

Office of Rural Health Policy Rural Guide to Health Professions Funding

**U.S. Department of Health and Human Services
Health Resources and Services Administration
The Office of Rural Health Policy**

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Rural Guide to Federal Health Professions Funding

Rural communities have long struggled with the recruitment and retention of health care clinicians. This challenge can be further exacerbated by limited familiarity with the various Federal programs designed to support the training and placement of health care providers in underserved communities.

Over the last several years, the Obama Administration has supported the “Improving Rural Health Care Initiative.” This initiative, among other provisions, has charged the U.S. Department of Health and Human Services (HHS) with improving recruitment and retention of health care providers in rural communities. Under this initiative, the Office of Rural Health Policy (ORHP) is working to enhance coordination and promotion of existing health professions programs within the Health Resources and Services Administration (HRSA). This manual provides a road map for rural communities seeking information on ways that HRSA-based programs can assist in the recruitment and retention of health care professionals.

The Need

The Association of American Medical Colleges’ Center for Workforce Studies predicts that in the next decade nationwide there will be 45,000 too few primary care physicians – as well as a shortage of 46,000 surgeons and medical specialists.¹ In the past decade there has been a significant decline in the proportion of U.S. medical school graduates who choose primary care residencies.² Similar findings have been reported for non-physician clinicians such as physician assistants and nurse practitioners.³

Health professions workforce shortages are exacerbated in rural areas, where communities struggle to attract and keep well-trained providers. While approximately 16 percent of the U.S. population lives in rural America, only about 11 percent of physicians practice in rural locations.³ Approximately 65 percent of primary care health professional shortage areas (HPSAs) are rural

(http://ersrs.hrsa.gov/ReportServer/?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2).

There are multiple barriers to expanding the rural provider supply. These have been well documented and include pipeline issues such as attracting enough interested and academically prepared health professions students from rural areas, as well as escalating educational indebtedness. Health care delivery is challenging in rural locations where patients tend to be poorer and often older, face transportation barriers and have less health insurance than their urban counterparts. Challenges also include lower reimbursements for provider services, clinician lifestyle demands, spousal career needs and the educational needs of families.³

HHS has a significant investment in rural health with ORHP as a focal point. ORHP’s annual budget of approximately \$138 million supports 16 grant programs. None of these programs, however, is specifically focused on workforce training or recruitment and retention of health care providers in rural communities. The bulk of the HHS investment in workforce is administered within HRSA’s Bureau of Health Professions (BHP) and the Bureau of Clinician Recruitment and Service (BCRS).

In fiscal year (FY) 2011 for example, BHP_r provided over \$300 million for primary care and nurse training initiatives. In the same year, BHP_r received a one-time appropriation of \$230 million for five years of graduate medical education support to Teaching Health Centers, where primary care residency training occurs in community-based, ambulatory patient care centers. Also in FY 2011 BCRS, through its National Health Service Corps (NHSC) program, provided almost \$390 million in funding to individual health professionals for scholarship and loan repayment support. This included Affordable Care Act (ACA), American Recovery and Reinvestment Act and annual appropriation funds. In total, the ACA, enacted in March 2010, appropriated \$1.5 billion in supplemental funding for NHSC support for fiscal years 2011 through 2015.

The Challenge

In general, HRSA's workforce programs have two entry points: educational institutions and individual health providers. The bulk of the BHP_r programs provide grants to educational institutions. The bulk of the BCRS programs focus on loans and scholarships, which the individual provider must apply for and for which only certain health care providers are eligible. Therefore, while rural hospitals, clinics and nursing homes are potentially the beneficiaries, they have to work through others to take advantage of the resources provided via the HRSA programs.

It has been challenging at times to connect the mission of educational institutions, as grantee applicants, with potential community (hospital and health care facility) beneficiaries. This is due in part to rural communities' lack of familiarity with the various grant programs available. Rural hospitals, clinics and nursing homes may also lack familiarity with the ways to connect the clinicians they are recruiting or employing with the scholarship and loan repayment programs for which they may be eligible.

