

Health Professions Programs:

Building the Health Care Workforce to Meet the Nation's Growing Health Needs

FY 2013 Brochure



The Health Professions and Nursing Education Coalition (HPNEC) is an alliance of over 60 national organizations (listed on back of brochure) representing schools, programs, health professionals and students dedicated to ensuring the health care workforce is trained to meet the needs of our diverse population.

The Health Professions Programs and Their Missions

The health professions and nursing education programs, authorized under Title VII and Title VIII of the Public Health Service Act since 1963, provide education and training opportunities to a wide variety of health care professionals and students, both preparing them for career opportunities in the health professions and bringing health care services to our rural and underserved communities. By educating and training an array of health professionals in interdisciplinary, community-based settings, the Title VII and Title VIII programs enhance the supply, diversity, and distribution of the workforce and fill the gaps in the supply of health professionals not met by traditional market forces.

Through loans, loan guarantees, and scholarships to students, as well as grants and contracts to academic institutions and non-profit organizations, the Title VII and

Title VIII health professions programs are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations, as well as increase minority representation in the health care workforce.

The Title VII and Title VIII programs were reauthorized in 2010- the first reauthorization in the past decade. This reauthorization renewed and updated the Title VII and Title VIII programs, improving their efficiency, and laid the groundwork for an increased focus on recruiting and retaining professionals in underserved communities. A strong, sustainable investment is needed for the programs to continue to fill the gaps in the health care workforce and provide care for our country's neediest communities.

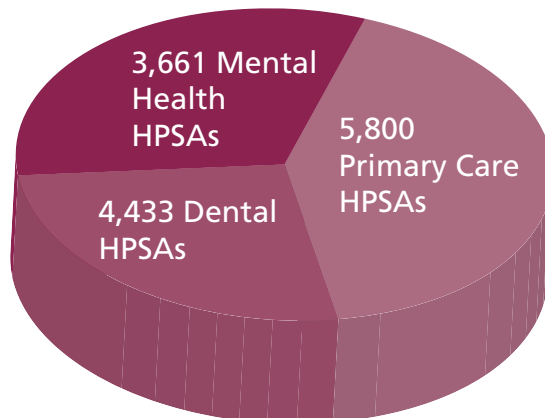
HPNEC recommends \$520 million to strengthen and sustain the Title VII and Title VIII programs in FY 2013.

Addressing Challenges in the Health Care Workforce

For individuals in rural and urban underserved communities, for underrepresented racial and ethnic minorities, for anyone who has had to wait to see a primary care provider, it is clear there are gaps in the health care workforce. There is a total of 33.4 million people living in Health Professional Shortage Areas (HPSAs) today.¹ As America's 77 million baby boomers age, they will require more care, increasing the overall need for health care services. This growing demand will exacerbate the growing shortage of health care professionals, further jeopardizing access to care for aging and vulnerable populations.

Investing in programs that increase the supply, improve diversity, and enhance distribution of health care professionals is essential to meeting the needs of Americans. The Title VII and Title VIII programs help confront these challenges and can decrease the time needed to eliminate HPSA designations.

Number of Health Professional Shortage Areas
as of January 2012²



¹ HRSA Advisory Committee. Negotiated Rulemaking Committee Report. <http://www.hrsa.gov/advisorycommittees/shortage/nrmcfinalreport.pdf>. Accessed Feb. 27, 2012.

² HRSA Data Warehouse <http://datawarehouse.hrsa.gov/hpsadetail.aspx>. Accessed Jan. 23, 2012.



The Title VII Health Professions and Title VIII Nursing Education Programs

The Title VII and Title VIII programs support health professions schools and training programs to improve education and training opportunities and provide financial aid to students. Title VII and Title VIII work together to build a health professions workforce that will meet the nation's urgent health care needs including:

- Health professionals prepared and motivated to work in Health Professional Shortage Areas;
- Health professionals equipped to address the unique health care needs of children;
- Health professionals who mirror the U.S. population in race and ethnicity; and
- Health professionals with the skills needed to care for our aging population.

