

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

**Uniform Progress Report for Grants and
Cooperative Agreements for FY 2008 -
Application for Continuation Funding**

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Current document revised submission

**Health Resources and Services Administration
Bureau of Health Professions
Uniform Progress Report for Grants and Cooperative Agreements (FY 2008) -
Application for Continuation Funding**

Purpose

The *Uniform Progress Report for Grants and Cooperative Agreements (FY 2008)* is designed to provide the Bureau of Health Professions (BHP) with information about grantee activities. As such, it is an important management tool, contributing to data BHP uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects. In addition, the **UPR serves as the application for continuation funding for grantees for a second or subsequent budget period.**

The *Uniform Progress Report for Grants and Cooperative Agreements (FY 2008)* contains three components, as follows:

- Part I - General Program Information: Collects information on the progress of your specific approved grant objectives, budget and future funding.
- Part II - Program-Specific Information: Collects information on activities specific to your project. Refer to the chart at the beginning of Part II to determine which tables are required for your grant.
- Part III - Comprehensive Performance Management System (CPMS): Collects data on overall project performance related to the BHP's strategic goals, objectives, outcomes and indicators. The CPMS's purpose is to incorporate accountability and measurable outcomes into BHP's programs, and to develop a framework that encourages quality improvement in its programs and projects.

Submission Date

The UPR serves as the application for continuation funding for Grantees seeking assistance for a second or subsequent budget period within a previously approved project period. Grantees seeking continuation funding must submit their CPMSUPR report by their program specific deadline. Grantees who miss the deadline run the risk of not obtaining continuation funding. In addition, HRSA may require specific approval for those grantees that miss the deadline in order for them to submit late applications

See the Program Matrix at the beginning of Part II (page 22) for your CPMSUPR deadline. All applicants are required to submit their report online using the Electronic HandBook (EHB). Please go to <http://bhpr.hrsa.gov/grants/> for more information or contact the HRSA Call Center at 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@HRSA.GOV.

How to Get Help

The BHP staff looks forward to working with you in making the performance-oriented approach work for the benefit of the Federal government, the training institutions and ultimately the public. If you have questions or need clarification, please contact the HRSA Call Center at 1-877-464-4772 or email CallCenter@HRSA.GOV or the Program Officer for your grant program. A listing of Program Officers can be found in the matrix at the beginning of Part II that lists the programs whose grantees are required to provide program-specific information. This matrix also lists Catalog of Federal Domestic Assistance (CFDA) numbers, Progress Report deadlines and tables to be completed.

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0061. Public reporting burden for this collection of information is estimated to average 7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, MD. 20857.

Face Page

CFDA Number (Find your program name/CFDA from the table on page 25)
GRANT NUMBER (Example 5 D21 HP 50344-05):
Principal Investigator or Program Director: Title: Degree: Street Address: Line 1: Line 2: Line3: City: State (2 Characters): 9-Digit ZIP: E-mail: Telephone: Fax:
Applicant Organization:
Title of Project:

* Curriculum Vitae must be mailed to BHP Pr Grants Management Officer if this is a new director.

Additional Grantee Information

Provide the following additional information. **Failure to provide this information may delay the processing of this report and the award of continuation funding.**

Business Official (BO): The individual, named by the applicant organization, who is authorized to review and submit the financial status report, and, interact with the payment management system.

Last Name	
First Name	
Email	
Phone	
Address	

Authorizing Official (AO): The individual, named by the applicant organization, who is authorized to act for the applicant and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards.

Last Name	
First Name	
Email	
Phone	
Address	

Single Point of Contact (SPOC): The individual, named by the applicant organization is the administrative Point Of Contact, which provides HRSA with a one-stop shop for getting information about the university or institution. HRSA can make inquiries to SPOC about BO or AO and communicate by e-mail or phone with a personal SPOC representative in the applicant organization office who can help HRSA in issues related to information about HRSA grants.

Last Name	
First Name	
Email	
Phone	
Address	

Part I - Uniform Progress Report (UPR), General Program Information

Report on activities since your last Progress Report or, if a new grantee, from your project's start date to the current date. Note that this period may be different than the reporting period specified for reporting CPMS data in Part III.

Project Objectives and Accomplishments

List below the nine (9) most important project objectives (A – I) **from your approved grant application** and succinctly describe your accomplishments in each of them during this reporting period. Please be concise; your response cannot exceed the space provided.

Objective A

Description of Objective

Accomplishments

Objective B

Description of Objective

Accomplishments

Objective C

Description of Objective

Accomplishments

Objective D

Description of Objective

Accomplishments

Objective E

Description of Objective

Accomplishments

Objective F

Description of Objective

Accomplishments

Objective G

Description of Objective

Accomplishments

Objective H

Description of Objective

Accomplishments

Objective I

Description of Objective

Accomplishments

Barriers

List barriers/problems (A – H) that impeded your project’s ability to implement the approved plan during this reporting period (e.g., staffing, funding) and describe the activities you have undertaken to minimize the effect of these barriers/problems.

Barrier A

Description

Activities Taken to Resolve

Barrier B

Description

Activities Taken to Resolve

Barrier C

Description

Activities Taken to Resolve

Barrier D

Description

Activities Taken to Resolve

Barrier E

Description

Activities Taken to Resolve

Barrier F

Description

Activities Taken to Resolve

Barrier G

Description

Activities Taken to Resolve

Barrier H

Description

Activities Taken to Resolve

Personnel Has the Project Director changed? Yes No

Revised Budget and Funding

Definition: Significant Rebudgeting of Funds means expenditures in a single direct cost budget category which deviate — increase or decrease — from the original amount established at the time of award by more than **25%** of the total amount awarded.

Was there a **significant** rebudgeting of funds in this reporting period?

Yes No

If yes, explain briefly

Will there be a **significant** rebudgeting of funds in the next budget period?

Yes No

If yes, explain briefly (1000 characters) and complete the *Detailed Revised Budget* form on page **21**.

Note:

1. Significant rebudgeting is subject to HRSA approval.
2. If your previously submitted out year budgets are no longer accurate, please provide revised budgets
3. Your continuation budget request should not exceed the dollar amount specified in line item 13 Recommended Future Support of your Notice of Grant Award. If the amount in line item 13 differs from the original amount requested for the budget period for which continuation support is being requested, a revised budget must be submitted.

Matching Requirement

If the grant/cooperative agreement requires a non-Federal match, indicate the amount of **non-Federal** contributions in cash that will be made directly through contributions from State, county or municipal government and/or the private sector to the operation of the Program. In addition, indicate in-kind contributions used to meet the required match where appropriate:
\$ _____ **CASH** \$ _____ **IN-KIND**

Did the institution maintain the same level of non-Federal funding for grantee activities during fiscal year preceding the fiscal year for which the grant was received?

YES NO Amount \$ _____

If no, please explain

Instructions for Preparing Detailed Budget Information Form

The Detailed Budget Information Form follows these instructions. **It should be completed only by grantees/awardees with significant rebudgeting of funds** (an increase or decrease in expenditures in a single direct cost budget category from the original amount established at the time of award by more than **25%** of the total amount awarded).

List the direct costs requested for next budget period. Provide a narrative justification **only** for those parts of the budget where there will be significant rebudgeting of funds. Use continuation pages as necessary. Supplemental applications should show on the budget sheets only the *additional* funds requested.

USE THE FOLLOWING GUIDELINES IN COMPLETING YOUR DETAILED REVISED BUDGET FORM AND PREPARING YOUR JUSTIFICATION.

Nontrainee Expenses

Personnel - List participants - professional and nonprofessional - by name and position, or by position only if not yet employed, for whom salary is requested. For each professional, state the percent of time or effort to be devoted to the training project. It is important to note that the sum of percentages of time or effort to be expended by each individual for all professional activities must not exceed 100 percent. For each nonprofessional, indicate hours per week on the project.

Use the space provided in the budget table below to list the total hours of effort or percent of time that personnel (including faculty, professional, technical, secretarial and clerical), unpaid or voluntary, will devote to the project and reflect their contribution in the budget justification even though funds for salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if project resources are adequate.

List the dollar amounts separately for fringe benefits and salary for each individual. In computing estimated salary charges, an individual's salary represents the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period irrespective of whether an individual's time would be spent on government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a DHHS grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization. Where appropriate, indicate whether the amounts requested for the professional personnel are for summer salaries or academic year salaries, and include the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be requested separately for each individual in proportion to the salary requested, or may be entered as a total if your institution has established a composite fringe benefit rate.

Consultant Costs - Give name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem or other related costs for each consultant.

Equipment - List and justify each separate item of equipment costing more than \$5,000. If requesting funds to purchase equipment that is already available, explain the need for the duplication.

Contracts - List and justify each proposed contract and provide a description of activities or functions to be performed. Provide a breakdown of and justification for costs, the basis upon which indirect cost charges, if any, will be reimbursed. Also, indicate the type of contract proposed, the kind of organizations or other parties to be selected, and the method of selecting these parties.

Supplies - Itemization and justification as to how major types of supplies, such as general office and photocopying expenses (expendable personal property), related to the project are required for all items of supplies purchased with grant funds. Medical/clinical supplies and drugs are not ordinarily acceptable. Items costing less than \$5,000 should be grouped together.

Staff Travel -- Enter amount for staff travel essential to the conduct of the training project. Describe the purpose of the travel giving the number of trips involved, the destinations and the number of individuals for whom funds are requested. Note the travel costs for consultants should be included under "Consultants."

Other Expenses - List and justify other expenses by major categories. Do not include under this category items which properly belong in one of the other categories.

Trainee Expenses

Stipends - Enter the number and total stipend amount for each trainee category as appropriate.

Tuition and Fees - Enter tuition and fees requested. Explain in details the composition of this item. Tuition at the postdoctoral level is limited to that required for specified courses. The institution may request tuition and fees (including appropriate health insurance) only to the extent that the same resident or nonresident tuition and fees are charged to regular non-Federally supported students.

Trainee Travel - Enter amount requested for trainee travel necessary to the training experience. Describe the purpose of the travel, giving the number of trips involved, the travel allowance used, the destinations and the number of individuals for whom funds are requested.

Detailed Revised Budget Information

Direct Costs Only						
A. Non-trainee Expenses						
Personnel (Do not list trainees)		Time/Effort/		Dollar Amount Requested (Omit cents)		
Name	Title of Position	%	Hours Per Week	Salary	Fringe Benefit	Total
Subtotal						
Consultant Costs						
Equipment Describe)						
Contracts						
Supplies						
Staff Travel						
Other Expenses (Describe)						
Subtotals (Section A)						
B. Trainee Expenses						
Pre-Doctoral Stipends				No. requested		
Post-Doctoral Stipends				No. requested		
Other (Specify)				No. requested		
Total Stipends						
Tuition and Fees						
Trainee Travel (Describe)						
Subtotal (Section B)						
C. Total Direct Costs (Add subtotals of Sections A and B)						

Provide additional information and justification(s) here

Part II - Uniform Progress Report (UPR), Program-Specific Information

The following matrix lists program-specific data tables that grantees of each program are required to complete. Complete only those program-specific data tables required by your program as specified below. Note that **ALL** grantees except U68 program are required to complete **GEN-1** and **GEN-2** tables.

Program Codes	Program Name	CFDA	UPR Part II Program Specific Tables Required for each program	Progress Report Deadline	Project Officer
A03	Public Health Traineeship	93.964	None	2/7/2008	Cecelia Maryland; Cmaryland@hrsa.gov 301-443-1973
A19*	Health Administration Traineeships And Special Projects	93.962	None	Within 90 days from end of the project period	DSCPH_Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
A24	Minority Faculty Fellowships (MFFP)	93.923	DHCDD-1	1/17/2008	Stuart Weiss, Sweiss@hrsa.gov 301-443-5644
D01	Geriatric Training Program for Physicians, Dentists, And Behavioral And Mental Health Professions	93.156	DSCPH-12, DSCPH-13	2/7/2008	Nancy Douglas-Kersellius, Ndouglas@hrsa.gov 301-443-0907
D09	Advanced Education Nursing Grants	93.247	DN-1	2/1/2008	Irene Sandvold, Isandvold@hrsa.gov 301-443-6333
D11	Nurse Education, Practice and Retention	93.359	DN-2, DN-4, DN-5, DN-6	2/1/2008	Catherine Rupinta, Crupinta@hrsa.gov 301-443-1070
D12*	Academic Administrative Units in Primary Care	93.884	DMD-1, DMD-2	Within 90 days from end of the project period	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D13	Dental Public Health Residency Training Grants	93.236	DMD-2	2/14/2008	Jerry Katzoff, Jkatzoff@hrsa.gov 301-443-4443
D14*	Faculty Development in Primary Care	93.884	DMD-2	Within 90 days from end of the project period	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D16*	Pre-doctoral Training in Primary Care	93.884	DMD-1, DMD-2	Within 90 days from end of the project period	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D18	Health Careers Opportunity Program (HCOP)	93.822	DHCDD-2, DHCDD3	1/17/2008	Stuart Weiss, Sweiss@hrsa.gov 301-443-5644

Program Codes	Program Name	CFDA	UPR Part II Program Specific Tables Required for each program	Progress Report Deadline	Project Officer
D19	Nursing Workforce Diversity	93.178	DN-3, DN-8	2/1/2008	Janice Young, Jyoung2@hrsa.gov 301- 443-6739
D20	Public Health Training Centers (PHTC)	93.249	DSCPH-2, DSCPH-6B, DSCPH-7	2/7/2008	John Kress; Jkress@hrsa.gov ; 301-443-6864
D21*	Physician Assistant Training in Primary Care	93.884	DMD-2	Within 90 days from end of the project period	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D22*	Residency Training in Primary Care	93.884	DMD-2	Within 90 days from end of the project period	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D30*	Residency Training in General and Pediatric Dentistry	93.884	DMD-2	Within 90 days from end of the project period	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D31	Geriatric Education Centers	93.969	DSCPH-10, DSCPH-11	2/7/2008	Nancy Douglas-Kersellius, Ndouglas@hrsa.gov 301-443-0907
D33	Preventive Medicine Residencies	93.117	DSCPH-2	2/7/2008	Elsie Quinones; Equinones@hrsa.gov 301-443-5244
D34	Centers of Excellence (COE)	93.157	DHCDD-1, DHCDD-2, DHCDD-3	1/17/2008	Jeanean Willis, Jwillis@hrsa.gov , 301-443-4494
D36*	Quentin N. Burdick Program For Rural Interdisciplinary Training	93.192	DSCPH-8, DSCPH-9	Within 90 days from end of the project period	DSCPH_Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
D37*	Allied Health Projects	93.191	DSCPH-1	Within 90 days from end of the project period	DSCPH_Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
D39*	Health Education And Training Centers (HETC)	93.189	DSCPH-2, DSCPH-3, DSCPH-4, DSCPH-5, DSCPH-6A, DSCPH-14	Within 90 days from end of the project period	DSCPH_Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
D40	Graduate Psychology Education Programs	93.191	DMD-2	2/14/2008	Jerilyn Glass, JGlass@hrsa.gov , 301-443-7271

