HRSA-15-068
Rural Network Allied Health Training Program
Performance Measures

Grant Program:

The purpose of this grant program is to support the development of formal rural health networks that focus on activities that strengthen the rural health care system. Such activities include those that improve the quality of essential health services and those that facilitate efficient, accessible, and coordinated health care. This project will meet its goal through the **recruitment**, **clinical training**, and **retention of allied health professionals.**

The Importance of Measuring Performance:

The Performance Improvement Measurement System (PIMS) is used to develop grantee baseline measurements, track progress, and develop an evidence base for effective rural health interventions. A robust set of performance measures is an important evaluation component that helps the Federal Office of Rural Health Policy (FORHP) determine the effectiveness of Rural Network Allied Health Training Program grantees' efforts to meet overall project goals. In addition, it is important to have high quality data for grantees to use in self-evaluation. The data reported into the PIMS system allows FORHP to determine if grantees are meeting the health workforce needs of their network members while also addressing the broader goals of the 330A grant program. In turn, these data enable FORHP to document the impacts of its investment in rural communities through the Allied Health Program. Grantees may also use the PIMS data in developing and conducting evaluations of their own programs to measure the extent to which goals and objectives are met. FORHP will share aggregate PIMS data reports so that individual grantees can compare their performance against peers (benchmarking). FORHP has learned through the evolution of PIMS that sharing PIMS data with grantees enhances the quality and consistency of grantees' PIMS data, supports grantee performance improvement activities, and results in high quality program outcomes.

Tables/Categories:

1. Network Member Service Area
2. Population Demographics
3. Network Description
4. Sustainability of Network and Program
5. Student Access to Education
6. Student Education and Training
7. Workforce Recruitment and Retention

Performance Measures:

Table 1: Network Member Service Area
Instructions:
Information collected in this table provides an aggregate count of the number of counties within the service area that network partners serve, which may or may not be the total population residing within the service area. **In the third column, please enter a numerical figure or DK for don't know, if applicable.**

Number of counties
- End of the budget year number is the number of counties served by the end of the budget year.
- Denotes the number of counties served through the program, which is defined as the number of counties the network members' serve. Please include entire the county served through the grant program, for example, if your project is serving only a fraction of a county; please count that as one (1) county.

	Number of counties: (If you serve a sub-county area please count this as (1)	**Number of counties at the end of budget year (count sub-county areas as "1" county)**
1		
	Total number of counties served by your network members	
	Number of counties providing students for the program	

Table 2: Population Demographics
Instructions:

Please provide the number of people in your service area population by race, ethnicity, and veteran status. The **number of people is defined as the total potential trainee population** targeted for the Rural Network Allied Health Training Program. The **number of people in the target population would be the total number of trainees** the network organization has access to as well **as the total number of trainees enrolled in the educational programs and institutions where the network is actively recruiting**.

If the number of people is zero (0), please put zero (0) in the appropriate section; do not leave any sections blank. There should not be a N/A (not applicable) response since all measures are applicable.

Number of people served through program by defined ethnicity of Hispanic or Latino where Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin, such as, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.

Population Demographics		**Number**
2	**Number in target population by ethnicity:**	
	Hispanic or Latino	
	Not Hispanic or Latino	
	Unknown	

3	Number in target population by race:	
	American Indian/Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian/Other Pacific Islander	
	White	
	More than one race	
	Unknown	
4	Number of military persons in target population	
	Active Service Person	
	Veteran	
	Non-military persons	

Table 3: Network Description

Instructions:
Please identify the total number of formal member organizations in the consortium or network, as well as the types of member organizations by non-profit and for-profit status and organization type. Please indicate a number for each category.

Network Size		Number
7	**Type of member organizations in the consortium or network**	Number
	Area Health Education Center (AHEC)	
	Community College	
	Community Health Center	
	Community Mental Health Center (CMHC)	
	Critical Access Hospital	
	Faith-Based Organization	
	Federally Qualified Health Center (FQHC)	
	Health Center Controlled Network (HCCN)	
	Health Department	
	Migrant Health Center	
	Private Practice	
	Quality Improvement Organization	
	Regional Extension Center	
	Rural Acute Care General Hospital	
	Rural Health Clinic	
	School District	
	Social Services Organization	

	Technical School	
	University/College	
	Urban Acute Care General Hospital	
	Other – Specify Type:	

Table 4: Sustainability of Network and Program

Instructions:

Please provide the following funding/revenue amounts:

- The amount of additional funding secured to sustain the Rural Network Allied Health Training Program. Please ~~indicate if you have a sustainability plan and~~ select your sustainability activities.

  If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.

Please identify the types of sustainability activities that the network/consortium engaged in during the respective budget year; please check all that apply.