This guide includes information that will increase rural health care providers' familiarity with the broad range of HRSA workforce funding. These multiple HRSA grant programs can work together synergistically to help address the continuing multi-faceted rural health care delivery challenges. This guide also touches on initiatives in other Federal departments that may be of interest to you.

HRSA Workforce Grant Programs of Potential Interest to Rural Communities

Each of these grant programs has specific eligibility requirements, but generally public or nonprofit private hospitals, accredited health professions schools, and other public or private nonprofit organizations that meet the program requirements are eligible to apply.

Rural clinics, hospitals, and other rural health care facilities may not meet the eligibility requirements and/or have the staffing capabilities, time, or grant writing expertise to directly apply for funding. However, you can be aware of existing opportunities and partner with local and State educational institutions to become a clinical training site for students or medical residents who participate in these grant activities. You can discuss ideas and partnering opportunities with your State Offices of Rural Health

(<http://www.hrsa.gov/ruralhealth/about/hospitalstate/stateoffices.html>) or with ORHP staff member Dan Mareck, M.D. (dmareck@hrsa.gov).

Primary Care Training and Enhancement Program

This program, often referred to as the “Title VII” grant program, consists of six separate funding opportunities. In general, you would partner with a medical school, allopathic or osteopathic, or a physician assistant educational program to serve as a training site for students or residents. The three funding opportunities of most interest to rural locations are:

- Predoctoral Training in Primary Care
- Residency Training in Primary Care
- Physician Assistant Training in Primary Care

Depending on your needs, the Physician Faculty Development in Primary Care funding opportunity may also be of interest. One component of this program is to enhance the teaching skills of community preceptors.

Of relevance to rural communities, these initiatives are means to plan, develop and operate programs that can provide training in community-based settings. **These programs can expose trainees to the benefits of rural practice, introduce them to the cognitive skills and procedural expertise required of rural providers, and can serve as a recruitment tool for the community.** The student or resident clinical activities may be a few days in duration, or may last up to a month or more.

In addition to supporting the training of physician assistant students interested in primary care careers, the Primary Care Training and Enhancement Program targets medical students and residents interested in careers in family medicine, general internal medicine, and general pediatrics. Medicine-pediatrics (“med-peds”) training programs are also eligible to apply. Detailed information is available at: <http://bhpr.hrsa.gov/grants/medicine/index.html>.

Area Health Education Centers (AHEC) Program

The AHEC programs consist of interdisciplinary, community-based training initiatives wherein academic and community-based leaders work to improve the distribution, diversity, supply and quality of health care personnel, particularly primary care personnel in the health care services delivery system. There is an emphasis on delivery sites in rural and other underserved areas. **AHEC centers serve as community liaisons with academic institutions** and help arrange ambulatory clinical training opportunities for health professions students. Participation in interdisciplinary training involving physicians, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professions or other health professionals is required. Another component is to expose high school students in underserved areas to health professions careers of various types.

Usually the AHEC applicant is a medical school, but the program has an extensive network of community affiliations that you can partner with to coordinate training opportunities for health

professions students and residents at your site. Currently there are 56 AHEC programs with more than 235 centers. Delaware does not have a Federally funded AHEC program or center. Approximately 120 medical schools and 600 nursing and allied health schools work collaboratively with AHECs to improve health for underserved and under-represented populations. You can find contacts in your region by visiting this link: <http://www.nationalahec.org/Directory/AHECDirectory.asp>. If you cannot find a contact in your State, let ORHP know and we will assist you.

Health Careers Opportunity Program (HCOP)

This program is part of HRSA's commitment to diversifying the health professions workforce (<http://bhpr.hrsa.gov/grants/diversity.htm>). HCOP funds training programs to establish or expand initiatives that help individuals from disadvantaged backgrounds enter and graduate from a health or allied health professions program. Projects address all of the following: recruitment; facilitation of entry into health professions training; counseling, mentoring, and other services; education and research training prior to enrollment in health professions training; financial aid information dissemination; **exposure to primary health care in community-based provider sites**; and expansion of the competitive applicant pool.

