



Health Professions Programs: Over 1,000,000 Trained and Counting

FY 2008 Brochure



The Health Professions and Nursing Education Coalition (HPNEC) is an alliance of over 70 national organizations (listed on back of brochure) representing schools, programs, health professionals and students dedicated to ensuring the health care workforce is trained to meet the needs of our diverse population.

The Health Professions Programs and Their Missions

The health professions and nursing education programs, authorized under Titles VII and VIII of the Public Health Service Act, are essential components of the nationwide health care safety net, bringing health care services to our rural and underserved communities. The health professions programs support the training and education of health care providers with the aim of enhancing the supply, diversity, and distribution of the workforce, filling the gaps in the health professions' supply not met by traditional market forces.

Through loans, loan guarantees, and scholarships to students, and grants and contracts to academic institutions and non-profit organizations, the **Title VII and VIII health professions programs are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.**

The Health Professions Education Partnerships Act of 1998 [P.L. 105-392] consolidated the Title VII and VIII programs into seven categories:

- **Minority and Disadvantaged Health Professions:** Increases minority representation in the health professions and includes the Centers of Excellence (COE), Health Careers Opportunity Program (HCOP), faculty loan repayment and fellowships and Scholarships for Disadvantaged Students (SDS).

Federal funding for HCOP and COE programs was almost completely eliminated in FY 2006, undermining efforts to increase representation of minority and disadvantaged students in the health professions.

- **Primary Care Medicine and Dentistry:** Expands the primary care provider workforce; includes programs in general pediatrics, general internal medicine, family medicine, osteopathic medicine, general and pediatric dentistry and physician assistants.

Federal funding for programs under this heading was drastically reduced in FY 2006.

- **Interdisciplinary, Community-Based Linkages:** Supports community-based training of various health professions in rural and urban underserved areas: Area Health Education Centers (AHECs), Health Education and Training Centers (HETCs), geriatric health professions, Quentin N. Burdick Rural Training, allied health, and other disciplines.

Federal funding for HETCs, geriatric training, rural training, and most allied health disciplines was eliminated in FY 2006, weakening interdisciplinary education and training infrastructures across the country.

- **Health Professions Workforce Information and Analysis:** Supports the compilation and analysis of data on the nation's health workforce.

Federal funding for this component of Title VII was eliminated in FY 2006, hampering efforts to evaluate and assess health workforce needs and shortages.

- **Public Health Workforce Development:** Supports public health training, preventive medicine residencies, dental public health, and health administration programs.

The FY 2006 cuts threaten the programs' ability to develop well-trained public health workers.

- **Nursing Workforce Development:** Provides a federal focus on the supply and distribution of qualified nurses; includes the following programs: advanced education nursing; workforce diversity; nursing faculty loan program; nurse education, practice and retention; comprehensive geriatric education; and loan repayment and scholarship.

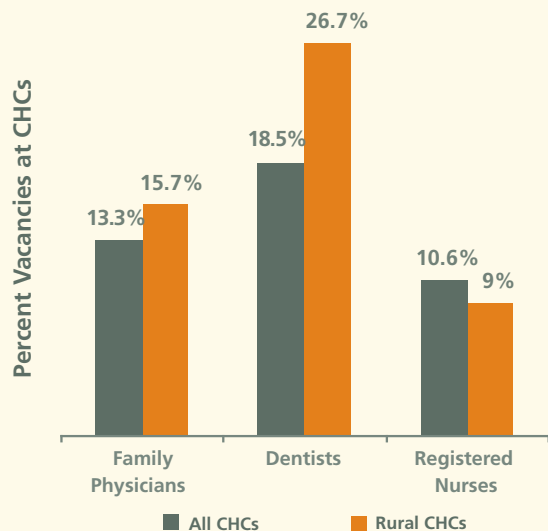
- **Student Financial Assistance:** Assist disadvantaged health professions students—primary care loan, health professions student loan, and loans for disadvantaged students.

Flat funding has stalled the training of much-needed nurses and nurse faculty.

The Need for Tittle VII and VIII Programs

Title VII & VIII Programs Help Alleviate Provider Shortages and Maldistribution in Rural and Underserved Communities.