Program Codes	Program Name	CFDA	UPR Part II Program Specific Tables Required for each program	Progress Report Deadline	Project Officer
D41*	Podiatric Residency Training in Primary Care	93.181	DMD-2	Within 90 days from end of the project period	DMD_Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
D54	Academic Administrative Units in Primary Care	93.884	DMD-1, DMD-2	2/14/2008	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D55	Faculty Development in Primary Care	93.884	DMD-2	2/14/2008	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D56	Pre-doctoral Training in Primary Care	93.884	DMD-1, DMD-2	2/14/2008	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D57	Physician Assistant Training in Primary Care	93.884	DMD-2	2/14/2008	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D58	Residency Training in Primary Care	93.884	DMD-2	2/14/2008	Shane Rogers, Srogers@hrsa.gov 301-443-1084
D59	Residency Training in General and Pediatric Dentistry	93.884	DMD-2	2/14/2008	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
D62	Comprehensive Geriatric Education Program	93.265	DN-7	2/1/2008	Nancy Douglas-Kersellius, ndouglas-Kersellius@hrsa.gov 301-443-0907
D64	Nurse Education, Practice and Retention: Internship and Residency Programs	93.359	DN-6	2/1/2008	Claudia Brown, Cbrown@hrsa.gov 301-443-2174
D65	Nurse Education, Practice and Retention Grant Program: Career Ladder	93.359	DN-2	2/1/2008	Janice Young, Jyoung2@hrsa.gov 301- 443-6739
D66	Nurse Education, Practice and Retention Grant Program: Enhancing Patient Care Delivery Systems	93.359	DN-5, DN-6	2/1/2008	Claudia Brown, Cbrown@hrsa.gov 301-443-2174
H56	Grants to States for Loan Repayment	93.165	None	2/7/2008	Elsie Quinones; Equinones@hrsa.gov 301-443-5244

Program Codes	Program Name	CFDA	UPR Part II Program Specific Tables Required for each program	Progress Report Deadline	Project Officer
R18	Chiropractic Demonstration Projects	93.212	None	2/7/2008	Jerry Katzoff, Jkatzoff@hrsa.gov 301-443-4443
T06*	Graduate Gero-psychology Education Program	93.191	DMD-2	Within 90 days from end of the project period	DMD Unfunded Program Assistance Unfundedprogramassistance@hrsa.gov 301-443-6510
T09	Grow Your Own FQHC Nurse	93.359	DN-2	2/1/2008	Catherine Rupinta, Crupinta@hrsa.gov 301-443-1070
T12	Grants to States to Support Oral Health Workforce Activities	93.236	DMD-2	2/14/2008	Jerilyn Glass, JGlass@hrsa.gov , 301-443-7271
U12	Cooperative Agreement to Plan, Develop & Operate a Continuing Clinical Education in Pacific Basin	93.884	None	2/14/2008	Brenda Williamson, Bwilliamson@hrsa.gov 301-443-6821
U1K	Faculty Development: Integrated Technology into Nursing Education and Practice Initiative	93.359	None	2/1/2008	Jacqueline Rodrigue, JRodrigue@hrsa.gov 301-443-0818
U68	State Primary Care Offices	93.224	None	1/28/2008	CT, ME, MA, NH, RI, VT, AR, LA, NM, OK, TX Cardora Barnes, Cbarnes@hrsa.gov 301- 594-4466 NJ, NY, PR, VI, IL, IN, MN, MI, OH, WI Santford Williams, JSWilliams@hrsa.gov 301- 594- 3817 IA, KS, MO, NE, DE, DC, MT, PA, VA, WV Rob Edwards, Redwards@hrsa.gov 301- 594-3814 CO, MD, ND, SD, UT, WY, AK, ID, OR, WA Diane Douglas, Ddouglas@hrsa.gov 301- 594-3813 AL, FL, GA, KY, MS, NC, SC, TN Debbie Jaeger, Djaeger@hrsa.gov 301- 443-0422

Program Codes	Program Name	CFDA	UPR Part II Program Specific Tables Required for each program	Progress Report Deadline	Project Officer
					AZ, CA, HI, NV, AS, GU, MP, MH, PW Melvin Whitfield, Mwhitfield@hrsa.gov 301- 594-4454
U76	Basic/Core Area Health Education Centers (AHEC)	93.824	DSCPH-2, DSCPH-3, DSCPH-4, DSCPH-5, DSCPH-6A, DSCPH-14	2/7/2008	David Hanny; Dhanny@hrsa.gov ; 301-443-0024
U77	Model State-Supported Area Health Education Centers (AHEC)	93.107	DSCPH-2, DSCPH-3, DSCPH-4, DSCPH-5, DSCPH-6A, DSCPH-14	2/7/2008	Norma Hatot; Nhatot@hrsa.gov 301-443-6950
U79*	Center for Health Workforce	93.300	None	Within 90 days from end of the project period	Sarah Richards, Srichards@HRSA.GOV 301-443-5452

- Note:** 1. All grantees are required to submit a final report within 90 days from end of their project period
2. The (*) asterisk marked grants are no longer funded but still have to submit a final report for the project ended

**Table GEN-1
Special Topics**

Click in the box to mark an "X" to the left of any of the topics listed below which are relevant to your project activities.

<input type="checkbox"/>	Adolescent Health
<input type="checkbox"/>	Alternative Medicine
<input type="checkbox"/>	Ambulatory Care
<input type="checkbox"/>	American Indian/Alaskan Native Initiative
<input type="checkbox"/>	Behavioral Health
<input type="checkbox"/>	Bioterrorism
<input type="checkbox"/>	Border Health Activities
<input type="checkbox"/>	Clinical Sites in underserved areas
<input type="checkbox"/>	Community Health Centers
<input type="checkbox"/>	Governor Designated Area
<input type="checkbox"/>	Health Departments
<input type="checkbox"/>	Health Professions Shortage Area
<input type="checkbox"/>	Migrant Health Centers
<input type="checkbox"/>	Rural Health Clinics
<input type="checkbox"/>	Others (List)
<input type="checkbox"/>	Community-Based Continuity of Care Experiences
<input type="checkbox"/>	Cultural Competence
<input type="checkbox"/>	Diseases
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	Other(s) (List)
<input type="checkbox"/>	Distance Learning
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Evidence Based Practice
<input type="checkbox"/>	Faith-Based
<input type="checkbox"/>	Faculty Development
<input type="checkbox"/>	Health Promotion/Disease Prevention
<input type="checkbox"/>	Home Health
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Informatics
<input type="checkbox"/>	Genetics
<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Interdisciplinary Training
<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Managed Care
<input type="checkbox"/>	Maternal and Child Health
<input type="checkbox"/>	Medical Economics

<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Minority Health Issues
<input type="checkbox"/>	Minority Recruitment/Retention
<input type="checkbox"/>	Hispanics
<input type="checkbox"/>	African Americans
<input type="checkbox"/>	American Indian/Alaska Natives
<input type="checkbox"/>	Native Hawaiian or Pacific Islander
<input type="checkbox"/>	Nutrition
<input type="checkbox"/>	Oral Health
<input type="checkbox"/>	Patient Safety (Medical Errors)
<input type="checkbox"/>	Quality Improvement in Health Professions Education or Practice
<input type="checkbox"/>	Research
<input type="checkbox"/>	Rural Health
<input type="checkbox"/>	Substance Abuse/Prevention
<input type="checkbox"/>	Telemedicine/Telehealth
<input type="checkbox"/>	Urban Health
<input type="checkbox"/>	Women's Health
<input type="checkbox"/>	Other (Specify)

Race / Ethnicity of Populations Served Percent

Choose from the following range of percentages (0-25%, 26%-50%, 51%-75%, 76%-100%)

Ethnicity

<input type="checkbox"/>	Hispanics or Latino	_____ %
<input type="checkbox"/>	Not Hispanics or Latino	_____ %

Race

<input type="checkbox"/>	African American	_____ %
<input type="checkbox"/>	American Indian or Alaska Native	_____ %
<input type="checkbox"/>	Asian	_____ %
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	_____ %
<input type="checkbox"/>	White	_____ %
<input type="checkbox"/>	More than One Race	_____ %

Populations Served/Percent of Patients Served

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Medicaid</p> <p>0-25%</p> <p>26-50%</p> <p>51-75%</p> <p>76-100%</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Uninsured</p> <p>0-25%</p> <p>26-50%</p> <p>51-75%</p> <p>76-100%</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Medicare</p> <p>0-25%</p> <p>26-50%</p> <p>51-75%</p> <p>76-100%</p>

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

Report the number of visits (6 suggested minimum) and the number of students, parents and teachers/counselors/administrators contacted. Please do not change the categories listed.

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

**Table DHCDD-1
Centers of Excellence (COE)
Underrepresented Minority Students and Faculty at Health Professions Schools**

Fill in the numbers of students/faculty who were in COE activities for 2006-2007.

	Number of Students/Faculty
COE Faculty Trained	
Students Trained in Research by Faculty	

**Table DHCDD-2
Minority Faculty Fellowship Program**

Provide the following information for each fellow. Add additional copies of this form as needed.

Ethnicity

H = Hispanic/Latino
NH = Not Hispanic or Latino

Race

Asian = Underrepresented Asian subgroup: any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.
AIAN = American Indian/ Alaska Native
Black = Black/African American (Not Hispanic)
NHOPi = Native Hawaiian or Other Pacific Islander
If More Than One Race use the codes on the next page

Name of Fellow			Start Date MM/DD/YY	Ethnicity	Race	Gender (M/F)
First Name	M.I.	Last Name				
Provide the Following Fellow Information						
Highest Degree Earned:						
Discipline:						
Department:						
Does the Fellow Provide Health Services in Health Professional Shortage Areas (HPSA)?						
Yes <input type="checkbox"/> Approximate hrs per month						
No <input type="checkbox"/> When will services be implemented? _____(MM/DD/YY)						

- Note: 1. Select the degree earned from the following list
(BS, MS, MA, PhD, MD, JD, Diploma, HS, DDS)
2. Select the disciplines from the below list
Dentistry, Family Medicine, General Internal Medicine, General Pediatrics, Nurse Practitioner, Nurse-Midwife, Physician Assistant, Primary Care Podiatric Medicine, Allopathic Medicine, Chiropractic, Clinical Psychology, Dental Public Health, Health Administration, Nurse Anesthetist, Osteopathic Medicine, Other Advanced Education Nurse, Pharmacy, Preventive Medicine, Public Health, Social Work, Undergraduate Nurse, Veterinarian, Clinical Laboratory Sciences, Dental Assistants, Food and Nutrition Services, Health Information, Rehabilitation, Technicians and Technologists, other

Multiple Race Combinations

Combination of Two Races	Code
AIAN and Black	M01
AIAN and White	M02
Asian and AIAN	
*Asian (not under represented)	M03
Asian (under represented)	M04
Asian and Black	
*Asian (not under represented)	M05
Asian (under represented)	M06
Asian and NHOPI	
*Asian (not under represented)	M07
Asian (under represented)	M08
Asian and White	
*Asian (not under represented)	M09
Asian (under represented)	M10
Black and White	M11
NHOPI and AIAN	M12
NHOPI and Black	M13
NHOPI and White	M14
Combination of Three Races	
AIAN and Asian and Black	
*Asian (not under represented)	M15
Asian (under represented)	M16
AIAN and Asian and NHOPI	
*Asian (not under represented)	M17
Asian (under represented)	M18
AIAN and Asian and White	
*Asian (not under represented)	M19
Asian (under represented)	M20
AIAN and Black and NHOPI	M21
AIAN and Black and White	M22
AIAN and NHOPI and White	M23
Asian and Black and NHOPI	
*Asian (not under represented)	M24
Asian (under represented)	M25
Asian and Black and White	
*Asian (not under represented)	M26
Asian (under represented)	M27
Asian and NHOPI and White	
*Asian (not under represented)	M28
Asian (under represented)	M29
Black and NHOPI and White	M30

Combination of Four Races	Code
AIAN and Asian and Black and NHOPI	
*Asian (not under represented)	M31
Asian (under represented)	M32
AIAN and Asian and Black and White	
*Asian (not under represented)	M33
Asian (under represented)	M34
AIAN and Asian and NHOPI and White	
*Asian (not under represented)	M35
Asian (under represented)	M36
AIAN and Black and NHOPI and White	M37
Asian and Black and NHOPI and White	M38

Combination of Five Races	Code
AIAN and Asian and Black and NHOPI and White	
*Asian (not under represented)	M39
Asian (under represented)	M40

Abbreviation	Race
AIAN	American Indian or Alaska Native
Asian	Asian
Black	Black or African American
NHOPI	Native Hawaiian or Other Pacific Islander
White	White

*Any Asian who are Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Legend

Please use the following codes to complete the above table

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15
								Pre-Professional	Pre-Professional	Pre-Professional	Professional Phase	Professional Phase	Workforce Phase	
Student/ Participant Name	SSN	Date of Birth	Gender	Ethnicity Hispanic or Latino	Race (Select one or more)	Home of Record at Time of Entry into Program	Active/ Former Participant	Targeted Health Professions Program	Educational Institution	Student Status	Health Professions Program	Student Status	Employment Status	Type of Support
Last, First, MI	Last 4 digits of Social Security #	Format mm/dd/yy	1 = Female 2 = Male	1 = Yes 2 = No	1 = American Indian or Alaska Native (AIAN); 2 = *Asian URM 2.1 = Asian Non-URM 3 = Black or African American; 4 = Native Hawaiian or Other Pacific Islander (NHOPI); 5 = White; 6 = Missing/Unknown More than one race, use the codes on the next page	1 = Rural Non-HPSA; 2 = Urban Non-HPSA; 3 = Rural HPSA; 4 = Urban HPSA.	1 = Active Participant; 2 = Former Participant.	10 = Allopath Med; 20 = Osteo Med; 30 = Dentistry; 31 = Dental Ancillary; 32 = Dental Hygiene (Bacc); 40 = Optometry; 50 = Pharmacy; 60 = Podiatry; 70 = Veterinary Med; 71 = Clin Social Work; 72 = Mental Hlth Cnslng (Grad); 73 = Mrg & Famly Cnslng (Grad); 83 = Other Behvrl/Mental Hlth; 74 = Gerontolog Cnslng (Grad); 75 = Chiropractic; 76 = Clinical Psych (Grad); 77 = Health Admin Grad; 78 = Public Hlth (Grad) 79 = Rehab Cnslng (Grad); 80 = Other Rehabilitation; 81 = Health Information;	1 = Elementary School; 2 = Middle School; 3 = High School; 4 = Undergrad/ 2-Yr; 5 = Undergrad/ 4-Yr.	1 = Newly Enrolled; 2 = Still in School; 2.1 = Still in School (PT); 3 = Completed; 4 = Graduated; 5 = Withdrew; 6 = Transferred to Another School; 7 = Leave of Absence; 8 = Other (Specify in Writing).	See Column 9	1 = First Year Matriculants 2 = Still in School; 3 = Completed; 4 = Graduated; 5 = Withdrew; 6 = Transferred to Another School; 7 = Leave of Absence; 8 = Other (Specify in Writing).	1.1 = Public/Private Sector Rural Non-HPSA; 1.2 = Public/Private Sector Urban Non-HPSA; 1.3 = Public/Private Sector HPSA; 1.4 = Public/Private Sector Urban HPSA; 2.1 = Private Practice Rural Non-HPSA; 2.2 = Private Practice Urban Non-HPSA; 2.3 = Private Practice Rural HPSA; 2.4 = Private Practice Urban HPSA; 3 = Academia; 4 = Research;	1 = HCOP Stipend; 2 = COE Stipend; 3 = MFFP Fellowship; 4 = Institutional Funding; 5 = HCOP Scholarship; 6 = Other Scholarship; 7 = Loans; 8 = Grants; 9 = Fellowship s; 10 = Multiple Sources (Specify in Writing); 11 = Other (Specify in Writing); 12 = None Received.