HCOP is a “**pipeline program.**” Numerous studies have shown that the educational pipeline is critical in nurturing the development of health professionals, especially for students from underserved and disadvantaged backgrounds (<http://journals.lww.com/academicmedicine/toc/2006/06001>). These programs often begin in elementary school and continue through junior and senior high school, college, and into health professions training. Successful models for strengthening the pipeline require close cooperation between academic centers and regional K-16 collaborators. Program examples include providing science/math enrichment to junior and senior high school students to make them more competitive for entering health career programs, summer exposure opportunities for students with health professionals working in your area, career counseling, and stipend support for rural students participating in such programs. You can contact the appropriate State program officer for more information, including requesting site involvement in your area for these important exposure activities.

Oral Health Training Programs

Access to oral health services is a problem for many segments of the U.S. population and is typically related to factors such as geography and mal-distribution of providers, insurance status and low income. The Oral Health Training Programs are designed to increase rural communities' access to high quality dental health services by increasing the number of oral health care providers, such as dentists and dental hygienists, and improving the training programs for oral health care providers. The programs include: Training in General, Pediatric, Public Health Dentistry and Dental Hygiene; State Oral Health Workforce Improvement programs; and Alternative Dental Health Care Provider Demonstration Project Program. Public and non-profit private hospitals are eligible to apply for grants under the Training in General, Pediatric, and Public Health Dentistry program. This program provides financial assistance to dental students and residents, dental hygiene students, and practicing dentists who

are in need, as well as other forms of assistance such as faculty loan repayment. Public hospitals and health systems are also eligible to apply for Alternative Dental Health Care Provider Demonstration Project grants, to establish demonstration programs that would train or employ dental health care providers. Both programs are geared towards increasing the number of dental providers and the quality of the provider's training, which in turn could help a rural community improve its residents' access to quality dental health care. More information may be found at <http://bhpr.hrsa.gov/grants/dentistry/index.html>.

Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals (GTPD)

Teaching hospitals and graduate medical education programs are eligible to apply for grants under this program, which supports faculty development in geriatrics through two options: a one-year retraining program for mid-career faculty and two-year geriatric fellowship training. The program's objective is to increase the number of geriatric specialists and increase geriatrics competencies in the generalist workforce through education and training to improve care to the elderly, who as often a vulnerable and underserved population. More information may be found at <http://bhpr.hrsa.gov/grants/geriatricsalliedhealth/gtpd.html>.

Preventive Medicine Residency Program

This program supports post-graduate physician training and aims to increase the number of preventive medicine physicians in public health specialties. Preventive medicine physicians are uniquely trained in both clinical medicine and public health in order to promote and maintain individuals' and communities' health and well-being. Training residents in preventive medicine also helps to reduce the risks of disease, disability, and death in a community. Public and private nonprofit hospitals are eligible to apply for grants under this program. Funds from this program help to create new residency training programs (or maintain existing programs), provide financial support to residency trainees, and provide administrative support to run the residency programs. More information may be found at <http://bhpr.hrsa.gov/grants/publichealth/pmr.html>.

Mental and Behavioral Health Education and Training Grants

HRSA is offering this new program to support mental and behavioral health education and training. The goal of this program is to help increase the number of social workers and psychologists who pursue clinical work, particularly with rural, vulnerable, high-need and/or underserved populations, including military personnel, veterans, and their families. Clinical experiences—in the form of field placements and internship—are key elements in the training of clinical psychologist and social workers. This program supports accredited schools of social work and psychology for development and implementation of field placements and internships for their graduate-level students. Information on this program is available on www.grants.gov.

National Health Service Corps (NHSC)

If your health care facility is located in a Health Professional Shortage Area (HPSA) you may be eligible to become an NHSC service site. Eligibility criteria are outlined at

<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>. An online site application is required. You will work with your State Primary Care Office (PCO) to complete your application.

