

NAO CORE Suggestions for: Bureau of Health Professions Performance Report (BPR) for FY 2011	
PURPOSE	
NAO CORE Suggestions	<p>The NAO Committee on Research and Evaluation (CORE) reviewed the published BHP Performance Report web application and accompanying documentation. As a result of this review, we developed additional suggestions to aid in the preparation of the required performance report data tables. Our goal is to improve consistency of reporting for all AHECs nationwide. The CORE held a series of conference calls with the BHP staff to obtain their input on the NAO supplemental document; however, <u>the following suggestions are not official government communication.</u></p> <p>We are requesting each AHEC Program to send NAO CORE a copy of the completed BPR, the critical data tables, and complete the Outcomes survey. Send to Mindy Bateman at Mindy.Bateman@slcc.edu □</p>
GENERAL INSTRUCTIONS	
How to Read Document	<p>We are using a color coding system to highlight items of significant importance to AHEC staff preparing the BPR tables. As a result, print this document using a color printer or to refer to the electronic version to see the highlighted notes.</p> <ol style="list-style-type: none"> 1. We used the following protocol to note changes: <ol style="list-style-type: none"> a. All text in red and/or with “#” has been added by NAO CORE as suggestions. b. Where appropriate, we included suggestions developed by some programs. They are marked with a “**” symbol.
REPORTING AND VALIDATION NOTES	
Getting Started	<ol style="list-style-type: none"> 2. CPMS/UPR General Rule: <u>REPORT ON ‘WHOLE’ AHEC PROGRAM NOT JUST PROJECTS FUNDED THROUGH THE BUREAU.</u> 3. CPMS/UPR Dates: <u>PER HRSA: USE THE DATES FROM 07/01/2010 TO 6/30/2011</u> 4. <u>It is IMPORTANT to READ the INSTRUCTIONS before completing any table.</u> 5. <u>The validation happens automatically, so you may leave a table and not learn of any validation issues until you try to leave the next table. You may then choose to return and solve the validation issues or continue on. You will only be able to complete the report in Internet Explorer, the tables will not render properly in any other browser.</u> 6. While we continue to offer this suggestion, many of the validation issues appear to be resolved. It is important to note that totals can never be more than the numbers entered in Table LR-1. However, HRSA would like the totals in DSCPH-5, DSCPH-14, LR-2, DV-1a, b, and DV-2 to match the numbers entered into LR-1. They suggest that we make our best guesses where possible. 7. As in the past, there are areas that are difficult for AHECs to provide the exact information requested. As always, follow the adage of “Do The Best You Can...” Janet Head coined the acronym of DTBYC (pronounced “dittybick”) to add to our AHEC language. ☺
PART I	<ol style="list-style-type: none"> 8. HRSA made no changes from last year’s report. However, the suggested hot topics in DSCPH-6a and in the corresponding critical data table, Consumer/Public Health Education, have changed due to suggestions on HRSA’s reporting interests. □

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FY 2010 Performance Measures – Program Matrix

Activity Code	Program Name	LR1	LR2	DV1	DV2	DV3	PC1	PC2	PC3	DS1	DS2	DS3	IN1	IN2	Q1	Q2
A03 / AOA	Public Health Traineeship	√	√	√	√											
A24	Minority Faculty Fellowships (MFFP)					√								√		√
D01	Geriatric Training Program for Physicians, Dentists, And Behavioral And Mental Health Professions	√	√	√		√		√			√				√	√
D09	Advanced Education Nursing Grants	√	√	√	√	√	√	√	√	√	√	√	√			√
D11	Nurse Education, Practice and Retention	√	√													
D13 / D5G	Dental Public Health Residency Training Grants	√	√	√	√	√		√		√	√	√	√			
D18 / D1H	Health Careers Opportunity Program (HCOP)	√	√	√	√			√		√	√					√
D19 / D1N	Nursing Workforce Diversity	√	√	√	√	√										√
D20	Public Health Training Centers (PHTC)	√	√					√						√		
D31	Geriatric Education Centers	√	√	√		√		√			√			√		
D33 / D5H	Preventive Medicine Residencies	√	√	√	√	√		√		√	√	√	√			
D34 / D3E	Centers of Excellence (COE)	√	√	√		√	√	√	√	√	√		√			√
D40	Graduate Psychology Education Programs	√	√	√	√	√					√	√			√	√
D54 / D5A	Academic Administrative Units in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D55 / D5C	Faculty Development in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D56 / D5D	Pre-doctoral Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D57 / D5B	Physician Assistant Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D58 / D5F	Residency Training in Primary Care	√	√	√	√	√	√	√	√	√	√	√				√
D59 / D5E	Residency Training in General and Pediatric Dentistry	√	√	√	√	√	√	√	√	√	√	√				√
D62	Comprehensive Geriatric Education Program	√	√	√		√		√						√		
D64	Nurse Education, Practice and Retention: Internship and Residency Programs	√	√													
D65	Nurse Education, Practice and Retention Grant Program: Career Ladder	√	√													
D66	Nurse Education, Practice and Retention Grant Program: Enhancing Patient Care Delivery Systems	√	√													
T09	Grow your own FQHC Nurse	√	√													
U1K	Faculty Development: Integrated Technology into Nursing Education and Practice Initiative	√	√	√										√		
U76	Basic/Core Area Health Education Centers (AHEC)	√	√	√	√		√	√	√	√	√			√	√	√
U77	Model State-Supported Area Health Education Centers (AHEC)	√	√	√	√		√	√	√	√	√			√	√	√

Glossary

Advanced Education Nursing Program: A program of study in a collegiate school of nursing or other eligible entity which leads to a masters and/or doctoral degree and which prepares nurses to serve as nurse practitioners, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education. In addition, programs to prepare advanced education nurses through combined registered nurse to masters degree programs, post-nursing masters certificate programs, clinical nurse specialists, eligible nurse-midwifery certificate programs are included as advanced nurse education programs for purposes of this legislation. Eligible nurse-midwifery certificate programs in existence on November 12, 1998 are included as advanced education nurses for purposes of this legislation.

