

Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions

Performance Report for Grants and Cooperative Agreements

Reports Due: August 31, 2012

Reporting Period: July 1, 2011 to June 30, 2012

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0061. Public reporting burden for the collection of this information is estimated to average 8.5 -12 hours per response for program aggregate data and 3-8 hours per response for individual trainee-level data, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

I. Introduction

The *Bureau of Health Professions (BHP) Performance Report for Grants and Cooperative Agreements (PRGCA)* is designed for grantees to submit data and information on program activities. It is a critical information and data management tool that BHP uses to ensure compliance with legislative requirements and report on grantee success in achieving project objectives and cross-cutting programmatic goals to the Office of Management and Budget (OMB), Congress, and other decision makers.

The BHP performance measurement system reflects the overarching goals of the Department of Health and Human Services (DHHS) as well as the Health Resources and Services Administration's (HRSA) goal to strengthen the health care workforce. These goals provide the basis for the BHP performance measures and the following BHP performance goals:

- Develop diverse well trained healthcare practitioners - Supply;
- Enhance the quality of training - Quality;
- Diversify the health professions pipeline - Diversity;
- Influence practice location of health practitioners - Distribution; and
- Build capacity with training infrastructure support - Infrastructure.

The BHP performance measures address these performance goals with a specific focus on supply, quality, diversity, distribution, and infrastructure. The BHP performance measurement system ensures that grantees are collecting data that both meet BHP's statutory requirements and demonstrate the extent to which the priorities and goals of the BHP, HRSA, and DHHS are met.

The BHP performance measurement system includes three levels of measurement: individual trainee-level, program-level, and program cluster-level. The new individual trainee-level data collection supports the goal of assessing workforce recruitment, training activities, retention, intended practice location, and trainee characteristics, such as disadvantaged background, and race and ethnic diversity. The program-level measures provide information unique to the grant objectives for new and ongoing programs. The program cluster-level measures help to determine progress towards meeting BHP goals by assessing programs that offer similar activities and have similar performance outcome measures.

The subsequent section of this manual details what data each program's grantees are required to submit and how to submit performance data. Refer to table 1 on page 3 to determine which programs are required to report individual trainee-level information. Refer to table 2 (Matrix of Cluster Data Tables Required by Program) on page 8 to determine which tables grantees should provide data for based upon grant requirements. Refer to table 3 (Matrix of Program-Specific Data Tables) on page 86 to determine which programs are required to report program-specific data.

II. Performance Reporting

A. General Instructions

This section describes the submission instructions and requirements of the performance data. This includes submission requirements, how to submit the data, and the due date for data submissions. Table 1 provides an overview of the performance reporting required for each program.

Submission Requirements and Submission Due Date

Performance reports are due August 31, 2012. Between July 1, 2012 and August 31, 2012, grantees may work with the BHPPr program officer to revise the performance data submitted. All data are considered final on August 31, 2012. Any revisions requested after this date will not be accepted. The electronic forms will be automated to generate total counts and sums that will save grantees time and reduce the chance of arithmetical errors. The grantee will enter relevant information for year one of the grant and in subsequent grant years, the grantee will only have to enter necessary edits rather than enter data from previous years. The data from past years will be saved and displayed for each grant year.

Request Assistance

The BHPPr staff members are ready to provide support as needed to help with the performance reporting process. Multiple sources are available to provide assistance:

- Visit <http://bhpr.hrsa.gov/grants/>
- Contact the HRSA Call Center at 1-877-464-4772
- E-mail CallCenter@HRSA.GOV

Individual Trainee-Level Data Collection

In addition to reporting aggregate data through cluster- and program-specific reporting, certain BHPPr programs have been selected to submit data at the individual level. Not all programs will collect individual trainee-level data. Refer to table 1 on page 8 to determine which programs have been selected for this data collection and the data required to be reported per program.

Data collection at the individual trainee-level will increase the usefulness of the data for program evaluation purposes and is essential for longitudinal tracking of trainees. This data will help BHPPr understand the relationship between the experiences of trainees during the program and program outcomes

Individual trainee-level data will be reported using unique trainee identifiers, which will maintain the anonymity of all individuals participating in these programs. Grantees are required to create a unique seven digit numeric identifier for each program trainee. Please do not use any personally identifying information, such as birth dates or insurance numbers, when assigning trainees unique identifiers. The unique trainee identifiers shall be maintained throughout each grant's duration and should therefore remain consistent in all reports. That is, the unique identifiers initially assigned to trainees should not be changed.

Table 1. Performance Reporting Required by Programs

Note: All programs must submit performance data related to the legislative requirements (Tables LR-1, LR-2 represent Trainee Information and DV-1, and DV-2 represent Diversity Data Collection).

Activity Code	Program Name *= Trainee-level data collection	Tables to be Completed
K01	Geriatric Academic Career Award (GACA)	GACA-1*, 2, 3, 4; FPD-1a, b.2; Progress report
D62	Comprehensive Geriatric Education Programs (CGEP)	CGEP-1a, b, c*; CE-1, FPD-1a, 1b.2*
D01	Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (GTPD)	GTPD-1, 2; EXP-1a, b*,c
UB4	Geriatric Education Centers (GEC)	GEC-1, 2; EXP-1a, b*; CE-1; FPD-1a, b*
D40	Graduate Psychology Education (GPE)	GPE-1, 2*; Progress report
R18	Chiropractic Demonstration Project (CDP)	Progress report
UC9, UB6 (ACA)	Public Health Training Centers (PHTC)	PHTC-1, 2a, b*
A03, A0A (ARRA)	Public Health Traineeships (PHT)	PHT-1*, 2
D33	Preventive Medicine Residencies (PMR)	PMR-1*, 2; R-1; EXP-1a, b*, c
D85, D83 (ARRA)	Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD)	PD-1a, b*; OH-1
D88	Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD)	R-1; PDD-1a, b*; OH-1
D86	Faculty Development in General, Pediatric, and Public	FDD-1, 2

Activity Code	Program Name * = Trainee-level data collection	Tables to be Completed
	Health Dentistry and Dental Hygiene (FDD)	
T12	State Oral Health Workforce Program (SOHWP) (exclude LR-1, LR- 2, DV-1, and DV-2)	SOHWP-0 to 13 (6b*)
D18, D1H (ARRA)	Health Careers Opportunity Program (HCOP)	DP-1a, b*, c; DP-2
D34	Centers of Excellence (COE)	DP-1a, b*, c; DP-4a, b*; DP-5, FPD-1b.1*
U76, U77	Area Health Education Centers (AHEC)-(Infrastructure and Point of Service)	DP-1a, b*c; DP-4a, b*, c; CE-1; Progress report
T08, T0A (ARRA)	Scholarships for Disadvantaged Students (SDS)	SDS-1 to 17
R51, T89 (ACA)	Primary Care Residency Expansion (PCRE)	PC-1; PC-R; R-1; EXP-1a, b*, c, d
T91 (ACA)	Teaching Health Centers (THC)	PC-1; PC-R; R-1; EXP-1a, b*, c, d
D12	Academic Administrative Units in Primary Care (AAU)	AAU-1; Progress report:RH-1
D5C	Physician Faculty Development in Primary Care (PFD)	PFD-1; FPD-1b.1; PC-1; PC-R; EXP-1a, b*, c, d; Progress report:RH-1
D58, D5F (ARRA)	Residency Training in Primary Care	PC-1; PC-R; R-1; EXP-1a, b*, c, d
T85, T86 (ARRA)	Interdisciplinary and Interprofessional Joint Graduate Degree Program	PC-1; PC-R; EXP-1a, b*, c, d
D56, D5D	Pre-doctoral Training in Primary Care	PC-1; PC-R

Activity Code	Program Name * = Trainee-level data collection	Tables to be Completed
(ARRA)		
D57, D5B (ARRA)	Physician Assistant Training in Primary Care (PAT) and Expansion of the Physician Assistant Training (EPAT) Programs	PC-1; PC-R; EXP-1a, b*, c, d
D09	Advanced Nursing Education (ANE)	N-1a, b; N-1b; EXP-2
T57	Advanced Nursing Education Expansion (ANEE)	N-4; EXP-2
U1K	Faculty Development: Integrated Technology into Nursing Education and Practice	CE-1
A10	Advanced Education Nurse Traineeship (AENT)	N-1a, b; EXP-2
A22	Nurse Anesthetist Traineeship (NAT)	N-1a, b; EXP-2
E01, E0A (ARRA)	Nurse Faculty Loan Program (NFLP)	N-1a, b
D19, D1N (ARRA)	Nursing Workforce Diversity (NWD)	DP-1a, b*, c; DP-3; DP-4 N-1a, b
D11	Nursing Education, Practice, Quality, and Retention (NEPQR)	N-1a, b; N-2a, b for R4; N-3 for P1, E2, and P2 as applicable; CE-1 for E2, P2, P3, P4, R3, R4
T56 (ACA)	Nurse Managed Health Clinics (NMHC)	N-3
T51	Nursing Assistant and Home Health Aide Program (NAHHA)	N-5; CE-1
T82	Personal and Home Health Aide State Training (PHCAST)	N-5; CE-1

B. Frequently Asked Questions

General Questions

Q: What has changed from the 2011 to 2012 BHPPr Performance Report for Grants and Cooperative Agreements (PRGCA)?

A: The 2012 BHPPr PRGCA has been updated to better enable grantees to collect data regarding the outputs and outcomes of their federally-funded programs. More specifically, revisions include improving performance management at three levels of measurement: individual-level, program-level and program cluster-level. The new individual-level data collection will support the goal of assessing workforce recruitment, participants' training activities, retention, distribution (intended practice locations), and trainee characteristics such as disadvantaged background, racial and ethnic diversity. Measurement data are reported in Congressional Justifications and other documents regarding BHPPr programs.

Program-level measures were revised to strengthen information unique to the grant objectives for new and ongoing programs. These data incorporate accountability and are critical to reporting measureable outputs and outcomes within program performance annually.

At the third level of measurement, revisions included clustering programs providing similar activities and outcomes performance measures. These program cluster-level measures were developed to assess the broader BHPPr goals, strategies, and outcomes. The revised performance measures will enhance BHPPr's ability to assess its programs' results related to cross-cutting or cluster measures

Relationship Between Measures

The three levels of measurement described above are inter-related. For example, non-identifiable individual measures are aggregated by programs and provide reliability data for assessing program performance. In collecting program-specific data, information regarding the training experiences in nursing, public health, as well as dentistry and medicine focuses on unique training needs by discipline. Cluster program measures identify the commonalities of the training across discipline, e.g., pipeline recruitment, diversity, continuing education activities and faculty development activities.

Grantees can meet these new performance reporting requirements using the EHB. Using the latest technology, the EHB incorporates new tools allowing grantees to upload spreadsheets or stream data. These new tools will reduce the burden and cost of manual data entry for some data collection forms thereby reducing the time and costs that grantees devote to performance reporting. In fields that require manual data entry, the system limits grantees' data entry to those fields that are applicable to their particular programs. The data tables are interlocked where data overlap, validations are built-in, calculations (e.g., ratios, rates, percentages, totals) are automated, and historical data are preserved. Though the system has been designed to be as user friendly as possible; ongoing grantee TA is provided to ensure ease of use and minimize reporting burden.

Q: Will grantees be able to provide suggestions and comments on the new performance measures and indicators?

A: Yes. BHPPr views performance measurement as an iterative improvement process. By maintaining an open dialogue with grantees, BHPPr will continually answer grantees' questions and clarify data elements and reporting instructions. BHPPr will additionally request grantees' feedback regarding the updated EHB system and data templates. Through this process, BHPPr will seek to balance improved performance measurement with stability and ease of reporting.

Q: How will grantees be updated on BHPPr performance measurement activities?

A: BHPPr program officers provide quarterly technical assistance (TA) teleconferences with grantees to provide information on BHPPr 'hot topics' including performance measures and related reporting requirements. BHPPr program officers also post information electronically on the HRSA/BHPR Web site. Grantees will receive a notice from the EHB on TA sessions and reporting due dates. As questions arise about performance reporting, grantees are encouraged to contact their project officer.

Data Tables and Forms

Q: How should grantees generate the unique trainee identifier (ID)?

A: Select grantees are required to collect individual trainee-level data, which necessitates that they assign each trainee a unique identifier (ID). A seven digit numeric identifier is required. The unique ID assigned to each trainee should remain the same in all reports throughout the duration of the grant. The unique ID assigned to each trainee should maintain the anonymity of that individual. Grantees should not use any personally identifiable information, such as Social Security numbers, birthdates, or health insurance ID numbers, to create each unique ID.

Individual Trainee-Level Data Collection

Q: How does BHPPr advise grantees to handle Institutional Review Board (IRB) issues related to individual-level data collection?

A: BHPPr performance reporting is a grant requirement for HRSA program evaluation and is not considered research. It is not anticipated that IRB approval is required for program evaluation. If a grantee believes that its institution will require IRB approval for individual-level data collection, the grantee should immediately contact its project officer and submit in writing the institution's IRB process and expected response time. HRSA will provide guidance pertinent to the development of IRB protocols.