Due to a new three-year pilot program, **Critical Access Hospitals (CAHs) are now eligible service sites**: <http://nhsc.hrsa.gov/downloads/faqs.pdf>. Traditionally hospitals have not been eligible for NHSC placement because they don't meet the regulatory requirement for primary care, which is based on a physician/primary care office model. This pilot provides flexibility for small rural hospitals, since many providers working for these hospitals tend to staff emergency departments as well as outpatient clinics, in addition to making nursing home and inpatient hospital rounds. Hospitals still have the option to apply for placement through their provider-based Rural Health Clinic or ambulatory clinic. The NHSC has a contact available to answer questions related to the CAH pilot: Lindsey Toohey (ltoohey@hrsa.gov).

All NHSC approved sites can recruit and hire NHSC Loan Repayment Program (LRP) providers. The NHSC LRP will pay up to \$60,000 for an initial two years of full-time clinical service, defined as no less than 40 hours per week, for a minimum of 45 weeks a year. At the end of two years, Corps members can apply to receive additional loan repayment in exchange for an additional year of service. With continued service, providers may be able to pay off all of their student loans. Multiple clinicians, including primary care physicians, are eligible for the NHSC LRP. Approximately 50 percent of NHSC providers are in rural locations.

Generally, full-time loan repayors must work in office-based primary care (i.e., no emergency department shifts, no nursing home visits and no hospital rounds). The NHSC LRP does offer a half-time option. Primary care providers working half-time at an NHSC-approved site can receive up to \$60,000 in loan repayment for committing to serve for four years, or up to \$30,000 for two years of service. Half-time clinical practice means working a minimum of 20 hours per week (not to exceed 39 hours per week), for at least 45 weeks each year. For most types of providers, at least 16 of the minimum 20 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting at your site.

In addition to the NHSC LRP, NHSC approved sites in areas of greatest need (as defined by HPSA score) can also recruit NHSC Scholarship Program (SP) participants. NHSC Scholarships provide tuition, required fees and other reasonable expenses, as well as a monthly living stipend, for a minimum of two-years and a maximum four year service commitment. Additional information regarding the NHSC scholarship and loan repayment programs is available at:

- <http://nhsc.hrsa.gov/scholarships/index.html>
- <http://nhsc.hrsa.gov/loanrepayment/index.html>
- <http://nhsc.hrsa.gov/loanrepayment/halftimeprogram>

The Corps also has an extensive network of program ambassadors located in States throughout the country that you can contact for additional information:

<https://www.nhscsupportservices.com/Ambassadors/page.cfm/ambassador-directory>.

State Loan Repayment Program (SLRP)

This program is modeled after the NHSC loan repayment program. SLRP provides grants to States to operate their own loan repayment programs for primary care providers. Like the NHSC Loan Repayment Program, these State programs offer loan repayment to primary care providers working in Health Professional Shortage Areas (HPSAs). Both loan repayment programs work together to improve access to care in communities with a shortage of health professionals.

The SLRP varies by State and may differ from the NHSC LRP in the eligible disciplines, required length of service commitment, amount of loan repayment assistance offered, and eligible practice sites.

You can determine if your State is participating by checking the links at this site:

<http://nhsc.hrsa.gov/loanrepayment/stateloanrepaymentprogram/index.html>.

Nursing Programs

These programs are often referred to as the “Title VIII” grants. Nursing grants are awarded to accredited schools of nursing, or other eligible training institutions described in the authorizing legislation language. Provisions in the Affordable Care Act of 2010 place greater emphasis on expanding health professions training opportunities, including those related to nursing, in community and non-hospital sites. It is also possible to utilize Title VIII grants to create career ladder opportunities. **We can assist you in finding Federal and State contacts if you are interested in starting or expanding clinical nursing rotations at your location, or interested in more formal educational opportunities for your staff.** Having your clinic manager, hospital CEO, or Director of Nursing contact the closest School of Nursing would be a good way to learn if any of these training opportunities are available in your community. Program contacts are also listed on the HRSA Web site: <http://bhpr.hrsa.gov/nursing/grantprograms.html>.