These programs include:

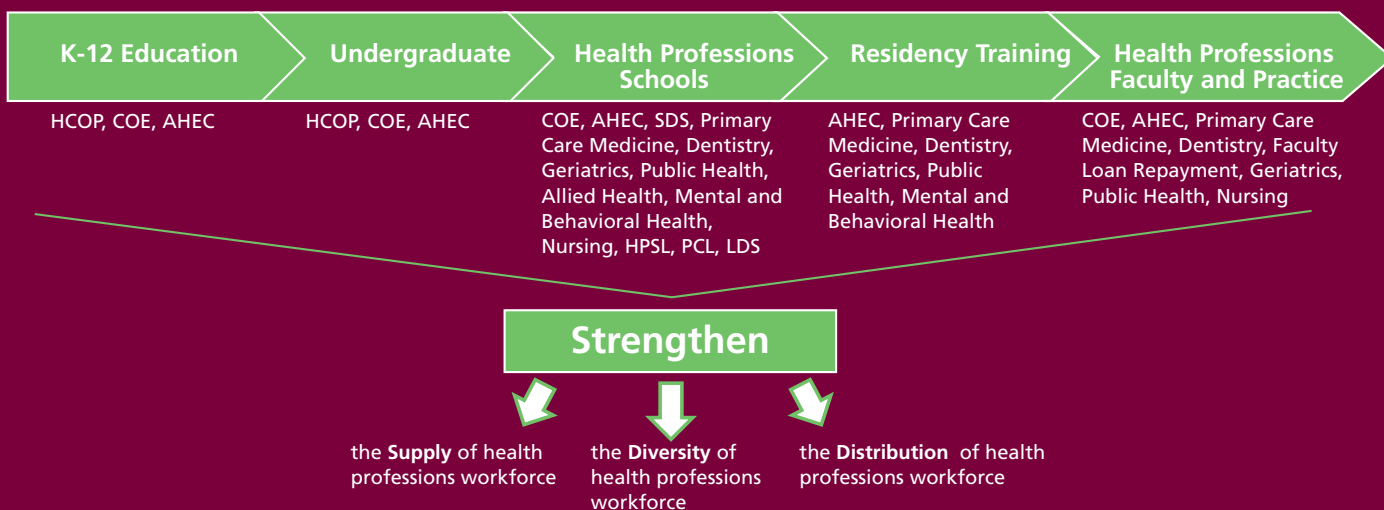
- **Primary Care Medicine and Dentistry:** Expands the primary care workforce in general pediatrics; general internal medicine; family medicine; osteopathic medicine; general, pediatric and public health dentistry; and physician assistants through the following programs: Pre-Doctoral Training; Residency Training; Faculty Development; and Rural Physician Training.

- **Minority and Disadvantaged Students:** Increases minority representation in the health professions through the following programs: Health Careers Opportunity Program (HCOP); Centers of Excellence (COE); Faculty Loan Repayment; and Scholarships for Disadvantaged Students (SDS).
- **Interdisciplinary, Community-Based Linkages:** Supports community-based training of various health professionals in rural and urban underserved areas through the following programs: Area Health Education Centers (AHECs); Geriatrics Education and Training; Teaching Health Center Development; Mental and Behavioral Health Education and Training; and Allied Health Training.
- **Public Health Workforce Development:** Supports education and training to strengthen the workforce through the following programs: Public Health Training Centers; Preventive Medicine Residency Training; Public Health Traineeships; Public Health Student Loan Repayment; and Loan Repayment for Pediatric Subspecialists.
- **Workforce Information and Analysis:** Supports the compilation and analysis of data on the nation's health workforce, including longitudinal

evaluation of the Title VII and Title VIII programs through the National Center for Health Workforce Analysis and the Regional Centers for Health Workforce Analysis.

- **Student Financial Assistance:** Assists health professions students in financing their education through the following programs: Primary Care Loans (PCL); Health Professions Student Loans (HPSL); and Loans for Disadvantaged Students (LDS).
- **Nursing Workforce Development:** Provides federal support for the supply and distribution of qualified nurses for practice in rural and medically underserved communities through the following programs: Advanced Nursing Education; Workforce Diversity Nursing; Nurse Education, Practice, Quality, and Retention; Loan Repayment and Scholarships; Nurse Faculty Loan Program; and Comprehensive Geriatric Education.

