

Initiatives in Allied Health Workforce Development

HEALTH PROFESSION NETWORK

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YOUNG SONG, M.S., M.P.H., R.D.

SENIOR PROGRAM MANAGEMENT OFFICER

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BUREAU OF HEALTH PROFESSIONS

DIVISION OF STATE, COMMUNITY, AND PUBLIC HEALTH

ALLIED, GERIATRICS, AND RURAL HEALTH BRANCH



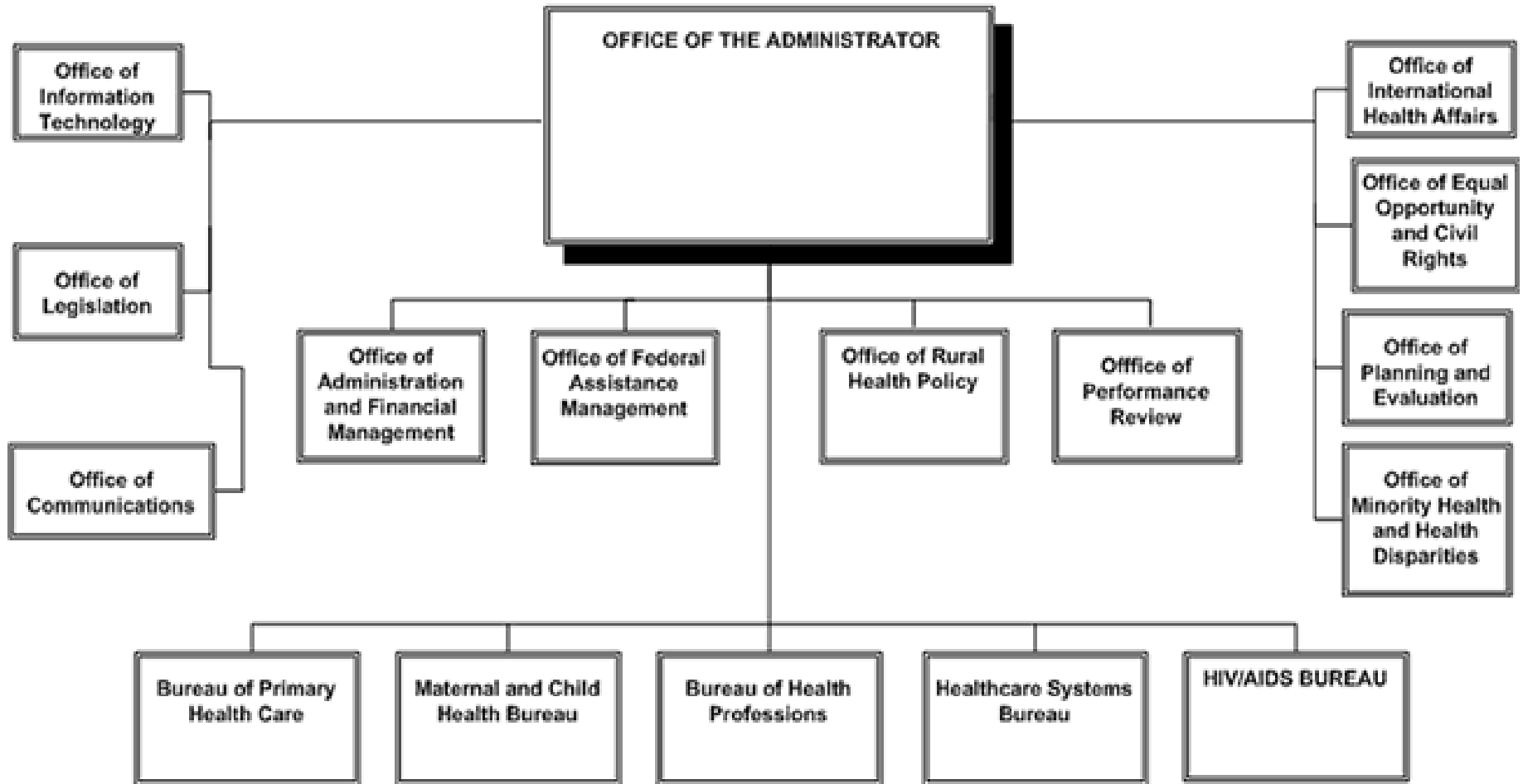
Health Resources and Services Administration

HRSA is the 2nd largest government funding agency next to NIH

Invested 7.4 billion to expand access to quality health care for all Americans in FY 2005

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

ORGANIZATION CHART (HRSA)



HRSA Organization

Health Resources and Services Administration

consists of:

Five bureaus: Bureau of Primary Health Care, Bureau of Health Professions, Maternal and Child Health Bureau, HIV/AIDS Bureau and Health Care Systems Bureau; and

Eleven offices: Office of Information Technology, Office of Legislation, Office of Communications, Office of Administration and Financial Management, Office of Federal Assistance Management, Office of Rural Health Policy, Office of Performance Review, Office of International Health Affairs, Office of Equal Opportunity and Civil Rights, Office of Planning and Evaluation, and Office of Minority Health and Health Disparities.

About HRSA

Mission

HRSA provides national leadership,
program resources and services needed
to improve access to culturally
competent, quality health care.

About HRSA

Vision

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care.

About HRSA

The HRSA portfolio of programs and initiatives are designed to:

increase access to care

improve quality

safeguard the health and well-being of the Nation's most vulnerable populations.