The following programs all have common funding preferences related to supporting projects that substantially benefit rural and underserved populations. The Advanced Education Nursing Traineeship Program also has a special emphasis on training nurses who will practice in HPSAs.

Advanced Education Nursing Traineeship (AENT) Program

AENT provides traineeship funding to schools of nursing for student support for tuition, books, fees and the reasonable living expenses needed by registered nurses to become nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse-midwives, nurse educators, nurse researchers/scientists, public health nurses and other advanced nurse specialists. **This program can be particularly valuable for rural “grow your own” strategies.** For your valuable place-committed employees, these projects can offer nursing personnel career advancement by augmenting their current skills and enhancing their existing nursing roles. Additional information may be found at: <http://bhpr.hrsa.gov/nursing/grants/aent.html>.

Nurse Education, Practice, Quality and Retention Program (NEPQR)

This program funds initiatives that address the nursing shortage in several ways. NEPQR works to expand the capacity of the nursing pipeline, promotes career mobility, prepares more nurses at the baccalaureate level and provides continuing education training to enhance the quality of patient care. There are three priority areas in the NEPQR program.

Nurse *education projects* focus on expanding enrollment in baccalaureate programs, developing internship and residency programs, or providing education in new technologies, including distance learning. Strategies for expanding baccalaureate nursing programs may include increasing nursing faculty, **clinical practice site development for nursing student training**, nursing curriculum innovations, expanding the nursing student applicant pool and creation of accelerated nursing programs.

Nurse *practice and quality projects* focus on establishing/expanding practice arrangements in non-institutional settings, providing care for underserved populations and other high-risk groups, skill-building in managed care, quality improvement and other skills needed in existing and emerging organized health care systems. Developing student cultural competencies is another focus of these projects.

Depending on your community's needs, you can contact your regional School of Nursing to learn if any **practice** initiatives are available in your area. Possibilities include providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless and victims of domestic violence.

Another focus of the second NEPQR priority area relates to **quality** improvement. The goal is to develop or enhance the knowledge, skills and abilities of registered nurses and nursing students in the management of complex existing and emerging health care systems, in order to adequately practice in new and changing interdisciplinary environments. Such training can help address the expanded quality improvement requirements associated with the Affordable Care Act of 2010 (<http://www.healthcare.gov/compare>). For example, the increased focus on preparing staff to work in models such as value-based purchasing, Accountable Care Organizations and Patient-centered Medical Homes may create a need to offer additional training to nurses to adapt to these new models. These grants can provide a pathway toward that training.

It may be possible to **coordinate activities** associated with a NEPQR quality project with an ORHP initiative that also focuses on quality, such as:

- Small Rural Hospital Improvement Program (<http://www.hrsa.gov/ruralhealth/about/hospitalstate/smallimprovement.html>)
- Rural Hospital Flexibility Program (Flex) (http://www.hrsa.gov/ruralhealth/about/hospitalstate/medicareflexibility_.html)
- Small Health Care Provider Quality Improvement Grants Program (<http://www.hrsa.gov/ruralhealth/about/community/smallhealthcare.html>).

We can assist you in determining if such an approach is feasible in your area.

Nurse *retention projects* are the third priority of the NEPQR program. These projects focus on building career ladder bridge programs that promote career advancement or enhance patient care delivery systems through **improving the retention of registered nurses. These retention projects are another method for developing a “grow your own” strategy.** Retention projects under NEPQR offer career advancement opportunities, through formal academic nursing programs, to either enter the nursing profession or for registered nurses to obtain a BSN degree. As an example, if you have talented certified nursing assistants or LPNs in your community, this may be an avenue for career advancement for those individuals. We can assist you in determining if such an approach is feasible in your area. Additional information on the NEPQR program may be found at <http://bhpr.hrsa.gov/nursing/grants/nepqr.html>.

