

C. Required Reporting

Health Profession and Discipline – Setup

Table purpose: To select health professions and disciplines applicable to the BHPPr-funded programs. Health profession and discipline combinations selected will be available for remaining forms/tables, where applicable.

Health Profession: (Select one)

Discipline: (Select all that apply)

Health Profession	Discipline

Instructions: Select a health profession and disciplines associated with the selected health profession and add the selections to the form. **Repeat** the previous step to add multiple health profession/discipline combinations. The health professions and disciplines in this set-up form will be populated in the cross-cutting and program-specific forms. The glossary contains clarifications and/or definitions of key terms.

Health Profession Selections: Dentist; Medicine; Physician Assistant; Nursing; Behavioral Health/Public Health/Other;

HCOP, AHEC, NWD, COE Programs: Dentist; Medicine; Physician Assistant; Nursing; Behavioral Health/Public Health/Other; Pipeline

Discipline Selections:

For Pre-doctoral Training in Primary Care, Interdisciplinary and Interprofessional Joint Graduate Degree Program, Expansion of the Physician Assistant Training (EPAT) Program, and Physician Assistant Training in Primary Care (PAT) programs, discipline is not applicable.

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 (Exclude Continuing Education trainees from this row)	
Trainees who are newly enrolled and/or continuing the program or did not graduate from a health professions programs.	
Fellowships and Residencies (Exclude Enrollees from this row)	
Trainees who are newly enrolled and/or continuing fellowship and residencies program.	
Graduating Trainees (Exclude Program Completers from this row)	
Trainees who successfully completed all educational requirements for a specified academic program of study culminating in a degree or diploma, or certificate as in a university, college, or health professions programs during this reporting period.	
Program Completers (Exclude Graduating Trainees 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.	
Total	Auto-calculate
Continuing Education (Exclude all of the above)	
Trainees who successfully completed a continuing education offering. Include trainees receiving a continuing education offering that may or may not have received CEU/GME credit.	

Instructions: Enter the number of BHPPr-funded program trainees per category in for the reporting period. **Count each trainee only once.** The LR-1 table above includes the definition of trainee categories. The glossary contains clarifications and/or definitions of key terms. See LR-1 Trainee Category Matrix below for delineation of program response possibilities to LR-1 table.

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	Trainee Category- Males					Trainee Category - Females					Grand Total (Auto-calculate)
	# Enrollees	# Graduates	# Program Completers	# Fellowships and Residencies	Total (auto calculate)	# Enrollees	# Graduates	# Program Completers	# 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											
Unknown											
Total											

Table DV-1: Trainees by Ethnicity and Race

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

DV-1a: Hispanic or Latino Ethnicity

Race	Trainee Category					Total by Race
	# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	
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)						

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

Race	Trainee Category					Total by Race
	# Enrollees	# Graduates	# Program Completers	# Program Completers	# Fellowships and Residencies	
			(<120 hours)	(≥120 hours)		
American Indian or Alaska Native						
Asian (not underrepresented*)						
Asian (underrepresented*)						
Black or African-American						
Native Hawaiian or Other Pacific Islander						
White						
Unknown						
Asian (not underrepresented*) and White						
More Than One Race						
Total (Auto-calculate)						

Table DV-2: Trainees with Disadvantaged Background

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

	Trainee Category					Total
	# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	
Trainees with Disadvantaged Background						
Unknown Disadvantaged Background						
Underrepresented Minority Trainees Reported in DV-1 Tables						
Unduplicated Disadvantaged Trainees (Trainees in row 1 and who were not counted as URM in row 3)						
Disadvantaged and/or Underrepresented Minority Trainees (unduplicated)						

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

Table DV-3: Trainees by Residential Background

Table purpose: To describe the residential background (rural/urban) of trainees in BHPPr-supported programs as reported in table LR-1.

	Trainee Category					Total
	# Enrollees	# Graduates	# Program Completers (<120 hours)	# Program Completers (≥120 hours)	# Fellowships and Residencies	
Trainees with Rural background						
Trainees with Urban background						
Trainees with Suburban background	0	0	0	0	0	0
Trainees with Frontier background	0	0	0	0	0	0
Unknown						
Total						

Instructions: Complete the table for the reporting period. Count each trainee only once. Residential background will be defined as the trainee’s permanent residence prior to matriculation into the BHPPr supported program. For example, if a trainee graduates from high school and then is entering into college and receiving BHPPr funding to support his or her education, the residential background would be defined as the residence where the trainee was living when he or she was in high school. If a trainee graduates from medical / dental school and is then entering into a residency program and receiving BHPPr funding to support his or her residency training, the residential background is defined as the residence

Table PY-1: Prior Year Completers and Graduates

Table purpose: To describe the training experiences and outcomes of prior academic year program completers and graduates, including subsequent employment in underserved areas and primary care.