								82 = Pre-Nursing; 85 = Speech Pathology (Bacc); 86 = Speech Pathology (Grad); 87 = Audiology (Bacc); 88 = Audiology (Grad); 89 = Physician Assistant; 90 = Occup Therap (Bacc); 92 = Med Lab Tech (Bacc); 93 = Occup Therap (Grad); 94 = Physical Therap (Bacc); 95 = Physical Therap (Grad); 96 = Radiological Tech (Bacc); 97 = Registered Dietician (Bacc); 98 = Registered Dietician (Grad); 99 = Other Tech/Technst; 100 = Undecided; 101 = Other (Specify in Writing).					5 = Uniformed Services; 6 = Government (Civilian); 7 = Managed Care Org; 8 = Post- Professional Training; 9 = Other (specify in Writing).	
--	--	--	--	--	--	--	--	---	--	--	--	--	---	--

Multiple Race Combinations

Combination of Two Races	Code
AIAN and Black	M01
AIAN and White	M02
Asian and AIAN	
*Asian (not under represented)	M03
Asian (under represented)	M04
Asian and Black	
*Asian (not under represented)	M05
Asian (under represented)	M06
Asian and NHOPI	
*Asian (not under represented)	M07
Asian (under represented)	M08
Asian and White	
*Asian (not under represented)	M09
Asian (under represented)	M10
Black and White	M11
NHOPI and AIAN	M12
NHOPI and Black	M13
NHOPI and White	M14

Combination of Three Races	Code
AIAN and Asian and Black	
*Asian (not under represented)	M15
Asian (under represented)	M16
AIAN and Asian and NHOPI	
*Asian (not under represented)	M17
Asian (under represented)	M18
AIAN and Asian and White	
*Asian (not under represented)	M19
Asian (under represented)	M20
AIAN and Black and NHOPI	M21
AIAN and Black and White	M22
AIAN and NHOPI and White	M23
Asian and Black and NHOPI	
*Asian (not under represented)	M24
Asian (under represented)	M25
Asian and Black and White	
*Asian (not under represented)	M26
Asian (under represented)	M27
Asian and NHOPI and White	
*Asian (not under represented)	M28
Asian (under represented)	M29
Black and NHOPI and White	M30

Combination of Four Races	Code
AIAN and Asian and Black and NHOPI	
*Asian (not under represented)	M31
Asian (under represented)	M32
AIAN and Asian and Black and White	
*Asian (not under represented)	M33
Asian (under represented)	M34
AIAN and Asian and NHOPI and White	
*Asian (not under represented)	M35
Asian (under represented)	M36
AIAN and Black and NHOPI and White	M37
Asian and Black and NHOPI and White	M38

Combination of Five Races	Code
AIAN and Asian and Black and NHOPI and White	
*Asian (not under represented)	M39
Asian (under represented)	M40

*Any Asian who are Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

Abbreviation	Race
AIAN	American Indian or Alaska Native
Asian	Asian
Black	Black or African American
NHOPI	Native Hawaiian or Other Pacific Islander
White	White

Instructions for Completing Table DHCDD-3 Codes for Completing the Student Participant Tracking Form

All Centers of Excellence and Health Career Opportunity Program grantees that have been active for more than twelve months should submit a DATOR as part of the Uniform Progress Report. (First year grantees are not required to complete a DATOR because the current reporting period is before funding was awarded.)

Only students/participants involved in a “structured program,” as defined by Centers of Excellence (COE) or Health Career Opportunity Program (HCOP), are to be tracked on the DATOR form. Students/participants encountered through recruitment activities, distribution of program information activities, dissemination of health careers information, and health fairs, etc. are not to be tracked on this form.

For COE, “structured program” is defined as formal training of a specified length with a specially designed curriculum or set of activities in which designated COE students participate to enhance their academic performance.

For HCOP, “structured program” is defined as a formal training program of a specified length (minimum of six hours per day for a minimum of six weeks or four weeks for pre-matriculation programs) with a specially designed curriculum or set of activities in which designated HCOP trainees are required to participate. Includes formal training activities that collectively add up to 180 hours per year.

Examples of formal training programs are enrichment programs that enhance the educational competitiveness for health professions in areas such as mathematics, science, learning/communication skills, and professional school entrance exams, etc.

INSTRUCTIONS

Use the codes on the second page of the DATOR form to complete columns 3-13.

Column 1: Name of Student/Participant

Enter the name of the student/participant as indicated: Last, First, Middle Initial.

Column 2: Social Security Number (SSN)

Enter the last 4 digits of Social Security number. All participants should be informed that this number will be used only in aggregate tracking and evaluation/analysis format and will not be used on an individual basis. The data base is under an automatic information security system that assures security of information when collected, processed, transmitted, stored, or disseminated for aggregate reporting purposes.

Column 3: Date of Birth

Enter the date of birth in mm/dd/yy format.

Column 4: Gender

Enter the code for male or female.

Column 5: Ethnicity

Enter whether Hispanic / Latino or Not.

Column 6: Race

Enter the code for Race.

Column 7: **Home of Record at Time of Entry into the Program**

Enter the code showing whether the participant's domicile of record (permanent address) is rural or urban and if it is located in a Health Professional Shortage Area (HPSA) as designated by the Department of Health and Human Services.

Urban/Rural Definition

For Census 2000, the Census Bureau classifies "urban" as all territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of:

- Core census block groups or blocks that have a population density of at least 1,000 people per square mile and;
- Surrounding census blocks that have an overall density of at least 500 people per square mile.

In addition, under certain conditions, less densely settled territory may be part of each UA or UC.

For Census 2000, the Census Bureau classifies "rural" as territory, population, and housing units located outside of UAs and UCs. It contains both place and nonplace territory. Geographic entities, such as census tracts, counties, metropolitan areas, and the area outside metropolitan areas, often contain both urban and rural territory, population, and housing units.

Health Professional Shortage Area (HPSA)

Each year, the Bureau of Health Professions' Office of Workforce Evaluation and Quality Assurance (OWEQA) publishes a listing of designated geographic areas in which there is a shortage of health professionals. In order to determine if a participant's home of record is located in a HPSA, the Census Tract number associated with the address of the home must first be determined. This can be found on the U.S. Census Bureau's web site:

1. Go to: <http://factfinder.census.gov/servlet/BasicFactsServlet>
2. Click on "Address Search" on left hand column.
3. Type the address in the space provided and the appropriate Census Tract will be listed.
4. Record the Census Tract number
Next, use the Census Tract number to determine if it is a designated Health Professional Shortage Area by looking up the listing published on the Bureau of Health Professions' web site:
 - I. Go to: <http://hpsafind.hrsa.gov/>
 - II. Select the appropriate State, county and discipline.
 - III. Check the list that appears for the column that in which you are located.

If the Census Tract (C.T.) Number appears in the left column, then the address is located in a HPSA. If it does not appear, then the address is not located in a HPSA.

If you have any questions or problems with the HPSA database, the HRSA Bureau of Health Profession's Shortage Designation Branch can be reached at (1-888-275-4772).

Column 8 Active Participants/Former Participants

Enter the code for (1) Active Participant or (2) Former Participant.

Active Participant includes a student who participated in structured programs during the current reporting period.

Former Participant includes a student who previously participated in a structured program.

Note: Institutions with both a COE and HCOP grant **may not** list the same students as an Active Participant unless the student completed the HCOP program and entered the COE program during the current reporting period.

Columns 9 thru 13 - Indicate the students' highest level of achievement by filling in either Pre-Professional Training (Columns 7, 8 and 9) or Professional Training (Columns 10 and 11) during the current reporting period.

PRE-PROFESSIONAL TRAINING

Column 9: Targeted Health Professions – Pre-Professional Only

Enter the Health or Allied Health profession code that represents the participant's intended career choice. You can use code 99 for "Other Tech/Technologist" to report Allied Health professions/disciplines at the Associate Degree level. Report unlisted health profession disciplines as "Other" with code 101 and **specify the discipline** (use attachment as necessary). Participants in the educational continuum who have yet to select a health professions career should use code 100 for "Undecided." Refer to attached code table.

Column 10: Educational Institution – Pre-Professional Only

Enter one of the five listed education level codes that identify each participant's stage in the educational continuum at the Pre-Professional training level.

Column 11: Student Status – Pre-Professional Only

Enter the code that describes the student's status in Pre-Professional training. The status of (P/T) means Part Time.

Newly Enrolled: If the student is in a Pre-Professional training level, newly enrolled means that this is the first reporting year that the student is participating in the HCOP program. If the student is in a Professional training level newly enrolled means that the student began Professional training during the period being reported.

Completed: The participant has completed the prerequisites to advance to the next stage in the education continuum.

Other: Students in Post-Baccalaureate programs should be identified with code 9 as 'Other' and specified in writing as "Post-Baccalaureate."

Note: Students who are considered "lost" should NOT be reported on this form but should be reported on Table DHCDD-4.

PROFESSIONAL TRAINING

Column 12: Health Professions Program - Professional Only

Enter the code from column 7 that identifies the discipline being pursued by the participant at the Professional training level.

Column 13: **Student Status - Professional Only**

Enter the code from column 9 that identifies participant's status at the Professional training level.

WORKFORCE

Column 14: **Employment Status**

Enter the code listed that best describes the employment status of COE/HCOP participants who have graduated from a health professions program and are now employed in a health professions career.

Note: Refer to Column 5 instructions regarding designation of Health Professional Shortage Areas.

Public/Private Sector: Includes employment in public or private settings such as community and migrant health clinics, hospitals, and other private or public clinics.

This category excludes government (Federal, State, County, and City) hospitals or clinics, private practice settings, academic settings, uniformed services, or managed care organizations.

Post-Professional training is considered being employed in the public/private sector but will not be counted with this code. It will be tracked separately using code 8 for "Post-Professional Training."

Be sure to indicate, with the appropriate code, whether the Public/Private Sector employment is rural or urban and whether it is in a designated health professions shortage area or not. (See Column 5 instructions for explanations of rural, urban and Health Professional Shortage Areas.)

Private Practice (Fee for Service): Includes employment as an individual or in a group practice setting that is not affiliated with a health care organization.

This excludes other Public/Private Sector employment (as defined above), government (Federal, State, County, City) hospitals or clinics, academic settings, uniformed services, or managed care organizations.

Academia: (Code 3) Includes employment in a health professions teaching settings, tenured or untenured faculty positions, whose primary function is education/teaching/instruction.

This excludes Public/Private Sector employment, private practice settings, government (Federal, State, County, City) hospitals or clinics, uniformed services, or managed care organizations.

Research: Includes employment in a health professions research setting (tenured or untenured faculty positions), whose primary function is research with limited teaching responsibilities. If employment setting is both teaching and research, identify predominant employment setting and use appropriate code.

Uniformed Services: Include employment in any of the military branches of the United States Uniformed Services. Also included in this category is the Commissioned Corps of the United States Public Health Service.

Government (Civilian): Any civilian government employment under Federal, State, County, or City.

Managed Care Organization: Include any of the Health Care Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Point of Service Plans (POS), Primary Care Case Management (PCCM), Social Health Maintenance Organizations (SHMO), Program of All-Inclusive Care for the Elderly (PACE), etc.

Post-Professional Training: Include any internship, residency, or post-professions training before full-time employment. This is used as a means of tracking any intermediary working experience before full employment. This will include faculty development programs, clerkships, etc.

Other: Include any other employment that is not listed above and specify the type.

Column 15: **Type of Support**

Enter code that describes the type of financial aid that the participant is receiving.

Only enter stipend if that is the only source of financial support that the participant is receiving. We will assume that any person on this tracking form (except those who are coded as being in the workforce category) will qualify for HCOP stipends as they will have met requirements for a structured program.

If the participant is receiving both a HCOP Scholarship and Scholarships for Disadvantaged Students, include code 10 for "multiple sources" along with any other support

**Table DHCDD-4
Explanation to Disadvantaged Assistance Tracking and Outcome Report (DATOR)**

Student/Participant Name: (First, MI, Last)	Last 4 digits of Social Security Number	Explain any students "lost" or not able to follow their progress.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Table DN-1
Advanced Education Nursing Grants
Project Specific Enrollment and Graduation Data**

Is the project a blended program? Yes No
If Yes, identify the focus/specialty _____

Is the project a dual degree program? Yes No
If Yes, identify the degrees awarded _____.

Educational level(s) supported by the project _____

Students and Graduates	I	II	III	IV
Program				
Focus				
Specialty				
Continuing Enrolled Students (10/15/07)				
Full-time				
Part-time				
Newly Enrolled Students (10/15/07)				
Full-time				
Part-time				
Total Headcount				
Graduates (7/1/06 - 6/30/07)				

Definitions

A **blended project** is one that supports an educational program that prepares a graduate for two or more advanced level specialties and eligibility for two or more advanced level certification exams (if available). For Example: Nursing Administration and Adult Clinical Nurse Specialist, Geriatric Nurse Practitioner and Geriatric Clinical Nurse Specialist, Adult Acute Care Nurse Practitioner and Pediatric Acute Care Nurse Practitioner.