Q: Does the individual-level data collection adhere to the Family Education Rights and Privacy Act (FERPA)?

A: Yes. A FERPA violation **will not** result from the individual-level data collected by selected grantees. Under FERPA, this type of information may be shared with those who have "the right to know." This includes government agencies, such as HRSA, that provide certain forms of support (e.g., student

scholarships) and therefore have the right to know the information that is necessary to measure the performance of relevant grantees.

C. Program Cluster Performance Measures Reporting

Purpose

BHPr's programs are designed to improve the health of the Nation's underserved and vulnerable populations by assuring a diverse, culturally competent workforce is ready to provide access to quality health care services. Its more than 40 programs include a wide range of training, scholarship, loan, and loan repayment programs that support the development, distribution, and retention of a diverse and culturally competent health care workforce. The program cluster performance measure data is essential for BHPr to assess its success in achieving project objectives and cross-cutting programmatic goals to improve health care workforce supply, quality, diversity, distribution, and infrastructure across programs.

Measurement Goals

The following BHPr Performance Goals are focus of the performance measures:

- Supply—Increased supply of health professionals in workforce
Increasing the number of health professionals, especially in primary care.
- Quality—Improved health workforce quality
Integrating core competencies into BHPr education and training programs and increasing competency among program trainees.
- Diversity—Increased diversity in the health workforce
Increasing the number of racial and ethnic minority practitioners to mirror the U.S. population.
- Distribution— Influence practice location of health practitioners
Encouraging practitioners to practice in underserved areas and care for underserved people.
- Infrastructure—Build capacity with training infrastructure
Providing opportunities for strengthening health professions training institutions and faculty.

Program Cluster Measure Reporting

The program cluster measure reporting comprises 15 tables designed to obtain comprehensive, standardized operational and descriptive data that reflects BHPr goals and can be monitored over time to assess trends. The tables reflect key areas of BHPr program focus, including workforce diversity, the supply of health professionals in primary care, and the training contexts and content.

The following section includes each of these tables with the specific purpose and instructions for completing each table. BHPr requires its grantees to provide the data only for the appropriate and relevant cluster measures as detailed in table 2 (Matrix of Cluster Data Tables Required by Program).

Table 2. Matrix of Cluster Data Tables Required by Program

Key:

Table	Description
LR-1, LR-2	Trainee Information
DV-1, DV-2	Diversity Measures
N-1	Supply Indicators for Nursing Programs
PC-1	Program Level Supply Indicators for Primary Care
PC-R	Primary Care Curriculum Content
R-1	Program Level Supply Indicators for Residency Programs
EXP-1	Experiential Training
EXP-2	Nursing Experiential Training
CE-1	Continuing Education
FPD-1	Faculty Professional Development
DP-1	Diversity/Pipeline Program Content
DP-4	Diversity/Pipeline Clinical Training Table
OH-1	Oral Health Key Training Content Areas

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
K01	Geriatric Academic Career Award (GACA)	√	√	√	√								1a, 1b.2			
D62	Comprehensive Geriatric Education Programs (CGEP)	√	√	√	√							√	1a, 1b.2			
D01	Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (GTPD)	√	√	√	√					√						
UB4	Geriatric Education Centers (GEC)	√	√	√	√					1a, b		√	√			
D40	Graduate Psychology Education (GPE)	√	√	√	√											
R18	Chiropractic Demonstration Projects (CDP)	√	√	√	√											
UC9, UB6 (ACA)	Public Health Training Centers (PHTC)	√	√	√	√											

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
A03, A0A (ARRA)	Public Health Traineeships (PHT)	√	√	√	√											
D33	Preventive Medicine Residencies (PMR)	√	√	√	√				√	√						
D85, D83 (ARRA)	Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD)	√	√	√	√											√
D88	Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD)	√	√	√	√				√							√
D86	Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene (FDD)	√	√	√	√											
T12	State to Support Oral Health Workforce Activities															

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
D18, D1H (ARRA)	Health Careers Opportunity Program (HCOP)	√	√	√	√									√		
D34	Centers of Excellence (COE)	√	√	√	√								1b.1	√	4a, b	
U76, U77	Area Health Education Centers (AHEC)- (Infrastructure and Point of Service)	√	√	√	√							√		√	√	
T08, T0A (ARRA)	Scholarships for Disadvantaged Students (SDS)	√	√	√	√											
R51, T89 (ACA)	Primary Care Residency Expansion (PCRE)	√	√	√	√		√	√	√	√						
T91 (ACA)	Teaching Health Centers (THC)	√	√	√	√		√	√	√	√						
D12	Academic Administrative Units in Primary Care (AAU)	√	√	√	√											

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
D5C	Physician Faculty Development in Primary Care (PFD)	√	√	√	√		√	√		√			1b.1			
D58, D5F (ARRA)	Residency Training in Primary Care	√	√	√	√		√	√	√	√						
T85, T86 (ARRA)	Interdisciplinary and Interprofessional Joint Graduate Degree Program (Joint Degree)	√	√	√	√		√	√		√						
D56, D5D (ARRA)	Pre-doctoral Training in Primary Care	√	√	√	√		√	√		a, c, d						
D57, D5B (ARRA)	Physician Assistant Training in Primary Care (PAT) and Expansion of the Physician Assistant Training (EPAT) Programs	√	√	√	√		√	√		√						
D09	Advanced Nursing Education (ANE)	√	√	√	√	1a, b					√					
T57	Advanced Nursing	√	√	√	√						√					

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
	Education Expansion Program (ANEE)															
U1K	Faculty Development: Integrated Technology into Nursing Education and Practice	√	√	√	√							√				
A10	Advanced Education Nurse Traineeship (AENT)	√	√	√	√	1a, b					√					
A22	Nurse Anesthetist Traineeship (NAT)	√	√	√	√	1a, b					√					
E01, E0A (ARRA)	Nurse Faculty Loan Program (NFLP)	√	√	√	√	1a, b										
D19, D1N (ARRA)	Nursing Workforce Diversity (NWD)	√	√	√	√	1a, b								√	√	
D11	Nurse Education, Practice, Quality, and Retention (NEPQR)	√	√	√	√	1a, b						E2, P2-4; R3,4				
	-NEPQR: E2, P2, P3,											√				

Activity Code	Program Name	LR-1	LR-2	DV-1	DV-2	N-1	PC-1	PC-R	R-1	EXP-1	EXP-2	CE-1	FPD- 1	DP-1	DP-4	OH-1
	P4, R3															
	-NEPQR: R4					1a, b						√				
T56 (ACA)	Nurse Managed Health Clinics (NMHC)	√	√	√	√											
T51	Nursing Assistant and Home Health Aide Program (NAHHA)	√	√	√	√							√				
T82	Personal and Home Care Aide State Training Program (PHCAST)	√	√	√	√							√				

Table LR-1: Total Number of Trainees in BHPPr-Funded Programs

Table purpose: To describe the total number of trainees in BHPPr-funded programs by category of trainees. **For purposes of BHPPr reporting, anyone receiving training or education in a BHPPr-funded program is considered a trainee.**

Category of Trainees	Number
Enrollees	
Trainees who are newly enrolled or continuing the program but did not complete a training program, or did not graduate from a health professions school.	
Graduates	
Trainees who successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.	
Fellowships and Residencies	
Trainees who completed fellowships and residencies of one year or more	
Program Completers (Exclude fellowships and residencies from this row)	
Trainees who successfully completed a non-degree course of study or training program that was less than 120 hours.	
Trainees who successfully completed a non-degree course of study or training program that was equal to or more than 120 hours.	
Continuing Education (Exclude program completers from this row)	
Trainees who successfully completed a continuing education offering. Include trainees receiving a continuing education offering that may or may not have received CEU credit.	
Total	Auto-calculate

Instructions: Enter the number of BHPPr-funded program trainees per category in for the reporting period. **Count each trainee only once.** The glossary contains clarifications and/or definitions of key terms.

Table LR-2: Trainee Age and Gender

Table purpose: To describe the age and gender of trainees and those completing or graduating from BHPPr-funded programs.

Age	Males					Females					Grand Total (Auto-calculate)
	Trainee Category					Trainee Category					
	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed Fellowships and Residencies	Total (auto calculate)	Number of Enrollees	Number of Graduates	Number of Program Completers	Number Who Completed Fellowships and Residencies	Total (auto calculate)	
Under 20 years											
20-29 years											
30-39 years											
40-49 years											
50-59 years											
60 – 69 years											
70 years or older											
Total											

Instructions: Each row represents an age category. Complete each column as described below for the reporting period. **Count each trainee only once.** The glossary contains clarifications and/or definitions of key terms.

Trainee Category: Enter the number of trainees according to their age categories and by gender.

Total (Trainee Category): The total number of trainees will calculate automatically.

Grand Total: The total number of trainees will calculate automatically.

Table DV-1: Trainees by Ethnicity and Race

Table purpose: BHP-supported programs will describe the race and ethnicity of all trainees by trainee category as reported in table LR-1.

DV-1a: Hispanic or Latino Ethnicity

Race	Trainee Category					Total by Race
	Number of Enrollees	Number of Graduates	Number of Program Completers (<120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
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 (Auto-calculate)						

*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

Instructions: Each row represents a race category for Hispanic or Latino ethnicity trainees. Complete each column in the row as described below for the reporting period. **Count each trainee only once.** The glossary contains clarifications and/or definitions of key terms.

Number of Enrollees: Enter the number of Hispanic or Latino enrollees by race category.

Number of Graduates: Enter the number of Hispanic or Latino graduates by race category.

Number of Program Completers (< 120 hours): Enter the number of Hispanic or Latino trainees, by race category, which successfully completed a non-degree course of study or training program that was less than 120 hours.

Number of Program Completers (\geq 120 hours): Enter the number of Hispanic or Latino trainees, by race category, which successfully completed a non-degree course of study or training program that was greater than or equal to 120 hours.

Number Who Completed Fellowships and Residencies (1 year or more): Enter the number of Hispanic or Latino trainees, by race category, which completed fellowships and residencies that were one year or more.

Total by Race: The total number of Hispanic or Latino trainees in each race category will calculate automatically.

Total: Total numbers of Hispanic or Latino trainees per trainee category will calculate automatically.

DV-1-b: Non-Hispanic or Non-Latino Ethnicity

Race	Trainee Category					Total by Race
	Number of Enrollees	Number of Graduates	Number of Program Completers (< 120 hours)	Number of Program Completers (≥ 120 hours)	Number Who Completed Fellowships and Residencies (1 year or more)	
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 (Auto-calculate)						

*Any Asian sub-population other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai is underrepresented.

Instructions: Each row represents a race category for non-Hispanic or non-Latino trainees. Complete each column in the row as described below for the reporting period. **Count each trainee only once.** The glossary contains clarifications and/or definitions of key terms.

Number of Enrollees: Enter the number of non-Hispanic or non-Latino enrollees by race category.

Number of Graduates: Enter the number of non-Hispanic or non-Latino graduates by race category.

Number of Program Completers (< 120 hours): Enter the number of non-Hispanic or non-Latino trainees, by race category, which successfully completed a non-degree course of study or training program that was less than 120 hours.

Number of Program Completers (\geq 120 hours): Enter the number of non-Hispanic or non-Latino trainees, by race category, which successfully completed a non-degree course of study or training program that was greater than or equal to 120 hours.

Number Who Completed Fellowships and Residencies (1 year or more): Enter the number of non-Hispanic or non-Latino trainees, by race category, which completed fellowships and residencies that were one year or more.

Total by Race: The total number of non-Hispanic or non-Latino trainees in each race category will calculate automatically.

Total: Total numbers of non-Hispanic or non-Latino trainees per trainee category will calculate automatically.

Table DV-2: Trainees by Disadvantaged Status and Race

Table purpose: To describe the disadvantaged and underrepresented minority status of trainees in BHP-supported programs as reported in table LR-1.

	Trainee Category					Total
	Enrollees	Graduates	Program Completers (< 120 hours)	Program Completers (≥ 120 hours)	Fellowships and Residencies (1 year or more)	
Total Number of Disadvantaged Trainees						
Total Number of Underrepresented Minority Trainees Reported in DV-1 Tables						
Unduplicated Number of Disadvantaged Trainees (Trainees in row 1 who were not counted as URM in row 2)						
Number of Disadvantaged and/or Underrepresented Minority Trainees (unduplicated)						

Instructions: Complete the table as described below for the reporting period. Count each trainee only once. The glossary contains clarifications and/or definitions of key terms.

Total Number of Disadvantaged Trainees: Enter the total number of disadvantaged trainees.

Total Number of Underrepresented Minority Trainees Reported in DV-1 Tables: Pre-populated based on previous responses in DV-1a and DV-1b.