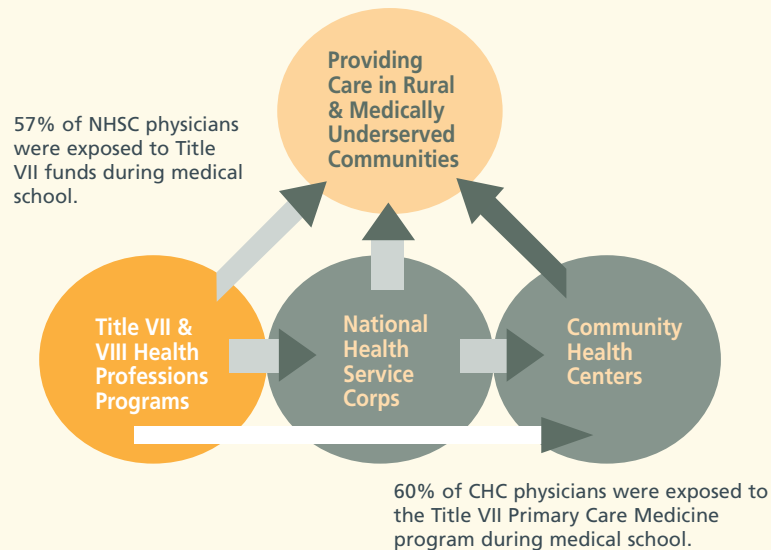
JAMA Study Recommends Increased Title VII and VIII Support to Fill Provider Shortages at Community Health Centers



A recent study in *JAMA* found that community health centers report significant provider shortages across all disciplines.

Data Source: RA Rosenblatt et al. Shortages of Medical Personnel at Community Health Centers. *JAMA*. 2006; 295(9):1042-49.

Strengthening the Health Safety Net



A forthcoming study from the UCSF Center for California Health Workforce Studies finds that over half of physicians in the National Health Service Corps and Community Health Centers were exposed to Title VII during medical school. Title VII & VIII programs work in synergy with the National Health Service Corps and Community Health Centers to strengthen the health safety net for rural and medically underserved communities.

Addressing Provider Shortages

- Experts estimate the need for an additional 5,570 health professionals to meet an adequate provider-to-population ratio for rural shortage areas. Only about 10 percent of physicians practice in rural America, though 25 percent of the population lives in these areas. Over the past 10 years, nearly **13,000 health care providers, teachers and students** have been trained through the Quentin N. Burdick Program for Rural Interdisciplinary Training.
- Title VII is the only federal training program for the allied health professions. Nearly **44 percent of laboratories** report that they currently are experiencing difficulties in recruiting or hiring medical

laboratory personnel, as described in the August 2006 issue of *LABMED-ICINE*.

- With the increasing number of elderly, there is a projected need for 36,000 geriatricians by 2030. To date, GECs have trained **over 425,000 health practitioners** in 27 health-related disciplines to better serve the burgeoning older adult population. In FY 2005, 50 GECs were funded.
- A critical issue in dental care is the distribution of the dental workforce. The number of Designated Dental Health Profession Shortage Areas (D-HPSAs) has increased, and it is estimated that 8,835 dentists are needed to achieve a ratio of 3,000 patients per dentist in D-HPSAs. Over the 20-year history of Title VII

support for general dentistry training, **59 new dental residency programs and 560 new positions** were created. Many of the dentistry graduates from these programs established practices and spent **50 percent or more of their time in health professional shortage areas** or settings providing care to underserved communities. Pediatric Dentistry has expanded by **100 residency positions** in the past decade primarily due to Title VII support. Upon graduation, 40 percent of pediatric dentistry Title VII trainees with established career plans anticipate entering “nontraditional” areas such as public health, academia, or clinics serving low-income populations.

The Evidence is in. Title VII & VIII programs . . .

Increase the representation of minority and disadvantaged students in the health professions.

- A study published in *Journal of the American Medical Association (JAMA)* examines post-baccalaureate programs, which rely on Title VII, among other sources of funding. The study finds that **the programs are highly effective in increasing minority representation in medical school**, and concludes that enacted reductions in funding for Title VII may have negative consequences for these effective programs.¹
- A survey of HCOP and COE program directors finds that **the programs have served over 400,000 minority and disadvantaged aspiring health professionals.**²
- A review of physician assistant graduates from 1990-2004 reveals that graduates of Title VII-supported programs were **67 percent more likely to be from underrepresented minority backgrounds** than graduates of non Title VII-supported programs.³

Improve the distribution of health care providers.