Comprehensive Geriatric Education Program

Funds support programs that train nurses in geriatrics, including curriculum development, faculty training and continuing education. This program does not fund trainees directly. It may be possible to organize clinical rotations at your local long-term care facilities through this program. Again, as for all of these nursing programs, contacting your School of Nursing and inquiring if any geriatric clinical training opportunities are available in your community is a good first start. Please review this Web site for additional geriatric information: <http://bhpr.hrsa.gov/grants/geriatricsalliedhealth/index.html>.

Nurse Anesthetist Traineeships

Grants are awarded to eligible educational institutions. Traineeships pay tuition, books, fees, and a living stipend for registered nurses who have completed at least 12 months in a master’s or doctoral-level nurse anesthesia program. This is another example of a program that can serve as a **“grow your own”** approach for addressing local health care needs, utilizing employees who are committed to continued residence in their current locations to become Certified Registered Nurse Anesthetists (CRNAs).

Nursing Workforce Diversity

Funds projects that increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) through student scholarships or stipends, pre-entry preparation and retention activities. Preference is given to projects that benefit rural or underserved populations or help to meet public health nursing needs.

Similar to the previously described HCOP and NEPQR initiatives, the Nursing Workforce Diversity program functions as a **pipeline program for nursing.** Projects funded enhance the academic abilities and preparation of students from disadvantaged backgrounds to increase their competitiveness for entry into a professional nursing program and assist these students in successful completion of nursing education. Stipends are available for diploma or associate degree nurses to enter a bridge or degree completion program. Again, this can be particularly valuable as a “grow your own” approach for addressing your community’s nursing shortages.

Individual Nursing Support Programs

The *Nursing Education Loan Repayment Program (NELRP)* provides loan repayment assistance to registered nurses and advanced practice registered nurses, such as nurse practitioners, working in a Critical Shortage Facility or to nursing faculty employed by an accredited school of nursing. NELRP program participants receive 60 percent of their total outstanding qualifying educational loan balance incurred while pursuing an education in nursing in exchange for a 2-year service commitment. Qualifying participants may be eligible to receive an additional 25 percent of their original loan balance for a third year of service.

The *Nursing Scholarship Program (NSP)* offers scholarships to nursing students in exchange for working at eligible health care facilities located in primary care or mental Health Professional Shortage Areas (HPSAs), known as Critical Shortage Facilities (CSFs). The NSP award reduces the financial barrier to nursing education for all levels of professional nursing students. A funding preference is given to qualified applicants who have an Expected Family Contribution of between \$0 and \$5,550 and who are enrolled full-time in an undergraduate nursing program.

NELRP and NSP work together in an effort to address the need for nurses in Critical Shortage Facilities. **Rural Health Clinics and Critical Access Hospitals are eligible facilities, as are nursing homes.** Private practice offices are not eligible facilities for the purposes of these programs. More information is available at the following sites:

- <http://www.hrsa.gov/loanscholarships/scholarships/Nursing/>
- <http://www.hrsa.gov/loanscholarships/repayment/nursing/>

Teaching Health Center Initiative

A number of provisions in the ACA, Public Law Number 111-148 and 111-152, help support President Obama's Improving Rural Health Care Initiative. One of these provisions concerns **Teaching Health Centers (THCs)**. These Centers operate medical and dental residency training programs to educate primary care providers in community-based ambulatory patient care settings. Successful THCs have a dual mission of service and education.

The THC initiative, administered by HRSA's Bureau of Health Professions, is a \$230 million, five-year program which began in 2011. Training locations include: Federally Qualified Health Centers; community mental health centers; rural health clinics; health centers operated by the Indian Health Service, an Indian tribe or tribal organization; and entities receiving funds under Title X of the Public Health Service Act (family planning clinics). Payments are made for direct expenses associated with sponsoring an approved graduate medical or dental education training program and indirect expenses associated with the additional costs related to teaching residents in such programs.