Unduplicated Number of Disadvantaged Trainees: Enter the unduplicated number of disadvantaged trainees. This is the number of trainees in row 1 who were not counted as a URM in row 2.

Number of Disadvantaged and/or Underrepresented Minority Trainees: Pre-populated based on previous responses.

Total: Total will calculate automatically

Table CE-1 (1a, 1b): Continuing Education

Table purpose: To identify and describe the continuing education offerings as well as trainee experiences.

CE-1a.1: Educational Offering Description

Educational Offering Title (One per row)	Number of Offerings	Primary Educational Offering Topic (Select one)	Secondary Educational Offering Topic (Select one)	Delivery Mode (Select all that apply)	Partners/ Leveraging (Select up to three)	Hours of Instruction	Interprofessional/ Interdisciplinary Education (Y/N)

Instructions: Each row represents one educational offering. Complete each column described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Educational Offering Title: Enter the title of the educational offering. If more than one educational offering was provided, add additional rows to expand the table.

Number of Offerings Provided: Enter the number of times the educational offering was provided.

Primary Educational Offering Topic: Select the primary topic of the educational offerings.

GEC Selections: Acute care; Ambulatory care; Urgent care; Home health care; Geriatric medicine; Primary care; Alternative/complementary medicine; Perioperative care; Extended care; Long-term care; Transitional care; Palliative care; Improving communication skills; Information technology; Interprofessional team training; Women’s health; Minority health; Research; Cultural competence; Long-term care; Delirium; Depression; Dementia; Alzheimer’s disease; Chronic disease management; Pain management; Oral health; Wound care; Health literacy; Injury prevention; Women’s health issues; Substance abuse; Ethics/bioethics; Elder abuse; Healthy aging; HIV/AIDS; Health information technology; Telehealth; Nutrition; Other (specify).

CGEP Selections: Gerontological nursing; Mental health and older adults; Geriatric education for direct care providers (e.g., registered nurse, licensed practical nurse, allied health professionals, nursing assistants); Palliative and end of life care; Nursing leadership and management; Nursing care for vulnerable populations; Health care and older adults; Research; Cultural competence in nursing; Long-term care nursing; Mental health (e.g., delirium, depression, and dementia); Community health nursing; Alzheimer's disease; Pain management; Oral health; Wound care; Health literacy; Injury prevention; Women's health issues; Substance abuse; Home health care; Nutrition; Other (specify).

AHEC Selections: Adolescent health; Advocacy/health policy; African-Americans; Alcohol substance misuse/prevention; Alternative/complementary medicine; Alzheimer's disease/dementia; Ambulatory care; American Indian/Alaska Natives; Asthma; Behavioral health; Bioterrorism/preparedness; Border health activities; Cancer; Clinical preventive services; Community-based continuity of care; Environmental health; Cultural competence; Diabetes; Domestic violence/interpersonal violence; Drug-resistant diseases; Evidence-based medicine/practice; Food borne disease; Genetics; geriatrics; Health disparities; Health promotion/disease prevention; Heart disease; Hepatitis; Hispanics; HIV/AIDS; Home health; Homelessness; Hypertension; Influenza; Informatics; Injury prevention; Interdisciplinary training; Leadership training; Long-term care; Managed care; Maternal and child health; Medical economics; Mental health; Migrant health initiatives; Minority health issues; Native Hawaiian/Pacific Islander; Nutrition/healthy eating; Obesity; Oral health; Patient safety (medical errors); Physical activity/active lifestyles; Public health infrastructure; Quality improvement/quality assurance; Research; Rural health; Sexual health; Sexually transmitted infections; Stroke; Telemedicine/telehealth; Tobacco cessation; Tuberculosis; Urban health; Women's health; Other (specify).

Faculty Development Integrated Technology into Nursing Education and Practice Selections: Informatics; Telehealth; Mannequin-based and patient simulators; Computer-based instructions; Virtual simulation; Interactive simulated case studies; Advanced 3D graphics; E-Learning technology; Other simulated or virtual methods to enhance nursing education and practice.

Personal and Home Care Aides State Training (PHCAST) Selections: Medication basics (e.g., side effects of drugs, possible behavior changes associated with the drug(s), medication administration, if applicable); Home health care; Extended care; Long-term care; Personal care skills (e.g., basic housekeeping, bathing, grooming, wound care, nutrition); Needs-specific training (e.g., individuals with developmental/mental disabilities, dementia, delirium, depression, Alzheimer's disease); Chronic disease management; Basic restorative skills (e.g., transferring patients, ambulation, bowel/bladder training, prosthetic and orthotic device usage); Health literacy; Consumers' rights; Ethics and confidentiality; Interpersonal skills (e.g., time and stress management, coping mechanisms, cultural sensitivity, improving communication skills); Worker and patient safety; Infection control; Emergency training; HIV/AIDS and other infectious diseases; Elder abuse; Health information technology; Professional development; Crisis intervention; Health literacy; Other (specify).

Nursing Assistants and Home Health Aides Selections: See 'Personal and Home Care Aides State Training (PHCAST) Selections.'

Secondary Educational Offering Topic: Select the secondary topic that the educational offering covered. See selections from above.

Delivery Mode: Selections: Live; Web-based; Live and Web-based; Video; CD ROM; Audio cassette; Satellite broadcast; Video conference; Research; Simulation; Observation; Hands-on; Other.

Partners/Leveraging: Selections: No partners; Other HRSA program; Centers for Disease Control and Prevention program; National Institutes of Health; Veterans Administration; State or local health department; Academic department; State public health association; Business/industry; Nonprofit associations; Foundations; QIO; Centers for Medicare and Medicaid; Consortia partner; Geriatric education center; Other.

Hours of Instruction: Enter the total number of instruction hours per offering.

Interprofessional/Interdisciplinary Education: Indicate if trainees' learning outcomes pertained to interprofessional/interdisciplinary teamwork ('Yes' or 'No') and the disciplines represented.

AHEC and GEC Discipline Selections: Allopathic medicine; Chiropractic; Community health care worker; Dental hygiene; General dentistry; Epidemiology; First responder (e.g., EMP, paramedic, fire rescue, HazMat); Health administration; Health education; Health information systems/data analysis; Home health aide; Marriage and family therapy; Medical assistant; Nurse; Nurse midwife; Nurse practitioner; Nutrition; Occupational health; Optometry; Osteopathic medicine; Pharmacy; Physical therapy; Physician assistant; Podiatry; Professional counseling; Psychiatry; Psychology; Public health; Social work; Veterinary medicine; Allied health*; Other (specify).

Personal and Home Care Aides, and Nursing Assistants and Home Health Aides Discipline Selections: Nurse aide; Certified nursing assistant; Direct support professional; Home health aide; Personal care attendant; Home care worker; Personal assistant; Mental health rehabilitation technician; Personal support professional; Other (specify).

*Select 'Allied Health' as the trainee profession **only if** the specific Allied Health discipline has not been listed above.

CE-1a.2: Trainee and Completer Outcomes

Total Number of Trainees	Number of Completers Who Increased Their Knowledge	Number of Completers Who Reported Intent to Implement at Least One Practice Improvement	Number of Completers Who Applied the Training to State Certification or Annual Continuing Education Requirements

Instructions: This table is a continuation of Table CE-1a.1. Each row represents a continuing education offering identified in CE-1a.1. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Total Number of Trainees: Enter the total number of trainees.

Number of Completers Who Increased Their Knowledge: Enter the number of completers who increased their knowledge as a result of the training.

Number of Completers Who Reported Intent to Implement at Least One Practice Improvement: Enter the number of completers who report their intent to implement at least one practice improvement as a result of the training.

Number of Completers Who Applied the Training to State Certification or Annual Continuing Education Requirements: Enter the number of completers who applied the training to State certification, continuing education, or employment requirements.

CE-1b.1: Trainees Disciplines

Trainee Type	Total Number of Trainees
Allopathic medicine physicians	
Audiologists	
Chiropractors	
Community health workers	
Dental hygienists	
Dentists	
Epidemiologists	
First responders (e.g., EMP, paramedic, fire rescue, HazMat)	
Health administrators	
Health education specialists	
Health information systems/data analysts	
Health professions students	
Home health aides	
Marriage and family therapists	
Medical assistants	
Nursing assistants (certified)	
Nurses (licensed practice)	
Nurses (registered)	
Nurse midwives	
Nurse practitioners	
Nutritionists	
Occupational health specialists	
Occupational therapists	
Optometrists	

Trainee Type	Total Number of Trainees
Osteopathic medicine physicians	
Pharmacists	
Physical therapists	
Physician assistants	
Podiatrists	
Professional counselors	
Psychiatrists	
Psychologists	
Public health specialists	
Social workers	
Speech therapists	
Veterinary physicians	
Unknown	
Other (specify)	
Total	

Instructions: Each row represents a type of health profession trainee. Complete the table as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Total Number of Trainees: Enter the total number of trainees by type.

CE-1b.2: Educational Offering Trainee Employment Settings

Employment Settings of Trainees	Total Number of Trainees
Employment Setting in a Medically Underserved Community (MUC)	
Employment Location in a Rural Setting	

Instructions: Each row represents one type of employment setting. Complete the table as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Employment Setting in a Medically Underserved Community: Enter the total number of trainees that work in an employment setting located in a Medically Underserved Community (MUC).

Employment Location in a Rural Setting: Enter the total number of trainees that work in an employment setting located in a rural setting.

Diversity and Pipeline Program

Table DP-1 (1a, 1b, 1c): Diversity/Pipeline Content

Table purpose: To provide information about the training and trainee experiences, including the type of training received, program completion, and subsequent acceptance into a health professions program.

DP-1a.1: Diversity/Pipeline/ Program Content

Diversity/ Pipeline Program	Length of Program	Education Level	Program Content	Partners	Public Health Careers Content	Clinical Training	Practicum Training	Cultural Competency Training	Total Number of Trainees	Attrition	Total Program Completers
(One per Row)	(Select one)	(Select all that apply)	(Brief Description)	(Select all that apply)	(Y/N)	(Y/N)	(Y/N)	(Y/N)			

Instructions: Each row represents one Diversity/Pipeline program. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Diversity/Pipeline Program: Select the Diversity/Pipeline program. If more than one program was offered, add additional rows to expand the table to include all programs. Refer to the tables below for descriptions of the activities and definitions of the programs and activities offered by Nursing Workforce Diversity (NWD) and), Health Careers Opportunity Program (HCOP), Centers of Excellence (COE) - (See definition below), and Area Health Education Centers (AHEC) programs - (See definition below).

Length of Program: Select from the drop down:

Length of Time	Definition
0-39 hours	A curriculum or set of educational enrichment and academic support activities of a specified length.
40-79 hours	A curriculum or set of educational enrichment and academic support activities of a specified length.
80-119 hours	A curriculum or set of educational enrichment and academic support activities of a specified length.
120-179 hours	A curriculum or set of educational enrichment and academic support activities of a specified length.
≥180 hours	A curriculum or set of educational enrichment and academic support activities of a specified length.

Definitions for AHEC Program

AHEC Program	Definition
AHEC Health Careers Enrichment Activities	A curriculum or set of educational enrichment and academic support activities of a specified length.

Education Level: Selections: Grades K-6; Grades 7-8; Grades 9-12; Post-high school/pre-college; Certificate/associate’s degree; Two-year college/community college; Four-year undergraduate; Twelve-month post-baccalaureate; Pre-matriculation/pre-graduate school; Graduate or health professional school; Resident; Fellow; Faculty member; Post-graduate; Adult learners; Dislocated workers.

Describe Program Content: Enter a brief description of program content/activities. Descriptions may include but are not limited to the following key words: Recruitment; Education and training; Counseling; Mentoring; Academic support services; Academic advising, tutoring, career planning; Leadership training; Clinic tours/study trips; Health career clubs; Simulations, camps; Social media outreach; Health workforce presentation; College success programs; Community service; Youth health service corps; Collegiate health service corps; Professional development.

Partners: Selections: Elementary school; Middle school; High school; Two-year community college; Four-year undergraduate college/university; Graduate school; Health professional school; Other (specify).

AHEC Program (in addition to general selections): Workforce Investment Board/Department of Labor; Health Careers Opportunity Program (HCOP); Community Health Center; National Health Service Corps; Veterans Health Administration; Indian Health Service; Health Department; Federally Qualified Health Center (FQHC); Student/Resident Experiences in Community Health (SEARCH); Other (specify).

Public Health Careers Content: Indicate if public health careers content (e.g., information, materials, or experience related to public health careers) was used (‘Yes’ or ‘No’). This column only applies to the AHEC Program.

Clinical Training: For each program, indicate if clinical training was used (‘Yes’ or ‘No’). For purposes of this reporting, clinical training involves trainee-patient encounters. If ‘yes,’ complete table DP-4. This column only applies to the COE Program.

Practicum Training: Indicate if practicum training is used ('Yes' or 'No'). For purposes of this reporting, practicum training refers to practical experiences (not didactic or clinical) that are hands-on field training without clinical patient encounters, such as shadowing and observations. This column applies to HCOP, AHEC and COE.