- A study published in *JAMA* finds that a **high percentage of Community Health Centers—especially those in rural areas—report provider shortages** across all disciplines. The study recommends increased support for Title VII to train health professionals who can help alleviate provider vacancies across the country.⁴
- A study published in the *Journal of Rural Health* finds that up to **83% of family medicine residents and 80% of nurse practitioners** who went through a program with Title VII or VIII funding chose to practice in a medically underserved or health professions shortage designated setting, post-graduation.⁵
- A study published in *Academic Medicine* compared students in a Title VII-supported medical education program to those in a traditional medical program. The study finds that **86% of Title VII graduates plan to work in**

an underserved community, compared to 20% of graduates from a traditional medical program.⁶

- During the 2004-2005 grant year, AHECs and HETCs recruited and maintained nearly **25,000 community-based training sites and placed over 47,000 health professions students in medically underserved communities.**⁷

Enhance the supply of the health professions workforce.

- An article published in *American Family Physician* finds that students who attended schools with Title VII funding were significantly more likely to choose family practice.⁸
- An article published in the *Annals of Internal Medicine* recommends increased support for Title VII grants and programs to improve the supply of the primary care workforce.⁹
- Title VIII Nursing Workforce Development programs support the recruitment, education and retention of over **52,759 nurses and nursing students.** These programs are the largest source of federal funding for schools providing education for the future nursing workforce.¹⁰

Based on this collection of evidence, it is estimated that nearly one million practicing and aspiring health professionals have benefited from the Title VII and VIII programs.

¹ Grumbach K, Chen E. *JAMA*. 2006; 296(9): 1079–1085.

² AAMC HCOP-COE Survey. Spring 2006. Available at: www.aamc.org/advocacy/library/laborhhs/hcopcoesurvey.pdf.

³ Analysis of 2004 and 2005 AAPA Physician Assistant Census Surveys and the AAPA Masterfile (March 20, 2006).

⁴ Rosenblatt RA, et al. *JAMA*. 2006; 295(9): 1042 – 1049.

⁵ Edwards JB, et al. *Journal of Rural Health*. 2006; 22(1): 69–77.

⁶ Ko M, et al. *Academic Medicine*. 2005; 80: 803.

⁷ NAO Committee on Research and Evaluation, CPMS/UPR.

⁸ Meyers D, et al. *American Family Physician*. 2002; 66(4): 554.

⁹ Schwartz MD, et al. *Annals of Internal Medicine*. 2005; 142(8): 715–724.

¹⁰ HRSA, Division of Nursing

States Lose Title VII Funding in FY 2006 Budget

Federal Funding for Health Professions and Nursing Education Under Titles VII & VIII of the Public Health Service Act FY 2005 & FY 2006