Eligible centers that operate a primary care residency program (family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics) must be listed as the institutional sponsor by the relevant residency accrediting body. A THC that is an essential partner in a Graduate Medical

Education sponsoring consortium is also eligible for funding. Additional information is available at: <http://www.hrsa.gov/grants/apply/assistance/teachinghealthcenters/>.

Information regarding the multiple provisions of the Affordable Care Act is available at www.healthcare.gov/. We can help you determine whether any new ACA training opportunities might be available at your site.

White House Rural Council

Additional support for rural America includes the White House Rural Council, announced by President Obama in June 2011. The Council will coordinate programs across government to encourage public-private partnerships to promote further economic prosperity and quality of life in rural communities nationwide. The mission of the Council is to work across executive departments, agencies and offices to coordinate development of policy recommendations to promote economic prosperity and quality of life in rural America, and to coordinate the Administration's engagement with rural communities.

Chaired by Secretary of Agriculture Tom Vilsack, the Council will be responsible for providing recommendations for investment in rural areas and will coordinate Federal engagement with a variety of rural stakeholders: agricultural organizations; small businesses; and State, local and tribal governments. Additional information and Council reports are available at: <http://www.whitehouse.gov/administration/eop/rural-council>.

Additional Federal Grant Possibilities

Many Federal departments in addition to the U.S. Department of Health and Human Services (HHS) support initiatives that may be of benefit to you. These include the U.S. Department of Labor and the U.S. Department of Transportation. There are also additional operating divisions within HHS, such as the Substance Abuse and Mental Health Services Administration (<http://www.samhsa.gov/grants/>) and the Administration on Aging (http://www.aoa.gov/AoARoot/AoA_Programs/index.aspx), that have programs of interest to rural America. We do not want to overwhelm you with possibilities, but we have included examples of a few additional opportunities in the Appendix.

Networking

Several networking examples are mentioned above. We can brainstorm ideas with you. Here are additional possibilities.

- Establish strong connections with entities that can assist you in developing or enhancing training opportunities at your site, especially your local or regional AHEC and your SORH.
- Establish networking connections with health professions career counselors and faculty at your local or regional community colleges and four-year higher education institutions.
- Create linkages by inviting health professions' educators and students/residents to your community to showcase your clinical training opportunities and the quality of life in your area.

- Know who from your community is attending a health professions school and invite them to visit with you about practice opportunities.
- Visit your high schools' health education classes and offer tours of your clinics and hospitals; dialogue with your community students who are interested in health careers.
- “Connect the dots” between programs. For example, as noted on page 6, possible synergistic relationships exist between nursing and ORHP quality initiatives.
- Consider an ORHP Network Planning Grant as yet another approach for building academic partnerships. This program is discussed in the Appendix.

Contacts for Additional Information or Assistance

As noted above, the bulk of this document discusses non-Office of Rural Health Policy HRSA grant programs of potential interest to rural communities. Information about ORHP grants is available at: <http://www.hrsa.gov/ruralhealth/grants/index.html>

The following contacts are available to discuss any of these grant programs in more detail:

State Offices of Rural Health

<http://www.hrsa.gov/ruralhealth/about/hospitalstate/stateoffices.html>

And/or

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 Phone: 301.594.4198
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3. Rosenblatt RA, Chen FM, Lishner DM, Doescher MP. *The Future of Family Medicine and Implications for Rural Primary Care Physician Supply*. Final Report #125. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; Aug 2010. http://depts.washington.edu/uwrhrc/uploads/RHRC_FR125_Rosenblatt.pdf

Appendix

The U.S. Department of Health and Human Services, Health Resources and Services Administration (www.hrsa.gov) is the principal Federal agency responsible for increasing access to health care for individuals who are medically underserved. Rural residents are among those facing significant barriers to accessible health care due to many factors, including geographic isolation and lack of adequate numbers of health care providers.

