

Health Professions Programs:

Educating and Training Health Professionals to Serve All Communities

FY 2010 Brochure



The Health Professions and Nursing Education Coalition (HPNEC) is an alliance of over 60 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 supply of health professionals 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.**

According to a National Conference of State Legislatures (NCSL) survey, federal funding of Title VII and Title VIII programs influences the allocation of funds from the state and other sources to these programs. This relationship shows that states view Title VII and Title VIII funding as fundamental to the workforce goals within the states.

These programs include:

- **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).
- **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.
- **Interdisciplinary, Community-Based Linkages:** Supports community-based training of various health professions in rural and urban underserved areas: Area Health Education Centers (AHECs), geriatric health professions, allied health, and other disciplines.
- **Health Professions Workforce Information and Analysis:** Supports the compilation and analysis of data on the nation's health workforce.
- **Public Health Workforce Development:** Supports public health training, preventive medicine residencies, dental public health, and health administration programs.
- **Nursing Workforce Development:** Provides federal focus to the supply and distribution of qualified nurses via various 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:** Assists disadvantaged health professions students – primary care loan, health professions student loan, and loans for disadvantaged students.

A severe 51.5 percent funding cut to Title VII in FY 2006 has had a devastating impact on the programs. Many of these programs have received modest increases since then. However, most still remain far below their FY 2005 levels.

For example, 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.

Federal funding for the primary care programs was drastically reduced in FY 2006, and remains at about half the FY 2005 level.

Federal funding for rural training and most allied health disciplines was eliminated in FY 2006. Title VII funding for rural training remains nonexistent while funding for most allied health disciplines has not been restored. This has exacerbated workforce shortages in highly underserved rural communities, and weakened interdisciplinary education and training infrastructures across the country.

Additionally, funding for the workforce information and analysis component of Title VII was eliminated in FY 2006, hampering efforts to evaluate and assess health workforce needs and shortages.

Similarly, flat funding has stalled the education of much needed nurses and nurse faculty, potentially jeopardizing health care delivery in the United States.

HPNEC was very pleased to see the inclusion of funding for health professions programs in the American Recovery and Reinvestment Act (ARRA). The \$200 million in ARRA allocated for disciplines trained through the primary care medicine and dentistry program, the public health and preventive medicine program, the scholarship and loan repayment programs authorized in Title VII (Health Professions) and Title VIII (Nurse Training) is an important first step in reversing chronic underfunding of these essential programs. It is essential that this funding increase be continued to train the health workforce needed for the health of our nation.

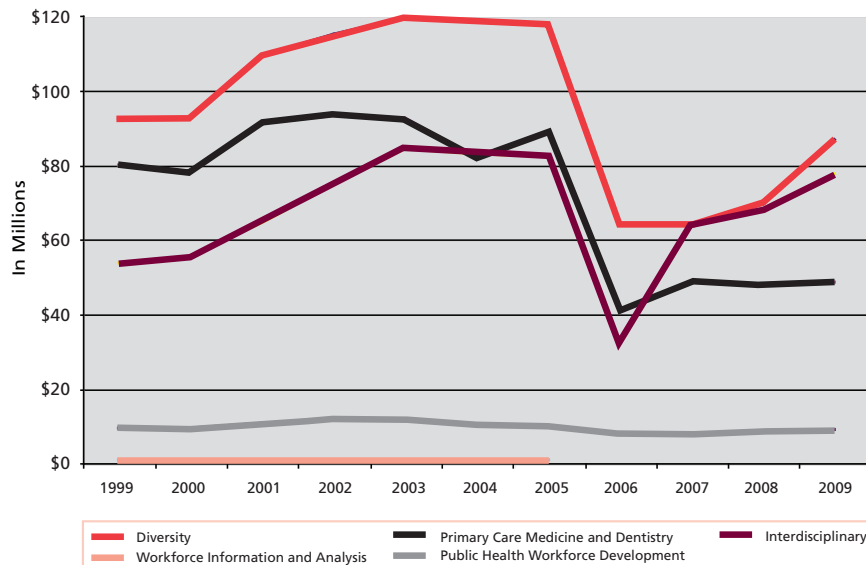
HPNEC recommends \$550 million for Titles VII and VIII in FY 2010.