Allied Health Disciplines have been classified in the following categories/groups:

Assistants refer to: Home Health Aides and Medical Assistants.

Clinical Laboratory Sciences refers to: Cytotechnologists, Histologic Technicians/Technologists, Medical Laboratory Technicians, Medical Technologists and Phlebotomists.

Dental refers to: Dental Hygienists, Dental Assistants and Dental Laboratory Technicians.

Food and Nutrition Services refers to: Dietetic Technicians, Dietitians, and Nutritionists.

Health Information refers to: Health Information Administrators and Health Information Technicians.

Rehabilitation refers to: Occupational Therapists, Occupational Therapy Assistants, Orthotists or Prosthetists, Physical Therapists, Physical Therapy Assistants, Recreation Therapists and Speech Pathologist/Audiologists.

Technicians and Technologists refers to: Clinical Perfusionists, Cardiopulmonary Technologists, Diagnostic Medical Sonographers, Electrocardiograph Technicians (EKG), Electroencephalograph Technicians (EEG), Medical Imaging Technologists, Nuclear Medicine Technologists, Ophthalmic Medical Technicians/ Technologists, Radiation Therapy Technologists, Radiology Technologists, Respiratory Therapists, Respiratory Therapy Technicians, Surgical Technologists, and Emergency Medical Technicians or EMT Paramedics.

Unspecified refers to any Allied Health discipline not included in the categories/groups as defined.

Clinical Training the patient-care component of health professions education, including clinical rotations and clerkships for medical, dental, nursing, allied health, public health, physician assistant and pharmacy students; and residency and fellowship training.

Continuing Education Contact hours: The number of hours to which the participant is exposed to continuing education.

Continuing Education Program means a formal, post-licensure education program designed to increase knowledge and/or skills of health professionals. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-masters certificate or other evidence of completing such a program.

Cultural Competence: A set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, among and between groups. This requires willingness and ability to draw on values, traditions, and customs of the populations served and the ability to develop culturally sensitive interventions.

Curriculum: A set of courses constituting an area of specialization

Default Rate means the ratio (stated as a percentage) that the defaulted principal amount outstanding of the school bears to the matured loans of the school. For this purpose:

The term "defaulted principal amount outstanding" means the total amount borrowed from the loan fund of a school that has reached the repayment stage (minus any principal amount repaid or cancelled) on loans in default for 120 days or more.

The term "matured loans" means the total principal amount of all loans made by a school minus the total principal amount of loans made by the school to students who are enrolled in a full-time course of study at the school or are in their grace period.

Disadvantaged: An individual who (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, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary for use in all health professions programs.

Discipline: A field of study.

Disparity: A pattern of differences in health outcomes that occurs by age, gender, race, ethnicity, education or income, disability, geographic location, or sexual orientation.

Diversity: Is defined by the following quote ...”Diversity is most often viewed as the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff (i.e., structural diversity). Diversity, however, can also be conceptualized as the diversity of interactions that take place on campus (e.g., the quality and quantity of interactions across diverse groups and the exchange of diverse ideas), as well as campus diversity-related initiatives and pedagogy (e.g., the range and quality of curricula and programming pertaining to diversity, such as cultural activities and cultural awareness workshops; Hurtado et al., 1999).”

Enrollee: refers to an individual who receives training in BHP-funded programs, but did not finish them during the study period.

Entering Practice: Health professions students who intend to begin providing direct patient care or public health upon graduation from a funded formative or advanced education and training program.

Employ Evidence-Based Approach: To integrate best practices and research with clinical expertise and patient values for optimum care related to the desired outcome.

Ethnicity: There are two categories for data on ethnicity: “Hispanic or Latino,” and “Not Hispanic or Not Latino.”
“Hispanic or Latino” means a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Faculty: refers to those members of the instructional staff employed full-time or part-time or who volunteer. Faculty provides the curriculum to develop skills inherent in practice to a level of professional competency and, in graduate education and may include the development of research capability. This includes all faculty, even those who participate on an as needed basis. Faculty will be counted by a full-time equivalent (FTE) measure unless otherwise noted.

Fellowship: A 1 or 2 year organized training effort designed to meet a specific training purpose.

Formative Health Profession Education: Includes matriculating, continuing, and graduate students. The program of study to prepare an individual for a degree in a health profession.

Geriatrics: Focuses on health promotion and the prevention and treatment of disease and disability in later life.

Graduates: refers to individuals who have successfully completed all educational requirements for a specified academic program of study or have met the eligibility requirements for full certification/degree in a designated health profession.

Health Informatics: The systematic application of information and computer sciences to public health practice, research, and learning [patient care]. It is the discipline that integrates public health with information technology. The development of this field and dissemination of informatics knowledge and expertise to public health professionals is the key to unlocking the potential of information systems to improve the health of the nation.

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Navigating the healthcare system, filling out medical forms, deciding among different types of treatment, and choosing a healthy lifestyle all require health literacy skills.

For patients, health literacy means being able to follow instructions from a doctor, nurse or pharmacist; manage a chronic illness; or take medication properly. For health care practitioners, it is about helping patients understand and act on health care information.

Health Professional: An individual who has received a certificate, an associate degree, a bachelors degree, a masters degree, a doctoral degree, or post baccalaureate training, in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related services.

Interdisciplinary: Education and training is defined as the collaborative process by which an interdisciplinary team of health care professionals-faculty, clinical preceptors and community health care providers-collaborates, plans, and coordinates an interdisciplinary program of education and training that encompasses didactic and clinical training components. The collaborative process requires the preparation and functioning of interdisciplinary teams who share knowledge and decision making with the purpose of creating solutions to health care problems that transcend conventional discipline-specific methods. The goal is to work together in service of patient-centered and/or community-centered health care needs.