Health Profession: (Select one)

Discipline: (Select all that apply)

Degree Obtained: (Select all that apply)

Year Graduated/ Completion	Nursing Training Program (Nursing Only)		Total # of Graduates	Total # of Completers who Received a Degree or Diploma	# of Program Graduates/ Completers Who Passed the Profession-Specific Certifying Exam or Boards (exclude AHEC, HCOP)	# of Graduates/ Completers Working in MUC or Dental HPSA (exclude AHEC, HCOP)	# of URM Graduates/ Completers Working in MUC or Dental HPSA (exclude AHEC, HCOP)	# of Graduates/ Completers Working in Rural Areas (exclude AHEC, HCOP)	# of Graduates/ Completers Working in Primary Care (exclude AHEC, HCOP)	# of Graduates/ Completers Employed as Faculty (exclude AHEC, HCOP)
	Role (ANE, AENT, NAT, NFLP, NEPQR, NWD) (Select one)	Population Foci (ANE, AENT, NAT, NFLP, NEPQR, NWD) (Select one)								
2010-2011										
2009-2010										
2008-2009										
2007-2008										
2006-2007										

Continuation of PY-1:

# Program Graduates Accepted into Primary Care Residency (Pre-doctoral Training in Primary Care, Joint Degree)	# Graduates/ Completers Accepted into Health Professions Program (AHEC, HCOP, NWD)	# Graduates per Employment Site (PHT, PMR)								
		Academia	City/County Government	Community-based organization/nonprofit	Federal Government	Hospitals	Private Industry	State Government	Unknown	Other

Continuation of PY-1:

Other Employment Site Type (required if # Graduates for Other is provided) (PHT, PMR)	# Employed in Field of Study	Faculty Level of Teaching (ANE, AENT, NAT, NFLP, NEPQR, NWD)		
		Two-Year College	Undergraduate -Level	Graduate-Level

Table EXP-1 (1a, 1b): Experiential and/or Clinical Training (Sites/Clinic Programs)

Table purpose: To describe the experiential and/or clinical training experiences offered.

Table EXP-1a: Training Site Description

Select Discipline/specialty or role: (Select One per Row): _____

Training Site/ Clinical Program Name	Training Site Address (One per row)	Training Site Type (Select one)	Training Setting (Select all that apply)	Training Objective/Description (Services Provided) (Exclude IMP)	Vulnerable Populations Served (Select all that apply)	Partnering/ Leveraging (Exclude IMP) (Select up to three)	Interprofessional/ Interdisciplinary Training (Y/N) (exclude GACA, COE)	Disciplines that Participated in Inter-professional Training (exclude GACA, COE, IMP)	Number of Clinical Trainings per Site (exclude PMR, IMP)	Total # Trainees at Site

Continuation of EXP-1a:

Primary Training Competency Offered in Setting (PHTC) (Select one)	Secondary Training Competency Offered in Setting (PHTC) (Select one)	Number of Undergraduate-Level Trainees (NEPQR, NMHC)			Number of Graduate-Level Trainees (NEPQR, NMHC)			Populations Served (NEPQR, NMHC)			Clinic services provided (NEPQR, NMHC) (Select all that)
		Enrollees	Completers	Attrition	Enrollees	Completers	Attrition	Total Number Served	Number of URMs	Number of Women	

Table IND-GEN: Individual Trainee General Characteristics

Table purpose: To describe the individual trainee’s general characteristics.