About HRSA

The most recent HRSA initiatives of critical importance:

5-year President's Health Center Expansion Initiative --- It will significantly affect 1,200 communities with new access points or expanded health center sites to serve an additional 6.1 million patients annually by 2006.

Reforming and expanding the National Health Service Corps -- It increases staffing levels within many of the Nation's neediest communities.

Bureau of Health Professions

Mission:

Improve the health status of the population by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that provides the highest quality care for all.

Bureau of Health Professions (BHPr)

Vision:

A nation in which universal access and utilization of quality health care are provided, health workforce shortages are eliminated, health disparities are overcome, prevention is emphasized and health outcomes are optimal for all.

The right people, with the right skills, in the right places, to achieve the right health outcomes.

Administrative & National Policy Requirements

Healthy People 2010

It is a national initiative led by HHS that sets priorities for all HRSA programs. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2010 goals.

The initiative has two major goals:

- (1) To increase the quality and years of a healthy life;**
- (2) Eliminate our country's health disparities.**

Administrative & National Policy Requirements

BHPr National Goals & Data Reporting

The Government Performance and Results Act of 1993 (GPRA) requires Federal agencies to develop strategic plans, prepare annual plans setting performance goals, and report annually to Congress on actual performance compared to goals.

BHPr has developed a set of cross-cutting goals, outcomes and indicators that apply to health professions training and education grants programs.

Administrative & National Policy Requirements

BHPr National Goals

Two national goals which address workforce quality, supply, diversity and distribution:

National Goal I: Improve access to quality health care through appropriate preparation, composition and distribution of the health profession workforce; and

National Goal II: Improve access to a diverse and culturally competent/sensitive health professions workforce.

Administrative & National Policy Requirements

BHPr Community Based Linkages

The Health Professions Education Partnerships Act of 1998 seeks to assure maximum effort to leverage available funds by requiring applicants to describe programmatic linkages with education, health care facilities and other community entities. To the extent possible, grantees are required to establish working relationships with providers of health care services to underserved communities and populations.

Administrative & National Policy Requirements

Healthy People 2010 – Applicants must summarize the relationship of their projects and identify which of their program objectives/sub-objectives relate to the goals of the Health People 2010 initiative.

National Goals – Applicants must address at least one of following national outcome objectives:

- **National Goal I:** Improve access to quality health care through appropriate preparation, composition and distribution of the health profession workforce; and
- **National Goal II:** Improve access to a diverse and culturally competent/sensitive health professions workforce.

Community Based Linkage – Applicants must describe the current and/or anticipated relationships with entities providing health care or education of health care provider.

HRSA Funding Opportunities

HRSA Grants:

FY 2006 HRSA Preview

- Concisely summarizes all grant funding opportunities in FY 2006
- Is downloadable on HRSA webpage:
<http://www.hrsa.gov/grants.htm>

HRSA Contracts:

Announcement is made on HRSA webpage:

<http://www.hrsa.gov/contract.htm>

Allied Health Grant Projects

Application Deadline: Jan 13, 2006

Availability of the Application kit: Nov 1, 2005

Grant Award: July 1, 2006

Length of Support: Three (3) years

Purpose of Allied Health Projects

Grants are awarded to assist eligible entities in meeting the associated costs of expanding or establishing programs to increase the number of individuals trained in the allied health professions.

Applicants must address at least one
of these Purposes:

- 1. Expand enrollments in allied health professions with the greatest shortages or whose services are most needed by the elderly;**

Statutory Purposes

2. Provide rapid transition training

programs in allied health fields to

individuals who have baccalaureate degrees in health-related sciences;

3. Establish community-based allied health

training programs that link academic centers to rural clinical settings;

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- 4. Provide career advancement training for practicing allied health professionals;**

 - 5. Expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;**

- 6. Develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;**

- 7. Expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly; and**

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8. **Expand or establish demonstration centers to emphasize innovative models to improve allied health clinical practice, education, and research.**

 9. **Plan, develop and operate or maintain graduate programs in behavioral and mental health professions.**

Allied Health Program Funding Factors

This program has two funding factors:

Statutory Funding Preference

Funding Priority

Allied Health Program Funding Factors

Funding Factors provide incentives to the

applicants who address and improve

national health care needs by:

Placing qualified health professions in medically underserved areas (MUAs).

Increase number of minority in health professions to improve quality of medically underserved minority populations

Statutory Funding Preference

A “funding preference” is defined as the funding of a specific group of approved applications ahead of other groups of approved applications.

The approved applicants that are above 20th percentile will be divided into two groups. The group which met the funding preference and the group which did not. The group which met the funding preference will be funded first before the group which did not regardless of the score.

Allied Health Funding Priority

A “funding priority” is defined as the favorable adjustment of priority scores of individually approved applications.

Five (5) additional points will be given to those who request and meet Priority

Average Award Per Year and Range of Award Amounts

FY 2004: \$150,228; \$109,659 - \$189,809

FY 2003: \$151,267; \$116,341- \$186,813

FY 2002: \$111,433; \$63,305 - \$199,621

Programmatic Inquiries:

Young Song, M.S., M.P.H., R.D.

BHPr, DSCPH, AGRHB

Telephone: 301-443-3353; E-mail: ysong@hrsa.gov

Jennifer Sermas, DPT

BHPr, DSCPH, AGRHB

Telephone: 301-443-0062; E-mail: jsermas@hrsa.gov