		Dollar Amount *** If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.**
8	**Funding/Revenue:**	
	Additional funding secured to assist in sustaining the Rural Network Allied Health Training program (e.g. value of in-kind services, additional grants, cash, etc.)	
9	**Type(s) of sources of funding for sustainability:**	**Mark "X" for all that apply.**
	Tuition	
	Network Business Revenue	
	In-Kind Contributions	**Y/N**
	Specify types: (such as Financial Endowments, staffing, etc.)	
	Project Member Dues	
	Fundraising	
	Other Grants	
	Specify type of other grants,: such as, foundation, state, federal	
	Contractual Services	
	Other – Specify Type:	

Table 5: Student Access to Education

Instructions: Please provide the following information about individuals enrolled in the program. In question11A please indicate the **total number** of individuals in the program. In subsequent columns where indicated, the **total number** should equal the same for the total number of individuals in the program. In question 17 ividuals may fall into more than one category. *Note: For a definition of disadvantaged, please go to http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html

	Performance Measure	Number
11A	**Insert the total number of individuals in the program**	Total Number:
11 B	**Indicate the number of individuals enrolled in the program by type (select all that apply):**	Number
	• Full- time employed individuals	
	• Part-time employed individuals	
	• unemployed individuals	
		Total Number:
11 C	**Indicate the number of individuals enrolled in the program by type (select all that apply)**	
	• current health care staff	
	• local displaced workers	
	• underrepresented Minorities and/or from Disadvantaged Backgrounds*	
		Total Number:
11D	**Indicate the number of individuals enrolled in the program by type:**	
	• rural residents	
	• non-rural residents	
		Total Number:
12	**Indicate the number of individuals enrolled that currently have an Associates level degree or higher**	Number:

Table 6: Student Education and Training

Instructions: Please provide the following information about individuals enrolled in the program that have completed the training, and those that permanently left the program. In questions 20, 22, 24, 26 and 28 individuals may fall into more than one category. *Note: For a definition of disadvantaged, please go to http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html

13	Indicate the total number of individuals who completed the training (results in certification, such as EMT)	Total Number
14	Indicate the number of individuals **who completed the training** or **educational program (e.g., associate degree)** by type:	
	• full time employed individuals	
	• part-time employed individuals	
	• unemployed individuals	
		Total Number
14A	Indicate the number of individuals who completed the training or educational program by type (an individual may fit more than one category):	
	• current health care staff	
	• local displaced workers	
	• underrepresented Minorities and/or from Disadvantaged Backgrounds*	
		Total Number
15	Indicate the number of individuals who completed the training or educational program by type:	
	• veterans	
	• non-veterans	
		Total Number
16	Indicate the number of individuals who completed the training or educational program by type:	
	• rural residents	
	• non-rural residents	
		Total Number

15A	Indicate the number of individuals who **permanently left** the program before completion by type:	
	• full time employed individuals	
	• part-time employed individuals	
	• unemployed individuals	
		Total Number
15 B	Indicate the number of individuals who permanently left the program before completion by type:	
	• current health care staff	
	• local displaced workers	
	• underrepresented Minorities and/or from Disadvantaged Backgrounds*	
		Total Number
15 C	Indicate the number of individuals who permanently left the program before completion by type:	
	• veterans	
	• non-veterans	
		Total Number
15 D	Indicate the number of individuals who permanently left the program before completion by type:	
	• rural residents	
	• non-rural residents	
		Total Number

Table 7: Workforce Recruitment and Retention
Instructions: Please provide the following information about individuals that have completed* the program and are now considered part of the Allied Health Professional workforce. **Those have completed the Program are defined as individuals who have completed the education or training.

15 D	Indicate the number of targeted vacant Allied Health positions located within the rural community.	Number
16	Indicate the number of individuals who completed the program that are currently employed in the Allied Health field by setting:	Number
	• critical access hospital	
	• rural clinic	
	• rural hospital	
	• rural Veteran's Administration facility	
	• Health Center Controlled Network	
	• Other (Please specify)	
17	Select the disciplines of Allied Health Professionals hired as a result of the FORHP funded program,: (indicate the number for all that apply)	Number
	• Behavioral health technicians Specify: (psychiatric/mental/substance abuse)	Number
	• Certified nursing assistants (CNA)	Number
	• Dental hygienists	Number
	• Emergency medical technicians (EMT)	Number
	• Medical/clinical laboratory technicians	Number
	• Technologists and technicians Specify: (diagnostic imaging technologists, sonography, radiology, etc.)	Number
	• Paramedics or community paramedics	Number
	• Pharmacy technicians	Number
	• Other (please specify)	Number
18	How many program completers** who were placed in a permanent rural position are still employed in a rural Allied Health position?	Number

*Note: For a definition of disadvantaged, please go to
http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html
**Program completers are individuals who have completed the education, and training programs.