Table IND-GEN: Individual Trainee General Characteristics

Trainee Unique ID	Educational Level/Highest Degree Earned (Select one)	Gender (M/F)	Age (Select one)	Ethnicity (Select one)	Race (Select one)	Rural/Urban/Suburban/Frontier Background (Select one)	Disadvantaged Background (Y/N/Unknown)	Discipline/Specialty (Select one) (AHEC- Clinical Trainees Only)	Trainee Status (Select one)	Type of BHP Support/Financial Award (Select all that apply) (exclude AHEC, GEC)

Continuation of IND-GEN:

BHP Financial Award Amount (exclude AHEC, GEC)	Did the Trainee Leave the Program Before Completion? (Y/N)	Did the Trainee complete the Program? (Y/N)	If Yes, Next Step after completion? (Select one) (GPE)	Completer Applied the Training to Certification or Credentialing (Y/N/Unknown, or N/A) (exclude CGEP, DFLRP, GPE)	Did the trainee pass the Profession-Specific Certifying Exam or Boards? (Y/N/Unknown) (exclude DFLRP, HCOP)	Did the Trainee Graduate? (Y/N) (GPE)	If Yes, Next Step after Graduation (Select one) (GPE)	Training Program (ANEE, AENT, NAT, NFLP)	
								Role	Population Foci

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Continuation of IND-GEN:

Trainee Earned Degree? (Y/N) (AENT, ANEE, NAT, NEPQR, NFLP)	Clinical Training? (Y/N) (AENT, AHEC, ANEE, COE, NAT, NEPQR, NFLP, NWD, Pre-doc training in Primary Care)	If Completed, Intent to Pursue Health Professions Training? (Y/N) (AHEC – Health Careers Trainees only, COE, HCOP, NWD)	Did the Trainee Receive a Degree or Diploma? (Y/N) (exclude AENT, ANEE, GPE, NAT, NEPQR, NFLP)	If Received a Degree or Diploma, Accepted into Health Professions Program (Y/N/Unknown) (AHEC-Health Careers Trainees only, COE, HCOP, NWD)	If Accepted, Select Health Professions Program (Select one) (AHEC-Health Careers Trainees only, COE, HCOP, NWD)	Type of Degree Earned (Select one) (PHT)	Grant Purpose (Select all that apply) (CGEP)	Applied the Training to National Cert in Geriatrics? (Select one) (CGEP)	Applied the Training to State Cert in Geriatrics? (Select one) (CGEP)

Instructions: Add a row for each individual trainee: Complete each column in the row as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Table IND-INTPRAC: Individual Intent to Practice Characteristics

Table purpose: Describe the individual trainee’s intention to practice in specific settings

Trainee Unique ID	If Completed the Program, Intent to Practice? (Exclude AHEC, COE, GPE, HCOP, NWD) (Y/N)			If Graduated, Intent to Practice? (GPE) (Y/N)			If Received a Degree or Diploma, Intent to Practice? (AHEC, COE, HCOP, NWD) (Y/N)		
	Primary Care Setting (Select one)	Medically Underserved Community (Select one)	Rural Setting (Select one)	Primary Care Setting (Select one)	Medically Underserved Community (Select one)	Rural Setting (Select one)	Primary Care Setting (Select one)	Medically Underserved Community (Select one)	Rural Setting (Select one)
Populated from IND-GEN									

Continuation of IND-INTPRACT:

Practice Setting Post Graduation (GPE) (Select one)	Practice Setting Post Program Completion (GPE) (Select one)	Contact Hours per Clinical Setting (AENT, ANEE, NAT, NFLP)				
		Federally Qualified Health Centers	Health Professional Shortage Areas	Medically Underserved Community	Rural Locations	Nurse Managed Health Clinic
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Table INDGEN-EXP: Trainee-to-Site Association

Table purpose: To link training site related information (provided in the EXP-1a table) for each trainee (identified in the IND-GEN table).

Select Training Site/Clinical Program: (Drop down)

Trainee unique ID	Contact Hours (NWD, NMHC, COE, AHEC)	# of Patient Encounters (exclude NWD, COE, AHEC, PHTC, NMHC, NEPQR, PMR, IMP)	Completed Residency Placement (Y/N) (IMP, PDD, PMR, SOHWP)	Accepted Employment at Placement Site (Y/N) (IMP, PDD, PMR, SOHWP)	Trainee Associated to Site? (NEPQR, PHTC)
Populated from IND-GEN					

Instructions: Each row represents one trainee. For each training site/clinical program, specify trainees who are trained at the site. Then enter data for each trainee associated to the training site/clinical program. Number of trainees for each site must match the total number of trainees per site in EXP-1a. Experiential and/or clinical training sites listed in EXP-1a will be available in a drop-down format for selection in the system. The glossary contains clarifications and/or definitions of key terms.