HRSA's workforce training programs are an "undervalued asset."

The Need for Title VII and VIII Programs

Title VII Programs Have Yet to Fully Recover from Drastic FY 2006 Funding Cuts

Title VII Funding by Program FY 1999-2009



Source: HRSA

After years of investment, funding for the Title VII programs was severely cut in FY 2006. This cut, including the total elimination of the Workforce Information and Analysis program, has negatively impacted the training of health professionals seeking to serve the underserved. Despite partial restoration of funding for most programs, Title VII funding still remains below FY 2005 levels. Additionally, the Title VIII nursing education programs have been relatively flat funded in recent years, hindering the training of much needed nurses and nurse faculty.

“We need to expand support for workforce training programs, including Title VII, Title VIII, and National Health Service Corps programs, which incentivize students to pursue careers in the primary care health professions.”

—Kathleen Sebelius,
Secretary of Health and
Human Services, Response to Finance
Committee confirmation hearing
questions, April 2, 2009

Addressing Provider Shortages

- The Health Resources and Services Administration (HRSA) estimates the need for an additional 16,261 health professionals to remove the Primary Care Health Professional Shortage Areas (HPSAs) designation nationwide. Only about 10 percent of physicians practice in rural America, though 25 percent of the population lives in these areas. The Title VII programs provide training and support to students interested in primary care, and in practicing in rural and underserved communities.
- The projected doubling of the elderly population between 2005 and 2030 presents challenges across all health professions disciplines. The federally funded Geriatric Education Center (GEC) network has trained over 500,000 health practitioners in more than 35 health professions disciplines since its inception in 1983. Currently, 48 GECs nationwide are strategically positioned to provide affordable, accessible health care to older Americans by training health care workers to deliver efficient, coordinated, quality care to the elderly.
- There are currently 3,700 Mental Health Professional Shortage Areas in rural and urban communities nationwide. Title VII programs such as the Graduate Psychology Education (GPE) Program support the interdisciplinary training of approximately 1,500 psychology and other graduate students annually while they provide supervised mental and behavioral health services to underserved populations. These populations include older adults, children, the chronically ill, and victims of abuse and trauma, including returning military personnel and their families, especially in rural and urban communities. At least a third of students in GPE programs practice in underserved areas, but studies have shown that for many programs, the number is actually much higher.
- In 2007, the Institute of Medicine released a report noting that there is a shortage of 10,000 public health physicians. The report recommends training 400 more preventive medicine residents per year. Title VII programs work to support public health and preventive medicine residency training programs.
- Title VII has spurred a dramatic increase in the number of practicing dentists with advanced training in primary care. Title VII support for General Dentistry has resulted in over 560 new positions (representing 80 percent of such growth) in the past 25 years, and support for Pediatric Dentistry has resulted in 160 new positions in the past decade. General Dentistry Title VII programs have successfully increased access to dental care for medically compromised patients, patients with special needs, geriatric patients, and indigent populations. Pediatric Dentistry Title VII programs treat children of low-income families, as two-thirds of their clinic patients are Medicaid eligible, and produce graduates who are more likely to treat Medicaid, SCHIP, and other at-risk populations in their practices.
- The US Bureau of Labor Statistics projects that more than 1.2 million new and replacement nurses will be needed by 2014. Title VIII bolsters nursing education at all levels from entry-level preparation through graduate study.

Title VII & VIII Programs Improve Diversity, Supply and Distribution of the Health Professions Workforce

DIVERSITY

- An article published in *Academic Medicine* examines the Title VII HCOP and COE programs, and stresses the importance of this funding, on both aspiring and practicing minority health professionals, and the underserved communities that many of them treat. Additionally, the study concludes that **reductions in funding for these programs hamper the progress that has been made in increasing diversity in the health professions.**¹
- A review of physician assistant graduates from 1990-2006 reveals that graduates of Title VII supported physician assistant programs were **59 percent more likely to be from underrepresented minority backgrounds than graduates of programs that were not supported by Title VII funding.**²
- A study published in *Academic Medicine* shows that graduates of Title VII funded programs **show greater preparedness in cultural competency** than graduates of non Title VII funded programs.³