The HRSA Office of Rural Health Policy (ORHP) is the focal point for rural health initiatives within the U.S. Department of Health and Human Services (www.hrsa.gov/ruralhealth). Among multiple activities, ORHP administers grant programs designed to build health care capacity at both the local and State levels. For example, ORHP grants provide funds to 50 State Offices of Rural Health (SORH) to support on-going improvements in care, and to rural hospitals through the Rural Hospital Flexibility (Flex) Grant Program. Through its community-based outreach grants, ORHP encourages network development among rural health care providers. In 2010, President Obama established the “Improving Rural Health Care Initiative” to further emphasize the importance of addressing the Nation’s rural health needs.

Health professions grant programs currently accepting applications are listed on the HRSA Web site (www.hrsa.gov/grants). Funding opportunities can also be found by searching the Grants.gov website. To apply for a grant, organizations must be registered with Grants.gov, a process that can take several weeks and can be done at any time. You can also set up automatic e-mail notifications so you will become aware of potential grant opportunities that might benefit your location as soon as they are announced.

Helpful Links

- Open Funding Opportunities: <http://www.hrsa.gov/grants/> (The easiest way to learn about current grant announcements.)
- Get Registered with Grants.gov: http://www.grants.gov/applicants/get_registered.jsp (Only necessary if you plan on directly submitting a grant application yourself.)
- Apply for Grants at Grants.gov: http://www.grants.gov/applicants/apply_for_grants.jsp (Only necessary if you plan on directly submitting a grant application yourself.)
- Sign up for E-mail Notifications: <http://www.grants.gov/search/subscribeAdvanced.do> (Automatically receive grant announcements as soon as they are posted.)

Network Planning Grants

The Network Planning Grant program is an ORHP initiative that provides funds to rural healthcare organizations to develop networks to increase access to quality health care in rural areas and provide for the stability and fiscal health of rural healthcare systems:
<http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html>

The program brings together components of a health care delivery system to work together to establish or improve local capacity and coordination of care and is particularly valuable for entities that have not collaborated in the past. The organizations that form a network are determined by the health needs of the community. The program provides up to \$85,000 for one year of planning to develop a strategy that network members can use to implement a common goal.

The Network Planning Grant program is **another example of a “grow your own” strategy** for health professions training. For instance, a network could be comprised of a local clinic, community college and hospital that come together to plan a curriculum for training allied health professionals. Examples of network planning include:

Curry County Public Health Department, Oregon: Unable to recruit registered nurses for work in public health, safety net clinics and critical access hospitals, the stakeholders have included the deans of the local schools of nursing in the recruitment planning process. One option under consideration is to “contract” with the schools to recruit graduates to live and work in Curry County.

Lewis and Clark Health Education and Services Agency, South Dakota: Have formed the South Dakota Health Career Connections Network. The goal is to build a network that will link/bridge K-12 schools, health professions education activities, healthcare professionals and organizations for encouraging K-12 students to pursue health professions careers.

How to Develop Programs for Youth in Allied Health Careers

This guide from the U.S. Department of Labor's Employment and Training Administration provides helpful information on developing and administering a training program for youth interested in allied health careers. The document takes readers through the process of **developing partnerships in the community, including with your local schools**, letting others know about the program, conducting assessments of participants, and supporting and training staff. Case studies provide real-life examples of several successful programs throughout the United States. To access this document, please visit <http://wdr.doleta.gov/directives/attach/TEN/ten2010/ten10-10a1.pdf>

U.S. Department of Transportation

While the main purpose of this guide is to assist rural areas to access funding that will strengthen the health care workforce, the Office of Rural Health Policy recognizes that lack of transportation is often a significant barrier to obtaining essential health care services. The U.S. Department of Transportation provides a variety of formula grants and other funding opportunities for State and local governments as well as community organizations. It may be useful to **contact your State or local transportation providers to determine whether they are aware of these funding opportunities**. Several grants address expanding services in rural areas or to specific populations, such as the elderly, people with disabilities, or tribal communities. Please visit the U.S. Department of Transportation Federal Transit Administration Grants Programs page: http://www.fta.dot.gov/funding/grants_financing_263.html