U76/U77 AHEC Instructions: This table is applicable only for clinical training participants.

Postdoctoral Training in General, Pediatric, or Public Health Dentistry and Dental Public Health: Contact Hours and Patient Encounters may not be applicable to Dental Public Health residency programs.

Training Site/Clinical Program: Select training site/clinical program as specified in EXP-1a.

Table CLSET-1: Clinical Settings per Training Year

Table purpose: To classify the clinical or experiential training offered in designated settings.

Select Discipline/Population Foci: (Drop down)

Training Year	Total # of Trainees by Clinical Setting	
	Medically Underserved Community (MUC)	Rural Setting

Instructions: Complete a separate table for each Discipline/Population Foci. For each table complete one row per training year. For each Discipline/Population Foci selected complete each column as described below for the reporting period. For non-nursing programs, Discipline selection values are populated from the Health Profession and Disciplines – Setup form. The glossary contains clarifications and/or definitions of certain terms.

Discipline/Population Foci:

Discipline Selections:

For Pre-doctoral Training in Primary Care, Interdisciplinary and Interprofessional Joint Graduate Degree Program, Expansion of the Physician Assistant Training (EPAT) Program, and Physician Assistant Training in Primary Care (PAT) programs, discipline is not applicable.

For AHEC Program, select Not Applicable (N/A) if discipline is not applicable.

Dentist Selections: FELLOWSHIP AND RESIDENCY PROGRAMS: Advanced Education In General Dentistry - AEGD 12 month program (include optional 2nd year); AEGD 24 month program; Dental Public Health - DPH 12 month program; DPH 24 month program; General Practice Residency - GPR 12 month program (include optional 2nd year); GPR 24 month program; Geriatric Dentistry; Pediatric Dentistry (24 months);

Table CE-1: Educational Offering/Continuing Education Offerings

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

CE-1: Educational Course Offering Description

Education al Offering Title (One per row)	Course Accredita tion (exclude GPE) (Y/N)	Primary Educational Offering Topic (Select one)	Secondary Educational Offering Topic (Select one)	Partners/ Leveraging (Select up to three)	Interprofes sional/ Interdiscipl inary Education (Y/N)	If Yes, List the Disciplines Represente d	Program Competency per Offering (PHCAST, NAHHA)	Number of Offering s	Hours of Instru ction per Offering	Total Hours of Instru ction	Delivery Mode (Select all that apply)	Training Length per Delivery Mode (hours) (PHCAST, NAHHA)
										Calculat ed		

Total Trainees	Trainees by Discipline Specialty (exclude ANE, PHCAST, NAHHA, GPE)	# of Trainees Applied Training to National Certification or Continuing Educational Requirements (exclude GPE)	Grant Purpose (CGEP) (Select one)	Public Health Core Competency (PHTC) (Select one)		Competency Level Offered (PHTC) (Select one)			Faculty Development Training (GACA, CGEP, GEC, Faculty Development: Integrated Technology into Nursing Education and Practice) (Y/N)	Suppleme ntal funding used for Alzheimer 's Disease training? (GEC) (Y/N)
				Primary Domain	Secondary Domain	Prima ry	Secondar y	Tertiar y		

Table CE-TTY: Educational Offering/Continuing Education Trainee Type

Table purpose: Identify continuing education trainee professions and employment locations

Select Educational Offering Title: (Drop down)

Trainee Profession Type (Select one)	Trainee Employment Location (Select all that apply)	# of Trainees

Instructions: For each educational offering title identified in CE-1, indicate the type and number of trainees per employment location. The educational offering titles entered in CE-1 will be available in a drop-down list for selection. Complete each column as described below for the reporting period. The glossary contains clarifications and/or definitions of key terms.

Trainee Profession Types:

For AHEC Program, select Not Applicable (N/A) if discipline is not applicable.