Cultural Competency Training: Indicate if the program provides cultural competency training ('Yes' or 'No').

Total Number of Trainees: Enter the total number of trainees in each program. Count trainees only once. Complete Table DP1-b to describe each trainee.

Attrition: Enter the total number of trainees who permanently left the program before program completion.

Total Number of Program Completers: Enter the total number of trainees who completed the Diversity/Pipeline program. Count completers only once. Complete Table DP1-b to describe each completer.

DP-1a.2: Diversity/Pipeline Practicum Training

If Yes to Practicum Training, Then...			
MUC Training Setting (Y/N)	Contact with Underserved Populations (Y/N)	Primary Care Setting (Y/N)	Community-Based Setting (Y/N)

Practicum Training Instructions: Each row represents one Diversity/Pipeline program identified in table DP-1a.1. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

If ‘Yes’ to Practicum Training, then:

MUC Training Setting: Indicate if practicum experiences were provided in medically underserved community (MUC) (‘Yes’ or ‘No’).

Contact with Underserved Populations: Indicate if practicum experiences involved contact with underserved populations (‘Yes’ or ‘No’).

Primary Care Setting: Indicate if practicum experiences occurred in a primary care setting (‘Yes’ or ‘No’).

Community-Based Setting: Indicate if practicum experiences occurred in a community-based setting (‘Yes’ or ‘No’).

DP-1a.3: Diversity/Pipeline Cultural Competency Training

If Yes to Cultural Competency Training, Then...			
Didactic Training (Y/N)	Clinical Training (Y/N)	Practicum Training (Y/N)	Research Training (Y/N)

Cultural Competency Training Instructions: Each row represents one Diversity/Pipeline program identified in table DP-1a.1. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

If ‘Yes’ to Cultural Competency Training, then...

Didactic Training: Indicate if the program provides didactic training (‘Yes’ or ‘No’). For purposes of this reporting, training is considered didactic if it involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

Clinical Training: Indicate if the program provides cultural competency in a clinical training setting (‘Yes’ or ‘No’). For purposes of this reporting, clinical training refers to trainee patient encounters. This column applies to NWD and COE programs.

Practicum Training: Indicate if the program provides cultural competency in a practicum training setting (‘Yes’ or ‘No’). For purposes of this reporting, practicum training refers to practical experiences (not didactic or clinical) that are hands-on, field training without clinical patient encounters, such as shadowing and observations.

Research Training: Indicate if the program provided cultural competency in a research training setting (‘Yes’ or ‘No’). For the purposes of this reporting, research training involves the supervision of trainees in conducting research in a clinical or academic environments. Such training may involve literature reviews, development of data collection protocols, data collection, data analysis, results interpretation, or the dissemination of research findings.

DP-1b: Diversity/Pipeline Program Trainees and Completer Outcomes

Trainee Unique ID	Educational Level (Select one)	Amount of BHP Financial Support	Gender	Age	Ethnicity (Select one)	Race (Select one)	Disadvantaged Background (Y/N)	Rural/Urban/Frontier Background (Select one)	Did the Trainee Complete the Program? (Y/N)	If Completed, Intent to Pursue Health Professions Training? (Y/N)	Did the Trainee Graduate? (Y/N)	If Graduated, Accepted Into Health Professions Program (Y/N)

Trainee Intent to Practice (continuation of Table DP1b)

Intent to Practice? (Y/N)		
Primary Care Setting	Medically Underserved Community	Rural Setting

Instructions: Complete this table for trainees who participated in programs identified in DP-1a for the reporting period, as appropriate. Each row refers to one trainee. The glossary contains clarifications and/or definitions of certain terms.

Trainee Unique ID: Enter a seven digit numeric unique identifier for each trainee.

Educational Level: Select the trainee’s education level. Selections: Grades K-6, Grades 7-8, Grades 9-12; Post-high school/pre-college; Certificate/associate’s degree; Two-year college/community college; Four-year undergraduate; Twelve-month post-baccalaureate; Pre-

matriculation/pre-graduate school; Graduate or health professional school; Resident; Fellow; Faculty member; Post-graduate; Adult learners; Dislocated workers.

Amount of BHPr Financial Support: Enter the financial award amount from this BHPr grant supporting the trainee.

Trainee Gender: Indicate male or female.

Trainee Age: Selections: Under 20 years; 20-29 years; 30-39 years; 40-49 years; 50-59 years; 60-69 years; 70 years or older.

Trainee Ethnicity: Selections: Hispanic or Non-Hispanic.

Trainee Race: Selections: American Indian or Alaska Native; Asian (Not Underrepresented); Asian (Underrepresented); Black or African-American; Native Hawaiian or Other Pacific Islander; White; More Than One Race, or Unknown.

Disadvantaged Background: Indicate if the trainee is from a disadvantaged background ('Yes' or 'No')...

Rural/Urban/Frontier Background: Indicate if the trainee is from a rural, urban, or frontier background.

Did the Trainee Complete the Program? Indicate if the trainee completed the program ('Yes' or 'No').

HCOP: A program completer is defined as a trainee who successfully completes a defined structured program. If a program is multi-year, program completion is not measured until the trainee has completed the full length of the structured program.

Intent to Pursue Health Professions Training? Indicate whether the trainee who completed intends to pursue health professions training ('Yes' or 'No'). If the trainee did not complete, enter N/A.

Did the Trainee Graduate? Indicate if the trainee graduated ('Yes' or 'No').

Accepted Into Health Professions Program: Indicate if the graduate was accepted into a health professions school (Y/N/ Unknown). If Yes, select the health professions program. Health professions programs include: Allopathic medicine; Chiropractic; Clinical psychology (COE only); Clinical social work (COE only); Community health worker; Dental hygiene; General dentistry; Epidemiology; First responder (EMP, paramedic, fire rescue, HazMat); Health administration; Health education; Health information systems/data analysis; Home health aide; Marriage and family therapy; Medical assistant; Nurse; Nurse midwife; Nurse practitioner; Nutrition; Occupational health; Optometry; Osteopathic medicine; Pharmacy; Physical therapy; Physician assistant; Podiatry; Professional counseling; Psychiatry; Psychology; Public health; Social work; Veterinary medicine; Allied health*.

Note: Select 'Allied health' as the trainee profession **only if the specific allied health discipline is not listed above.*

Intent to Practice in Primary Care Setting? Indicate whether the graduate or completer intends to enter practice in a primary care setting ('Yes' or 'No'). If the trainee did not graduate or complete, enter N/A.

Intent to Practice in MUC? Indicate whether the graduate or completer intends to practice in a medically underserved community ('Yes' or 'No'). If the trainee did not graduate or complete, enter N/A.

Intent to Practice in a Rural Setting? Indicate whether the graduate or completer intends to enter practice in a rural setting ('Yes' or 'No'). If the trainee did not graduate or complete, enter N/A.

Intent to Practice in Rural Areas? Indicate whether the graduate or completer intends to practice in a rural areas ('Yes' or 'No'). If the trainee did not graduate or complete, enter N/A.

DP-1c: Prior Academic Year Outcomes

Academic Year	Total Number of Graduates or Completers	Total Number of Graduates Accepted into Health Professions Program
2010-2011		
2009-2010		
2008-2009		
2007-2008		

Instructions: Complete each column as described below for each of the prior academic years. The glossary contains clarifications and/or definitions of key terms.

Total Number of Graduates: Enter the total number of graduates from each of the prior academic years. Only include graduates where admission to a health professions training programs (undergraduate or graduate) is applicable.

Total Number of Graduates Accepted into Health Professions Program: Enter the total number of graduates from each of the prior academic years who were accepted in a health professions program. Health professions programs include: Allopathic medicine; Chiropractic; Clinical psychology (COE only); Clinical social work (COE only); Community health worker; Dental hygiene; General dentistry; Epidemiology; First responder (EMP, paramedic, fire rescue, HazMat); Health administration; Health education; Health information systems/data analysis; Home health aide; Marriage and family therapy; Medical assistant; Nurse; Nurse midwife; Nurse practitioner; Nutrition; Occupational health; Optometry; Osteopathic medicine; Pharmacy; Physical therapy; Physician assistant; Podiatry; Professional counseling; Psychiatry; Psychology; Public health; Social work; Veterinary medicine; Allied health*.

Note: Select 'Allied health' as the trainee profession **only if the specific allied health discipline is not listed above.*

Table DP-4: Diversity/Pipeline Clinical Training Table

Table purpose: To describe the clinical training and trainee experiences, including exposure to underserved populations.

DP-4a: Training Site

Training Site Name (One per row)	Training Site Address	Training Site Zip Code	Number of Trainings per Site	Training Setting Types (Select all that apply)	Training Description (Describe)	Number of Inter-professional Teams Trained	Disciplines that Participated in Inter-professional Training (Select all that apply)	Exposure to Underserved/Vulnerable Populations (Select all that apply)	Total Number of Trainees

Instructions: Each row represents one training site. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms. Note: Individual-level data will be collected for trainees receiving clinical training.

Training Site Name: Enter the name of the training site.

Training Site Address: Enter the street address (no P.O. box), city, and state, of the training site.

Training Site Zip Code: Enter the training site nine digit zip code.

Total Number of Trainings per Site: Enter the total number of clinical trainings that occurred at each site.

Training Setting Types: Selections: Community health centers (those that are not federally qualified, such as federally qualified health center look-alikes), Federally qualified health centers (FQHCs); Health professional shortage areas (HPSA); Hospitals; Indian Health Service sites; Sites operated by Tribal organizations; Migrant health centers (those that are not federally qualified); Mobile health units; Frontier health clinics; Rural health clinics; Mental health centers; Family planning clinic; Health care for the homeless programs; Public housing Primary Care programs; State health departments; Local health departments; Nurse-managed health centers; Critical access hospitals.

Training Description: Enter a brief description of the training. Include the training focus and content, how it was delivered, and if the training was facilitated by a sponsor institution or partner organization. Clinical training may be facilitated by a sponsor institution (e.g., a university's medical school) or may be facilitated through a rotation at a community-based health organization (e.g., a public health department, a community health center) or other partner organization.

Number of Interprofessional Teams Trained during Reporting Period: Enter the number of interprofessional teams trained. If these teams were not trained, enter '0.' Not completed by COE Programs.

Disciplines Participating in Interprofessional Training: (Not completed by COE Programs) Selections: Allopathic medicine; Chiropractic;;; Dental hygiene; General dentistry; Epidemiology; First responder (EMP, paramedic, fire rescue, HazMat); Marriage and family therapy; Medical assistant; Nurse; Nurse midwife; Nurse practitioner; Nutrition; Occupational health; Optometry; Osteopathic medicine; Pharmacy; Physical therapy; Physician assistant; Podiatry; Professional counseling; Psychiatry; Psychology; Public health; Social work; Veterinary medicine; Allied health*.

**Note: Select 'Allied health' as the trainee profession only if the specific allied health discipline is not listed above.*

Exposure to Underserved/Vulnerable Populations: Selections: Elderly; Individuals with HIV/AIDS; Substance abuse populations; Homeless populations; Victims of domestic violence; Health professional shortage areas and populations; Medically underserved areas and populations; Migrant and seasonal farm workers; Nurse shortage areas; Residents of public housing; Rural communities.

Total Number of Trainees: Enter the total number of trainees at each training site. Count trainees only once per site.

DP-4b: Clinical Training- Trainee Characteristics

Trainee Unique ID	Discipline (Select one)	Educational Level (Select one)	BHPr Financial Award Amount	Trainee Gender (M/F)	Trainee Age (Select one)	Trainee Ethnicity (Select one)	Trainee Race (Select one)	Disadvantaged Background (Y/N)	Rural/ Urban/ Frontier Background (Select one)

Instructions: Complete this table for each trainee who participated in clinical training identified in DP-4a. Each row refers to one trainee. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Trainee Unique ID: Enter a seven digit numeric unique identifier for each trainee.

Trainee Discipline: Selections: Allopathic medicine; Chiropractic; Clinical psychology (COE only); Clinical social work (COE only); Dental hygiene; General dentistry; First responder (EMP, paramedic, fire rescue, HazMat); Marriage and family therapy; Nurse; Nurse midwife; Nurse practitioner; Nutrition; Occupational health; Optometry; Osteopathic medicine; Pharmacy; Physical therapy; Physician assistant; Podiatry; Professional counseling; Psychiatry; Psychology; Public health; Social work; Veterinary medicine; Allied health*.

Note: Select 'Allied health' as the trainee profession **only if the specific allied health discipline is not listed above.*

Educational Level: Selections: Certificate, Associate's, Bachelor's, Master's, Doctoral; Other (specify).

BHPr Financial Award Amount: Enter the financial award amount from this BHPr grant supporting the trainee.

Trainee Gender: Indicate male or female.

Trainee Age: Selections: Under 20 years; 20-29 years; 30-39 years; 40-49 years; 50-59 years; 60-69 years; and 70 years or older.