A **dual degree project** is one that supports two different specialty degree programs, such as Master's in Nurse Administration and Master's of Business Administration.

Continually enrolled students are those students enrolled the previous academic year and are continuing in the funded project for the current year.

Newly enrolled students are those students newly enrolled in the funded project for the current academic year, even if they entered during the summer.

Instruction:

Use the dates specified on Table DN-1 for the data collection period for this table.

- Program, Focus, and Specialty
Select the Program(s), Focus, and Specialty from the appropriate lists to reflect the project you are conducting to enhance advanced nursing education and practice. If Primary Care NP, Other NP, or Clinical Nurse Specialist is selected, choose the appropriate Focus. A Specialty is not required, but may be selected to more clearly define the project.
- Blended and Dual Programs
If the project supports a blended nursing education program select both programs from the list. Enter the number of students *for only one program* so that the students are counted only once.

- Level of Education
For Education level choose all that apply from the following list (MSN, RN/MSN, Post-MSN, DNP, PhD, DNSc, Other)
- Data
Data for this table should reflect students enrolled in the Program, Focus, or Specialty for which you have support, not the entire masters or doctoral program. In the event that students from other majors are benefiting from the project by taking one or more of the project specialty courses, you may report the number of students by selecting "Other" in the programs list. In the comments section of the report, list the names of the courses taken by these students.
- Enter the number of students enrolled (full-time and part-time) as of October 15, 2007.
- Enter the total number of students (headcount).
- Enter the total number of graduates for the period July 1, 2006 through June 30, 2007.

Programs List
Clinical Nurse Leader Practitioner
Clinical Nurse Specialist
Non Primary Care Nurse Practitioner
Nurse Administrator
Nurse Anesthetist
Nurse Educator
Nurse Midwife
Primary Care Nurse Practitioner
Other

Focus List

Clinical Nurse Specialist	Non Primary Care NP	Primary Care NP
Acute Care	Acute Care NP	Adult NP
Adult	Forensic NP	Emergency NP
Community/ Public Health	Neonatal NP	Family NP
Forensic	Palliative Care NP	Geriatric NP
Geriatric	Perinatal NP	Occupational Health NP
Maternal Child/ Parent Child	Psychiatric/Mental Health NP	Pediatric NP
Medical-Surgical	Other	School NP
OB/GYN/ Women's Health		Women's Health NP
Occupational Health		Other
Oncology		
Pediatrics		
Psychiatric Mental Health		

Specialty -List	
Acute Care	Infectious Disease
Administration	Immunosuppressive
Adolescent	Informatics
Adult	Maternal-Child/Parent-Child Health
Cardiovascular	Medical-Surgical
Case Management	Neonatal
Chronic/Long Term	Leader
Community Health	OB/GYN/Women's Health
Corrections Health	Occupational
Critical Care	Oncology
Disaster Preparedness	Palliative Care
Education	Pediatrics
Environmental	Perinatal
Family	Primary Care
Forensic	Psychiatric Mental Health
Genetics	Public Health
Geriatric	Rehabilitation
HIV/AIDS	Rural
Home Health	School Health
Health Policy	Other

**Table DN-2
Nurse Education Practice & Retention Grant Program
Enrollment and Graduation Data**

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

<input type="checkbox"/>	Expanding Enrollment in Baccalaureate Nursing Programs (E1)
<input type="checkbox"/>	Career Ladder Programs (R1)

Type of Students	Number of Students	Level of Student	Program Specialty
Continuing Enrolled Students			
Full-time			
Part-time			
Newly Enrolled Students			
Full-time			
Part-time			
Total Number of Students			
Total Number of Graduates / Program Completers			

Instructions

- Enter the number of students enrolled in education programs as of October 15, 2007.
- Specify the level of training for students based on their enrollment status.
- Specify name of the clinical specialty for the enrolled students. If more than one program is included in the project, add rows as needed under the program specialty field.
- Program completers are those who have completed the project activities as of October 15, 2007.
- Enter the total number of completers for each year of the project for the clinical preparation indicated under each column title.
- Do not count the same participant more than once.
- Enter the level of student based on Level of Student List shown below.
- Enter the Program Specialty (if applicable- i.e. graduate level or cross training specialties) based on Specialty Focus List shown below.

Level of Students List	
Accelerated BSN	RN to BSN
Accelerated MSN	RN to MSN
CNA to LPN	Post MSN
LPN to RN	Doctoral
Associate Degree in Nursing	RNs returning to Workforce
Generic BSN	Other: (Explain) _____
Generic MSN	

Specialty Focus List	
Acute Care	Infectious Disease
Administration	Immunosuppressive
Adolescent	Informatics
Adult	Maternal-Child/Parent-Child Health
Cardiovascular	Medical-Surgical
Case Management	Neonatal
Chronic/Long Term	OB/GYN/Women's Health
Community Health	Occupational
Corrections Health	Oncology
Critical Care	Palliative Care
Disaster Preparedness	Pediatrics
Environmental	Perinatal
Family	Primary Care
Genetics	Psychiatric Mental Health
Geriatric	Public Health
HIV/AIDS	Rehabilitation
Home Health	School Health
Health Policy	Other

Table DN-3
Nursing Workforce Diversity (NWD) Grants
WD Program Participant Distribution by Education Level for the Grant Budget Period

	K - 12	Post HS Pre- College	College Pre- nursing	Nursing	Total Number	% of Total
Underrepresented Minority disadvantaged students (URM)						
White Disadvantaged students						
TOTAL						100%

Instructions:

- Enter the number of students participating in project activities by underrepresented minority or disadvantaged status for each educational level.
- Count each student only once on this table. If any student is noted in the “URM” category, **do not** also list them in the “Disadvantaged” category

**Table DN-4
Nurse Education Practice & Retention Grant Program
Nursing Students and Clients Information**

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

<input type="checkbox"/>	Establishing or Expanding Nurse Practice Arrangements (P1)
<input type="checkbox"/>	Providing Care for Underserved Populations and Other High-Risk Groups (P2)

Total Number of Nursing Students/ Personnel in the Grant Project	Number of Clients Receiving Care from Nursing Students/Personnel	Type of Nursing Students/Personnel	Client Encounters (Total Number of Visits and Other Contacts)	Clinical Training Site Location

Instructions

- Enter the total number of students/personnel in the project during the period of July 1, 2006- June 30, 2007.
- Enter the number of students/personnel working with clients from medically underserved communities/populations. (students/personnel focus)
- Enter the number of clients receiving care from students/personnel. (Client focus)
- Select the type of nursing students/personnel in grant project using the below list as a guide. Enter each type of nursing students/personnel on a separate row.
- Enter the total number of client encounters. This is equal to the total number of visits and the total number of other contacts. A “visit between a client and a health care provider may take place in any setting. An “other contact” is a contact between a client and a health care provider by telephone, through telehealth or other mechanisms for the purpose of improving the client’s health.
- Enter the clinical location that the nursing care took place using the below list.

Type of Nursing Students/Personnel List
Associate Degree Nurse (ADN)
BSN
CNA
LPN
MSN
New Graduate RN
Nurse Practitioner
RN
Dual Track Students: (Explain) _____
Other : (Explain) _____

Clinical Training Site List
Acute Care Hospital
Ambulatory Surgical Center
Community Health Center
Department of Public Health
Federally Qualified Health Center
Home Health Agency
Hospice Program
Indian Health Service/Tribal Health Site
Mobile Unit
Native Hawaiian Health Center
Nursing Home
Nurse Managed Center
Rural Health Clinic
School
Skilled Nursing Facility
Urgent Care
Other: (Explain)_____

**Table DN-5
Nurse Education Practice & Retention Grant Program
Enhancing Patient Care Delivery Systems/Nurse Retention Data**

Core Measures	Measurement Year	Baseline Rate	Actual Rate at the End of the Year	% Change from Baseline

1. Nurse Retention	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____
2. Nurse Vacancy	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____

Core Indicators	Measurement Year	Baseline Rate	Actual Rate at the End of the Year	% Change from Baseline
1.	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____
2.	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____
3.	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____
4.	Year 1 of Grant	—	_____	_____
	Year 2 of Grant		_____	_____
	Year 3 of Grant		_____	_____
	Year 4 of Grant		_____	_____
	Year 5 of Grant		_____	_____

Instructions

- Enter the baseline rate for the core measures as proposed in your original proposal. This figure should reflect where your program was at the beginning of the funded grant.
- Enter the nurse retention rate at the end of each project year. This will show a trend from the baseline and across each year of the grant.
- Enter the nurse vacancy rate at the end of each project year.
- Enter the difference from the baseline rate and the rate for all applicable years (baseline rate- end of the year rate = %change from the baseline).
- List the four core indicators that were selected in your original proposal.
- Enter the baseline rate for the core indicators as proposed in your original proposal. This figure should reflect where your program was at the beginning of the funded grant.
- Enter the final rate at the end of the project year for each of the core indicators.
- Enter the difference from the baseline rate and the rate for all applicable years (baseline rate - end of the year rate = % change from the baseline).

**Table DN-6
Nurse Education Practice & Retention Grant Program
Nursing Personnel Training or Course Offerings**

Check one of the Nurse Education Practice & Retention Program (NEPR) grant purpose applicable.

<input type="checkbox"/>	Providing Managed Care, Quality Improvement and other skills Needed to Practice in Existing and Emerging Organized health Care (P3)
<input type="checkbox"/>	Development of Cultural Competencies Among Nurses (P4)
<input type="checkbox"/>	Developing and Implementing Internship and Residency Programs (E2)
<input type="checkbox"/>	Providing Education in New Technologies, including Distance Learning Methodologies (E3)
<input type="checkbox"/>	Enhancing Patient Care Delivery Systems/Nurse Retention (R2)

Education Courses by Title	# of Times the Course was Offered During this Reporting Period	# of Students/ Participants in the Course	Level of Nursing Personnel Taking the Course
1.			
2.			
3.			

Instructions

- Specify the education course offerings during the period of July 1, 2006-June 30, 2007. If more than one course offered, expand the table to include all course titles.
- Enter the number of times the course offerings were available during the project period identified above.
- Enter the number of students/participants in each of the courses that you have listed in column 1.
- Specify the level of nursing personnel participating in the course(s) using the list below. If more than one level will be involved, expand the table as needed to include all levels that are included in the project.

Level of Nursing Personnel	
Advance Education Nurse	Nurse Practitioner
Clinical Nurse Specialist	Preceptor/Mentor
CNA	RN
Faculty	RNs transitioning to New Specialty Roles
Graduate Nurses or New RNs	RN Returning to Workforce
Home Health Aide	Other:(Explain) _____
LPN	

**Table DN-7
Comprehensive Geriatric Education Program
Project Specific Course Offerings**

Complete this table for projects in which undergraduate/graduate nursing and other health professions students participate in academic courses for credit, and/or nursing and other health personnel participate in continuing education courses.

Education Courses by Title	Academic Credit by Credit Hours	CE by Contact Hours	# of Times the Course was Offered During this Reporting Period	Level of Nursing & Other Health Personnel in the Course	Total # of Nursing & Other Health Personnel Participating in the Course(s) for the Reporting Period by Level of Personnel
1.					
2.					
3.					

Instructions

- Specify the education course offerings during the period of July 1, 2006-June 30, 2007. If more than one course is offered, expand the table to include all course titles.
- Indicate the number of academic credit hours or continuing education contact hours for each course.
- Enter the number of times the course offerings were offered during the project period.
- Specify the level of nursing or other health personnel participating in the course(s) using the list below. Include all levels that participated in the courses.
- Enter the total number of nursing and other health personnel participating in courses for the reporting period. For example, if the levels of personnel in column 5 are Nurse Practitioner, Registered Nurse and Nursing Assistant, then enter the numbers participating for the entire reporting period in column 6 according to each level of personnel – Nurse Practitioner – 10; Registered Nurse, 40; Nurse Assistant, 50.

Level of Nursing and other Health Personnel		
APN Student	Nurse Assistant/PCA	Other:(Explain) _____
Clinical Nurse Specialist	Nurse Practitioner	
Faculty	Occupational Therapist	
Home Health Aide	Physical Therapist	
Long Term Care Administrator	Physician	
LPN/LVN	Registered Nurse	
LPN Student	RN Student	
Nurse Administrator	Social Worker	

**Table DN-8
Nursing Workforce Diversity (NWD) Program
Scholarships and Stipends Awards**

	Scholarships Awarded		Stipends Awarded			
			Nursing Students		High School Students	
	Number of Students	Amount of Awards	Number of Students	Amount of Awards	Number of Students	Amount of Awards
Underrepresented Minority disadvantaged(URM)		\$		\$		\$
White Disadvantaged		\$		\$		\$
Total Students / Awards		\$		\$		\$

- **Instructions:**
Data for this table should reflect all students receiving financial support as a direct result of this award.
- Enter the total number of project participants during the period of July 1, 2006 through June 30, 2007.
- Count each student only once on this table. If any student is noted in the "URM" category, **do not** also list them in the "Disadvantaged" category

**Table DMD-1
Academic Administrative Units in Primary Care and
Predoctoral Training in Primary Care
Percent of Graduates Entering Residencies
(All Students Graduating from Medical School)**

Residency	2006- 2007	
	Number of Students	%
Categorical Internal Medicine		
Categorical Pediatrics		
Family Medicine		
Internal Medicine/Pediatrics		
Other Residency Programs		
Primary Care Track Internal Medicine		
Primary Care Track Pediatrics		
Total		100%

**Table DMD-2
Primary Care Trainee Information**

Indicate the total number of students trained and the patient encounters. Complete only for BHPf funded programs for the academic year 2006 – 2007.

	Number of Trainees		Number of Patient Encounters (Visits and Other Contacts)
	Total	No. Trained in Medically Underserved Areas	
Academic Administrative Units			
Advanced GnrI/Pediatric Dentistry			
Dental Public Health			
Faculty Development in Primary Care			
FM, GIM, and GP Residents			
Graduate Clinical Psychology			
Physician Assistant Training			
Podiatric Training			
Predoctoral Training in Primary Care			
Total			

**Table DSCPH-1
Allied Health – Program Specific Indicators**

In the table below, indicate the number of each accomplishment provided by each service listed. Each accomplishment may be counted more than once.