Dentist Selections: FELLOWSHIP AND RESIDENCY PROGRAMS: Advanced Education In General Dentistry - AEGD 12 month program (include optional 2nd year); AEGD 24 month program; Dental Public Health - DPH 12 month program; DPH 24 month program; General Practice Residency - GPR 12 month program (include optional 2nd year); GPR 24 month program; Geriatric Dentistry; Pediatric Dentistry (24 months);

OTHER PROGRAMS: Dental Assistant; Dental Hygiene; General Dentistry; Pediatric Dentistry; MPH year-General Dentistry (Master's in Public Health); MPH year-Pediatric Dentistry; MPH year-Public Health Dentistry; MPH year-Dental Hygiene, Public Health Dentistry; Other (specify)

Medicine Selections: Aerospace Medicine; Allopathic Medicine, Alternative/Complementary Medicine; Behavioral/Mental Health In School Of Medicine And Osteopathic Medicine; Chiropractic; Family Medicine; General Internal Medicine; General Pediatrics; General

Table CE-2: Educational Offering Trainee Employment Settings

Table purpose: To describe the employment locations of trainees in continuing education programs.

Does your program have data to report for employment of trainees in designated settings? Yes/No

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

Supplemental funding for Alzheimer’s disease training (GEC only)

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 only if your program has data to report. The glossary contains clarifications and/or definitions of key terms.

Does your program have data to report for employment of trainees in designated settings? Select ‘Yes’ or ‘No’.

Diversity and Pipeline Program

Table DP-1 (1a.1, 1a.2): 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)	(AHEC only) (Y/N)	(COE, NWD) (Y/N)	(HCOP, AHEC, COE) (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.

U76/U77 AHEC Instruction: This table is applicable only for health careers enrichment/training activities.

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) and Area Health Education Centers (AHEC) programs - (See definition below).

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.

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.

Educational Level: Select the trainee’s highest educational level. If in a non-degree program (e.g. K-12; post-baccalaureate, residencies/fellowships) select the highest degree earned.

Selections: Grades K-6; Grades 7-8; Grades 9-12; Post-high school/pre-college; Certificate; Two-year college/community college; Associates; Diploma (Nursing); Four-year college; Bachelors; Twelve-month post-baccalaureate; Pre-matriculation/pre-graduate school; Masters (MHA, MS, MSN, MSW, MPH, MSPH); Post-Masters Certificate; Doctorate (PhD, DNP, DNSc; DC, DPT); Post-Doctorate; Resident; Fellow; Faculty member; Post-graduate; Medicine Doctor (M.D.); Doctor of Osteopathy (D.O.); Doctor of Dental Surgery (D.D.S., D.M.D.); Doctor of Pharmacy (Pharm.D.); Doctor of Veterinary Medicine (D.V.M.); Doctor of Psychology (Psy.D.); Doctor of

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

Diversity/ Pipeline Program (Pre-populated from DP-1a.1)	Length of Program (Pre- populated from DP- 1a.1)	If Yes to Practicum Training, Then... (exclude NWD)			
		MUC Training Setting (Y/N)	Contact with Underserved Populations (Y/N)	Primary Care Setting (Y/N)	Communit y-Based Setting (Y/N)

(Continuation of DP-1a.2)

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

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 a medically underserved community (MUC) (‘Yes’ or ‘No’). If practicum training is not used, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

Contact with Underserved Populations: Indicate if practicum experiences involved contact with underserved populations (‘Yes’ or ‘No’). If practicum training is not used, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

Primary Care Setting: Indicate if practicum experiences occurred in a primary care setting (‘Yes’ or ‘No’). If practicum training is not used, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

Community-Based Setting: Indicate if practicum experiences occurred in a community-based setting (‘Yes’ or ‘No’). If practicum training is not used, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

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. If cultural competency training is not provided, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

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. If cultural competency training is not provided, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

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. . This column applies to NWD, HCOP, COE, and AHEC. If cultural competency training is not provided, leave field blank or enter ‘N/A’. If left blank, system will populate the field with ‘N/A’ once form is saved.

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. If cultural competency training is not provided, leave field blank or enter 'N/A'. If left blank, system will populate the field with 'N/A' once form is saved.

Appendix C. 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.¹

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.²

Allied Health Disciplines An example of categories/groups (not exclusive):

- 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.

¹ 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>

² Definition retrieved from http://explorehealthcareers.org/en/Field/1/Allied_Health_Professions
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- 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.³ 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.

Behavioral Health refers services aimed at prevention, screening, intervention, assessment, diagnosis, treatment, and follow-up of common mental health disorders, such as depression, anxiety, and Attention Deficit Disorder with Hyperactivity (ADHD). Behavioral health services also include the treatment and follow-up of patients with severe mental illnesses (e.g., schizophrenia, bi-polar disorder, psychotic depression) who have been stabilized and are treatment compliant on psychiatric/psychotropic medications. Clinical and support services may include individual and group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, psychiatric/psychotropic medications, self-management groups, psycho-educational groups, and case management.