Trainee Ethnicity: Selections: Hispanic or Non-Hispanic.

Trainee Race: Selections: American Indian or Alaska Native; Asian; Black or African-American; Native Hawaiian or Other Pacific Islander; or White.

Disadvantaged Background: Indicate disadvantaged background ('Yes' or 'No').

Rural/Urban/Frontier Background: Selections: Rural; Urban; or Frontier.

DP- 4c: Trainee Outcomes

Trainee Unique ID	Contact Hours	Did the Trainee Complete the Program? (Y/N)	Did the Trainee Graduate? (Y/N)	Intent to Practice in Primary Care Setting? (Y/N)	Intent to Practice in MUC? (Y/N)	Intent to Practice in Rural Setting? (Y/N)

Instructions: DP-4c is a continuation of DP-4b. Complete this table for the reporting period. Each row refers to one trainee identified in DP-4b. The glossary contains clarifications and/or definitions of certain terms.

Trainee Unique ID: Enter a seven digit numeric unique identifier for each trainee.

Contact Hours: Enter the number of clinical training hours.

Did the Trainee Complete the Program? Indicate if the trainee completed the program (‘Yes’ or ‘No’).

AHEC: A program completer is a trainee who has successfully fulfilled the requirements of a clinical rotation, as specified by the university or clinical training site.

COE: A program completer is a trainee who has completed the clinical rotations as designated by the institution. Medical rotations include general internal medicine, general pediatrics, general surgery, family medicine, obstetrics/gynecology (OB/GYN). Pharmacy rotations include hospital inpatient rotations, hospital outpatient rotations, community pharmacy rotations, and managed care rotations. Dental rotations pertain to external clinical rotations. Veterinary rotations include rural health rotations.

Did the Trainee Graduate? Indicate if the trainee graduated (‘Yes’ or ‘No’).

Intent to Practice in Primary Care Setting? Indicate whether the graduate or completer intends to enter practice in a primary care setting (‘Yes’ or ‘No’). If the trainee did not graduate or complete, enter N/A.

Intent to Practice in MUC? Indicate whether the graduate or completer intends to practice in a medically underserved community (MUC) (‘Yes’ or ‘No’). If the trainee did not graduate or complete, enter N/A.

Intent to Practice in Rural Areas? Indicate whether the graduate or completer intends to practice in a rural areas ('Yes' or 'No'). If the trainee did not graduate or complete, enter N/A.

Appendix A. HRSA Strategic Goals

Vision

Healthy Communities, Healthy People

Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

Goal I: Improve Access to Quality Health

Sub-goals

- a. Assure a medical home for populations served.
- b. Expand oral health and behavioral health services and integrate into primary care settings.
- c. Integrate primary care and public health.
- d. Strengthen health systems to support the delivery of quality health services.
- e. Increase outreach and enrollment into quality care.
- f. Strengthen the financial soundness and viability of HRSA-funded health organizations.
- g. Promote innovative and cost-efficient approaches to improve health.

Goal II: Strengthen the Health Workforce

Sub-goals

- a. Assure the health workforce is trained to provide high quality, culturally and linguistically appropriate care.
- b. Increase the number of practicing health care providers to address shortages, and develop ongoing strategies to monitor, forecast, and meet long-term health workforce needs.
- c. Align the composition and distribution of health care providers to best meet the needs of individuals, families, and communities.
- d. Assure a diverse health workforce.
- e. Support the development of interdisciplinary health teams to improve the efficiency and effectiveness of care.

Goal III: Build Healthy Communities

Sub-goals

- a. Lead and collaborate with others to help communities strengthen resources that improve health for the population.
- b. Link people to services and supports from other sectors that contribute to good health and well-being.
- c. Strengthen the focus on illness prevention and health promotion across populations and communities.

Goal IV: Improve Health Equity

Sub-goals

- a. Reduce disparities in quality of care across populations and communities.
- b. Monitor, identify, and advance evidence-based and promising practices to achieve health equity.
- c. Leverage our programs and policies to further integrate services and address the social determinants of health.
- d. Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities.

Appendix B. BHP_r Workforce Cluster Performance Measures

Table Purpose: This table presents the revised program performance measures that align with new HRSA/BHP_r priorities. These measures are intended to assess the effectiveness of groups of programs in achieving these new priorities. Clusters are cross-cutting measures that focus on a common purpose and assess the shared outcomes of a specific group of programs. This allows the Bureau to monitor and assess the cumulative outcomes of programs given the mission of BHP_r is to increase the workforce supply of quality, trained health professions. Of the 28 cluster performance measures, seven are current and 21 are new. These annual performance measures in conjunction with other program assessments allow BHP_r to monitor the investments made in programs to meet the established goals.

Reading the table: The first column states the BHP_r goals. The second column of the table presents the evaluation questions in relation to the BHP_r goals, and the third column describes the measures and indicators that will be used to measure each program's performance to answer the evaluation question. The fourth column identifies the specific programs reporting on the measures. As part of the table heading, the cluster focus (e.g., supply, quality) related to the goal is noted.

Legend:

* **New Measures**

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Supply Indicators			
Develop diverse well trained healthcare practitioners.	Are BHP programs increasing the number of trainees in pre-professional and health professions programs?	<p>*Number of enrollees in BHP pre-professional programs</p> <p>*Number of enrollees funded in BHP health professions schools</p>	<ul style="list-style-type: none"> • Nursing Education, Practice, Quality, and Retention (NEPQR) • Advanced Nursing Education (ANE) • Advanced Nursing Education Expansion (ANEE) • Advanced Education Nursing Traineeship (AENT) • Nurse Anesthesia Traineeship (NAT) • Nurse Faculty Loan (NFL) • Health Careers Opportunity Program (HCOP) • Centers of Excellence (COE) • Area Health Education Centers (AHEC) • Nursing Workforce Diversity (NWD) • Scholarships for Disadvantaged Students (SDS) • Interdisciplinary and Interprofessional Joint Graduate Degree Program • Pre-doctoral Training in Primary Care • Primary Care Residency Expansion (PCRE) • Physician Faculty Development in Primary Care (PFD) • Physician Assistant Training in Primary Care (PAT) • Expansion of the Physician Assistant Training (EPAT) Programs • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene • Post-doctoral Training in General, Pediatric, and Public Health Dentistry • Comprehensive Geriatric Education Programs (CGEP)

BHPr Performance Goals	BHPr Evaluation Questions	BHPr Measures/Indicators	Data Sources By BHPr Program
Supply Indicators			
Develop diverse well trained health care practitioners.	Are BHPr programs increasing the number of trainees completing training who indicate their intent to practice in primary care?	*Number of BHPr program completers and graduates that indicate their intent to practice in primary care	<ul style="list-style-type: none"> • Health Careers Opportunity Program (HCOP) • Centers of Excellence (COE) • Area Health Education Centers (AHEC) • Nursing Workforce Diversity (NWD) • Scholarships for Disadvantaged Students (SDS) • Graduate Psychology Education (GPE) • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD)
Develop diverse well trained healthcare practitioners.	Are BHPr Programs increasing the number of program completers/graduates?	Number of BHPr program completers and graduates	<ul style="list-style-type: none"> • All BHPr Programs

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Supply Indicators			
Develop diverse well trained healthcare practitioners.	Are BHP programs increasing the number of completers/ graduates in primary care disciplines?	*Number of BHP program completers and graduates in a primary care discipline	<ul style="list-style-type: none"> • Nursing Education, Practice, Quality, and Retention – R4 (NEPQR) • Advanced Nursing Education (ANE) • Advanced Education Nursing Traineeship (AENT) • Nurse Anesthesia Traineeship (NAT) • Nurse Faculty Loan (NFL) • Area Health Education Centers (AHEC) • Centers of Excellence (COE) • Scholarships for Disadvantaged Students (SDS) • Nursing Workforce Diversity (NWD) • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • Comprehensive Geriatric Education Programs (CGEP) • Centers of Excellence (COE) • Interdisciplinary and Interprofessional Joint Graduate Degree Program • Pre-doctoral Training in Primary Care • Primary Care Residency Expansion (PCRE) • Physician Faculty Development in Primary Care (PFD) • Physician Assistant Training in Primary Care (PAT) • Expansion of the Physician Assistant Training (EPAT) Programs • Teaching Health Centers (THC)

BHP _r Performance Goals	BHP _r Evaluation Questions	BHP _r Measures/Indicators	Data Sources By BHP _r Program
Quality Indicators			
Enhance the quality of training.	Are BHP _r programs increasing the number of programs offering training in selected content areas?	Number of BHP _r programs offering innovative curriculum in selected competency areas: <ul style="list-style-type: none"> • cultural competencies • interprofessional team-based care • quality improvement and patient safety • health promotion and disease prevention • information technology 	<ul style="list-style-type: none"> • Pre-doctoral Training in Primary Care • Residency Training in Primary Care • Primary Care Residency Expansion (PCRE) • Physician Faculty Development in Primary Care (PFD) • Physician Assistant Training in Primary Care (PAT) • Expansion of the Physician Assistant Training (EPAT) Programs • Teaching Health Centers (THC) • Area Health Education Centers (AHEC) • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • Graduate Psychology Education (GPE) • Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene (FDD) • Nursing Workforce Diversity (NWD) • Health Careers Opportunity Program (HCOP) • Centers of Excellence (COE) • Public Health Training Centers (PHTC) • Area Health Education Centers (AHEC)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Quality Indicators			
Enhance the quality of training.	<p>Are BHP programs improving retention of:</p> <ul style="list-style-type: none"> - trainees in BHP programs? - trainees in each institution? - trainees receiving financial assistance? 	<ul style="list-style-type: none"> *Enrollees retained in BHP programs *Attrition in BHP activity *Attrition in health professions schools *Number of trainees receiving financial support from BHP 	<ul style="list-style-type: none"> • Nursing Education, Practice, Quality, and Retention R-4 (NEPQR) • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • State Oral Health Workforce Program (SOHWP) • Comprehensive Geriatric Education Programs (CGEP) • Public Health Traineeships (PHT) • Health Careers Opportunity Program (HCOP) • Scholarships for Disadvantaged Students (SDS) • Nursing Workforce Diversity (NWD) • Centers of Excellence (COE) • Area Health Education Centers (AHEC) • Physician Faculty Development (PFD) • Advanced Nursing Education Expansion (ANEE) • Preventive Medicine Residency (PMR) • Personal Home Care Aide Training (PHCAST) • Nursing Assistant and Home Health Aide (NAHHA)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Quality Indicators			
Enhance the quality of training.	Are BHP programs increasing the number of trainees reporting an increased in knowledge after completion of continuing education training?	*Number of BHP continuing education completers reporting increase in knowledge as a result of the training	<ul style="list-style-type: none"> • Comprehensive Geriatric Education Programs (CGEP) • Geriatric Education Centers (GEC) • Public Health Training Centers (PHTC) • Physician Faculty Development (FPD) • Area Health Education Centers (AHEC) • Faculty Development: Integrated Technology into Nursing Education and Practice (ITNEP) • Personal Home Care Aide Training (PHCAST) • Nursing Assistant and Home Health Aide (NAHHA) • Nursing Education, Practice, Quality, and Retention E2, P2, P3, P4, R3, R4 (NEPQR)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Diversity Indicators			
Diversify the health professions pipeline	Are BHP programs increasing the proportion of program completers and graduates who are underrepresented minorities and/or from disadvantaged backgrounds	<p>Numerator: Number of BHP program completers and graduates who are underrepresented minorities and/or from disadvantaged backgrounds</p> <p>Denominator: Total number of BHP completers and graduates</p>	<ul style="list-style-type: none"> All BHP Programs

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Diversity Indicators			
Diversify the health professions pipeline	Are BHP Programs increasing the proportion of faculty who are underrepresented minorities?	<p>Numerator: Number of faculty in BHP -funded faculty training programs who are underrepresented minorities</p> <p>Denominator: Total number of faculty in BHP -funded faculty training programs</p>	<ul style="list-style-type: none"> • Centers of Excellence (COE) • Comprehensive Geriatric Education Programs (CGEP) • Physician Faculty Development (FPD) • Physician Faculty Development in Primary Care (PFD) • Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene (FDD) • Geriatric Academic Career Award (GACA) • Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professionals (GTPD) • Advanced Nursing Education (ANE) • Faculty Development: Integrated Technology into Nursing Education and Practice (ITNEP) • Nurse Faculty Loan (NFL)
Diversify the health professions pipeline	Are BHP programs increasing the proportion of underrepresented minorities accepted into health professional training programs?	<p>Numerator: *Number of underrepresented minority completers and graduates from BHP-funded pipeline programs accepted into health professional training programs</p> <p>Denominator: Total number completers and graduates in BHP-funded pipeline programs</p>	<ul style="list-style-type: none"> • Health Careers Opportunity Program (HCOP) • Area Health Education Centers (AHEC) • Centers of Excellence (COE) • Scholarships for Disadvantaged Students (SDS) • Nursing Workforce Diversity (NWD)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Distribution Indicators			
Influence practice location of health practitioners	Are BHP programs increasing the proportion of completers/ graduates who indicate their intent to practice in Medically Underserved Communities (MUC) or rural areas?	<p>Numerator: *Number of BHP program completers and graduates who indicate their intent to practice in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHP program completers and graduates who indicate their intent to practice in a rural area</p> <p>Denominator: Number of completers and graduates from BHP-funded programs</p>	<ul style="list-style-type: none"> • Graduate Psychology Education (GPE) • Public Health Traineeships • Comprehensive Geriatric Education Program (CGEP) • Health Careers Opportunity Program (HCOP) • Area Health Education Centers (AHEC) • Centers of Excellence (COE) • Scholarships for Disadvantaged Students (SDS) • Nursing Workforce Diversity (NWD) • Pre-doctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene (PD) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • Public Health Training Centers (PHTC) • Public Health Traineeships