Accomplishments	Dental	Health Education	Health System Management	Laboratory Sciences	Mental / Behavioral Counseling	Medical Imaging	Nutrition	Paramedic / EMT	Primary Care	Rehabilitation	Respiratory	Other	Total
Career advancement courses													
Community-based clinical training programs in medically underserved areas													
Courses jointly sponsored by academic centers and rural Clinics													
Distance learning trainings offered													
Face to face trainings offered													
Health related bachelors degree graduates receiving rapid transition training to become an allied health professional													
Interdisciplinary teams trained in medically underserved areas													
New clinical training sites for allied health professionals in medically underserved or rural communities													
New ethics courses													
New geriatrics courses													
New graduate programs in behavioral and mental health													
New home health and hospice care courses													
New long-term care courses													
New prevention and health promotion courses													
New programs that include interdisciplinary training in geriatrics for allied health practitioners													
New programs that include interdisciplinary training in geriatrics for non-allied health students													
New students in health professions with the greatest shortage													
Practice and/or training programs that link allied health clinical practice to education and research													
Students participating in distance learning trainings													

Students participating in face to face trainings													
Students trained in medically underserved areas													
Total													

**Table DSCPH-2
AHEC / HETC/PMRP/PHTC Training Site Types**

Provide how many of the following training site types your program has.

Type of Site	Number
AHEC Urban Community Based Training Site	
Ambulatory Practice Sites Designated by State Governor	
Community Health Center (CHC)	
Federally Qualified Health Centers (FQHC)	
Health Care for the Homeless	
Health Department	
Health Professions Shortage Area (HPSA)	
Indian Health Service (IHS) or Tribal Health Sites	
Migrant Health Center (MHC)	
National Health Service Corp (NHSC) Sites	
Public Housing Primary Care Grantees	
Rural Health clinics	
Other AHEC Community Based Training Sites	
Other Site (Describe)	
TOTAL	

**Table DSCPH-3
AHEC / HETC Programs Disciplines Serving Medically Underserved Communities**

Provide the number of health professions students and preceptors in each discipline who provide service to patients in the training sites shown on the Table DSCPH - 2.

Disciplines	Number
Health Profession Students	
Advanced Practice Nurse	
Allied Health	
Allopathic Medicine	
Community Health Worker	
Dentistry	
Mental Health	
Nursing	
Osteopathic Medicine	
Pharmacy	
Physician Assistant	
Public Health	
On Site AHEC Preceptor	
Advanced Practice Nurse	
Allied Health	
Dentistry	
Medicine	
Physician Assistant	
Unspecified	
TOTAL (Students and Preceptor)	

Table DSCPH-4
AHEC/HETC Diversity: Students into Health Careers

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

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

**Table DSCPH-5
AHEC/ HETC Programs
Curriculum Development (CD)/ Continuing Education (CE) Trainees by Discipline and Participant Location**

TRAINEES	EMPLOYMENT LOCATION OF PARTICIPANTS													
	CHC	Governor Designated Area	Health Care for Homeless	Health Dept.	IHS/ Tribal Health Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural AHEC Sites	Rural Health Clinics	¹ Urban Community Based Training Sites	Other AHEC Community Based Sites	Other Sites	TOTAL
Adv Prac Nurse														
Allied Health														
Comm Hlth Wk														
Dent Hygienist														
Dentist														
EMS														
Fire														
Health Admin														
Mental Health														
Nurse														
Pharmacist														
Phys Therapist														
Physician														
Phys Assistant														
Police														
Public Health														
Veterinarian														
Unspecified***.														
Unspecified***														
Unspecified***														
TOTAL														

*Fill out entire table and under "Other Sites" column, describe site.
 ** Specify unspecified discipline if information is available.
¹ Urban training sites with a 50% Medicaid and/or uninsured population.

**Table DSCPH-6A
AHEC / HETC Programs
Program Specific Indicators**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
TRAINING OFFERING / TITLE	Start Date	Number Trained per Course Offering by Discipline			Hours of Instruction for one Trainee	Total Contact Hours (E X F)	Level of Training	Competency, Domains and Goals	Delivery Mode	Credit Hours Awarded	Instructional Activity	Evaluation Method	Partnering Leveraging
		Discipline	Number	Total per course									
Advanced All Hazards Course ~ 16hrs or more													
AMA Course-Advanced Disaster Life Support (ADLS)													
AMA Course-Basic Disaster Life Support (BDLS)													
AMA Course-Core Disaster Life Support (CDLS)													
Intermediate / Advanced Incendiary Course													
Intermediate / Advanced Incendiary Course													
Intermediate / Advanced Nuclear Course													
Intermediate All Hazards Course ~ 8hrs													
Intermediate/Advanced Biological Course													
Intermediate/Advanced Chemical Course													
Intermediate/Advanced Communications Course													
Intermediate/Advanced Explosive Course													
Intermediate/Advanced Mental Health Course													
Intermediate/Advanced Radiological Course													

Introductory All Hazards Course ~ 4hrs													
Introductory Biological Course													
Introductory Chemical Course													
Introductory Communications Course													
Introductory Explosive Course													
Introductory Incendiary Course													
Introductory Mental Health Course													
Introductory Nuclear Course													
Introductory Radiological Course													
All Other Courses (specify each)													
TOTAL													

Instructions

A: Training Offering

Title should not exceed 100 characters.

B: Start date

Indicate start date of a single course in mm/dd/yy format. Restate start date of course if given more than once.

C: Number Trained per Course Offering by Discipline - Discipline

Choose the discipline from the following: List all that apply.

Advanced Practice Nurse, Allied Health, Community Health Worker, Dentist, EMS, Fire, Health Administrator, Mental Health, Nurse, Pharmacist, Physician, Physician Assistant, Police, Public Health, Veterinarian, Others

D: Number Trained per Course Offering by Discipline - Number

Provide total number of trainees for EACH DISCIPLINE per course. Should not exceed five digits.

E: Number Trained per Course Offering by Discipline – Total per course

Provide total number of trainees for ALL DISCIPLINES per course. Should not exceed five digits.

F: Hours of Instruction for one Trainee

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

G: Total Contact Hours

Total contact hours = Total Number Trained per Course Offering (Col E) X Hours of Instruction for one Trainee (Col F) e.g. 100 trainees X 3 hours of instruction (per trainee) = 300 contact hours.

H: Level of Training

Level of sophistication: 1 = introductory/basic, 2 = intermediate, 3 = advanced Choose one level only.

I: Competency, Domains and Goals

For AHEC/HETC: Identify what competency, domain or goal is being met: 1=Cultural Competency, 2=Diabetes, 3=Hypertension, 4=Obesity, 5=Other

J: Delivery Mode

Indicate training format using the following codes: 1=face-to-face, 2=web-based, 3=video, 4=CD-ROM, 5=audio, 6=satellite, video conference. List all that apply.

K: Credit Hours Awarded

Provide the assignment by an accrediting agency of the numeric hours earned for participation by one trainee in one course.

L: Instructional Activity

Indicate the Instructional activity using the following code: 1=didactic, 2 = table top exercise, 3 = simulation, 4 = drill (preplanned group response), 5 = field exercise (a group response to preplanned problems but unforeseen by the responders), 6 = NIMS compliant drill/exercise. List all that apply.

M: Evaluation Method

Indicate the Evaluation method using the following code: 1= knowledge test, pre-test/post-test of trainees, 2 = drill, exercise, tabletop, or simulation by: after-action report, trained rater observation, role awareness, or skill demonstration, 3 = self evaluation for attitude, course satisfaction. List all that apply.

N: Partnering/Leveraging

Indicate any partnering or leveraging of resources from another agency, government or program: 1=HRSA NBHPP, 2=CDC Public Health Preparedness and Response for Bioterrorism Program, 3=DHS, 4=DOD, 5=VA, 6=HRSA CHC, 7=HRSA NHSC, 8=HRSA AHEC, 9=Other. List all that apply.

**Table DSCPH-6B
PHTC – Program Specific Indicators**

TRAINING OFFERING (TITLE, TOPIC)	NUMBER TRAINED	LEVEL	COMPETENCY AND DOMAIN(S)	CONTINUING EDUCATION CREDIT	DELIVERY MODE	PARTNERING/ LEVERAGING	# OF TIMES OFFERED	HOURS OF INSTRUCTION	TOTAL CONTACT HOURS
Totals:									

Instructions

Training Offering

Title should not exceed 100 characters.

Number Trained

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

Level

Indicate the level of sophistication by using the following codes (unto 2 levels may be picked)

1=Basic, 2=Intermediate, 3=Advanced, 4=Appropriate for all levels

Competency and Domains

Identify what competency framework is being used and what competency domain(s) is met using the following codes (up to 8 linkages may be picked)

1=Analytic/Assessment Skills, 2=Policy Development/Program Planning Skills, 3=Communication Skills, 4=Cultural Competency Skills, 5=Community Dimensions of Practice Skills, 6=Basic Public Health Sciences Skills, 7=Financial Planning and Management Skills, 8=Leadership and Systems Thinking Skills

Continuing Education Credit

If continuing education credits provided, indicate how many and by whom (100 character limit)

Delivery mode

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

1=Live, 2=Web-based, 3=Live & web-based, 4=Video, 5=CDROM, 6=Audio Cassette, 7=Satellite Broadcast, 8=Video Conference,9=Other format

Partnering/Leveraging

Indicate any partnering or leveraging resources from another agency or program for training using the following codes (list all that apply and up to 6 resources may be picked)

0=No partners, 1=Other HRSA program, 2=CDC program, 3=State or local health department, 4=Academic department, 5=State public health association, 6= Other

of times offered

Indicate the number of times this training was offered

Hours of instruction

Indicate the number of hours (i.e. classroom time, online time, homework time) spent in **one** training. Should not exceed three digits.

Total contact hours

Indicate total contact hours e.g. 3 hours/week X 15 weeks = 45 contact hours; or the estimated time necessary for learner to complete training. Should not exceed 8 digits

**Table DSCPH-7
Public Health Training Centers Trainee Characteristics**

Indicate the **number of people trained** by occupation in each practice location.

Practice Location	Occupation Classification																	Total	
	Comm. Health Worker	Dentist	Env. Health	Emer/BT Prep	Epidemiology	Health Admin	Health Prom/Ed	HIS/Biostat	Laboratory Sciences	Mental Health & Subst. Abuse	Nurse	Nutritionist	Physician	Public Health Law	Public Health Policy	Social Work	Veterinarian		Other
City Health Dept.																			
County Health Dept.																			
Public Health CBO																			
State Health Dept.																			
Other																			
Total																			

Definitions

Public Health CBO means any non governmental, community based organization that primarily does public health work (e.g. social service organizations, community health agencies)
 Other includes, but is not limited to, clinical practice locations (hospitals, physician's offices), health plan organizations (HMOs), and academic settings.

Table DSCPH-8
Project Outcomes of Quentin N. Burdick Program for Rural Interdisciplinary
Training Program Specific Indicators

Indicate the **number of accomplishments** your project has had in the following areas. Each accomplishment may be counted more than once.

Accomplishments	Number
Community-based clinical training programs in underserved areas	
Distance learning training participants	
Distance learning trainings offered	
Face to face training participants	
Face to face trainings offered	
Interdisciplinary teams trained	
Patient encounters (Visits & Other Contacts)	
Students receiving training in underserved areas	
Students who have chosen to practice in rural health after graduation	
List the number of students <u>recruited</u> to participate in the Quentin Burdick project from the following categories:	
Students in their first year of health professions training	
Students in their second year of health professions training	
Students in their third year of health professions training	
Students in their fourth year of health professions training	

**Table DSCPH – 9
 Quentin N. Burdick Program for Rural Interdisciplinary Training
 Number of Health Care Services Provided by Health Professionals**

Indicate in the table below the **number of services** provided by each category of health professional. Differentiate Direct Patient Care (DPC) services from Referral services (Ref) in your counting.

	Disease Prevention		Health Promotion		Mental Health		Primary Care		Psychology		Substance Abuse		Telehealth		Other		Total	
	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref	DPC	Ref
Allopathic Physicians																		
Graduate Nurses																		
Health Administrators																		
Nurse Practitioners																		
Occupational Therapists																		
Osteopathic Physicians																		
Pharmacists																		
Physical Therapists																		
Physician Assistants																		
Respiratory Therapists																		
Social Workers																		
Undergraduate Nurses																		
Other																		
Total																		

**Table DSCPH-10
Geriatric Education Centers
Project Outcomes**

Indicate the **number of students, residents, fellows, health professionals, faculty, and interdisciplinary teams clinically trained** in the listed locations. Clinical training opportunities involve either providing or actively observing care. Distinguish health professionals trained in courses with continuing education credit (CEU) from those trained in courses without continuing education credit (Non-CEU). Indicate the **number of patient encounters** that took place in the listed locations. Duplicative counting is acceptable.

Location of Clinical Training/ Patient Encounters	Trainee Categories							Patient Encounters	
	Students	Residents	Fellows	Health Professionals		Faculty			Interdisciplinary Teams
				CEU	Non-CEU	Trained	Retrained		
Ambulatory Care Centers									
Assisted Living									
Chronic and Acute Disease Hospitals									
Home Care									
Hospice									
Nursing Homes									
Palliative Care									
Senior Centers									
Senior Housing									
Telehealth									
Other									
Total									

Instructions

Training Offering

Title should not exceed 35 characters.

Number Trained

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

Level

Indicate the level of sophistication by using the following codes. (up to 2 levels may be picked)

1=basic, 2=intermediate, 3=advanced, 4=appropriate for all levels

Educational Offering

Identify the type of educational offering using the following codes:

1= Curricula Development, 2=Faculty Development, 3=Continuing Education

Disciplines

Indicate the disciplines using the training. Pick discipline from below discipline list.

Dentistry, Family Medicine, General Internal Medicine, General Pediatrics, Nurse Practitioner, Nurse-Midwife, Physician Assistant, Primary Care Podiatric Medicine, Allopathic Medicine, Chiropractic, Clinical Psychology, Dental Public Health, Health Administration, Nurse Anesthetist, Osteopathic Medicine, Other Advanced, Education Nurse, Pharmacy, Preventive Medicine, Public Health, Social Work, Undergraduate Nurse, Veterinarian, Clinical Laboratory Sciences, Dental Assistants, Food and Nutrition Services, Health Information, Rehabilitation, Technicians and Technologists, other

Number of modules

Indicate number of components and time of segments e.g. Health Economics in 5, 30 minute modules or segments. Should not exceed 15 characters.

Total contact hours

Indicate total contact hours e.g. 3 hours/week X 15 weeks = 45 contact hours; or the estimated time necessary for learner to complete training. Should not exceed 4 digits.

Delivery mode

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

1=Live, 2=Web-based, 3=Live & web-based, 4=Video, 5=CDROM, 6=Audio Cassette, 7=Other form

Start date

Indicate start date in mm/dd/yy format.

Cost to trainee

List the dollar amount of costs that trainees or their agency bear.