Interdisciplinary Clinical Training: Defined as the collaborative clinical experience in any appropriate setting whereby interdisciplinary care is provided to patients and/or the community. Clinical settings include but are not limited to: hospitals, long-term care facilities, ambulatory care settings, home and community-based settings, and public health agencies. Outcomes of interdisciplinary clinical training include at a minimum that interdisciplinary core competencies are identified and the interdisciplinary team share accountability for achieving mutual goals and decision-making. Core competencies require that the participants:

Level I: demonstrate an understanding of the roles and responsibilities of participating disciplines in the interdisciplinary clinical training.

Level II: demonstrate an understanding of the ways to integrate multiple disciplines in the assessment, diagnosis, and treatment of patient-centered and/or community-centered care, and

Level III: develop knowledge, skills, and abilities in interdisciplinary health care team practice.

Work in interdisciplinary teams: cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

Matriculant: Refers to a student who participates in the enrollment process of an institution. The matriculation process is an agreement between the institution and the student who enrolls for credit to define the student's educational goals and provide support and resources for attaining those goals. This applies to students enrolled in a degree or certificate program.

Medically Underserved Communities: means any geographic area and/or population served by any of the following practice sites:

- Ambulatory practice sites designated by State Governors as serving medically undeserved communities
- Community Health Centers (CHCs) (section 330)
- Federally Qualified Health Centers (FQHCs) (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless Grantees (section 330)
- Indian Health Service Sites (IHS) (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant Health Centers (MHCs) (section 330)
- Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas (HPSAs) (federally designated under section 332)
- Public Housing Primary Care Grantees (section 330)
- Rural Health Clinics, federally designated (section 1861(aa) (2) of the Social Security Act)
- State or Local Health Departments (regardless of sponsor – for example, local health departments who are funded by the State would qualify)

Note: Information on Community Health Centers, Migrant Health Centers, Health Care for the Homeless Grantees, Public Housing Primary Care Grantees, National Health Service Corps Sites, and Health Professional Shortage Areas is available BHPPr web site <http://bhpr.hrsa.gov/> or on Bureau of Primary Health Care Web site at <http://bphc.hrsa.gov/> (select "Key Program Areas" and "Resources").

Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

Population-Based Health: Is an approach to health that aims to improve the health of the entire population and to reduce

health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

Pre-Professional Student: is a student trained in K-12 or undergraduate BHP-funded programs that help develop an interest in attending or prepare them for entrance into a health professions school.

Primary Care: The provision of integrated comprehensive and continuous, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

Primary Care Service Area (PCSA): Is a geographic unit used for the measurement of primary care resources, utilization, and associated outcomes. Identifies clusters of people receiving primary care within geographic boundaries, and represents market areas for primary care services.

Public Health: Is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

Publications: Refer to articles, reports or other documents based on HRSA supported data and information; including peer reviewed journals.

Program Completers: refers to individuals who have met the didactic and/or clinical requirements of a structured educational program which does not confer a degree (e.g., summer enrichment programs, continuing education, and fellowship) and is designed to improve their knowledge and skills. Program completers are grouped together by the length of the program completed:

Programs \leq 39 hours

Programs of 40-160 hours

Programs \geq 161 hours including fellowships and residencies and 1 year or more

Quality Improvement: Identifies errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change process and systems of care, with the objective of improving care.

Quality of Care: Includes attention to the following:

Efficient – avoiding waste, including waste of equipment, supplies, ideas, and energy

Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under use and overuse, respectively).

Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Patient-Centered – providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Safe: avoiding injuries to patients from the care that is intended to help them.

Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care.

Residency: Is a period of advanced training in a medical specialty after graduation from medical school.

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

Underrepresented Minority: with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to their proportion of the population involved, to include Blacks or African Americans, American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, Hispanics or Latinos, and certain Asian subpopulations (other than Chinese, Filipino, Japanese, Asian Indian or Thai)

Minority means an 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.

Race The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents shall be offered the option of selecting one or more racial designations.

Note: See "Ethnicity" for definitions of Hispanic or Latino ethnicity.

Underserved Area/Population includes:

- The Elderly, Individuals with HIV-AIDS, Substance Abuse, Homeless, and Victims of Domestic Violence
- Homeless Populations
- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities
- Rural Health Clinic Certified Areas; now defined with additional entities listed below:

Ambulatory Surgical Center – An entity that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.

Disproportionate Share Hospital (DSH) – A hospital as certified under 1886(d) of the Social Security Act that 1) has a disproportionately large share of low-income patients and 2) receives a) an augmented payment from the States under Medicaid or b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.

Federal Hospital – Any Federal institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.

Home Health Agency – A public agency or private organization as certified under section 1861(o) of Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.

Hospice Program – A public agency or private organization as certified under section 1861 (dd)(2) of the Social Security Act that provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals' homes on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.

Native Hawaiian Health Center – An entity (a) which is organized under the laws of the State of Hawaii; (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988)Public Law 100-579), as amended by Public Law 102-396.

Non-Federal Non-Disproportionate Share Hospital – Any public or private institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.

Nursing Home – An institution (or a distinct part of an institution) as certified under section 1919 (a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.

Skilled Nursing Facility – An institution (or a distinct part of an institution) as certified under section 1819 (a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.

