DS-1

Identify evidence-based strategies utilized by AHEC Programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

Please check all the strategies used by your program

TABLE DS-2 STUDENTS RECEIVING TRAINING IN UNDERSERVED AREA SITES

DS-2 The percent of students in this BHPPr-funded grant program receiving a portion of their clinical training in underserved area sites.

Provide the number of students receiving training between July 1, 2010 and June 30, 2011

**Table DS-2
Students Receiving Training in Underserved Area Sites**

Total Number of students supported by your training or formative education grant	Number of students receiving a portion of their training in an underserved area	
	<1 month	≥ 1 month
(Pre populated from table LR-1)		

Of the above students being trained in an underserved area site, how many were receiving clinical training?

- This table reports on participants in BHPPr-funded formative education and training programs receiving a portion of their clinical training in underserved area sites
- Note: The sum of columns 2 and 3: "Number of participants receiving a portion of their training in an underserved area" cannot exceed the number entered in column 1: "Total Number of students supported by your formative education or training grant".

INFRASTRUCTURE

**Strengthen
public health
and health
care
infrastructure.**

INFRASTRUCTURE (IN) TABLES

Strategy: Strengthen public health and health care infrastructure.

- **IN-2: The percent change of Continuing Education Contact hours offered by BHP_r programs.**

IN-2 INFRASTRUCTURE

IN-2 The percent change of Continuing Education Contact hours offered by BHPPr Programs.

**Table IN-2
Continuing Education Contact Hours Offered by BHPPr Programs**

For each question below, please provide the data requested in the text box to the right of the question:

1. Total Number of Continuing Education Contact hours offered by your BHPPr formative education or training program between July 1, 2010 and June 30, 2011:

What was the total number of Continuing Education Contact hours offered by your program for the current reporting year?

2. Total Number of Continuing Education Contact hours supported by your BHPPr formative education or training program between July 1, 2009 and June 30, 2010:

What was the total number of Continuing Education Contact hours supported in the reporting year PRIOR to the current reporting year?

Report the number of continuing education units or Contact Hours offered by your AHEC Program

QUALITY

Improve
the quality
of care
through
training

QUALITY (Q) TABLES

Demonstrate how AHEC's improve the quality of care through training.

- **Q-1: The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPPr-funded health professional education and training programs.**
- **Q-2: The percent of comprehensive cultural competence curricula integrated into BHPPr-funded education and training programs (Section 741: Health Disparities and Cultural Competencies).**

TABLES Q-1 & Q-2

TRAINING CORE COMPETENCIES AND WAYS OF IMPLEMENTATION

- For each field in Tables Q-1 and Q-2, score your answer on a scale of 0 to 3 for the eight core competencies as follows:
 - 0 = Not implemented
 - 1 = Didactic
 - 2 = Clinical or Field work
 - 3 = Both Didactic and Clinical or Field work

- Note: Only record scores for curricula that include a credited course on the subject

TABLE Q-1

TRAINING CORE COMPETENCIES AND WAYS OF IMPLEMENTATION

- Courses reported in this table must devote instruction time to the desired competency at or above the following levels:
 - Evidence-based decision-making (50 percent),
 - Health informatics (25 percent)
 - Interdisciplinary team training (25 percent),
 - IOM core competencies (50 percent),
 - Quality measurement and improvement (25 percent).

Table Q-1
Training Core Competencies and Ways of Implementation

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Evidence-based decision-making			
Health informatics			
Interdisciplinary team training			
IOM CORE Competencies (patient safety and care that is timely, effective, efficient and equitable)			
Quality measurement and improvement (other than IOM)			
Implementation Total			

TABLE Q-2 TRAINING CORE COMPETENCY/WAYS OF IMPLEMENTATION – CULTURAL COMPETENCY

- Enter the corresponding code (see legend), not number of courses or hours of training. Basically, is your training institution for physicians with which the AHEC is affiliated, offering these types of trainings?
- Source: Medical school curricula.
- Report from the Program Office's perspective and not the Center's.

**Table Q-2
Training Core Competencies and Ways of Implementation**

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Cross-Cultural Clinical Skills (for example, communication skills, working with interpreters, problem-solving skills, immigrants, refugees)			
Health Disparities and Factors Influencing Health (for example, demographic patterns of disparities, and factors underlying disparities)			
Key Aspects of Cultural Competence (for example, epidemiology of population health; healing traditions, beliefs systems health and illness)			
Rationale, Context, and Definition (for example, definitions of race, ethnicity, culture and religion)			
Understanding the Impact of Stereotyping on Health Decision-Making (for example, history and effects of bias, discrimination, racism and stereotyping)			
Implementation Total			

QUESTIONS??

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