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Distribution Indicators			
Influence practice location of health practitioners	Are BHP programs increasing the proportion of trainees receiving clinical training in Medically Underserved Communities (MUC) or rural areas?	<p>Numerator: Number of BHP trainees receiving clinical training in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHP trainees receiving clinical training in a rural areas</p> <p>Denominator: Total number of BHP trainees receiving clinical training</p>	<ul style="list-style-type: none"> • Centers of Excellence (COE) • Area Health Education Centers (AHEC) • Scholarships for Disadvantaged Students (SDS) • Pre-doctoral Training in Primary Care • Residency Training in Primary Care • Primary Care Residency Expansion (PCRE) • Physician Faculty Development in Primary Care (PFD) • Physician Assistant Training in Primary Care (PAT) • Expansion of the Physician Assistant Training (EPAT) Programs • Teaching Health Centers (THC) • Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professionals (GTPD) • Geriatric Education Centers (GEC) • Preventive Medicine Residencies (PMR) • Geriatric Academic Career Award (GACA) • Public Health Training Center (PHTC) • Advanced Nursing Education (ANE) • Advanced Education Nursing Traineeship (AENT) • Nursing Anesthesia Traineeship (NAT) • Advanced Nursing Education Expansion (ANEE)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Distribution Indicators			
Influence practice location of health practitioners	Are BHP programs increasing the proportion of health professionals who enter practice in Medically Underserved Communities (MUC) or rural areas?	<p>Numerator: Number of BHP program completers and graduates who enter practice in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHP program completers and graduates who enter practice in rural areas</p> <p>Denominator: Total number of BHP program completers and graduates who enter practice</p>	<ul style="list-style-type: none"> • Scholarships for Disadvantaged Students (SDS) • Nursing Education, Practice, Quality, and Retention (NEPQR) • Nurse Faculty Loan Program (NFLP) • Nurse Anesthetist Traineeship (NAT) • Advanced Education Nurse Traineeship (AENT) • Advance Nursing Education (ANE) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (GTPD) • Residency Training in Primary Care • Primary Care Residency Expansion (PCRE) • Physician Faculty Development in Primary Care (PFD) • Physician Assistant Training in Primary Care (PAT) • Expansion of the Physician Assistant Training (EPAT) Programs • Teaching Health Centers (THC) • Preventive Medicine Residency (PMR) • Public Health Traineeship (PHT) • State Oral Health Workforce Program (SOHWP)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Infrastructure Indicators			
Build capacity with training infrastructure support.	Are BHP programs increasing the number of new primary care academic administrative units?	<ul style="list-style-type: none"> • *Number of new academic administrative units funded by BHP • *Number of BHP-funded programs with integrated disciplines focusing in primary care 	<ul style="list-style-type: none"> • Academic Administrative Units in Primary Care (AAU)
Build capacity with training infrastructure support.	Are BHP programs increasing the number of new and expanded dental facilities?	<ul style="list-style-type: none"> • *Number of new and expanded dental facilities in a dental health professional shortage area (HPSA) funded by BHP 	<ul style="list-style-type: none"> • State Oral Health Workforce Program
Build capacity with training infrastructure support.	<p>Are BHP programs increasing the number of clinicians training to become faculty?</p> <p>Are BHP programs increasing the number faculty development training completers?</p>	<ul style="list-style-type: none"> • *Number of health professionals training to become faculty • *Number of faculty development training completers from BHP programs 	<ul style="list-style-type: none"> • Nurse Faculty Loan Program (NFLP) • Centers of Excellence (COE) • Geriatric Academic Career Award (GACA) • Faculty Development: Integrated Technology into Nursing Education and Practice (ITNEP) • Comprehensive Geriatric Education Programs (CGEP) • Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (GTPD) • Geriatric Education Centers (GEC)

BHP Performance Goals	BHP Evaluation Questions	BHP Measures/Indicators	Data Sources By BHP Program
Infrastructure Indicators			
Build capacity with training infrastructure support.	Are BHP programs increasing the number of new primary care slots?	<ul style="list-style-type: none"> • *Number of new accredited residency programs through BHP funding • *Number of new filled residency slots (FTE) through BHP funding • Number of new filled dentist/dental provider positions through BHP funding • *Number of new filled physician assistant training positions through BHP funding • *Number of new filled nursing training positions through BHP funding 	<ul style="list-style-type: none"> • Primary Care Residency Expansion (PCRE) • Residency Training in Primary Care • Teaching Health Centers (THC) • Expansion of the Physician Assistant Training (EPAT) Programs • Advanced Nursing Education Expansion (ANEE) • Post-doctoral Training in General, Pediatric, and Public Health Dentistry (PDD) • State Oral Health Workforce

Appendix C. Description of the BHPr Cluster Performance Measures and Indicators

The BHPr performance measures and indicators support HRSA’s goals with specific foci on supply, quality, diversity, distribution, and infrastructure. The revised performance indicators and measures are presented below. Each performance indicator is mapped to the appropriate BHPr goal. A description of each indicator’s measure(s) and its significance are also provided. New measures are denoted by an asterisk*.

SUPPLY INDICATOR 1	
PERFORMANCE INDICATOR	An increase in the number of trainees in pre-professional/health professional programs.
BHPr PERFORMANCE GOAL	Develop diverse, well trained healthcare practitioners.
MEASURES	<ul style="list-style-type: none"> • *Number of enrollees in BHPr pre-professional programs • *Number of enrollees in BHPr health professions schools
SIGNIFICANCE	<p>BHPr supports workforce planning activities and programs that seek to establish links between K-12 and higher education to expose students to opportunities in public health and health care. The intent of these programs is to encourage greater interest in health careers, support programs that increase academic achievement, and provide financial and technical support.</p> <p>The success of these programs can be measured by continuing increases in the number and percent of participants in career development/advancement programs.</p>

SUPPLY INDICATOR 2	
PERFORMANCE INDICATOR	An increase in the number of BHPPr trainees completing training who indicate their intent to practice in primary care.
BHPPr PERFORMANCE GOAL	Develop diverse, well trained healthcare practitioners.
MEASURE	<ul style="list-style-type: none"> • *Number of BHPPr-funded program completers and graduates that indicate their intent to practice in primary care
SIGNIFICANCE	The number of individuals choosing careers in primary care is declining, in large part, due to the significant debt incurred by U.S.-trained health professions students and decreasing reimbursement for primary care vs. specialty providers. To reverse this decline, BHPPr supports programs that encourage students to study and train in fields with a focus in primary care; create opportunities to expose participants to primary care settings, and opportunities to influence practitioners to focus on primary care principles.

SUPPLY INDICATOR 3	
PERFORMANCE INDICATOR	An increase in the number of BHPPr program completers and graduates.
BHPPr PERFORMANCE GOAL	Develop diverse, well trained healthcare practitioners.
MEASURE	<ul style="list-style-type: none"> • Number of BHPPr program completers and graduates
SIGNIFICANCE	BHPPr supports the HRSA Strategic Goals, specifically Goal II to strengthen the health workforce. All of the BHPPr programs support institutions and/or trainees in pursuing a degree or training to better equip participants to study, practice, teach, and become successful students or professionals. Some programs equip students by facilitating preparatory math and science skills needed to enter a health professions school, other programs provides the mentors and preceptors to model the leadership skills needed to serve in various community-based settings. All BHPPr programs encourage trainees to excel academically or within a health profession.

SUPPLY INDICATOR 4	
PERFORMANCE INDICATOR	An increase in the number of BHPPr program completers and graduates in a primary care discipline.
BHPPr PERFORMANCE GOAL	Develop diverse, well trained healthcare practitioners.
MEASURE	<ul style="list-style-type: none"> • *Number of BHPPr-funded program completers and graduates in a primary care discipline
SIGNIFICANCE	To reverse the decline of those choosing careers in primary care, BHPPr supports the development of and maintenance of primary care training programs and opportunities for students, residents, and health professionals. Physicians, physician assistants, and nurse practitioners, and nurse midwifery programs increase the supply of primary care disciplines.

QUALITY INDICATOR 1	
PERFORMANCE INDICATOR	An increase in the number of BHPr programs offering training in selected content areas.
BHPr PERFORMANCE GOAL	Enhance the quality of training.
PERFORMANCE INDICATORS	<ul style="list-style-type: none"> • Number of BHPr programs offering innovative curriculum in selected competency areas: <ul style="list-style-type: none"> - cultural competencies - interprofessional team-based care - quality improvement and patient safety - health promotion and disease prevention - information technology
SIGNIFICANCE	<p>Cultural competence, interprofessional team-based care, quality improvement and patient safety, health promotion and disease prevention, and information technology have been recognized by the Institute of Medicine of the National Academies of Science as being important components of health professional educational curricula.</p> <p>BHPr program preferences support the inclusion of these important curricular components.</p> <p>This measure helps assess the degree that health professions schools and programs enhance the quality of education and training by including these important curricular components in programs of study.</p>

QUALITY INDICATOR 2	
PERFORMANCE INDICATOR	An increase in BHPr program retention of trainees in funded programs and institutions, and of trainees receiving financial assistance.
BHPr PERFORMANCE GOAL	Enhance the quality of training.
MEASURE	<ul style="list-style-type: none"> • *Enrollees retained in: <ul style="list-style-type: none"> - BHPr programs • *Attrition in BHPr activity • *Attrition in health professions schools • *Number of trainees receiving financial support from BHPr
SIGNIFICANCE	<p>Addressing the demand and supply of primary care practitioners in the health care workforce requires solutions. Retaining trainees in health professions programs is an important strategy in increasing the supply in the health workforce.</p> <p>BHPr programs are designed to attract trainees to the exciting opportunities in the health professions through several mechanisms, such as, by exposing students to Interprofessional/interdisciplinary education, field experiences, mentors, and experts in the field.</p> <p>This measure helps assess the degree to which BHPr-funded programs are successful in recruiting and retaining trainees into health professions..</p>

QUALITY INDICATOR 3	
PERFORMANCE INDICATOR	An increase in the number of BHPPr program completers reporting an increase in knowledge after completion of continuing education training.
BHPPr PERFORMANCE GOAL	Enhance the quality of training.
MEASURE	<ul style="list-style-type: none"> • *Number of BHPPr continuing education completers reporting increase in knowledge as a result of the training
SIGNIFICANCE	<p>Continuing professional competence of health care professionals is important for health care quality, safety and accountability.</p> <p>BHPPr supports continuing professional education across a wide spectrum of health professional disciplines,</p> <p>This measure helps assess the degree to which BHPPr-funded programs enhance the quality of training by increasing the number of health care professionals who have advanced their professional competencies through continuing education offerings.</p>

DIVERSITY INDICATOR 1	
PERFORMANCE INDICATOR	An increase in the proportion of program completers and graduates who are underrepresented minorities and/or from disadvantaged backgrounds.
BHPr PERFORMANCE GOAL	Diversify the health professions pipeline.
MEASURE	<p>Numerator: Number of BHPr program completers and graduates who are underrepresented minorities and/or from disadvantaged backgrounds</p> <p>Denominator: Total number of BHPr completers and graduates</p>
SIGNIFICANCE	<p>As a nation we are trying to increase the diversity in our health professions workforce. BHPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, and provide financial support and social support for minority and disadvantaged students and faculty.</p> <p>This performance measure will enable the Bureau to monitor its progress in increasing the representation of underrepresented minorities and those from disadvantaged backgrounds succeeding in its programs.</p>

DIVERSITY INDICATOR 2	
PERFORMANCE INDICATOR	An increase in the proportion of faculty who are underrepresented minorities.
BHPr PERFORMANCE GOAL	Diversify the health professions pipeline.
MEASURE	<p>Numerator: Number of faculty in BHPr -funded faculty training programs who are underrepresented minorities</p> <p>Denominator: Total number of faculty in BHPr -funded faculty training programs</p>
SIGNIFICANCE	<p>As a nation we are trying to increase the diversity in our health professions workforce. BHPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, and provide financial support and social support for minority and disadvantaged students and faculty.</p> <p>This performance measure will enable the Bureau to monitor its progress in increasing the representation of underrepresented minorities and those from disadvantaged backgrounds succeeding in its programs.</p>