A. Primary Care Disciplines
<ul style="list-style-type: none"> •Dentistry •Family Medicine •General Internal Medicine •General Pediatrics •Nurse Practitioners •Nurse Midwife •Physician Assistant •Primary Care Podiatric Medicine

B. Disciplines that Support Primary Care
<ul style="list-style-type: none"> •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 •Undergraduate Nursing •Veterinarian •Unspecified Mental Health Counselors (Master's level) •Unspecified Community Health Workers •Unspecified Medical Interpreters •Unspecified Complementary Alternative Medicine •Unspecified

C. Allied Health
<ul style="list-style-type: none"> •Clinical Laboratory Sciences (Cyto, Histo, Lab, Phlebotomists) •Food and Nutrition Services (Dieticians, Nutritionists, Diet Aides) •Health Information (MIS, Medical Records) •Rehabilitation (PT, OT, ST, PTA, COTA, Audiologists, Activities/Recreation Director in Nursing Homes) •Technicians and Technologists (EKG, EEG, MRI, Rad, Resp Tech, Surgical Tech) •EMS •Fire •Police •Dental (dental hygienists, assistants, lab) •Assistants (home health aide, certified nursing assistant, medical assistants) •Unspecified Family Caregivers, Peer Advocates •Unspecified 2 K-12 Teachers, Staff, Principals •Unspecified 3

Discipline Categories Reference Sheet

Standard List of Disciplines

Summary List of Disciplines for CE
<ul style="list-style-type: none"> •Physicians: Family Medicine, Internal Medicine, General Pediatrics, other MD; Allopathic, Osteopathic, Preventive Medicine; Podiatrists •Advance Practice Nurses: Nurse Practitioners, Nurse Midwives, Nurse Anesthetist, Other Advanced Practice •Dentistry: includes dentists and dental public health •Physician Assistant •Complementary Alternative Medicine (chiropractors, acupuncturists, massage therapists) •Mental Health Professionals (Social Workers, Psychologists) (non-physicians) •Pharmacy •Public Health •Nursing (RN, LPN) •Veterinarian •Community Health Workers (includes all names - patient navigators, promotores, etc.) •Medical Interpreters •Clinical Lab Sciences (see definition to left) •Food and Nutrition •Health Info •Rehabilitation •Technicians and Technologists •First Responders: EMT, Fire, Police •Dental (hygienists, techs) •Assistants •Unspecified Family Caregivers, Peer Advocates •Unspecified 2 K-12 Teachers, Staff, Principals •Unspecified 3

GEN-1 Special Topics

Data Collection Period: 7/01/2010 to 6/30/2011
(For Grant Number:)

Special Topics

- Adolescent Health
- Alternative Medicine
- Ambulatory Care
- American Indian/Alaskan Native Initiative
- Behavioral Health
- Bioterrorism
- Border Health Activities

Clinical Sites in underserved areas

- Community Health Centers
- Governor Designated Area
- Health Departments
- Health Professions Shortage Area
- Migrant Health Centers
- Rural Health Clinics
- Other1
- Other2
- Other3

- Community-Based Continuity of Care Experiences
- Cultural Competence

Diseases

- Asthma
- Diabetes
- Cancer
- Obesity
- Tuberculosis
- Sexually Transmitted Diseases
- Other 1
- Other 2
- Other 3

- Distance Learning
- Domestic Violence
- Evidence Based Practice
- Faith-Based
- Faculty Development
- Health Promotion/Disease Prevention
- Home Health
- Homeless
- Informatics
- Genetics
- Geriatrics
- HIV/AIDS
- Interdisciplinary Training
- Long Term Care
- Managed Care
- Maternal and Child Health
- Medical Economics
- Mental Health
- Minority Health Issues

Minority Recruitment/Retention

- Hispanics
- African Americans
- American Indian/Alaska Natives

GEN -1 Notes:

- Report on your AHEC's geographic service area.
- Consider Behavioral Health as including Veterans Health, PTSD, TBI
- Under Other put DOL/WIB (Department of Labor/Workforce Investment Boards)
- Report on the entirety of your AHEC Program

- Native Hawaiian or Pacific Islander
- Nutrition
- Oral Health
- Patient Safety/Medical Errors
- Quality Improvement in Health Professions Education or Practice
- Research
- Rural Health
- Substance Abuse/Prevention
- Telemedicine/Telehealth
- Urban Health
- Women's Health
- Other 1 **Under Other put DOL/WIB (Department of Labor/Workforce Investment Boards)**
- Other 2
- Other 3

Race/Ethnicity of Populations Served

Ethnicity

- Hispanic/Latino
- Not Hispanic or Latino

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More Than One Race

Population Served/Percent of Patients Served

Medicaid

- None
- 1 - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Uninsured

- None
- 1 - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Medicare

- None
- 1 - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

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

DataCollectionPeriod: 07/01/2010 to 6/30/2011

(For Grant Number:)

Please read online instructions before completing tables.

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

Gen -2 Notes**Visit** is a face to face event**Example 1:** you go to one school and give four classroom presentations, that counts as four visits.**Contact** is according to content of contact- the message**Example 2:** You send an email to 500 parents for an event, that is one contact.

**Student and Resident Rotations in Underserved Sites
Related to Table DSCPH-2 AHEC/PMRP/PHTC Training Site Types
Definitions of Site Designations by Category:**

Community-Based Safety Net Sites - generally provide services to anyone who comes to their facility regardless of ability to pay:

- School health services and health clinics
- Emergency care facilities
- Teaching hospitals, state-owned facilities for indigent care, and other teaching/service facilities with a Medicaid/Medicare patient population of 50% or more of the total patient population
- Sites with un-insured patient population greater than the national average

Ambulatory practice sites with a Medicaid/Medicare patient population of 50% or more of the total patient population including public, non-profit, faith-based, charity, and other types of clinics.