The Title VII Health Professions and Title VIII Nursing Programs Span the Education Continuum



The Need for Title VII and Title VIII Programs: Addressing Provider Shortages and Improving Access to Quality Care

Rural and Underserved Areas

Only about 10 percent of physicians practice in rural America while 25 percent of the U.S. population lives there.¹ Both rural and urban communities suffer from health professional shortages across all disciplines, with ongoing issues of distribution, recruitment, and retention of health care providers in these areas. Title VII and Title VIII are the greatest source of federal programming to support development of the health care workforce for underserved areas and populations. Programs such as the Area Health Education Centers (AHEC) develop and support community-based, interdisciplinary training of health professions students, and recruit a diverse and broad range of students into health careers. In 2010 alone, AHEC trained more than 50,000 health professions students at community-based sites.² Title VII and Title VIII programs also provide continuing education and other learning resources that improve the quality of community-based care for the underserved. In addition, reauthorization of the Title VII and Title VIII programs placed an increased emphasis on community-based training and the rural workforce by prioritizing applicants with community health center and AHEC relationships and supporting rural physician training tracks.

*Studies show that the health care providers from rural and underserved areas are the most likely to return to practice in those same communities.*³

Primary Care Physicians

The nation is facing a critical shortage of primary care physicians. Coupled with the expected retirement of up to one-third of today's practicing physicians over the next decade and an expected increase in the utilization of medical services by the country's aging and newly insured populations, the primary care physician workforce will be significantly lower than the country's need. The Title VII programs

improve Americans' access to primary care physicians through community-based, primary-care focused education of students, training of residents, and preparation of faculty. The primary care programs also increase the quality, quantity, and diversity of the primary care workforce with a special emphasis on increasing the capacity to care for the underserved.

*Roughly 77% of the 2,050 rural counties in the U.S. include a primary care health professional shortage.*⁴

Physician Assistants

With Title VII assistance, the physician assistant (PA) profession is expected to grow 39 percent through 2018 to meet the increasing demand for care.⁵ The need for PAs will be greatest in rural and inner city areas that have difficulty attracting physicians and where PAs play a vital role in providing routine medical services. Title VII provides the only federal funding for planning, development, and operation of PA training programs. In addition, these federal funds ensure that PA students from all backgrounds have continued, affordable education and encourage PAs to practice in underserved communities.

Dentistry

Over 45 million people live in dental health professional shortage areas as defined by HRSA.⁶ Title VII helps mitigate these shortages by providing a vital source of support for post-doctoral training in general, pediatric and public health dentistry. The program has helped create over 560 new general dentist positions in the past 25 years (representing 80 percent of such growth) and 200 new pediatric dentist positions in the past 15 years. These residents perform clinical work in facilities that provide a disproportionate level of care to the underserved. Optimal funding for Title VII dental programs will produce graduates that are more likely to treat at-risk populations in their practices and/or pursue careers in dental public health

and academia. It will also enable the most vulnerable to obtain needed dental care, particularly in health professional shortages areas.

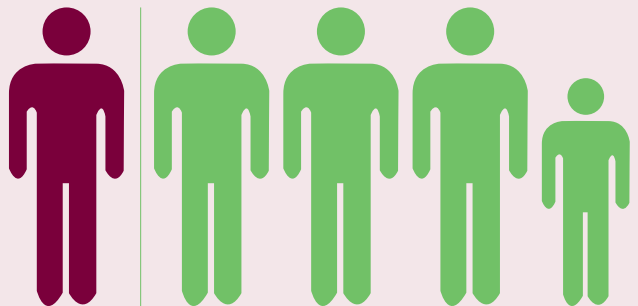
*Graduates from Title VII programs are significantly more likely to practice as general dentists than dental specialists.*⁷

Geriatrics

There are currently 7,162 geriatricians in the U.S – one geriatrician for every 2,620 Americans 75 or older. Due to the projected increase in the number of older Americans, this ratio is expected to drop to one geriatrician for every 3,798 older Americans in 2030.⁸ As America's 77 million baby boomers age, the need to enhance the capacity to train the nation's health care workforce on the unique needs of older Americans will be great, especially with the estimated shortage of 30,000 geriatricians by 2030.⁹ In addition, there continues to be a dire shortage of geriatrics health care professionals across disciplines, including psychiatrists, physician assistants, nurses, social workers, psychologists, pharmacists, and physical therapists. For example, between 60,000 and 70,000 geriatric social workers will be needed by 2020.¹⁰ The Title VII and Title VIII geriatric training programs are the only federal programs designed to address the shortage of professionals trained in geriatrics, and provide training opportunities and retention incentives for those specializing in treating seniors. In an important step, reauthorization expanded the scope of the geriatric programs to a range of health care professionals beyond physicians and nurses, ensuring that elderly adults get the care they need across all health disciplines.