State	FY 2005	FY 2006	FY06–FY05	State	FY 2005	FY 2006	FY06–FY05
Alabama	\$9,794,178	\$9,977,935	\$183,757	Nevada	\$2,717,005	\$428,428	-\$2,288,577
Alaska	\$1,993,640	\$1,832,406	-\$161,234	New Hampshire	\$1,213,767	\$930,102	-\$283,665
Arizona	\$6,212,057	\$3,916,744	-\$2,295,313	New Jersey	\$11,219,670	\$6,595,893	-\$4,623,777
Arkansas	\$3,305,126	\$1,715,441	-\$1,589,685	New Mexico	\$6,796,328	\$2,909,746	-\$3,886,582
California	\$37,407,086	\$18,268,048	-\$19,139,038	New York	\$33,655,119	\$21,369,608	-\$12,285,511
Colorado	\$5,229,944	\$2,883,089	-\$2,346,855	North Carolina	\$13,460,569	\$9,074,633	-\$4,385,936
Connecticut	\$4,441,391	\$1,456,191	-\$2,985,200	North Dakota	\$2,624,007	\$878,489	-\$1,745,518
Delaware	\$781,759	\$352,198	-\$429,561	Ohio	\$13,223,995	\$6,552,017	-\$6,671,978
District of Columbia	\$8,797,522	\$6,038,098	-\$2,759,424	Oklahoma	\$5,158,117	\$2,809,629	-\$2,348,488
Florida	\$13,872,744	\$7,191,255	-\$6,681,489	Oregon	\$4,845,441	\$1,908,167	-\$2,937,274
Georgia	\$11,670,124	\$6,021,509	-\$5,648,615	Pennsylvania	\$13,824,270	\$9,898,571	-\$3,925,699
Hawaii	\$6,888,488	\$4,280,747	-\$2,607,741	Puerto Rico	\$7,524,897	\$4,701,489	-\$2,823,408
Idaho	\$3,356,253	\$931,068	-\$2,425,185	Rhode Island	\$2,596,660	\$1,704,464	-\$892,196
Illinois	\$15,553,393	\$8,684,134	-\$6,869,259	South Carolina	\$6,311,395	\$3,383,764	-\$2,927,631
Indiana	\$3,165,046	\$4,389,400	\$1,224,354	South Dakota	\$1,973,513	\$1,351,223	-\$622,290
Iowa	\$5,037,608	\$1,286,026	-\$3,751,582	Tennessee	\$17,887,667	\$15,544,598	-\$2,343,069
Kansas	\$6,051,577	\$3,178,362	-\$2,873,215	Texas	\$28,062,931	\$17,020,683	-\$11,042,248
Kentucky	\$8,677,937	\$3,149,066	-\$5,528,871	Utah	\$2,464,729	\$2,338,355	-\$126,374
Louisiana	\$7,620,939	\$6,012,424	-\$1,608,515	Vermont	\$1,222,432	\$584,552	-\$637,880
Maine	\$1,003,736	\$379,966	-\$623,770	The Virgin Islands	\$573,878	\$37,255	-\$536,623
Maryland	\$8,587,090	\$4,257,756	-\$4,329,334	Virginia	\$9,230,683	\$5,592,809	-\$3,637,874
Massachusetts	\$12,722,907	\$6,171,041	-\$6,551,866	Washington	\$10,836,050	\$6,921,866	-\$3,914,184
Michigan	\$11,146,791	\$4,634,071	-\$6,512,720	West Virginia	\$3,469,515	\$2,441,416	-\$1,028,099
Minnesota	\$7,390,903	\$4,986,914	-\$2,403,989	Wisconsin	\$7,878,224	\$3,594,997	-\$4,283,227
Mississippi	\$2,997,343	\$3,911,871	\$914,528	Wyoming	\$639,586	\$456,248	-\$183,338
Missouri	\$5,741,515	\$3,596,949	-\$2,144,566	Total	\$428,474,240	\$252,954,321	-\$175,519,919
Montana	\$4,081,259	\$1,287,536	-\$2,793,723				
Nebraska	\$5,535,436	\$3,135,074	-\$2,400,362				

Source: Bureau of Health Professions, HRSA

Members of the Health Professions and Nursing Education Coalition

Administrators of Internal Medicine
Alliance for Academic Internal Medicine
Alliance of Cardiovascular Professionals
Ambulatory Pediatric Association
American Academy of Anesthesiologist Assistants
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Pediatric Dentistry
American Academy of Pediatrics
American Academy of Physician Assistants
American Association for Marriage and Family Therapy
American Association for Respiratory Care
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Association of Community Colleges
American Association of Nurse Anesthetists
American College of Physicians
American College of Preventive Medicine
American Dental Association
American Dental Education Association
American Geriatrics Society
American Medical Student Association
American Nurses Association
American Occupational Therapy Association
American Osteopathic Association
American Pediatric Society
American Psychological Association
American Society for Clinical Laboratory Science
American Society for Clinical Pathology
American Society of Electroneurodiagnostic Technologists, Inc.
American Society of Radiologic Technologists
Association of Academic Health Centers
Association of American Medical Colleges
Association of American Veterinary Medical Colleges
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Association of Medical School Pediatric Department Chairs
Association of Minority Health Professions Schools
Association of Professors of Medicine
Association of Program Directors in Internal Medicine
Association of Schools of Allied Health Professions
Association of Schools of Public Health
Association of Specialty Professors
Association of University Programs in Health Administration
Association of Women's Health, Obstetric, and Neonatal Nurses
Clerkship Directors in Internal Medicine
Community-Campus Partnerships for Health
Family Violence Prevention Fund
Health Professions Network
Medicine-Pediatrics Program Directors Association
National Area Health Education Centers Organization
National Association for Geriatric Education
National Association for Geriatric Education Centers
National Association of County and City Health Officials
National Association of Medical Minority Educators, Inc
National Association of Social Workers
National Athletic Trainers' Association
National Consortium on Health Science and Technology Education
National Hispanic Medical Association
National League for Nursing
National Network of Health Career Programs in Two-Year Colleges
National Rural Health Association
National Society of Genetic Counselors
North American Primary Care Research Group
Society for Adolescent Medicine
Society for Pediatric Research
Society for Public Health Education
Society of General Internal Medicine
Society of Nuclear Medicine
Society of Teachers of Family Medicine