DISTRIBUTION

- Census surveys of physician assistants find that graduates of physician assistants programs receiving Title VII funding are **46 percent more likely to work in a Rural Health Clinic.**²
- During the 2007-2008 grant year, AHECs recruited and maintained over **17,500 community-based training sites and placed nearly 45,000 health professions students in medically underserved communities.**⁴
- A fall 2007 survey of health centers found that **87 percent of responding health centers participate in at least one health profession training program. More than half of responding health centers partner with AHEC programs.** Participation in a training program was rated to improve recruitment and retention of health professionals, among other benefits.⁵
- A study published in the *Annals of Family Medicine* reveals that practitioners who spend part of their training in Title VII programs providing care to the underserved are **3 to 10 times more likely to practice in underserved areas.**⁶

SUPPLY

- A study published in the *Annals of Family Medicine* finds medical schools receiving Title VII grants produce **twice as many family physicians** as schools not receiving Title VII funds.⁶
- A report published by the **National Association of Community Health Centers** recommends increased support for the health professions programs to improve the supply of the primary care workforce. The report notes that **health professionals participating in Title VII funded programs are significantly more likely to work in Community Health Centers** than those in non Title VII funded programs.⁷
- Title VIII Nursing Workforce Development programs are the largest source of federal funding for nursing recruitment, education, and retention. In 2008, almost **52,000 nurses and nursing students** were supported through these programs. By investing in Title VIII, Congress works to strengthen the American health care delivery system as nurses provide cost-effective and quality care.⁸
- The estimated number of budgeted, unfilled full time nurse faculty positions remains high. Title VIII provides **loan repayment for registered nurses to become nurse faculty, as well as supports other nursing workforce development activities.** In 2006, over 90,000 nurses were supported by Title VIII. In 2007 and 2008, that number dropped by 21 percent and 28 percent respectively, due to relatively flat funding, inflation, and rising educational and administrative costs.⁸

1 Maupin, JE, Riley, WJ. *Academic Medicine*. 2008. 83(11): 999-1001.

2 Analysis of 2004, 2005, 2006, and 2007 AAPA Census Surveys and the AAPA Masterfile, December 17, 2007.

3 Green, AR, et al. *Academic Medicine*. 2008; 83(11): 1071-1079.

4 NAO, Committee on Research and Evaluation (CORE)

5 NACHC Report. Primary Care Access: An Essential Building Block of Health Reform. March 2009. Available at: <http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf>.

6 Palmer, EJ, et al. *Annals of Family Medicine*. 2008; 6(2): 181-182.

7 NACHC Fact Sheet #0708: Health Profession Training Opportunities at Community Health Centers. July 2008.

8 HRSA, Division of Nursing

“Title VII programs have changed the lives of many aspiring health care professionals, their patients, and the communities they serve.”

—John Maupin, DDS, MBA and Wayne Riley, MD, MPH, MBA, *Academic Medicine*, Nov. 2008.

Federal Funding for Health Professions and Nursing Education Under Titles VII & VIII of the Public Health Service Act FYs 2005 – 2008

The FY 2006 Title VII & VIII totals below reflect a 51.5 percent cut to Title VII.
Most states have failed to fully recover this funding.