Designations	http://bphc.hrsa.gov/ http://ask.hrsa.gov/pc/
Federally Qualified Health Center	includes 3 types of clinics: Health Centers (Community, Migrant, Homeless and Public Housing); FQHC Look-Alikes, and Outpt. Programs operated by Tribal Organizations.
Community Health Center (Priority Designation)	Section 330 (e) serve medically underserved and low income, including school based sites,
Migrant Health	Section 330 (g) serve migrant and seasonal health workers and families
Health Care for Homeless	Section 330 (h) serve homeless adults, families and children
Public Housing Health Ctr	Section 330 (i) serve residents of public housing,
FQHCLA (Look Alike)	same benefits as FQHC, but without 330 grant funding
Rural Health Clinic	http://ruralhealth.hrsa.gov/RHC/RHCManual/RHCmanualOne.htm Rural Health Clinics must be located in communities that are both "rural" and "underserved".
Health Professional Shortage Area	http://hpsafind.hrsa.gov/ Health Professional Shortage Areas (HPSAs) have shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional.
IHS/Tribal Health Sites	
Nat. Health Service Corp	http://nhsc.bhpr.hrsa.gov/about/
Local or State Health Dept	
Governor Designated HPSA	
Urban Sites	Generally cities and towns with populations over 50,000
Rural Sites	The United States Census Bureau has taken the lead in creating a working definition of rural by defining what is urban or metropolitan, then defining rural by exclusion. The Bureau defines an urbanized area (UA) as consisting of adjacent, densely settled
Definitions: Possible Sites	
Designated Medically Unserved Area or Population (MUA/MUP)	http://muafind.hrsa.gov/ Medically Underserved Areas and Medically Underserved Populations have shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income, Medicaid-eligible populations, cultural
Elder Care Sites	Skilled nursing facility, residential care, assisted living, etc.
Mental Health Service Sites	a program serving individuals with mental health concerns
Nutrition/Obesity Care sites (YMCA, Exercise)	
Correctional Health	Federal, state and county correctional systems
Free Clinic	
Critical Access Hospital	http://www.raconline.org/info_guides/hospitals/cah.php The Critical Access Hospitals (CAH) program was designed to improve rural health care access and reduce hospital closures. Critical Access Hospitals provide essential services to a community and are reimbursed by Medicare on a "reasonable cost basis" for
Dental Health Setting	a dentists office, dental clinic, dental program at a community health center, etc.

Table DSCPH-2
AHEC/PMRP/PHTC Training Site Types
 DataCollectionPeriod: 07/01/2010 to 6/30/2011
 (For Grant Number:)

Type of Site	Number
¹ 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	
² Other AHEC Community Based Training Sites	
³ Other Site (Describe)	
TOTAL	

- ¹ **AHEC Urban Community Based Training Site** - refers to Metropolitan Statistical Areas (MSA's)
- ² **Other AHEC Community Based Training Sites** - should be used to capture all Rural Area Sites (non-MSA's)
- ³ **Other Site** - to be used for any other designations you may want to include.

Table DSCPH -2 Notes:

- A. Sites with more than one designation should be counted only **once** **CHCs and NHSCs** are of significant importance to the AHEC program, these should be priority designations.
- B. On this table, include a count of all sites where **health professions students** completed Rotations in the reporting year.
- C. Please read online instructions before completing tables.

Table DSCPH-3
AHEC Programs Disciplines Serving Medically Underserved Communities
 DataCollectionPeriod: 07/01/2010 to 6/30/2011
 (For Grant Number:)

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.

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 3 Notes:

- A. The title of this table implies that you are to report only on students at underserved sites. The instructions immediately below the title (and on the "Help" feature of the on-line version) ask for reporting on all sites listed in DSCPH – 2, not just underserved community sites. Please follow the instructions, not the title, and report on students at all sites listed in DSCPH – 2.
- B. HRSA tallies students by their specific disciplines. We should continue to fill in the preceptor portion of the table, but it will likely be discontinued.
- C. Include promotoras and patient navigators in the line for Community Health Workers.
- D. If student is in dual discipline degree, please choose one and note in the comments about the other.

Table DSCPH-4
AHEC Diversity: Students into Health Careers
 Data Collection Period: 07/01/2010 to 6/30/2011
 (For Grant Number:)

Provide the number of **underrepresented minority or disadvantaged students** who participated in health career training or academic enhancement experiences in your 12 month project period.

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

Table DSCPH -4 Notes:

- A. Report only underrepresented minority or disadvantaged students in this table.
- B. The total on DSCPH 4 should NOT exceed the total on DSCPH-14

**Table DSCPH - 5
AHEC Programs
Continuing Education (CE) Trainees by Discipline and Participant Location**
DataCollectionPeriod: 07/01/2010 to 6/30/2011
(For Grant Number:)

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	¹ Urban Community Based Training Sites ¹	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 sites with a 50% Medicaid and/or uninsured population.

Table DSCPH 5 Notes:

A. The total number of CE participants from this table should be entered into LR-1 in the formative training column. Most if not all of the participants will be in the under 39 hour category. Please note the total number in the comments for LR-1 as well. Participants should not be reported more than

1. Participants should not be reported more than once.

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

DSCPH – 6A
AHEC Programs
Program Specific Indicators
 Data Collection Period: 07/01/2010 to 6/30/2011
 (For Grant Number:)

Continuing Education for Health Professionals

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

TRAINING OFFERING (TITLE, TOPIC)	NUMBER TRAINED	LEVEL	COMPETENCY		TOTAL CONTACT HOURS	DELIVERY MODE	START DATE	COST TO TRAINEE	PARTNERING/ LEVERAGING	# OF TIMES OFFERED	HOURS OF INSTRUCTION
			Council on Linkages	Other Frameworks							
Totals:											

DSCPH Table 6A Notes

AHEC Complete the Following:

Training Offering

Title should not exceed 100 characters.

Please attempt to aggregate offerings into the most appropriate topic category suggested by CORE in the example form above.