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

³ Definition retrieved from <http://www.education.com/definition/student-attrition/>
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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.

Community health center provides primary care in a community-based and patient-directed way. Required to serve populations with limited access to health care and can serve a variety of underserved populations or areas,

Community behavioral health center is a community-based mental health agency accredited by The Joint Commission

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).

Contact hours refer to a unit of measure that represents an hour of scheduled instruction given to students. This definition does not include patient contact time for clinical settings.

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. Trainees categorized under “Continuing Education” in the LR-1 table do not include enrollees, fellowships and residencies, graduates, or program completers.

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.⁴

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 newly enrolled and/or continuing the BHP-funded program, but has not finished the program during a given reporting period. Trainees categorized as “Enrollees” in the LR-1

⁴ Workforce Investment Act, Title I, Subsection A, Section 101.

table, do not include fellowships and residencies, graduates, program completers or continuing education trainees.

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 “Non-Hispanic and Non-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.⁵

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.⁶ 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.

Federally Qualified Health Center (FQHC) an entity, per Section 1905(l)(2)(B) of the Social Security Act (42 USC 1396d), which -

- (i) is receiving a grant under section 254b of this title, or
- (ii) (I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 254b of this title;
- (iii) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant, including requirements of the Secretary that an entity may not be owned, controlled, or operated by another entity, or
- (iv) was treated by the Secretary, for purposes of part B of subchapter XVIII of this chapter, as a comprehensive Federally funded health center as of January 1, 1990; and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law 93-638) [25 U.S.C. 450f et seq.] or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.] for the provision of primary health services. In applying clause (ii), (4) the Secretary may waive any requirement referred to in such clause for up to 2 years for good cause shown.

⁵ 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.

⁶ Definition was adapted from the ACGME glossary at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf.

Fellowship means a one or two year organized training effort designed to meet a specific training purpose. Trainees who are newly enrolled and/or continuing a fellowship program would be categorized under “Fellowships and Residencies” in the LR-1 table and not categorized as graduates, program completers or continuing education trainees.

Financial Award Types

Scholarship is tuition-only funding to aid a person attending an educational institution. Generally not considered taxable income.

Stipend is a payment made to an individual under a fellowship or training grant in accordance with pre-established levels to provide for the individual’s living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee. Is usually considered taxable income.

Traineeship is the provision of graduate or specialized training in field of study

Loan means the amount of money advanced to a student by a school from a health professions student loan fund under a properly executed promissory note.

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.⁷

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, or certificate as in a university, college, or health professions programs during this reporting period. Trainees categorized as “Graduating Trainees” in the LR-1 table, do not include enrollees, program completers or continuing education trainees.

Health careers enrichment/training activities are AHEC health career activities ranging from 0 - ≥120 hours. Health career activity greater than 120 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),

⁷ Definition provided in the Office of Rural Health Policy 2009 Annual Report, retrieved from <http://www.hrsa.gov/ruralhealth/pdf/annualreport2009.pdf>

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.

Interdisciplinary means two or more persons from the same profession but different specialties (e.g. Medical/Surgical Nurse and Labor and Delivery Nurse)

Internship means a type of training that gives entry-level job seekers substantive work experience. Internships may be paid or unpaid and may or may not carry the offer of full-time, permanent employment upon completion.

Interprofessional 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.⁸

Interprofessional 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.⁸

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.⁹

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)

⁸ Definition derived from World Health Organization. (2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: WHO.

⁹ <http://muafind.hrsa.gov>

- 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/>.