State	FY 2005	FY 2006	Δ FY06 - FY05	FY 2007	FY 2008	Δ FY08 - FY05
Alabama	\$9,794,178	\$9,977,935	\$183,757	\$11,944,763	\$13,159,513	\$3,365,335
Alaska	\$1,993,640	\$1,832,406	-\$161,234	\$2,300,547	\$2,194,161	\$200,521
Arizona	\$6,212,057	\$3,916,744	-\$2,295,313	\$3,322,934	\$4,360,316	-\$1,851,741
Arkansas	\$3,305,126	\$1,715,441	-\$1,589,685	\$1,975,373	\$1,662,663	-\$1,642,463
California	\$37,407,086	\$18,268,048	-\$19,139,038	\$18,962,094	\$21,179,493	-\$16,227,593
Colorado	\$5,229,944	\$2,883,089	-\$2,346,855	\$3,653,493	\$4,566,570	-\$663,374
Connecticut	\$4,441,391	\$1,456,191	-\$2,985,200	\$1,238,383	\$1,152,255	-\$3,289,136
Delaware	\$781,759	\$352,198	-\$429,561	\$334,571	\$238,196	-\$543,563
District of Columbia	\$8,797,522	\$6,038,098	-\$2,759,424	\$5,313,551	\$3,214,486	-\$5,583,036
Florida	\$13,872,744	\$7,191,255	-\$6,681,489	\$8,867,289	\$11,051,026	-\$2,821,718
Georgia	\$11,670,124	\$6,021,509	-\$5,648,615	\$7,933,730	\$7,073,193	-\$4,596,931
Hawaii	\$6,888,488	\$4,280,747	-\$2,607,741	\$3,498,805	\$3,191,413	-\$3,697,075
Idaho	\$3,356,253	\$931,068	-\$2,425,185	\$663,274	\$941,378	-\$2,414,875
Illinois	\$15,553,393	\$8,684,134	-\$6,869,259	\$7,985,097	\$7,269,339	-\$8,284,054
Indiana	\$3,165,046	\$4,389,400	\$1,224,354	\$3,418,506	\$3,555,865	\$390,819
Iowa	\$5,037,608	\$1,286,026	-\$3,751,582	\$2,729,682	\$3,198,740	-\$1,838,868
Kansas	\$6,051,577	\$3,178,362	-\$2,873,215	\$1,866,126	\$1,960,382	-\$4,091,195
Kentucky	\$8,677,937	\$3,149,066	-\$5,528,871	\$3,727,001	\$3,969,240	-\$4,708,697
Louisiana	\$7,620,939	\$6,012,424	-\$1,608,515	\$5,193,322	\$5,998,713	-\$1,622,226
Maine	\$1,003,736	\$379,966	-\$623,770	\$577,840	\$782,128	-\$221,608
Maryland	\$8,587,090	\$4,257,756	-\$4,329,334	\$4,741,154	\$4,431,695	-\$4,155,395
Massachusetts	\$12,722,907	\$6,171,041	-\$6,551,866	\$8,649,154	\$10,619,897	-\$2,103,010
Michigan	\$11,146,791	\$4,634,071	-\$6,512,720	\$6,132,231	\$7,325,699	-\$3,821,092
Minnesota	\$7,390,903	\$4,986,914	-\$2,403,989	\$5,181,300	\$4,066,995	-\$3,323,908
Mississippi	\$2,997,343	\$3,911,871	\$914,528	\$3,195,897	\$4,670,622	\$1,673,279
Missouri	\$5,741,515	\$3,596,949	-\$2,144,566	\$3,646,654	\$3,658,524	-\$2,082,991
Montana	\$4,081,259	\$1,287,536	-\$2,793,723	\$2,565,710	\$2,596,970	-\$1,484,289
Nebraska	\$5,535,436	\$3,135,074	-\$2,400,362	\$3,283,140	\$2,893,709	-\$2,641,727
Nevada	\$2,717,005	\$428,428	-\$2,288,577	\$1,190,866	\$1,639,174	-\$1,077,831
New Hampshire	\$1,213,767	\$930,102	-\$283,665	\$937,208	\$1,204,618	-\$9,149
New Jersey	\$11,219,670	\$6,595,893	-\$4,623,777	\$6,693,009	\$7,903,210	-\$3,316,460
New Mexico	\$6,796,328	\$2,909,746	-\$3,886,582	\$2,426,808	\$2,376,643	-\$4,419,685
New York	\$33,655,119	\$21,369,608	-\$12,285,511	\$25,042,534	\$22,095,940	-\$11,559,179
North Carolina	\$13,460,569	\$9,074,633	-\$4,385,936	\$10,471,027	\$10,153,679	-\$3,306,890
North Dakota	\$2,624,007	\$878,489	-\$1,745,518	\$1,226,996	\$1,444,797	-\$1,179,210
Ohio	\$13,223,995	\$6,552,017	-\$6,671,978	\$5,680,228	\$5,274,821	-\$7,949,174
Oklahoma	\$5,158,117	\$2,809,629	-\$2,348,488	\$3,257,137	\$4,030,585	-\$1,127,532
Oregon	\$4,845,441	\$1,908,167	-\$2,937,274	\$2,723,449	\$3,326,532	-\$1,518,909
Pennsylvania	\$13,824,270	\$9,898,571	-\$3,925,699	\$12,701,796	\$12,141,184	-\$1,683,086
Puerto Rico	\$7,524,897	\$4,701,489	-\$2,823,408	\$5,492,883	\$6,253,002	-\$1,271,895
Rhode Island	\$2,596,660	\$1,704,464	-\$892,196	\$2,110,988	\$1,577,434	-\$1,019,226
South Carolina	\$6,311,395	\$3,383,764	-\$2,927,631	\$4,693,306	\$3,930,094	-\$2,381,301
South Dakota	\$1,973,513	\$1,351,223	-\$622,290	\$1,253,392	\$776,670	-\$1,196,843
Tennessee	\$17,887,667	\$15,544,598	-\$2,343,069	\$17,127,556	\$15,146,655	-\$2,741,012
Texas	\$28,062,931	\$17,020,683	-\$11,042,248	\$15,559,161	\$14,934,954	-\$13,127,977
Utah	\$2,464,729	\$2,338,355	-\$126,374	\$1,770,926	\$1,700,356	-\$764,373
Vermont	\$1,222,432	\$584,552	-\$637,880	\$615,608	\$393,193	-\$829,239
Virginia	\$9,230,683	\$5,592,809	-\$3,637,874	\$4,281,093	\$4,523,671	-\$4,707,012
Washington	\$10,836,050	\$6,921,866	-\$3,914,184	\$7,307,877	\$7,418,147	-\$3,417,903
West Virginia	\$3,469,515	\$2,441,416	-\$1,028,099	\$2,629,708	\$724,883	-\$2,744,632
Wisconsin	\$7,878,224	\$3,594,997	-\$4,283,227	\$4,474,528	\$5,049,047	-\$2,829,177
Wyoming	\$639,586	\$456,248	-\$183,338	\$732,771	\$756,327	\$116,741
Total	\$428,474,240	\$252,954,321	-\$175,519,919	\$273,302,476	\$275,758,797	-\$152,715,443