Number Trained

Indicate total number of participants trained in all sessions/trainings for this course. Should not exceed 5 digits.

Delivery mode

Indicate training format using the following codes: (list all that apply)

Live, Web-based, Live & web-based, Video, CDROM, Audio Cassette, Other format, Satellite Broadcast, Video Conference

Hours of Instruction

For one Trainee, Number of hours spent in one course for one trainee. Should not exceed three digits.

Total contact hours Number of trainees x Hours of Instruction

To calculate the Number of Contact Hours, for each program, multiply the number of participants by the number of hours of instruction

Program Title	Attendees	Hrs of Instruct	Total
Living with an Addict	26	2	52
Identifying Depression in a Primary Care Setting	15	4	60
Abusive Relationships	8	1	8
Table 6a			
Behavioral Health/Mental Health/Substance Abuse/ Domestic Violence	49	7	120

AHECs Do Not Complete

-
- Level of Sophistication**
- Competency – Council of linkages**
- Competency – Other frameworks**
- Start date**
- Cost to trainee**
- Partnering/Leveraging**
- Number of times offered**

Table DSCPH-14
Recruitment Into Health Careers
 DataCollectionPeriod: 07/01/2010 to 6/30/2011
 (For Grant Number:)

The numbers reported in this table should be all your K-16 students. The total number of students from this table should be the same number entered in LR-1 under Pre-Professional students.

Please read online instructions before completing tables.

	Grades K-8	Grades 9-12	College Students
Student who completed health professions training programs >= 20 Hrs			
Student who completed health professions training programs < 20 Hrs			

Table DSCPH - 14 collects specific students information related to Recruitment of Professionals into Health Careers. **In each Program Completer (PC) category grantees are asked to report the number of grade students and college students served by their grants. Report AHEC health careers promotion activities for K-8, 9-12 and college students. Report displaced workers and adults participating in health career recruitment activities in the “college students” category.**

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 BHP programs.

Quality - Improved Workforce Quality

The degree to which the Institute of Medicine's 2003 core competencies are integrated into BHP education and training programs and institutional commitment to addressing cultural competence and health literacy.

The following sections have the detailed measures for each category. BHP requires the grantees to provide the data for the appropriate and relevant measures only. BHP provides the grantee data to Congress in the Performance Budget.

Table LR-1
Total Number of Students being Trained in BHPPr-funded programs
 Data Collection Period: 07/01/2010 to 6/30/2011
 (For Grant Number)

For each question below, provide the population data requested for the period between July 1, 2010 and June 30, 2011 in the text box to the right of the question. For the purpose of compiling and analyzing data, anyone who receives training or education in a BHPPr funded program is considered a student. (From the HRSA instructions)

NOTE: THIS TABLE IS VERY IMPORTANT AS IT IS THE DENOMINATOR FACTOR OF MANY SUBSEQUENT TABLES. Totals from other tables do not have to equal the totals in LR-1 but they cannot exceed LR-1 totals. HOWEVER, HRSA would like the totals in DSCPH-5, DSCPH-14, LR-2, DV-1a, b, and DV-2 to match the numbers entered into LR-1. They suggest that we make our best guesses where possible.

- Include all AHEC students in rotations, and CE participants under formative education
- Include all pre-health professions AHEC participants (K-college) under Pre-professional Training
- **FOR REFERENCE:** The total number of students reported on LR-1 under Pre-professional Training should match the total number of students reported on DSCPH-14
- **FOR REFERENCE:** The number of CE participants reported on LR-1 under Formative Education should equal the number of CE Participants that are reported on DSCPH-5.
- What you report on 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.
- Do not use the enrollee category.
- **In the comments section, it is suggested that you note the total CE participants included on LR-1.**

Formative Education Includes matriculating, continuing education, and graduate students. The program of study to prepare an individual for a degree in a health profession.

Pre-Professional refers to K-college students and second careers.

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

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

~~Enrollees~~

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

--	--

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

~~Graduates~~

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

--

Program Completers

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

--	--

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

--	--

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

--	--

Fellowships & Residencies

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

--

Table LR-2
Students being Trained by Age and Gender
 Data Collection Period: 07/01/2010 to 06/30/2011
 (For Grant Number:)

Provide data on age and gender of those students who have graduated or completed programs between July 1, 2010 and June 30, 2011.

The totals in this table are not expected to match the totals from LR-1 but they CANNOT EXCEED the totals from LR-1. However, HRSA would like the totals in LR-2 to match the numbers entered into LR-1. They suggest that we make our best guesses where possible. Each program must decide to enter the data they have collected or to use demographics. The denominator does come from the totals in LR-1.

Count each student only once.

Please read online instructions before completing tables.

Do your best on the table. We understand that it is difficult to collect this information on some participants, such as Continuing Education participants.

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					

Table DV-1

The Percentage of Underrepresented Minority Students in BHPPr-funded pre-professional, formative education, and training programs

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number)

Provide the number of students by race/ethnicity that have completed programs between July 1, 2010 and June 30, 2011 For enrollees provide the number of students enrolled and have not graduated or completed programs before June 30, 2011 When selecting "More Than One Race," a drop down menu will appear for selections of one up to five race combinations. **Count each student only once.**

NOTE: DV-1a and DV-1b are independent of table LR-1. However, HRSA would like the totals in DV-1a, b to match the numbers entered into LR-1. Your denominator will be the total number of students you enter into DV-1a and DV-1b. In the calculations for your outcomes, whites, unknown, and Asian (non-underrepresented) will be removed from you numerator.

Did your BHPPr 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 NOT a race; therefore you must enter the number of "Hispanic or Latino" students of each race below.

**Table DV-1a
Hispanic or Latino Students by Race**

Please read online instructions before completing tables.

	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-1

The Percentage of Underrepresented Minority Students in BHPPr-funded pre-professional, formative education, and training programs

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number:)

Did your BHPPr 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

Please read online instructions before completing tables.