Partnering/Leveraging

Indicate any partnering or leveraging resources from another agency or program for training using the following codes (list all that apply and up to 10 resources may be picked)

0=no partners, 1=Other HRSA program, 2=CDC program, 3=NIH, 4=Veterans Administration, 5=state or local health department, 6=academic department, 7=state public health association, 8=Business/Industry, 9=Non- profit associations, 10=Foundations, 11=Other.

**Table DSCPH-12
Geriatric Training Regarding Physicians and Dentists
Program Specific Indicators**

Indicate the **number of fellows/trainees** for each category of health professional and the percentage of time each fellow/trainee spent in each of the four areas listed below.

	1-year Retraining Program				2-year Medical Fellowships			
	Behavioral/ Mental Health Professionals	Dentists	Physicians	Total	Behavioral/ Mental Health Professionals	Dentists	Physicians	Total
Number of fellows/trainees								
Number of fellows/trainees who sat for Certificate of Added Qualifications in geriatrics exam								
Percentage of time spent in each of the following areas:								
Administration								
Clinical								
Research								
Teaching								

**Table DSCPH-13
Geriatric Training Regarding Physicians and Dentists
Clinical Service Training by Health Profession**

Indicate the **cumulative number of patients** seen by fellows/trainees in each clinical training service or site listed below.

Clinical Training Sites	Behavioral/Mental Health Professionals	Dentists	Physicians	Total
Acute Care Services				
Community Care Programs				
Comprehensive Evaluation Units				
Day and Home Care Programs				
Dental Services				
Extended Care Facilities				
Geriatric Ambulatory Care				
Geriatric Behavioral/Mental Health				
Geriatric Consultation Services				
Rehabilitation Services				
Total				

**Table DSCPH-14
Recruitment Into Health Careers**

	Grades K-8	Grades 9-12	College Students
Students who completed health careers training programs \geq 20 Hrs			
Students who completed health careers training programs $<$ 20 Hrs			

Part III Core Performance Measures

Core Performance Measure System

.Purpose:

The major goals of BHPPr are to eliminate barriers to health care, eliminate health disparities, improve the quality of health care and improve public health and health care systems. The CPMS measures the performance of the programs on achieving these goals.

Core Measures

Based on these goals the core measures are broadly categorized as:

Diversity - Increase diversity in the health care workforce

Increase matriculation and graduation rates for underrepresented minorities and students from disadvantaged backgrounds to increase the proportion of minorities in the health professional workforce.

Primary Care - Primary Care Career Choice

Implement evidence-based strategies to promote careers in primary care.

Distribution - Improved Workforce Distribution

Implement evidence-based strategies to improve workforce distribution.

Infrastructure - Improved Infrastructure for health, especially primary care, public health

Improve timeliness and accessibility of data; the degree to which specific competencies related to public health are addressed in BHPPr programs.

Quality - Improved Workforce Quality

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

The following sections have the detailed measures for each category. BHPPr requires the grantees to provide the data for the appropriate and relevant measures only (See Core Measures Program Matrix below). BHPPr provides the grantee data to Congress in the Performance Budget.

FY 2008 Core Measures – Program Matrix

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

Legislatively Required Data

The following tables were developed in order to either meet the Public Health Service Act requirements for data collection [PHS, Title VII, Sec 799(c) (2)], or to provide a denominator for many of the measures to meet the Government Performance and Results Act (GPRA) requirements and Office of Management and Budget's (OMB's) Program Assessment Review Tool (PART) evaluation.

LR-1 Total number of students being trained in BHPPr-funded formative education and training programs

LR-2 Age and Gender of students trained in BHPPr-funded formative education and training programs

Table LR-1
Total Number of Students being Trained in BHPr-funded Formative Education and Training programs

For each question below, provide the population data requested for the period between July 1, 2006 and June 30, 2007 in the text box to the right of the question

Total number of students enrolled in BHPr-funded formative education and training programs

1. How many students were enrolled for training in BHPr-funded formative education and training programs and have not graduated or completed programs before June 30, 2007?

Total number of students being trained and graduated in BHPr-funded formative education and training programs

2. How many students were being trained in BHPr-funded formative education and training programs and have graduated?

Total number of students being trained and completed programs in BHPr-funded formative education and training programs

3. How many students were being trained in BHPr-funded formative education and training programs and have completed programs less than or equal to 39 hrs?
4. How many students were being trained in BHPr-funded formative education and training programs and have completed programs between 40 and 160 hrs?
5. How many students were being trained in BHPr-funded formative education and training programs and have completed programs more than 160 hrs?
6. How many students were being trained in BHPr-funded formative education and training programs and have completed

Fellowships & Residencies (one year or more)?

Age and Gender of Graduates and Program Completers

Provide data on age and gender of those students who have graduated or completed programs between July 1, 2006 and June 30, 2007.

Count each student only once.

**Table LR-2
Graduates and Program Completers by Age and Gender**

Age	Males	Females	Total
Under 20			
20-29			
30-39			
40-49			
50-59			
60 or older			
Total			

Diversity Measures

Strategy: Increase health workforce diversity.

DV-1: The percent of underrepresented minority students in BHPr funded pre-professional and formative education and training programs.

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

DV-3: The percent of FTE underrepresented minority faculty in BHPr grant programs.

DV-1: The percent of underrepresented minority students in BHPr funded pre-professional and formative education and training programs.

Provide the number of students by race/ethnicity that have graduated or completed programs between July 1, 2006 and June 30, 2007. For enrollees provide the number of students enrolled and have not graduated or completed programs before June 30, 2007. Enrollees refer to individuals who have received formative professional training, and did not graduate or complete a program during the reporting period.

When selecting "More Than One Race," a drop down menu will appear for selections of one up to five race combinations. **Count each student only once.**

Did your BHPr funded program have "Hispanic or Latino" students between July 1, 2006 and June 30, 2007?

Yes No

If "Yes" provide the number of "Hispanic or Latino" students by race

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

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
American Indian or Alaska Native						
*Asian (Not Under represented)						
Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
**More Than One Race						

Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

** If you select "More than one race," applicable combinations will appear for you to select. Please see combinations on next two pages.

Did your BHPf funded program have "Non-Hispanic or Non-Latino" students between July 1, 2006 and June 30, 2007?

Yes No

If "Yes" provide the number of "Non-Hispanic or Non-Latino" students by race

**Table DV-1b
Non-Hispanic or Non-Latino Students by Race**

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
American Indian or Alaska Native						
*Asian (Not Under represented)						
Asian – (Underrepresented)						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
**More Than One Race						
Total						

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

** If "More than one race", select the applicable combination from the following

- Combination of Two races
- Combination of Three races

- Combination of Four races
- Combination of Five races

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

Single Race

Abbreviation	Race
AIAN	American Indian or Alaska Native
Asian	Asian
Black	Black or African American
NHOPI	Native Hawaiian or Other Pacific Islander
White	White

Multiple Race Combinations

Combination of Two Races			
Combination of Four Races			
AIAN and White and Black and NHOPI			
Asian* and AIAN (not under represented)			
*Asian (not under represented)			
AIAN and Asian and Black and White			
Asian* and Black (not under represented)			
*Asian (not under represented)			
AIAN and Asian and NHOPI and White			
Asian* and NHOPI (not under represented)			
*Asian (not under represented)			
AIAN and Black and NHOPI and White			
Asian and Black and NHOPI and White			
*Asian (not under represented)			
Asian (under represented)			
Black and White			
NHOPI and AIAN			
NHOPI and Black			
NHOPI and White			

Combination of Three Races		
AIAN and Asian and Black		
*Asian (not under represented)		
Asian (under represented)		
AIAN and Asian and NHOPI		
*Asian (not under represented)		
Asian (under represented)		
AIAN and Asian and White		
*Asian (not under represented)		
Asian (under represented)		
AIAN and Black and NHOPI		
AIAN and Black and White		
AIAN and NHOPI and White		
Asian and Black and NHOPI		
*Asian (not under represented)		
Asian (under represented)		
Asian and Black and White		
*Asian (not under represented)		
Asian (under represented)		
Asian and NHOPI and White		
*Asian (not under represented)		
Asian (under represented)		
Black and NHOPI and White		

*Any Asian who are Chinese, Filipino, Japanese,

Korean, Asian Indian or Thai

Combination of Five Races		
AIAN and Asian and Black and NHOPI and White		
*Asian (not under represented)		
Asian (under represented)		

Outcome for Core Performance Measure – DV-1

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

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

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

Outcome Calculations (pre populated by the system):

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

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

Provide the number of students by race/ethnicity that have graduated or completed programs between July 1, 2006 and June 30, 2007. For enrollees provide the number of students enrolled and have not graduated or completed programs before June 30, 2007. Enrollees refer to individuals who have received formative professional training, and did not graduate or complete a program during the reporting period.

**Table DV-2
Students by Disadvantaged Status and Race**

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Total number of disadvantaged students						
Total number of Hispanic Students from DV-1a plus total number of underrepresented minority students (URM) from DV-1b						
Number of disadvantaged students in row 1 that were not counted as a minority or Hispanic in tables DV-1a and DV-1b						
Number of either disadvantaged or Hispanic or underrepresented minority students*						

*These data are needed to respond to Office of Management and Budget's (OMB) Program Assessment Rating Tool (PART) request.

Note: Rows 2 and 4 will be pre-populated for you.

Outcome for Core Performance Measure DV-2

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

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

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

Outcome Calculations (pre populated by the system):

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

DV-3: The percent of FTE underrepresented minority faculty in BHPr grant programs.

Did your grant support full time faculty who were “Hispanic or Latino” between July 1, 2006 and June 30, 2007?

Yes No

If “Yes” provide the number of “Hispanic or Latino” faculty by race

**Table DV-3a
Hispanic or Latino Faculty by Race**

Race	Full Time Faculty
American Indian or Alaska Native	
*Asian (Under represented)	
Asian – (Not Underrepresented)	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
**More Than One Race	
Total	

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

** If you select “More than one race,” applicable combinations will appear for you to select. Please see combinations on page 89.

Did your grant support any part time faculty who were “Hispanic or Latino” between July 1, 2006 and June 30, 2007?

Yes No

If “Yes” provide the following data for **each** part time faculty member

1. Race from the above table. If more than one race select the combinations from the below list
2. Percent of full time workload worked on your grant-supported program for this reporting year

Race of each part time faculty	Percent of Full time Workload
--------------------------------	-------------------------------

	(Check box most nearly descriptive)								
	10%	20%	30%	40%	50%	60%	70%	80%	90%

Did your grant support full time faculty who were “Non-Hispanic or Non-Latino” between July 1, 2006 and June 30, 2007?

Yes No

If “Yes” provide the number of “Non-Hispanic or Non-Latino” faculty by race

**Table DV-3b
Non-Hispanic or Non-Latino Faculty by Race**

Race	Full Time Faculty
American Indian or Alaska Native	
*Asian (Under represented)	
Asian – (Not Underrepresented)	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
**More Than One Race	
Total	

*Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

** If you select “More than one race,” applicable combinations will appear for you to select. Please see combinations on page 89.

Did your grant support part time faculty who were “Non-Hispanic or Non-Latino” between July 1, 2006 and June 30, 2007?

Yes No

If “Yes” provide the following data for **each** part time faculty member

- Race from the above table. If more than one race select the combinations from the below list

3. Percent of full time workload worked on your grant supported program for this reporting year

Race of each part time faculty	Percent of Full time Workload (Check box most nearly descriptive)								
	10%	20%	30%	40%	50%	60%	70%	80%	90%

Single Race

Abbreviation	Race
AIAN	American Indian or Alaska Native
Asian	Asian
Black	Black or African American
NHOPI	Native Hawaiian or Other Pacific Islander
White	White

Multiple Race Combinations

Combination of Two Races			
Combination of Four Races			
AIAN and White and Black and NHOPI			
Asian and AIAN (not under represented)			
*Asian (not under represented)			
AIAN and Asian and Black and White			
Asian and Black (not under represented)			
*Asian (not under represented)			
AIAN and Asian and NHOPI and White			
Asian and NHOPI (not under represented)			
*Asian (not under represented)			
AIAN and Black and NHOPI and White			
Asian and Black and NHOPI and White			
*Asian (not under represented)			
Asian (under represented)			
Black and White			
NHOPI and AIAN			
NHOPI and Black			
NHOPI and White			

Combination of Three Races	
AIAN and Asian and Black	
*Asian (not under represented)	
Asian (under represented)	
AIAN and Asian and NHOPI	
*Asian (not under represented)	
Asian (under represented)	
AIAN and Asian and White	
*Asian (not under represented)	
Asian (under represented)	
AIAN and Black and NHOPI	
AIAN and Black and White	
AIAN and NHOPI and White	
Asian and Black and NHOPI	
*Asian (not under represented)	
Asian (under represented)	
Asian and Black and White	
*Asian (not under represented)	
Asian (under represented)	
Asian and NHOPI and White	
*Asian (not under represented)	
Asian (under represented)	
Black and NHOPI and White	

*Any Asian who are Chinese, Filipino, Japanese,

Korean, Asian Indian or Thai

Combination of Five Races	
AIAN and Asian and Black and NHOPI and White	
*Asian (not under represented)	
Asian (under represented)	

Outcome for Core Performance Measure DV-3

The percent of full time equivalent underrepresented minority faculty in BHP grant programs

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

Primary Care Measures

Strategy: Promote careers in primary care.

PC-1: The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

PC-2: The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care.

PC-3: The percent of formative education and training program participants receiving a portion of their clinical training in a non-hospital, primary care site.

PC-1 The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.

**Table PC-1
Evidence Based Strategies Encouraging the Selection of a Career in Primary Care**

Listed below are some strategies in which your grant-funded program may participate to encourage the selection of a career in primary care. Please check all strategies that your program used **between July 1, 2006 and June 30, 2007**.

Strategies	Grant Funded Program
Creating/have a "primary care track" in residency or graduate nursing programs	
Developing community-based primary care rotations for residents and graduate nursing trainees	
Developing high school and college undergraduate recruitment programs	
Enhance the status and promotion of clinician-educators in health professions institutions:	
Including generalist oriented clinical medicine courses in the curriculum	
Including generalist practical experiences in the curriculum	
Including primary care community experiences in the curriculum, including experiences in federally funded health centers, urban, rural health clinics, migrant health centers	
Increase the representation of primary care providers on admissions committees	
Increasing the size of primary care residency or nursing traineeship programs	
Providing reimbursement or other incentives for community-based preceptors	
Special selection criteria to enhance recruitment of students committed to primary care	

Outcome for Core Performance Measure – PC-1

The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator	11	11	11	11	11

Outcome Calculations (pre populated by the system):

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

PC-2 The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care

Provide the number of students who graduated or completed programs between July 1, 2006 and June 30, 2007. For enrollees provide the number of students enrolled and have not graduated or completed programs before June 30, 2007.