Members of the Health Professions and Nursing Education Coalition

Academic Pediatric Association	American Nephrology Nurses' Association	Coalition of Urban Serving Universities
Alliance for Academic Internal Medicine	American Nurses Association	College of American Pathologists
American Academy of Family Physicians	American Osteopathic Association	Community-Campus Partnerships for Health
American Academy of Nurse Practitioners	American Pediatric Society	Council on Social Work Education
American Academy of Pediatric Dentistry	American Podiatric Medical Association	Health Professions Network
American Academy of Pediatrics	American Psychological Association	Hispanic-Serving Health Professions Schools
American Academy of Physician Assistants	American Public Health Association	National AHEC Organization
American Association for Marriage and Family Therapy	American Society for Clinical Laboratory Science	National Association for Geriatric Education
American Association of Colleges of Nursing	American Society of Radiologic Technologists	National Association of County and City Health Officials
American Association of Colleges of Osteopathic Medicine	Association for Prevention Teaching and Research	National Association of Geriatric Education Centers
American Association of Colleges of Pharmacy	Association of Academic Health Centers	National Association of Medical Minority Educators, Inc.
American Association of Colleges of Podiatric Medicine	Association of American Medical Colleges	National Association of Social Workers
American Association of Community Colleges	Association of American Veterinary Medical Colleges	National Athletic Trainers' Association
American Association of Nurse Anesthetists	Association of Departments of Family Medicine	National Council for Diversity in the Health Professions
American College of Osteopathic Family Physicians	Association of Family Medicine Residency Directors	National Hispanic Health Foundation
American College of Osteopathic Internists	Association of Medical School Pediatric Department Chairs	National Hispanic Medical Association
American College of Physicians	Association of Minority Health Professions Schools, Inc.	National League for Nursing
American College of Preventive Medicine	Association of Professors of Medicine	National Network of Health Career Programs in Two-Year Colleges
American Dental Association	Association of Program Directors in Internal Medicine	National Rural Health Association
American Dental Education Association	Association of Rehabilitation Nurses	North American Primary Care Research Group
American Dental Hygienists' Association	Association of Schools of Allied Health Professions	Oncology Nursing Society
American Geriatrics Society	Association of Women's Health, Obstetric and Neonatal Nurses	Society for Adolescent Medicine
	Clerkship Directors in Internal Medicine	Society for Pediatric Research
		Society of General Internal Medicine
		Society of Teachers of Family Medicine