	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

Based on the options selected, the system will display the appropriate race combination table(s). Check all applicable combinations of race. The selected combination will be added to DV-1a and DV-1b tables under “More than one race” category. Continue to provide the number of students for the added race combinations.

Table DV-1

The Percentage of Underrepresented Minority Students in BHPPr-funded pre-professional, formative education, and training programs

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Outcome for Core Performance Measure – DV-1

The percent of underrepresented minority students enrolled in BHPPr-funded pre-professional and formative education and training programs

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. Numerator is based on combined total of enrollees in DV-1a and number of underrepresented minority enrollees (other than Asian-Not Underrepresented category, White race or combination of those two categories) from DV-1b.
3. The Denominator is based on the total number of students entered in DV-1a and DV-1b.

The percent of underrepresented minority students graduated/completed programs in BHPPr-funded pre-professional and formative education and training programs

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. Numerator is based on combined total of graduates/program completers in DV-1a and number of underrepresented minority graduates/program completers (other than Asian-Not Underrepresented category, White race or combination of those two categories) from DV-1b.
3. The Denominator is based on the total number of program completers from DV-1a and DV-1b.

Table DV-2

The Percentage of Disadvantaged Students in BHPr-funded pre-professional, formative education, and training programs

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number:)

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

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 enrolled and have not graduated or completed programs before June 30, 2011. **HRSA would like the totals in DV-2 to match the numbers entered into LR-1. They suggest that we make our best guesses where possible.**

Please read online instructions before completing tables.

**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.

From the TA sessions: DV2 - Can those who serve the disadvantaged (CE Participants employed by CHCs, RHCs, NHSCs, etc.) be counted as disadvantaged? **No**

- Column 4: Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)
Per HRSA 02/08: Disregard the 'one year or more' stipulation. AHEC residency rotations are typically 160+ hrs or less. All residents should be reported in this column regardless of hours.
- Row 1: Total number of disadvantaged students
This row is where you put ALL your disadvantaged and underrepresented students.
- Row 2: Total number of Hispanic
This row is pre-populated from tables DV-1a and DV-1b.
- Row 3: Total number of Number of Disadvantaged
This number is the number in row one minus the number in row two, i.e., the students that were not captured in DV-1a and DV-1b.
- Row 4: This row is prepopulated.

Note: Rows 2 and 4 will be pre-populated for you. Line #1 may include all students if disadvantaged status not available. Row 3 is used to report White 'Disadvantaged'. As such, if data is available then report it. Disadvantaged may include: economic (below poverty), physical (handicapped), geographic isolation (rural), special populations (teen mothers, single parents, AIDS, aged, etc.), resource scarcity (Health Professions Shortage Area {HPSA}, information inaccessibility – i.e. health careers information scarcity, etc.)

In the course of completing the tables and getting them to validate, you may be entering data into categories and/or cells that do not accurately/effectively reflect your results. In that event, we suggest that you provide a more relevant account of your data in the comments.

Table DV-2

The Percentage of Disadvantaged Students in BHPPr-funded pre-professional, formative education, and training programs

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number:)

Outcome for Core Performance Measure DV-2

The percent of disadvantaged students enrolled in BHPPr-funded pre-professional and formative education and training programs

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of disadvantaged enrollees from Table DV-2.
3. The Denominator is based on the total number of enrollees from Table LR-1.

The percent of disadvantaged students graduated/program completed in BHPPr-funded pre-professional and formative education and training programs

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of disadvantaged students, graduates/program completers from Table DV-2.
3. The Denominator is based on the total number of graduates/program completers from Table LR-1.

Table 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.

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Table PC-1

Evidence Based Strategies Encouraging the Selection of a Career in Primary Care

Listed below are some strategies in which your host institution/university may participate to encourage the selection of a career in primary care. Please check all strategies that your program used between July 1, 2010 and June 30, 2011.

Please read online instructions before completing tables.

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	

Each line item above should be treated individually.

Table 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.

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Outcome for Core Performance Measure – 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

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHP funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of strategies used by your grant program.
3. The Denominator is based on the total number of strategies.

Table PC-2
The percent of all students in BHPPr-funded training and/or formative education programs being trained for a career in primary care
 Data Collection Period: 07/01/2010 to 06/30/2011
 (For Grant Number:)

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

Count each person only ONE time.

Table PC-2a
Enrollees and Program Completers Trained in Primary Care Disciplines

Please read online instructions before completing tables.

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
Dentistry						
Family Medicine						
General Internal Medicine						
General Pediatrics						
Nurse Practitioner						
Nurse-Midwife						
Physician Assistant						
Primary Care Podiatric Medicine						
Total						

Per HRSA: Disregard the 'one year or more' stipulation. AHEC residency rotations are typically 160+ hrs or less. All residents should be reported in this column regardless of hours.

Table PC-2b
Enrollees, Graduates, and Program Completers Trained in
Other Health Professions (may support Primary Care)
 Data Collection Period: 07/01/2010 to 06/30/2011
 (For Grant Number:)

Please read online instructions before completing tables.

Count Students	Enrollees, Graduates, and Program Completers Trained in Other Health Professions that could support Primary Care					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						

Per HRSA: Disregard the 'one year or more' stipulation. AHEC residency rotations are typically 160+ hrs or less. All residents should be reported in this column regardless of hours.

Five unspecified fields are given. To use them, you must enter a discipline name; suggestions are given in the table. Please complete your breakdown of Allied Health students and use the totals for one of your unspecified.

Table PC-2

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Outcome for Core Performance Measure – PC-2**The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care**

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of trainees in BHPPr-funded formative education and training programs supporting primary care.
3. The Denominator is based on total number of students supported by your BHPPr-funded formative education and training program students from Table LR-1. Totals do not need to match but they must not exceed LR-1.