*Since inception, the Title VII Geriatric Education Program has trained more than 425,000 health practitioners in more than 27 health disciplines.*¹¹

Within 20 years, one in five Americans will be over the age of 65 and one in four Americans will be under the age of 19.¹²



These populations have specific health care needs and Title VII and Title VIII programs help meet those needs.

Minorities

Research shows racial and ethnic health disparities cost the economy more than \$230 billion in lost productivity and up to \$1.24 trillion in indirect costs over three years.¹³ Despite some progress, minorities still fare worse in almost every measure of health. They are less likely to get the preventive care needed to stay healthy, and they have less access to treatments and care when they get sick. Because provider-patient race concordance has been shown to help address some of these issues, a diverse health care workforce is essential in the fight to mitigate health disparities. The Title VII and Title VIII programs play an important role in improving the diversity of the health care workforce, promoting the recruitment, education, training, and mentorship of minority health professions candidates across the country. The programs recruit and prepare students that are more likely to serve in underserved areas, cultivate interactions with faculty role models, and encourage students to work where the need is the greatest. Graduates of the Title VII and Title VIII programs also show greater preparedness in cultural competency.¹⁴

Funding for the Title VII and Title VIII health professions programs supports the education and training of more than 10,000 minority students, graduates, residents, and faculty each year.¹⁵

During academic year 2010-2011, the 20 GPE grantees taught 620 trainees and graduated 90 psychologists through the Graduate Psychology Education Program.¹⁷

Mental and Behavioral Health

There are currently 88.9 million Americans living in mental health shortage areas.¹⁶ We need at least 5,791 new mental health professionals to remove the shortage designation. The need for psychologists and social workers is expected to grow faster than the average for all occupations through 2018, particularly for those specializing in treating older adults and working in rural areas. Recruitment and retention of faculty, students, and practitioners continues to be a major challenge facing the mental and behavioral health workforce. The Title VII mental and behavioral health programs help prepare students to fill growing gaps in the mental health workforce through programs such as the Graduate Psychology Education (GPE) program. Specifically, GPE supports the training of psychology graduate students with other health professionals while they provide supervised mental and behavioral health services in rural and urban underserved communities. Reauthorization also included Title VII programs in social work training, child and adolescent mental health, and mental and behavioral health education and training. These programs will be critical in meeting the mental and behavioral health needs of all Americans.

Pharmacy

Research on the national pharmacist workforce points to a continuing shortage of pharmacists. The unemployment rate, increased use of medications, aging of the baby boomer generation, and emergence of more clinical activities within pharmacies all impact the national demand for pharmacists.¹⁸ Increasingly, pharmacists are integrated into patient care teams to manage chronic disease and medications, increase patient medication adherence, and improve patient health outcomes. As health care teams continue to evolve, the role of the pharmacist in direct-patient care continues to expand, with a recent survey finding over 50% of the pharmacy workforce currently in non-dispensing careers within the profession.¹⁹ Title VII programs such as Area Health Education Centers and Geriatric Education Centers provide the inter-professional educational framework for the development of these teams. The diversity programs such as Centers of Excellence and Health Career Opportunities Programs help increase the diversity of pharmacists and other health professionals to improve the capacity of our system to provide culturally competent, patient-centered care.