Enrollees refer to individuals who have received formative professional training, and did not graduate or complete a program during the reporting period.

Count each person only ONE time.

Do not count anyone as a program completer and also as a graduate.

Graduation from any program supersedes any completed program

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

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Dentistry						
Family Medicine						
General Internal Medicine						
General Pediatrics						
Nurse Practitioner						
Nurse-Midwife						
Physician Assistant						
Primary Care Podiatric Medicine						
Total						

**Table PC-2b
Enrollees, Graduates, and Program Completers Trained in
Other Health Professions (may support Primary Care)**

	Enrollees	Graduates	Program Completers (≤ 39 hrs)	Program Completers (40 - 160 hrs)	Program Completers (≥ 161 hrs) Fellowships & Residencies (1 yr or more)	Total
Allopathic Medicine						
Chiropractic						
Clinical Psychology						
Dental Public Health						
Health Administration						
Nurse Anesthetist						
Osteopathic Medicine						
Other Advanced Education Nurse						
Pharmacy						
Preventive Medicine						
Public Health						
Social Work						
Undergraduate Nurse						
Veterinarian						
*Other						
Total						

*Please specify any disciplines not listed above in the boxes under "Other" category

Outcome for Core Performance Measure – PC-2

The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of trainees in BHPPr-funded formative education and training programs supporting primary care.
3. The Denominator is based on total number of students supported by your BHPPr-funded formative education and training program students from Table LR-1.

PC-3 The percent of formative education and training program participants receiving a portion of their clinical training in a non-hospital, primary care site

Provide the number of students receiving training between July 1, 2006 and June 30, 2007

**Table PC-3
Students Receiving Clinical Training in Non hospital, Primary Care Site**

Total Number of Students receiving clinical training supported by your formative education or training grant	Number of students receiving a portion of their clinical training in an ambulatory site	
	<1 month	≥ 1 month

Outcome for Core Performance Measure – PC-3

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

Distribution Measures

Strategy: Improve the distribution of the health workforce.

DS-1: The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

DS-2: The percent of participants in BHPPr-funded formative education and training programs receiving a portion of their clinical training in underserved area sites

DS-3: The percent change of health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program.

DS-1 The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.

**Table DS-1
Evidence Based Strategies to Influence the Distribution of Health Professional Workforce**

Listed below are some evidence-based strategies that your grant-funded program may use to encourage service in underserved areas. Please check all the strategies your program used **between July 1, 2006 and June 30, 2007**.

Strategies	Grant Funded Program
Develop high school and college undergraduate outreach and recruitment programs addressing the underserved	
Enter into partnerships with interdisciplinary teams	
Financial assistance contingent on practice in underserved area	
Have a clear mission to produce clinicians to serve the needs of the underserved	
Implement a rural training track	
Implement an inner-city training track	
Increase emphasis on primary care in the curriculum	
Offer inner city residency traineeship rotation or preceptorships	
Offer rural residency traineeship rotation or preceptorships	
Provide clinical experiences in underserved areas	
Provide electives focusing on inner-city health issues	
Provide electives focusing on rural health issues	
Provide faculty role models who have worked in underserved communities	
Use innovative curricular strategies, e.g. Distance Learning, Telemedicine	
Use selective admissions criteria for students from rural and inner-city areas	

Outcome for Core Performance Measure – DS-1

The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

DS-2 The percent of participants in BHPPr-funded formative education and clinical training programs receiving a portion of their training in underserved area sites

Provide the number of students receiving training between July 1, 2006 and June 30, 2007

**Table DS-2
Students Receiving Training in Underserved Area Sites**

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

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

Outcome for Core Performance Measure – DS-2

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on Total number of students receiving clinical training in an underserved area.

3. The Denominator is based on total number of students supported by your BHP-funded formative education and training program students from Table LR-1.

DS-3 The percent change of health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program

Instructions

Provide the number of students entering into Medically Underserved Communities after those students have exited their BHPPr program. **Do not** include the program completers other than fellowships & residencies

Reporting Period: Students who graduated between July 1, 2006-June 30, 2007
For enrollees: Enrollment without graduation before June 30, 2007

Counting Rules: (1) If someone spends at least 50% of work time in an underserved community, then this person should be counted in Table DS-3a and DS-3b;
(2) Persons can only be counted on this table one time; they cannot be counted in more than one underserved area.

Classification Hierarchy

If someone trained in your BHPPr-supported project is working in more than one underserved area, choose the category in the table which best describes his/her employment. If someone is serving in a practice site such as a CHC that is located in a HPSA, count that person only once in the specific practice site, (e.g., the CHC). Do not count the individual in both the CHC and the HPSA.

**Table DS-3a
Persons in Primary Care Disciplines in
Residencies, or Practices in Underserved Communities**

Persons can enter into **either** a residency **or** a practice; they cannot enter **both** a residency **and** a practice.

		Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	Total
Dentistry	Residencies												
	Practices												
Family Medicine	Residencies												
	Practices												
General Internal Medicine	Residencies												
	Practices												
General Pediatrics	Residencies												
	Practices												
Nurse Practitioner	Residencies												
	Practices												
Nurse-Midwife	Residencies												
	Practices												
Physician Assistant	Residencies												
	Practices												
Primary Care Podiatric Medicine	Residencies												
	Practices												
Total	Residencies												
	Practices												

**Table DS-3b
Other Health Professions (may support Primary Care) in Practices in Underserved Communities**

	Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	Total
Allopathic Medicine												
Chiropractic												
Clinical Psychology												
Dental Public Health												
Health Administration												
Nurse Anesthetist												
Osteopathic Medicine												
Other Advanced Education Nurse												
Pharmacy												
Preventive Medicine												
Public Health												
Social Work												
Undergraduate Nurse												
Veterinarian												
*Others												
Total												

*Specify any disciplines not listed above in the boxes under "Other" category

**Table DS-3c
Persons in Allied Health Disciplines in Practice in Underserved Communities**

	Ambulatory Practice Sites Designated by State Governors	CHC	Federally designated HPSAs	FQHCs	Health Care for Homeless	Health Dept.	IHS Sites	MHC	NHSC Sites	Public Housing Primary Care Grantees	Rural Health Clinics	Total
Clinical Laboratory Sciences												
Dental Assistants												
Food and Nutrition Services												
Health Information												
Rehabilitation												
Technicians and Technologists												
* Other												

*Specify any disciplines not listed above in the boxes under "Other" category

Have you reported in the above tables (DS-3a, 3b, and 3c) any students in non-HPSA categories (Ambulatory Practice Sites Designated by State Governors, Health Care for Homeless, Health Dept, and Public Housing Primary Care Grantees) who are working in HPSAs?

Yes No

If "Yes" provide the number of students

Outcome for Core Performance Measure – DS-3

The percent of health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

1. The annual outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the number of BHPPr graduates entering practice in an underserved area.
3. The Denominator is based on total number of students supported by your BHPPr-funded formative education and training program students from Table LR-1.

Infrastructure Measures

Strategy: Strengthen public health and health care infrastructure.

IN-1: The percent of curricula related to improving population-based health (public health) implemented in BHPPr-funded education and training programs

IN-2: The percent of continuing education units or contact hours offered by BHPPr programs.

IN-1 The percent of curricula related to improving population-based health (public health) implemented in BHP-funded education and training programs

Reporting period: between July 1, 2006 and June 30, 2007

1. Assessing Population-based Health Curricula and Ways of Implementation

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

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

Your total scores for each row and column will be calculated automatically. The total score for any one row will be 0-6 and for any one column will be 0-15. The overall score for this table is between 0 and 48 and is displayed in field for Curricula Area Total and Implementation Total. .

**Table IN-1
Population-based Health Curricula and Ways of Implementation**

Curricula Area/ Way of Implementation	Elective Course	Required Course	Curricula Area Total
Biostatistics			
Environmental health			
Epidemiology			
Health Behavior			
Health Promotion/Disease prevention			
Leadership skills			
Population-based health care (Community-Oriented Primary Care)			
Program evaluation/performance monitoring			
Implementation Total			

Outcome for Core Performance Measure – IN-1

The percent of curricula related to improving population-based health (public health) implemented in BHPPr-funded education and training programs

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

Reported Data	CPMS/UPR 2008	CPMS/UPR 2009	CPMS/UPR 2010	CPMS/UPR 2011	CPMS/UPR 2012
Goal					
Outcome					
Numerator					
Denominator	48	48	48	48	48

Outcome Calculations (pre populated by the system):

1. The Annual Outcome is calculated by dividing the numerator by the denominator and multiplying by 100.
2. The Numerator is based on the value from Table 1 Implementation Total/Curricula Area.
3. The Denominator for this measure is 48, which is the total possible score if all eight curricula area received a high score of “3” for the two implementation noted.

IN-2 The percent of continuing education units or contact hours offered by BHPPr Programs

**Table IN-2
Continuing Education Units or Contact Hours Offered by BHPPr Programs**

For each question below, please provide the data requested in the text box to the right of the question:

1. Total Number of Continuing Education (CE) contacts offered by your BHPPr formative education or training program between July 1, 2006 and June 30, 2007:

What was the total number of continuing education contacts offered by your program for the current reporting year?

2. Total Number of Continuing Education Contacts supported by your BHPPr formative education or training program between July 1, 2005 and June 30, 2006:

What was the total number of Continuing Education contacts supported in the reporting year PRIOR to the current reporting year?

Outcome for Core Performance Measure – IN-2

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

Quality Measures

Strategy: Improve the quality of care through training.

Q-1: The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPPr-funded health professional education and training programs

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

Q-1 The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPf-funded health professional education and training programs

Reporting period: between July 1, 2006 and June 30, 2007

Assessing Core Competency Training and Ways of Implementation

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

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

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

**Table Q-1
Training Core Competencies and Ways of Implementation**

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Evidence-based decision-making			
Health informatics			
Interdisciplinary team training			
IOM CORE Competencies (patient safety and care that is timely, effective, efficient and equitable)			
Quality measurement and improvement (other than IOM)			
Implementation Total			

Outcome for Core Performance Measure – Q-1

The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHP-funded health professional education and training programs

For all years, enter the Goal that you have set for this performance measure for this grant. Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

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

Reporting period: between July 1, 2006 and June 30, 2007

1. Assessing Core Competency Training and Ways of Implementation

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

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

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

**Table Q-2
Training Core Competencies and Ways of Implementation**

Core Competency / Way of Implementation	Elective Course	Required Course	Competency Total
Cross-Cultural Clinical Skills (for example, communication skills, working with interpreters, problem-solving skills, immigrants, refugees)			
Health Disparities and Factors Influencing Health (for example, demographic patterns of disparities, and factors underlying disparities)			
Key Aspects of Cultural Competence (for example, epidemiology of population health; healing traditions, beliefs systems health and illness)			
Rationale, Context, and Definition (for example, definitions of race, ethnicity, culture and religion)			
Understanding the Impact of Stereotyping			

on Health Decision-Making (for example, history and effects of bias, discrimination, racism and stereotyping)			
Implementation Total			

Outcome for Core Performance Measure – Q-2

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

For all years, enter the Goal that you have set for this performance measure for this grant. **Use the Outcome Calculation as a basis to specify your goals.** Enter this goal as a whole number percentage (round up to a whole number decimal).

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

Outcome Calculations (pre populated by the system):

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

Glossary

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

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

Assistants refer to: Home Health Aides and Medical Assistants.

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

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

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

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

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

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

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

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

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

Cultural Competence means a set of academic and interpersonal skills that allow an individual to increase his or her understanding and appreciation of cultural differences and similarities within, among and between groups. This requires willingness and ability to draw on values, traditions, and

customs of the populations served and the ability to develop culturally sensitive interventions.

Curriculum means a set of courses constituting an area of specialization

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

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

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

Disadvantaged means an individual who (1) Educationally comes from an environment that has inhibited the individual from obtaining the knowledge, skill and abilities required to enroll in and graduate from a health professions school, or (2) Economically comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index, and adjusted by the Secretary for use in all health professions programs.

Discipline means a field of study.

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

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

Enrollee refers to an individual who receives formative professional training.

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.

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

Ethnicity There are two categories for data on ethnicity: “Hispanic or Latino,” and “Not Hispanic or Not Latino.”

“Hispanic or Latino” means a person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Population-Based Health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.

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

Primary Care Service Area (PCSA) is a geographic unit used for the measurement of primary care

resources, utilization, and associated outcomes. Identifies clusters of people receiving primary care within geographic boundaries, and represents market areas for primary care services.

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

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

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

Programs \leq 39 hours

Programs of 40-160 hours

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

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

Quality of Care includes attention to the following:

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

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

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

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

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

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

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

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

Minority means an individual is either of the Hispanic or Latino ethnicity or is an American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander.

Race The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

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

Respondents shall be offered the option of selecting one or more racial designations.
 Note: See “Ethnicity” for definitions of Hispanic or Latino ethnicity.

Underserved Area/Population includes:

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

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

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

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

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

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

Native Hawaiian Health Center – An entity (a) which is organized under the laws of

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

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

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

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

Core Performance Measures

HRSA Goals

As the nation's Access Agency, HRSA focuses on uninsured, underserved, and special needs populations in its goals and program activities.

Goal 1: Improve Access to Health Care

Goal 2: Improve Health Outcomes

Goal 3: Improve the Quality of Health Care

Goal 4: Eliminate Health Disparities

Goal 5: Improve the Public Health and Health Care Systems

Goal 6: Enhance the Ability of the Health Care System to Respond to Public Health
Emergencies

Goal 7: Achieve Excellence in Management Practices

BHPr Strategic Goals

Goal 1: Eliminate Barriers to Health Care

Goal 2: Eliminate Health Disparities

Goal 3: Improve the Quality of Health Care

Goal 4: Improve Public Health and Health Care systems

Summary of Core Performance Measures

	<p>Strategy: Increase health workforce diversity.</p>
Diversity	<p>DV-1: The percent of underrepresented minority students in BHPPr funded pre-professional and formative education and training programs</p>
	<p>DV-2: The percent of disadvantaged students in BHPPr funded pre-professional and formative education and training programs</p>
	<p>DV-3: The percent of FTE underrepresented minority faculty in BHPPr grant programs.</p>
	<p>Strategy: Promote careers in primary care.</p>
Primary Care	<p>PC-1: The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students.</p>
	<p>PC-2: The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care.</p>
	<p>PC-3: The percent of formative education and training program participants receiving a portion of their clinical training in a non-hospital, primary care site.</p>
	<p>Strategy: Improve the distribution of the health workforce.</p>
Distribution	<p>DS-1: The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.</p>
	<p>DS-2: The percent of participants in BHPPr-funded formative education and training programs receiving a portion of their clinical training in underserved area sites</p>
	<p>DS-3: The percent change of health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program.</p>
	<p>Strategy: Strengthen public health and health care infrastructure.</p>
Infrastructure	<p>IN-1: The percent of curricula related to improving population-based health (public health) implemented in BHPPr-funded education and training programs</p>
	<p>IN-2: The percent of continuing education units or contact hours offered by BHPPr programs.</p>
	<p>Strategy: Improve the quality of care through training.</p>
Quality	<p>Q-1: The percent of Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPPr-funded health professional education and training programs</p>
	<p>Q-2: The percent of comprehensive cultural competence curricula integrated into BHPPr-funded education and training.</p>

Core Measures Detail Sheets

DV-1

PERFORMANCE MEASURE

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

GOAL

Increase diversity in the health care workforce.