Table PC-3

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

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number:)

Table PC-3

Students Receiving Clinical Training in Non hospital, Primary Care Site

Please read online instructions before completing tables.

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 ≤160 hours	≥ 1 month ≥ 161 hrs

Non-hospital, primary care site: Ambulatory, primary care may be delivered in hospitals, such as often happens in rural hospitals. We suggest you report in these 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: Per instructions on website, The sum of columns 2 and 3: "Number of students receiving a portion of their clinical training in an ambulatory care site" cannot exceed the number entered in column 1: "Total Number of Students receiving clinical training supported by your formative education or training grant".

Outcome for Core Performance Measure – PC-3

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

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPf funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the total number of students receiving a portion of their clinical training in an ambulatory site.
3. The denominator is based on total number of students receiving clinical training.

Table 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.

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Table DS-1

Evidence Based Strategies to Influence the Distribution of Health Professional Workforce

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

Please read online instructions before completing tables.

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

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.

Data Collection Period: 07/01/2010 to 06/30/2011

(For Grant Number:)

Outcome for Core Performance Measure – 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

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHP funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator	15	15	15	15	15

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of strategies used by your grant funded program.
3. The Denominator is based on the total number of strategies.

Table DS-2

The percent of participants in BHPPr-funded formative education and training programs receiving a portion of their clinical training in underserved area sites

Data Collection Period: 07/01/2010 to 06/30/2011
(For Grant Number:)

Table DS-2

Students Receiving Training in Underserved Area Sites

Please read online instructions before completing tables.

Total Number of students supported by your formative education or training grant	Number of students receiving a portion of their training in an underserved area	
	<1 month ≤160 hrs	≥1 month ≥ 161 hrs
(Pre populated from table LR-1)		

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". Please note that the data displayed in the first column is pre-populated from Table LR-1.

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

Outcome for Core Performance Measure – DS-2

The percent of participants in BHPPr-funded formative education and training programs receiving a portion of their clinical training in underserved area sites

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on Total number of students receiving clinical training in an underserved area.
3. The Denominator is based on total number of students supported by your BHPPr-funded formative education and training program students from Table LR-1.

Table IN-2
[Continuing Education Units or Contact Hours Offered by BHPPr Programs](#)

Total Number of Continuing Education Contact hours offered by your BHPPr formative education or training program between July 1, 2010 and June 30, 2011:		
1.	What was the total number of continuing education contact hours offered by your program for the current reporting year?	

Contact hours = # of participants x hrs of training.

Total Number of Continuing Education Contact hours offered by your BHPPr formative education or training program between July 1, 2009 and June 30, 2010:		
1.	What was the total number of continuing education contact hours supported in the reporting year PRIOR to the current reporting year?	

Contact hours = # of participants x hrs of training.

Outcome for Core Performance Measure – IN-2

The percent of continuing education units or Contact hours offered by BHPPr Programs

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHPPr funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator					

Outcome Calculations (pre populated by the system):

1. The Annual Outcome equals ([Value from Question 1] – [Value from Question 2]) divided by [Value from Question 2]. This percent change could be a negative number.
2. Numerator is the Value from the Question 1
3. Denominator is the Value from the Question 2.

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 BHP-funded health professional education and training programs

Reporting period: between July 1, 2010 and June 30, 2011

Assessing Core Competency Training and Ways of Implementation

For each field in the table below, score your answer on a scale of 0 to 3 for the five core competencies as follows;

- 0 = Not implemented
- 1 = Didactic
- 2 = Clinical
- 3 = Both Didactic and Clinical

Note: In order to receive credit for this table, the course 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).

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 30 and is displayed in field for Competency Total and Implementation Total.

Table Q-1 Training Core Competencies and Ways of Implementation

Enter a number 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? Data relates to grantee institution's curriculum. This is from the Program Office's perspective and not the Center's.

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) should include patient-centered care			
Quality measurement and improvement (other than IOM)			
Implementation Total			

Outcome for Core Performance Measure – 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 BHP-funded health professional education and training programs

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHP-funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator	30	30	30	30	30

Outcome Calculations (pre-populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table 1, Implementation Total/Competency Total.
3. The Denominator is for this measure is 30, which is the total possible score if all five competencies received a high score of "3" for the two implementation categories.

Q-2 The percent of comprehensive cultural competence curricula integrated into BHP-funded education and training programs (Section 741: Health Disparities and Cultural Competencies)

Reporting period: between July 1, 2010 and June 30, 2011

1. Assessing Core Competency Training and Ways of Implementation

For each field in the table below, score your answer on a scale of 0 to 3 for the five core competencies as follows:

- 0 = Not implemented
- 1 = Didactic
- 2 = Clinical
- 3 = Both Didactic and Clinical

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 30 and is displayed in field for Competency Total and Implementation Total.

Enter a number 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? Data comes from the medical school curricula. This is 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			

Outcome for Core Performance Measure – Q-2**The percent of comprehensive cultural competence curricula integrated into BHP-funded education and training programs (Section 741: Health Disparities and Cultural Competencies)**

For each year listed, enter the Goal that you have set for this performance measure for your grant. Goals should be set for the purpose of establishing a benchmark for your particular BHP-funded grant.

Note: While you have the opportunity to develop and submit goals for all the years listed, you are only **required** to enter a goal for the current reporting year and the year that follows.

Use the Outcome Calculation below as a basis to specify your goals. Enter this goal as a whole number percentage (round up to a whole number without decimal places).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator	30	30	30	30	30

Outcome Calculations (pre-populated by the system):

1. The annual outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table Q-2 Implementation Total/Competency Total.
3. The Denominator for this measure is 30, which is the total possible score if all five competencies received a high score of “3” for the two implementation categories.