In 2011, Title VII supported 60 preventive medicine residents – 35 more than in 2010.²¹

Public Health and Preventive Medicine

America will be short 250,000 public health workers by 2020 – one-third of the workforce needed.²⁰ The public health workforce is diminishing over time, a problem that will be compounded by the almost 110,000 public health workers eligible to retire by 2012. Documented and forecasted shortages exist across all public health and preventive medicine disciplines and at the local, state, and federal level, including public health physicians, public health nurses, veterinarians, epidemiologists, preventive medicine specialists, and educators. The Title VII public health and preventive medicine programs help address the growing

80% of nurse practitioners who attended a Title VIII program chose to work in a medically underserved area after graduation.²⁶

shortages by providing grants to support training programs and traineeships across the public health and preventive medicine disciplines, and have the longstanding goal of increasing the number of graduates in underserved areas and the number of underrepresented minorities in these professions. Additionally, a public health loan repayment program will provide incentives for students to pursue public health careers.

Nursing

The nation continues to face a significant demand for nurses to meet the health care needs of the public. The overall shortfall in the number of nurses needed is expected to grow to 260,000 by the year 2025.²² Concurrently, it is estimated that more than 581,500 new nursing positions will be created through 2018 (a 22.2 percent increase), making nursing the nation's top profession in terms of projected job growth.²³ Three major factors contribute to this growing demand for nursing care. First, over 275,000 practicing Registered Nurses (RNs) are over the age of 60.²⁴ When the economy rebounds, many of these nurses will seek retirement. Second, America's population is aging. Older Americans will seek more



health care services, creating an influx of consumers and necessitating the need for quality nursing care. Additionally, reforms to the health care system will increase the number of individuals seeking care. Title VIII is a proven solution to addressing nursing workforce demands. The programs bolster nursing education at all levels, from entry-level preparation through graduate study, and provide support for institutions that educate RNs and Advanced Practice Registered Nurses for practice in rural and medically underserved communities. Now more than ever, the nursing workforce will be

called upon to serve our nation with high-quality, cost-effective care.

Between FY 2005 and FY 2010, Title VIII supported over 400,000 nurses and nursing students, as well as academic nursing institutions and health care facilities.²⁵

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Federal Funding for Health Professions and Nursing Education Under Titles VII & VIII of the Public Health Service Act FYs 2010-2011

State	FY 2010	FY 2011	Δ FY 10-11
Alabama	\$14,036,092	\$14,232,090	\$195,998
Alaska	\$2,081,581	\$840,538	-\$1,241,043
Arizona	\$6,965,844	\$5,797,663	-\$1,168,181
Arkansas	\$4,571,728	\$3,067,961	-\$1,503,767
California	\$32,941,026	\$28,094,897	-\$4,846,129
Colorado	\$5,798,465	\$5,111,673	-\$686,792
Connecticut	\$1,990,004	\$4,148,321	\$2,158,317
Delaware	\$602,952	\$446,165	-\$156,787
District of Columbia	\$5,832,317	\$6,076,006	\$243,689
Florida	\$17,001,864	\$15,349,917	-\$1,651,947
Georgia	\$11,074,055	\$9,513,500	-\$1,560,555
Guam	\$1,201,295	\$759,333	-\$441,962
Hawaii	\$3,920,870	\$2,977,599	-\$943,271
Idaho	\$672,035	\$682,297	\$10,262
Illinois	\$10,986,015	\$9,992,762	-\$993,253
Indiana	\$6,026,125	\$6,344,502	\$318,377
Iowa	\$6,899,012	\$5,036,636	-\$1,862,376
Kansas	\$4,335,431	\$4,187,244	-\$148,187
Kentucky	\$6,899,012	\$5,054,158	-\$1,844,854
Louisiana	\$7,075,595	\$7,702,444	\$626,849
Maine	\$1,183,145	\$1,282,511	\$99,366
Maryland	\$3,949,434	\$4,878,559	\$929,125
Massachusetts	\$15,788,379	\$13,991,203	-\$1,797,176
Michigan	\$10,947,410	\$11,509,429	\$562,019
Minnesota	\$6,140,341	\$6,177,953	\$37,612
Mississippi	\$3,688,827	\$3,640,301	-\$48,526
Missouri	\$6,400,537	\$5,874,797	-\$525,740
Montana	\$4,395,283	\$4,503,267	\$107,984
Nebraska	\$4,440,648	\$4,916,202	\$475,554
Nevada	\$2,862,911	\$2,267,942	-\$594,969
New Hampshire	\$2,015,011	\$1,272,331	-\$742,680
New Jersey	\$10,122,275	\$7,207,911	-\$2,914,364
New Mexico	\$3,089,788	\$2,958,342	-\$131,446
New York	\$32,804,644	\$31,960,722	-\$843,922
North Carolina	\$13,573,467	\$10,814,514	-\$2,758,953
North Dakota	\$2,534,403	\$2,804,735	\$270,332
Ohio	\$10,808,531	\$11,642,418	\$833,887
Oklahoma	\$4,730,858	\$3,717,807	-\$1,013,051
Oregon	\$4,464,781	\$3,226,164	-\$1,238,617
Pennsylvania	\$17,573,774	\$18,635,154	\$1,061,380
Puerto Rico	\$5,581,330	\$8,039,136	\$2,457,806
Rhode Island	\$2,842,858	\$1,900,332	-\$942,526
South Carolina	\$5,825,900	\$3,555,146	-\$2,270,754
South Dakota	\$1,708,678	\$2,290,570	\$581,892
Tennessee	\$20,905,232	\$18,934,664	-\$1,970,568
Texas	\$27,355,323	\$25,562,848	-\$1,792,475
U.S. Virgin Islands	\$0	\$14,959	\$14,959
Utah	\$1,800,212	\$2,203,608	\$403,396
Vermont	\$492,860	\$1,398,342	\$905,482
Virginia	\$10,325,378	\$7,772,171	-\$2,553,207
Washington	\$7,228,706	\$7,064,508	-\$164,198
West Virginia	\$2,129,702	\$2,176,324	\$46,622
Wisconsin	\$6,615,166	\$6,730,737	\$115,571
Wyoming	\$1,292,145	\$821,345	-\$470,800
Total	\$406,529,255	\$377,162,658	-\$29,366,597