DIVERSITY INDICATOR 3	
PERFORMANCE INDICATOR	An increase in the proportion of underrepresented minorities accepted into health professional training programs.
BHPr PERFORMANCE GOAL	Diversify the health professions pipeline.
MEASURE	<p>Numerator: *Number of underrepresented minority completers and graduates from BHPr-funded pipeline programs accepted into health professional training programs</p> <p>Denominator: Total number completers and graduates in BHPr-funded pipeline programs</p>
SIGNIFICANCE	<p>As a nation we are trying to increase the diversity in our health professions workforce. BHPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, and provide financial support and social support for minority and disadvantaged students and faculty.</p> <p>This performance measure will enable the Bureau to monitor its progress in increasing the representation of underrepresented minorities and those from disadvantaged backgrounds succeeding in its programs.</p>

DISTRIBUTION INDICATOR 1	
PERFORMANCE INDICATOR	An increase in the proportion of program completers and graduates who indicate their intent to practice in Medically Underserved Communities (MUC) or rural areas.
BHPr PERFORMANCE GOAL	Influence practice location of health practitioners.
MEASURE	<p>Numerator: *Number of BHPr program completers and graduates who indicate their intent to practice in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHPr program completers and graduates who indicate their intent to practice in a rural area</p> <p>Denominator: Number of completers and graduates from BHPr-funded programs</p>
SIGNIFICANCE	<p>Historically, health care providers have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the U.S. has become unequal, creating access problems within rural and other underserved areas.</p> <p>Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.</p> <p>This measure will assess the success of programs providing students with training in and exposure to underserved areas, communities, or health professional shortage areas in promoting their employment these areas.</p>

DISTRIBUTION INDICATOR 2	
PERFORMANCE INDICATOR	An increase in the proportion of BHPr trainees receiving clinical training in Medically Underserved Communities (MUC) or rural areas.
BHPr PERFORMANCE GOAL	Influence practice location of health practitioners.
MEASURE	<p>Numerator: Number of BHPr trainees receiving clinical training in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHPr trainees receiving clinical training in rural areas</p> <p>Denominator: Total number of BHPr trainees receiving clinical training.</p>
SIGNIFICANCE	<p>Historically, health care providers have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the U.S. has become unequal, creating access problems within rural and other underserved areas.</p> <p>Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.</p>

	<p>This measure will assess the success of programs providing students with training in and exposure to underserved areas, communities, or health professional shortage areas in promoting their entry into these areas.</p>
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DISTRIBUTION INDICATOR 3	
PERFORMANCE INDICATOR	An increase in the proportion of BHPr program completers and graduates who enter practice in Medically Underserved Communities (MUC) or rural areas.
BHPr PERFORMANCE GOAL	Influence practice location of health practitioners.
MEASURE	<p>Numerator: Number of BHPr program completers and graduates who enter practice in Medically Underserved Communities (MUC)</p> <p>Numerator: *Number of BHPr program completers and graduates who enter practice in rural areas</p> <p>Denominator: Total number of BHPr program completers and graduates who enter practice</p>
SIGNIFICANCE	<p>Historically, health care providers have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the U.S. has become unequal, creating access problems within rural and other underserved areas.</p> <p>Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.</p> <p>This measure will assess the success of programs providing students with training in and exposure to underserved areas, communities, or health professional shortage areas in promoting their entry into these areas</p>

INFRASTRUCTURE INDICATOR 1	
PERFORMANCE INDICATOR	An increase in the number of new primary care academic administrative units.
BHPr PERFORMANCE GOAL	Build capacity with training infrastructure support.
MEASURE	<ul style="list-style-type: none"> • *Number of new academic administrative units funded by BHPr • *Number of BHPr-funded programs with integrated disciplines focusing in primary care
SIGNIFICANCE	<p>BHPr supports the establishment, maintenance, and improvement of academic administrative units or programs that improve clinical teaching and research in primary care.</p> <p>This measure will enable BHPr to monitor the extent to which supported programs are establishing new academic administrative units that are intended to expand the academic, research, and service components of primary care training.</p>

INFRASTRUCTURE INDICATOR 2	
PERFORMANCE INDICATOR	An increase in the number of new and expanded BHPPr-funded dental facilities.
BHPPr PERFORMANCE GOAL	Build capacity with training infrastructure support.
MEASURE	<ul style="list-style-type: none"> • *Number of new and expanded dental facilities in a dental health professional shortage area (HPSA) funded by BHPPr
SIGNIFICANCE	<p>BHPPr supports the establishment, maintenance, and improvement of dental facilities.</p> <p>This measure will enable BHPPr to monitor the extent to which supported programs are establishing new and expanded facilities in dental health professional shortage areas (HPSA).</p>

INFRASTRUCTURE INDICATOR 3	
PERFORMANCE INDICATOR	<p>An increase in the number of BHPPr program clinicians training to become faculty.</p> <p>An increase in the number BHPPr faculty development training completers.</p>
BHPPr PERFORMANCE GOAL	Build capacity with training infrastructure support.
MEASURE	<ul style="list-style-type: none"> • *Number of health professionals training to become faculty • *Number of faculty development training completers from BHPPr programs
SIGNIFICANCE	<p>BHPPr programs support strengthening the health workforce by expanding workforce training activities including training of primary care professionals; providing financial assistance and support to health professions students; and expanding faculty capacity through traineeships and fellowships, faculty development programs, and faculty loan repayment assistance.</p> <p>This performance measure will enable BHPPr to monitor progress in increasing new faculty at institutions that train health professionals and the advancement of existing faculty.</p>

INFRASTRUCTURE INDICATOR 4	
PERFORMANCE INDICATOR	An increase in the number of new BHPR-funded primary care slots.
BHPR PERFORMANCE GOAL	Build capacity with training infrastructure support.
MEASURE	<ul style="list-style-type: none"> • *Number of new accredited residency programs through BHPR funding • *Number of new filled residency slots (FTE) through BHPR funding • Number of new filled dentist/dental provider positions through BHPR funding • *Number of new filled physician assistant training positions through BHPR funding • *Number of new filled nursing training positions through BHPR funding
SIGNIFICANCE	<p>Part of the focus of health care reform is training more physicians to support a health care system that is more primary care-focused. One strategy is to increase the number of primary care slots available in residency programs.</p> <p>This measure will enable BHPR to determine the degree to which BHPR funds are being used to support new primary care slots.</p>

Appendix D. Glossary

This glossary provides general definitions for terms that are used in the performance tables. Some programs may have program specific definitions that are different from what is presented in this glossary. If there are questions about the definition of any terms presented in this glossary, please refer to the authorizing statute, the Funding Opportunity Announcement for your program and the Project Officer for clarification.

Adult learner/Adult students are typically identified with a larger group characterized as "nontraditional students". The National Center for Education Statistics (NCES), U.S. Department of Education, has identified seven characteristics that typically define nontraditional students. According to the NCES, adult students often:

- Have delayed enrollment into postsecondary education
- Attend part-time
- Are financially independent of parents
- Work full-time while enrolled
- Have dependents other than a spouse
- Are a single parent
- Lack a standard high school diploma.ⁱ

Allied Health Professional is defined in section 799b of the Public Health Service Act (42 U.S.C. 295p(5)). Further, Allied Health (or Health Related Professions) is used to identify a cluster of health professions, encompassing approximately 80 different professions. The allied health professions fall into two broad categories: technicians (assistants) and therapists/technologists. Technicians are trained to perform procedures, and their education lasts less than two years. They are required to work under the supervision of technologists or therapists. Therapists/technologists include physical therapy assistants, medical laboratory technicians, radiological technicians, occupational therapy assistants, recreation therapy assistants, and respiratory therapy technicians.ⁱⁱ

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.

Attrition is defined as the reduction in a school's student population as a result of transfers or dropouts.iii Attrition refers to the number of trainees who permanently left the program before completing the training year. Attrition can also refer to the number of faculty who permanently left the program.

Clinical training is the patient-care component of health professions education, including but not limited to clinical rotations, preceptorships, and clerkships. For purposes of BHP_r reporting, include hands-on field training with patient encounters (not didactic or observations).

Community-Based Setting/Health Facilities are entities that provide delivery of health services in a community and may include a community hospital, community or public health center, outpatient medical facility, rehabilitation facility, facility for long-term care, community mental health center, migrant health center, and a facility operated by a city or county health department that serves and supports clinical training. These facilities usually serve a catchment area that is not reasonably accessible to an adequately served area or a population with special health needs.

Completer refers to a trainee who has successfully met the didactic and/or clinical requirements of a course of study or training program designed to improve their knowledge or skills. This term differs from graduates since an official degree or diploma is not conferred. Contact your project officer to clarify if your trainees should be considered completers or graduates. (See definition of 'graduate' in the glossary).

Continuing education program is a formal, post-licensure educational program designed to increase knowledge or skills of health professions. 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-master's degree certificate, or other evidence of completing such a program.

Cultural competence refers to 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, as well as 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 is a set of courses constituting an area of specialization.

Didactic training involves traditional classroom or virtual education forums wherein trainees receive instruction from designated faculty members and/or clinicians.

Disadvantaged means an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining knowledge, skills, 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.

Examples of criteria for educationally disadvantaged are below:

- (1) The individual graduated from (or last attended) a high school with low SAT score based on most recent data available:
- (2) The individual graduated from (or last attended) a high school from which, based on most recent data available:
 - (a) low percentage of seniors receive a high school diploma; or
 - (b) low percentage of graduates go to college during the first year after graduation.
- (3) The individual graduated from (or last attended) a high school with low per capita funding.
- (4) The individual graduated from (or last attended) a high school at which based on most recent data available, many of the enrolled students are eligible for free or reduced price lunches.
- (5) The individual comes from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- (6) The individual comes from a family that lives in an area that is designated under section 332 of the Act as a health professional shortage area.
- (7) The individual would be the first generation in a family to attend college

Discipline means a field of study.

Dislocated worker refers to an individual who (A) (i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; (ii) (I) is eligible for or has exhausted entitlement to unemployment compensation; or (II) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 134(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and (iii) is unlikely to return to a previous industry or occupation; (B)(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; (ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or (iii) for purposes of eligibility to receive services other than training services described in section 134(d)(4), intensive services described in section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close; (C) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or (D) is a displaced homemaker.^{iv}

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

Diversity as defined by BHP: 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).”

Enrollee is a trainee who is receiving training in a program, but has not finished the program during a given grant year. Enrollees do not include graduates or program completers.

Entering practice means 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.

Ethnicity refers to two categories: “Hispanic or Latino” and “Not Hispanic and Not Latino.” “Hispanic or Latino” refers to an individual of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Experiential training (i.e., learning by doing) is learning through concrete experience followed by observation and reflection, the formation of abstract concepts about the experience followed by testing what was learned in new situations.^v

Faculty refers to the group of individuals who have received a formal assignment to teach resident/fellow physicians or other trainees in a health professions training program. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.^{vi} The faculty provides instruction to develop students’ skills inherent in practice to a level of professional competency which, in graduate education, may include the development of research capability. A faculty includes all faculty members, even those who participate on an as-needed basis. Faculty members will be counted by a full-time equivalent (FTE) measure unless otherwise noted.

Fellowship means a one or two year organized training effort designed to meet a specific training purpose.

Frontier is an area where remote clinic sites are located and where weather and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital.^{vii}

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

Graduate refers to a trainee who has successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, as in a university, college, or health professions school.

Health careers enrichment/training activities are AHEC health career activities ranging from 0–180 hours. Health career activities from 120–180 hours must have a minimum of 10 students per educational level.

Health professional refers to an individual who has received a certificate, an associate’s degree, a bachelor’s degree, a master’s degree, a doctorate degree, or post-baccalaureate training in a field related to health care and who shares in the responsibility for the delivery of health care or related services.

Health professional shortage area (HPSA) refers to an area designated as having a shortage of primary medical care, dental, or mental health providers. The area may be geographic (a county or service area), demographic (low income population), or institutional (comprehensive health center, federally qualified health center, or other public facility). More information about HPSAs is available on the BHPPr Web sites: <http://bhpr.hrsa.gov/shortage> and <http://muafind.hrsa.gov/>.

Health professions student refers to an individual who is pursuing a certificate, an associate’s degree, a bachelor’s degree, a master’s 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 or related services.

Hours of Instruction refers to the total amount of time (in hours) it takes to impart instruction for a particular course.