MEASURE

Assess the percent change in underrepresented minority students enrolled or graduated or completed programs in BHPPr-funded pre-professional and formative education and training programs.

SIGNIFICANCE

BHPPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, provide financial support, and social support for minority students.

The success of these programs can be measured by continuing increases in the percent of minorities and disadvantaged in each entering class.

DEFINITION

Numerator:

Number of URM students enrolled or graduated or completed programs in BHPPr-funded pre-professional and formative education and training programs

Denominator:

The total number of enrollees or graduates or program completers in BHPPr-funded pre-professional and formative education and training programs.

DV-2

PERFORMANCE MEASURE

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

GOAL

Increase diversity in the health care workforce

MEASURE

Assess the percent change in disadvantaged students enrolled or graduated or completed programs in BHPPr-funded pre-professional and formative education and training programs.

SIGNIFICANCE

BHPPr programs support increasing minority and disadvantaged representation in the health care workforce by sponsoring programs to encourage a greater interest in health careers, programs to increase academic achievement, provide financial support, and social support for minority and disadvantaged students.

The success of these programs can be measured by continuing increases in the percent of minorities and disadvantaged in each entering class.

DEFINITION

Numerator:

Number of disadvantaged students enrolled or graduated or completed programs in BHPPr-funded pre-professional and formative education and training programs.

Denominator:

The total number of enrollees or graduates or program completers in BHPPr-funded pre-professional and formative education and training programs.

DV-3

PERFORMANCE MEASURE

The percent of FTE underrepresented minority faculty in BHP_r grant programs

GOAL

Increase the percent of FTE underrepresented minority faculty in health professions education and training programs.

MEASURE

Assess the percent change of FTE underrepresented faculty in BHP_r grant programs.

As a nation, we are trying to increase diversity in the health professions workforce. In order to succeed, we need to increase minority representation among faculty. Underrepresented minority role models and mentors are needed to assist and encourage minority students and trainees in preparing for a career in health professions.

SIGNIFICANCE

Many BHP_r programs are working actively to promote faculty development and increase the number of minorities working in the health professions.

This performance measure will enable the bureau to monitor progress in increasing the representation of underrepresented minorities on institutional faculties.

DEFINITION

Numerator:

The full time equivalent number of underrepresented minority faculty in a grant program.

Denominator:

The full time equivalent number of faculty in a grant program.

PC-1

PERFORMANCE MEASURE

The percent of evidence based strategies implemented in Bureau-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students

GOAL

Promote the selection or enhance the preparation of a primary care career among health professional students by demonstrating use of evidence based strategies (EBS).

MEASURE

Assess the percent change in the number of evidenced-based strategies implemented in BHPR-funded programs to promote the selection of or enhance the preparation of a primary care career among health professional students

SIGNIFICANCE

The number of individuals choosing careers in primary care has been declining since the late 1990s, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPr supports programs that encourage students to choose a career in primary care.

This measure will track the degree to which BHPr-funded education and training programs are implementing evidence-based strategies to promote careers in primary care.

DEFINITION

Numerator:

Total number of the EBS used by grantees.

Denominator:

The maximum possible number of strategies.

SOURCE

The Generalist Physician Initiative: National Program Report (2003), The Robert Wood Johnson

PC-2

PERFORMANCE MEASURE

The percent of all students in BHPPr-funded formative education and training programs being trained for a career in primary care.

GOAL

To maintain or increase the number of individuals training for careers in primary care.

MEASURE

Assess the percent change in all students in BHPPr-funded formative education and training programs being trained for a career in primary care.

The number of individuals choosing careers in primary care is declining, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPPr supports programs that encourage students to choose a career in primary care.

SIGNIFICANCE

In fact, BHPPr is the only source of Federal funds to promote training in primary care. While some BHPPr programs support fields such as nurse midwifery and nurse anesthesia, the majority of BHPPr funding supports primary care.

This measure provides a simple indicator of the degree to which BHPPr funds are targeting and supporting training in primary care.

DEFINITION

Numerator:
Number of trainees in BHPPr-funded formative education and training programs supporting primary care.

Denominator:
Number of trainees in all BHPPr-funded formative education and training programs.

PC-3

PERFORMANCE MEASURE

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

GOAL

To increase the number of individuals in BHPPr-funded education and training programs that are exposed to primary care during their clinical training.

MEASURE

Assess the percent change of formative education and training program participants receiving a portion (≤ 1 month or ≥ 1 month) of their clinical training in a non-hospital, primary care site.

SIGNIFICANCE

The number of individuals choosing careers in primary care is declining, in large part due to the significant debt incurred by US trained medical students and decreasing reimbursement for primary care vs. specialty physicians. To reverse this decline, BHPPr supports programs that encourage students to choose a career in primary care.

In fact, BHPPr is the only source of Federal funds to promote training in primary care. While some BHPPr programs support fields such as nurse midwifery and nurse anesthesia, the majority of BHPPr funding supports primary care.

Exposure to ambulatory care during clinical training increases the likelihood that students and trainees will choose a career in primary care. This measure provides a simple indicator of the degree to which BHPPr funds are targeting and supporting training in primary care.

DEFINITION

Numerator:

Number of individuals receiving a portion (< 1 month or ≥ 1 month) of their clinical training in an ambulatory site.

Denominator:

Total number of individuals receiving their clinical training in a BHPPr-funded program.

DS-1

PERFORMANCE MEASURE	The percent of evidence-based strategies implemented in Bureau-funded programs to influence the distribution of the health professional workforce, by providing opportunities to understand and experience the delivery of health care in underserved areas.
GOAL	Increase the distribution of the health professional workforce by providing opportunities to understand and experience the delivery of health care in underserved areas.
MEASURE	Assess the percent change in evidenced-based strategies implemented in BHPr-funded programs to influence the distribution of the health professional workforce by providing opportunities to understand and experience the delivery of health care in underserved areas.
SIGNIFICANCE	A literature review was conducted to identify factors that promote improved provider distribution. These factors were integrated into a scale measure of the degree to which BHPr programs are using strategies based on evidence.
DEFINITION	<p>This measure will track the degree to which BHPr-funded education and training programs are implementing evidence-based strategies to influence the distribution of the health professional workforce.</p> <p>Numerator: Total number of the EBS used by grantees.</p> <p>Denominator: The maximum possible number of the strategies.</p>
SOURCE	MGT of America, Inc. Study of Best Models for Training and Retaining Physicians for Service in Underserved Areas. FSU Tallahassee, Florida, Oct 1999.

DS-2

PERFORMANCE MEASURE

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

GOAL

To increase the percent of health professional trainees choosing to serve in underserved areas

MEASURE

Assess the percent change in participants in BHPPr-funded formative education and training programs receiving a portion (≤ 1 month or ≥ 1 month) of their clinical training in underserved area sites.

SIGNIFICANCE

Historically, health care providers, especially physicians, have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the United States has become unequal, creating access problems within rural and other underserved areas.

Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.

Improving the distribution of primary-care providers in the United States is a goal common to many BHPPr-funded health professions education and training programs.

This measure will enable the Bureau to begin tracking the extent to which supported programs are providing opportunities for their students and trainees to gain clinical experience in underserved areas sites.

DEFINITION

Numerator:

Number of students in formative education and training programs receiving a portion (< 1 month or ≥ 1 month) of their clinical training in an underserved area.

Denominator:

Total number of students in formative education and training programs.

DS-3

PERFORMANCE MEASURE

The percent change of health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program.

GOAL

To increase the percent of graduates and completers of BHPPr-funded programs practicing in underserved areas, communities, or health professional shortage areas.

MEASURE

Assess the percent change in health professionals entering practice in underserved areas after graduation from a BHPPr-funded formative education and training program.

Historically, health care providers, especially physicians, have tended to settle in areas with higher average incomes, higher average population density, greater access to other providers and hospital facilities, and leisure amenities. Consequently, the distribution of health care providers across the United States has become unequal, creating access problems within rural and other underserved areas.

SIGNIFICANCE

Studies have shown that programs combining selected admissions policies with special educational programs have been successful in increasing the number of providers practicing in rural and underserved areas. In particular exposure to underserved areas and populations during formative education has shown a greater likelihood of health professionals entering practice in such areas.

Improving the distribution of primary-care providers in the United States is a goal common to many BHPPr-funded health professions education and training programs.

This measure will enable the Bureau to monitor the success of programs to increase the number of health care providers working in underserved areas, communities, or health professional shortage areas.

DEFINITION

Numerator:

The number of BHPPr graduates entering practice in an underserved area.

Denominator:

Total number of graduates in BHPPr-funded programs

IN-1

PERFORMANCE MEASURE

The percent of curricula related to improving population-based health (public health) implemented in BHP-funded education and training programs.

GOAL

Strengthen the public health infrastructure.

MEASURE

Assess the percent change in curricula related to improving population-based health implemented in BHP-funded education and training programs.

The Nation's public health infrastructure is the resource needed to deliver the essential public health services to every community. It includes people who work in the field of public health, the information and communication systems used to collect and disseminate accurate health data, and public health organizations at the State and local levels in the front lines of public health.

Many BHP programs, not just those specifically targeted at public health, contribute to the achievement of the core competencies in public health. Efforts include curriculum development, continuing education, development of public health and prevention research agenda.

SIGNIFICANCE

This measure will track the degree to which the following are included in the curricula of BHP-funded education and training programs: population-based health care, biostatistics, epidemiology, program evaluation and performance monitoring, community-oriented primary care, health promotion, disease prevention, environmental health, health behavior, and leadership skills.

DEFINITION

Numerator:

Total number of the curricula used by grantees.

Denominator:

The maximum possible number of the curricula.

SOURCE

Council on Linkages between Academia and Public health Practice: Core Competencies for Public Health Professionals, Public Health Foundation, 2001.

PERFORMANCE MEASURE

The percent of continuing education units or contact hours offered by BHPPr programs.

GOAL

Meet the continuing education needs of health professionals in CHCs.

MEASURE

Assess the percent change in continuing education units or contact hours offered by BHPPr programs.

SIGNIFICANCE

There are numerous providers of continuing education for health professionals in the U.S. Both private entities and the Federal government are major sponsors of continuing education programs.

Features that distinguish federally-funded continuing education, in general, and BHPPr-funded continuing education, in particular, from privately sponsored programs is its ability to provide programming in locations that are not profitable for private sponsors, such as Health Professional Shortage Areas (HPSAs).

In addition, BHPPr continuing education programs are offered to all health professionals regardless of discipline, and can be tailored to meet the specific needs of local health professionals and the populations they serve.

Topics addressed in BHPPr-funded sponsored CE programs include emergency preparedness.

DEFINITION

Numerator:

The number of CE contacts offered by BHPPr training programs in Medically Underserved Communities (MUCs).

Denominator:

Total number of CE contacts offered by BHPPr training programs.

Q-1

PERFORMANCE MEASURE

The percent of Institute of Medicine (IOM) Core Competencies(patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPPr-funded health professional education and training programs.

GOAL

To integrate quality of care into health professional curricula.

MEASURE

Assess the percent change in Institute of Medicine (IOM) Core Competencies (patient safety and care that is timely, effective, efficient and equitable), patient-centered care, health informatics, evidence-based strategies (EBS), interdisciplinary team training, other quality measurement and improvement integrated into BHPPr-funded health professional education and training programs.

Recent changes in the health care environment necessitate corresponding changes in the structure of health professional education.

Among these are advances in science and health technology, changes in the practice environment, the diversity of the U.S. population, and the increasing predominance of chronic over acute conditions.

SIGNIFICANCE

The core recommendations of a 2003 Institute of Medicine report focus in particular on patient-centered care, health informatics, evidence-based decision-making, interdisciplinary team training, and quality measurement and improvement as a means to improve the health care system’s ability to keep up with new knowledge and technology.

BHPPr-funded education and training programs will be asked to rate themselves on actions they have taken or are taking to improve the quality of provider education, using the attached instrument.

DEFINITION

Numerator:

Total number of the EBS or quality improvement curricula used by grantees.

Denominator:

The maximum possible number of curricula.

SOURCE

Institute of Medicine (IOM), Health profession Education: A Bridge to Quality, April 2003.

Q-2

PERFORMANCE MEASURE

The percent of comprehensive cultural competence curricula integrated into BHPPr-funded education and training programs.

GOAL

Improve the quality of health professional education.

MEASURE

Assess the percent change in comprehensive cultural competence curricula integrated into BHPPr-funded education and training programs.

Cultural competence has been recognized by the American Medical Association, the Association of Academic Medical Colleges and the Institute of Medicine of the National Academies of Science as being an important component of medical and health professional education curricula.

SIGNIFICANCE

The American Association of Medical Colleges recently published an instrument for the Technical Assessment of Cultural Competence Training (TACCT), which provides a framework for medical schools to assess the adequacy of their cultural competence curricula. The framework identifies cultural competence as consisting of five domains of expertise.

The data collection instrument attached uses the five domains of cultural competence adapted from the TACCT to assess the degree to which BHPPr-funded educational organizations are integrated into the curricula of health professionals regardless of discipline and area of expertise.

DEFINITION

Numerator:

Total number of the core cultural competence curricula used by grantees.

Denominator:

The maximum possible number of the curricula.

SOURCE

American Association of Medical Colleges (AAMC): Instrument for the Technical Assessment of Cultural Competence Training (TACCT).

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Data Collection Instruments

Thank you for taking the time to complete this report

The development of the UPR and the associated CPMS was a joint effort of BHP, program officers, and grantees. In addition to providing information on the progress of your specific grant objectives and budget, the information collected will be used by BHP to justify the President's annual budget request to Congress and meet the mandatory performance measurement requirements of the Government Performance Results Act (GPRA).