Source: Bureau of Health Professions, HRSA

Members of the Health Professions and Nursing Education Coalition

Academic Pediatric Association	American Osteopathic Association	Council on Social Work Education
Alliance for Academic Internal Medicine	American Pediatric Society	Health Professions Network
American Academy of Family Physicians	American Podiatric Medical Association	Hispanic-Serving Health Professions Schools
American Academy of Nurse Practitioners	American Psychological Association	International Certification and Reciprocity Consortium
American Academy of Pediatric Dentistry	American Society for Clinical Laboratory Science	National AHEC Organization
American Academy of Pediatrics	American Society for Clinical Pathology	National Association for Geriatric Education
American Academy of Physician Assistants	American Society of Radiologic Technologists	National Association of Clinical Nurse Specialists
American Association for Marriage and Family Therapy	Association for Prevention Teaching and Research	National Association of Geriatric Education Centers
American Association of Colleges of Nursing	Association of Academic Health Centers	National Association of Minority Medical Educators, Inc.
American Association of Colleges of Osteopathic Medicine	Association of American Medical Colleges	National Association of Pediatric Nurse Practitioners
American Association of Colleges of Pharmacy	Association of American Veterinary Medical Colleges	National Association of Social Workers
American Association of Colleges of Podiatric Medicine	Association of Departments of Family Medicine	National Athletic Trainers' Association
American Association of Nurse Anesthetists	Association of Family Medicine Residency Directors	National Council for Diversity in Health Professions
American College of Nurse Practitioners	Association of Medical School Pediatric Department Chairs	National Hispanic Medical Association
American College of Osteopathic Family Physicians	Association of Minority Health Professions Schools	National League for Nursing
American College of Osteopathic Internists	Association of Rehabilitation Nurses	National Network of Health Career Programs in Two-Year Colleges
American College of Physicians	Association of Schools of Allied Health Professions	National Organization of Nurse Practitioner Faculties
American College of Preventive Medicine	Association of Women's Health, Obstetric, and Neonatal Nurses	North American Primary Care Research Group
American Dental Association	California Association of Alcohol and Drug Abuse Counselors	Oncology Nursing Society
American Dental Education Association	Coalition of Urban Serving Universities	Physician Assistant Education Association
American Geriatrics Society	College of American Pathologists	Society for Pediatric Research
American Nurses Association	Community-Campus Partnerships for Health	Society of General Internal Medicine
		Society of Teachers of Family Medicine