Interprofessional/Interdisciplinary education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve quality of care and health outcomes.^{viii}

Interprofessional/Interdisciplinary practice occurs when two or more professions collaborate in the provision of health care services, and through it each profession's contribution to care is enhanced and quality is improved.^{viii}

Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having 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 (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.^{ix}

Medically Underserved Community (MUC) is any geographic area or population served by any of the following practice sites:

- Ambulatory practice sites designated by State Governors as serving medically underserved communities.
- Community health centers (section 330)
- Federally qualified health centers (section 1905(1)(2)(B) of the Social Security Act)
- Health Care for the Homeless grantees (section 330)
- Indian Health Services sites (Pub. L. 93-638 for tribal operated sites and Pub. L. 94-437 for IHS operated sites)
- Migrant health centers (section 330)
- Primary medical care, mental health, and dental health professional shortage areas (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 that are funded by the State would qualify)

Note: Information on CHCs, MHCs, Health Care for the Homeless grantees, Public Housing Primary Care grantees, National Health Service Corps' sites, and HPSAs is available on the BHP or the Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bhpc.hrsa.gov> (select "Key Program Areas" and "Resources").

Medically underserved populations (MUP) may include groups of persons who face economic, cultural, or linguistic barriers to health care. More information about MUPs can be found on the BHP Web site: <http://bhpr.hrsa.gov/shortage/>.

Patient-Centered Care recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.^x "Patient-centered" means considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles.^{xi}

Population Health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group."ⁱⁱ It is an approach to health that aims to improve the

health of an entire population. One major step in achieving this aim is to reduce health inequities among population groups. Population health seeks to step beyond the individual-level focus of mainstream medicine and public health by addressing a broad range of factors that impact health on a population-level, such as environment, social structure, resource distribution.^{xii}

Practicum training refers practical experiences (not didactic or clinical) that are hands-on field training without clinical patient encounters, such as shadowing and observations

Publications refer to articles, reports, or other documents based on HRSA-supported data and published information.

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.

Pre-Professional pertains to the period preceding specific study for a profession. Pre-professional students are those trained in K-12 or undergraduate programs that help students develop interest or intent to enroll in a health professions program of study.^{xiii}

Primary Care is the provision of **integrated, accessible health care services** by **clinicians** who are **accountable** for addressing a large **majority of personal health care needs**, developing a **sustained partnership** with **patients**, and practicing in the **context of family and community**. The term **clinician** refers to an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant.^{xiv}

Primary care setting refers to a setting that provides 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.

Quality of Care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.^{xv}

Race according to standards for the classification of federal data on race and ethnicity from OMB, five minimum categories on race exist: American Indian or Alaska Native, Asian, Black or African-American, Native Hawaiian or Other Pacific Islander, and White.^{xvi} 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 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.

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

Racial and Ethnic Minority Group means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.^{xvii}

Minority/Minorities refer to individual(s) from a racial and ethnic minority group.

Underrepresented Minority/Minorities, with respect to a health profession, means racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. This includes 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).^{xviii}

Research training involves the supervision of trainees in conducting research in clinical or academic environments. Such training may involve literature reviews, development of data collection protocols, data collection, data analysis, results interpretation, or the dissemination of research findings.

Residency is a program accredited to provide a structured educational experience designed to conform to the program requirements of a particular specialty.^{xix}

Rural describes all counties that are not part of a Metropolitan Statistical Area (MSA). The White House’s Office of Management and Budget (OMB) designates counties as Metropolitan, Micropolitan, or Neither. Micropolitan counties are considered non-Metropolitan or rural along with all counties that are not classified as either Metro or Micro.

For more information on Metro areas, see:

<http://www.census.gov/population/www/estimates/metroarea.html>

There is an additional method of determining rurality that HRSA uses called the Rural-Urban commuting area (RUCA) codes. Like the MSAs, these are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 60,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, HRSA’s Office of Rural Health Policy has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people.

For more information on RUCAs, see:

<http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

The HRSA website has page where you can search for eligible counties, or eligible census tracts inside Metro counties, at <http://datawarehouse.hrsa.gov/RuralAdvisor/>. You can also download a complete list of eligible areas from that page.^{xx}

Summer program (≥180 hours) is a designed curriculum or set of activities of a minimum of 25 students per educational level that provides 6 hours of structured learning activities per day for a minimum of 6 weeks.

Trainee is a person receiving training or education in a vocation, occupation or profession. Enrollees, Program Completers and Graduates are subsets of trainees.

Underserved area/population includes:

- The elderly, individuals with HIV/AIDS, substance users, and survivors 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

Urban is classified by the U.S. Census Bureau as all territory, population, and housing units located within urbanized areas (UA) and urban clusters (UC), both defined using the same criteria. The U.S. Census Bureau delineates UA and UC boundaries that represent densely developed territory, encompassing residential, commercial, and other nonresidential urban land uses. In general, this territory consists of areas of high population density and urban land use resulting in a representation of the “urban footprint.”

According to the U.S. Census Bureau, an UA is:

“An area consisting of a central place(s) and adjacent territory with a general population density of at least 1,000 people per square mile of land area that together have a minimum residential population of at least 50,000 people. The U.S. Census Bureau uses published criteria to determine the qualification and boundaries of UAs” (U.S. Census Bureau Web site).^{xxi}

The agency goes on to further clarify this definition with the following additional information:

“...a densely settled area that has a census population of at least 50,000. A UA generally consists of a geographic core of block groups or blocks that have a population density of at least 1,000 people per square mile, and adjacent block groups and blocks with at least 500 people per square mile. A UA may consist of all or part of one or more incorporated places or census designated places, and may include area adjacent to the place(s).” [Definition requires verification from BHPPr]

Vulnerable populations include children, older adults, adolescents, homeless individuals, victims of abuse or trauma, individuals with mental health or substance abuse disorders, individuals with HIV/AIDS, people with disabilities, college students, those recently unemployed, the chronically ill, and returning war veterans.

Appendix E. Progress Reporting Requirements for BHP Program

All BHP grant programs are required to submit annual progress reports on grant-supported activities. Each BHP grant program will submit data on the following key elements in the progress report:

- Number and types of evaluation activities planned and conducted
- Number and types of partnerships and leveraging activities, including the influence on training activities such as curriculum development and implementation, enrollment, trainee/student placements.
- Number and types of educational innovations (e.g., innovative curricula)
- Number and types of best practices implemented
- Description of knowledge and strategy dissemination strategies and activities

Program-Specific Progress Reporting

In addition to the progress reporting requirements for all BHPr grant programs, select programs are required to submit additional program-specific data. The selected programs and the program-specific elements are outlined below.

Program	Progress Report Attachment
Geriatric Academic Career Award (GACA)	GACA-5
Graduate Psychology Education (GPE)	GPE-3
Chiropractic Demonstration Project (CDP)	CDP-1
Academic Administrative Units (AAU)	RH-1
Physician Faculty Development in Primary Care (PFD)	RH-1
Area Health Education Centers (AHEC)	AHEC-1, 2

Table AHEC-1: Program Characteristics

Name of AHEC Program: _____

Date of Program Establishment: _____

Service Area of AHEC Program (Please check one):

- Statewide Regional area within a state Multi-state

Total Program Budget: *(Includes program office and affiliated AHEC centers)*

Federal: \$ _____

Non-Federal: \$ _____ (funds used towards 1:1 match)

Additional
Non-Federal Funds: \$ _____

In-Kind Support: \$ _____

Provide the total number of federally supported full time and part time staff employed by your AHEC Program, as well as the number of volunteer staff. Please include staff employed by each AHEC center in your service area (as reported on the AHEC Center Characteristics form), as part of the total number provided below.

Total AHEC Program Office and Center Staff:

- a. Number of Federally Supported Full Time Staff: _____
- b. Number of Federally Supported Part Time Staff: _____
(Equivalent to _____ FTEs)
- c. Number of volunteer Staff: _____
(Equivalent to _____ FTEs)

In the AHEC Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC program activity. Please include staff time and effort from each AHEC center, as reported on the AHEC Center Program Activity Table, in addition to the effort of AHEC Program Office staff. This table provides a snapshot of staff time and effort for the entire AHEC Program, including affiliated AHEC centers within your service area. If one or more program areas are not applicable, please indicate a 0% time allocation.

AHEC Program Activity	Percent of Staff Time/Effort Focused on Programmatic Category
a. Health Careers Recruitment	
b. Community-based education, field placements or preceptorships, emphasis on primary care	
c. Continuing Education	
d. Evaluation	
e. Interdisciplinary Training	
f. Public Health Careers	
g. Dissemination of evidenced-based information, research results, best practices	
h. Innovative curricula	
i. Community Based Participatory Research	
j. Other activity related to health workforce development	
TOTAL	100%

Table AHEC-2: Center Characteristics

Complete the following information for each AHEC center that receives federal funds:

Name of AHEC Center: _____
(Do not abbreviate the name of the center)

Date of Center Establishment: _____

Total Number of Years Center has Received Federal Funds: _____

Describe/Explain Funding Gaps, if Applicable: _____

Geographic Location of Center (Please check one):

- Urban Rural Frontier

Geographic Service Area of Center (Check all that apply):

- Urban Rural Frontier

Total Center Budget:

Federal: \$ _____

Non-Federal: \$ _____ (funds used towards 1:1 match)

Additional
Non-Federal Funds: \$ _____

In-Kind Support: \$ _____

Provide the total number of federally supported full time and part time staff employed by your AHEC center. Data provided for “federally supported part time staff” must include both the number of employees and the full time equivalent (FTE) of part-time staff members.

Total Center Staff:

- a. Number of Federally Supported Full Time Staff: _____
- b. Number of Federally Supported Part Time Staff: _____
(Equivalent to _____ FTEs)
- d. Number of volunteer Staff: _____
(Equivalent to _____ FTEs)

In the AHEC Center Program Activity table below, please estimate the percentage of staff time and effort focused on each AHEC Center program activity. If one or more program areas are not applicable, please indicate a 0% time allocation.

AHEC Center Program Activity	Percent of Staff Time/Effort Focused on Programmatic Category
a. Health Careers Recruitment	
b. Community-based education, field placements or preceptorships, emphasis on primary care	
c. Continuing Education	
d. Evaluation	
e. Interdisciplinary Training	
f. Public Health Careers	
g. Dissemination of evidenced-based information, research results, best practices	
h. Innovative curricula	
i. Community-based Participatory Research	
j. Other activity related to health workforce development	
TOTAL	100%

References

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- ⁱ Horn, L. (1996). **Nontraditional Undergraduates, Trends in Enrollment From 1986 to 1992 and Persistence and Attainment Among 1989–90 Beginning Postsecondary Students (NCES 97–578)**. U.S. Department of Education, NCES. Washington, DC: U.S. Government Printing Office. <http://nces.ed.gov/programs/coe/analysis/2002a-sa09.asp>
- ⁱⁱ Definition retrieved from http://explorehealthcareers.org/en/Field/1/Allied_Health_Professions.
- ⁱⁱⁱ Definition retrieved from <http://www.education.com/definition/student-attrition/>
- ^{iv} Workforce Investment Act, Title I, Subsection A, Section 101.
- ^v Definition derived from Kolb, D. A. and Fry, R. (1975) 'Toward an applied theory of experiential learning; in C. Cooper (ed.) *Theories of Group Process*, London: John Wiley.
- ^{vi} Definition was adapted from the ACGME glossary at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf.
- ^{vii} Definition provided in the Office of Rural Health Policy 2009 Annual Report, retrieved from <http://www.hrsa.gov/ruralhealth/pdf/annualreport2009.pdf>
- ^{viii} Definition derived from World Health Organization. (2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: WHO.
- ^{ix} Definition retrieved from the Health Resources and Services Administration. <http://muafind.hrsa.gov/>.
- ^x Definition retrieved from Quality and Safety Education for Nurses (QSEN) <http://www.qsen.org/definition.php?id=1>
- ^{xi} Definition adapted from the Institute of Medicine (IOM) and Institute for Healthcare Improvement (IHI).
- ^{xii} Definition adapted from Kindig D, Stoddart G. What is population health? *American Journal of Public Health* 2003 Mar;93(3):380-3.
- ^{xiii} Definition adapted from <http://www.merriam-webster.com/dictionary/preprofessional>
- ^{xiv} Definition adapted from Donaldson, M.S. [et al.], editors (1996), *Primary care: America's health in a new era*, Committee on the Future of Primary Care Services, Division of Health Care Services, Institute of Medicine.
- ^{xv} Retrieved from Institute of Medicine, Measuring the Quality of Health Care <http://www.nap.edu/catalog/6418.html>
- ^{xvi} OMB guidance on aggregation and allocation of data on race can be retrieved from: http://www.whitehouse.gov/omb/bulletins_b00-02
- ^{xvii} Public Health Service Act, Section 1707.
- ^{xviii} Public Health Service Act, Section 799b.
- ^{xix} Definition was adapted from the ACGME glossary at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf.

^{xx} Retrieved from the HRSA, Office of Rural Health Policy: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html

^{xxi} Definition was retrieved from the Office of Rural Health Policy Web site:

<http://www.hrsa.gov/ruralhealth/pdf/rhcmanual1.pdf>

The U.S. Census Bureau Web site can be retrieved from <http://www.census.gov/>