Partners/Leveraging consists of partnerships, cooperative agreements, or any similar collaborative arrangement that is entered into by the grantee and another organization, such as a hospital, educational institution, trade or consumer group, or state or local government agency. Partnerships or leveraging can be formal or informal but is always cooperative and beneficial to all parties involved.¹⁰

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.¹¹ "Patient-centered" means considering patients' cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles.¹²

Patient encounter is defined as documented, face-to-face contact between a patient and a provider who exercises professional judgment in the provision of services to the patient. For more information, see Bureau of Primary Health Care Web sites: <http://bhpr.hrsa.gov> or <http://bhpc.hrsa.gov>

Population Health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." 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

¹⁰ Definition adaption from FDA, HHS definition of Leveraging and Partnerships. See FDA Leveraging Handbook: <http://www.fda.gov/downloads/AboutFDA/CentersOffices/CDER/WhatWeDo/UCM121662.pdf>

¹¹ Definition retrieved from Quality and Safety Education for Nurses (QSEN): <http://www.qsen.org/definition.php?id=1>

¹² Definition adapted from the Institute of Medicine (IOM) and Institute for Healthcare Improvement (IHI).

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.¹³

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.¹⁴

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.¹⁵

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.

Program completers are trainees who have successfully completed a non-degree course of study or training program during the reporting period. Trainees categorized as “Program Completers” in the LR-1 table do not include enrollees, fellowships and residencies, graduates, or continuing education trainees.

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.¹⁶

¹³ Definition adapted from Kindig D, Stoddart G. What is population health? American Journal of Public Health 2003 Mar;93(3):380-3.

¹⁴ Definition adapted from <http://www.merriam-webster.com/dictionary/preprofessional>

¹⁵ 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.

¹⁶ Retrieved from Institute of Medicine, Measuring the Quality of Health Care

<http://www.nap.edu/catalog/6418.html>

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.¹⁷ 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.
- 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.¹⁸

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).¹⁹

¹⁷ OMB guidance on aggregation and allocation of data on race can be retrieved from:

http://www.whitehouse.gov/omb/bulletins_b00-02

¹⁸ Public Health Service Act, Section 1707.

¹⁹ Public Health Service Act, Section 799b

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.²⁰ Trainees who are newly enrolled and/or continuing a residency program would be categorized under “Fellowships and Residencies” in the LR-1 table and not categorized as graduates, program completers or continuing education trainees.

Residential background is defined as the residence where the trainee was living when he or she was in high school. If a trainee graduates from medical / dental school and is then entering into a residency program and receiving BHP funding to support his or her residency training, the residential background is defined as the residence where the trainee was living prior to starting their undergraduate college education. As another example, if a nurse is entering into an advanced practice program and is being supported with BHP funding, the residential background would be determined by the address the trainee was living at prior to matriculation into the advanced practice program.

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.²¹ Stipend is a cost-of-living allowance for trainees and fellows if permitted by a program’s statute authorizing or implementing regulations. The specific amounts may be

²⁰ Definition was adapted from the ACGME glossary at http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf.

²¹ Retrieved from the HRSA, Office of Rural Health Policy: http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html
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established by policy. Generally, these payments are made according to a pre-established schedule based on the individual's experience and level of training. A stipend is not a fee-for-service payment and is not subject to the cost accounting requirements of the cost principles. Stipends are not allowable under research grants even when they appear to benefit the research project.²²

Summer program (≥120 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.

Suburban refers to a separate residential community within commuting distance from a city. This definition excludes areas defined as urban, rural or frontier.

Trainee is anyone receiving training or education in a BHPPr-funded program. Enrollees, Fellows and Residents, Graduating Trainees, Program Completers, and Continuing Education Trainees are considered trainees for BHPPr reporting purposes.

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 (RHC) is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. RHCs are required to be staffed by a team that includes one mid-level provider, such as a nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM), that must be on-site to see patients at least 50 percent of the time the clinic is open and a physician (MD or DO) to

²² Definition adapted from Department of Health and Human Services Grants Policy Statement, 2007. Available at: www.aoa.gov/aoaroot/grants/terms/docs/hhs_gps.doc

supervise the mid-level practitioner in a manner consistent with state and federal law. RHCs must be located within non-urban rural areas that have health care shortage designations.²³

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).²⁴

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).”

Vulnerable populations include adolescents, children, chronically ill, college students, homeless individuals, individuals with HIV/AIDS, individuals with mental health or substance abuse disorders, migrant workers, military and/or military families, older adults, people with disabilities, pregnant women and infants, unemployed, returning war veterans (Iraq or Afghanistan), veterans, and victims of abuse or trauma.

²³ Office of Rural Health Policy Web Site:
<http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/ruralclinics.html>

²⁴ Office of Rural Health Policy Web site: <http://www.hrsa.gov/ruralhealth/pdf/rhcmanual1.pdf>
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