U.S. Department of Health and Human Services

Annual Report on the Preventive Medicine and Public Health Training Grant Program, Fiscal Year 2010

Submitted to

The Committee on Energy and Commerce
U.S. House of Representatives

and

The Committee on Health, Education, Labor, and Pensions
U.S. Senate

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EXECUTIVE SUMMARY

Section 768 of Title VII of the Public Health Service (PHS) Act [42 U.S.C. 295c], as amended by Section 10501(m)(1) of the Affordable Care Act, requires an annual report to the United States Congress on the Preventive Medicine and Public Health Training Grant Program. This report serves as the annual report for fiscal year (FY) 2010. It provides a description of preventive medicine as a specialty, the history of the Health Resources and Services Administration's (HRSA) Preventive Medicine Residency Program and a report of grant funding and activities for FY 2010.

Preventive medicine is one of 24 medical specialties recognized by the American Board of Medical Specialties. Preventive medicine physicians are uniquely trained in both clinical medicine and public health. Within the specialty, there are three disciplines: aerospace medicine, occupational medicine, and public health and general preventive medicine.

The Preventive Medicine and Public Health Training Grant Program awards grants to eligible entities to provide training to graduate medical residents in preventive medicine disciplines. The goal of the program is to increase the number of preventive medicine physicians in the public health workforce. The PHS Act previously identified eligible entities as accredited schools of public health and schools of allopathic or osteopathic medicine. The Affordable Care Act amended the PHS Act to expand eligibility to include accredited public or private nonprofit hospitals; state, local or tribal health departments; or consortia of two or more of the eligible entities. The statute authorizes the Preventive Medicine and Public Health Training Grant Program to provide funding to:

1. Plan, develop, operate, or participate in an accredited residency or internship program in preventive medicine or public health;
2. Defray the costs of practicum experiences, as required in such a program; and
3. Establish, maintain, or improve academic administrative units in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health.

HRSA began administering grants to support preventive medicine residency training nearly three decades ago, through the Public Health Traineeships for Students in Schools of Public Health and in Other Graduate Public Health Programs. This program was authorized by a 1978 amendment to the PHS Act, and has been reauthorized multiple times subsequently. In 2010, Affordable Care Act amended the PHS Act and reauthorized the program as the *Preventive Medicine and Public Health Training Grant Program.* Since inception, 213 grants, totaling more than $40 million, have been awarded by HRSA to preventive medicine residency programs.

In FY 2010, 17 preventive medicine residency programs received funding either through the American Recovery and Reinvestment Act (ARRA) or FY 2010 general appropriations. Total program funding for preventive medicine through both appropriations was $9.7 million. This total appropriation covered grant awards, costs associated with grant reviews, grant processing costs, and follow-up performance reviews.

Background

Section 768(d) of Title VII of the PHS Act, as amended, requires the Secretary of the Department of Health and Human Services to submit an annual report to Congress concerning the Preventive Medicine Residency and Public Health Training Grant Program. This first annual report provides information on the Health Resources and Services Administration's (HRSA) Preventive Medicine and Public Health Training Grant Program for FY 2010 and describes:

1) Preventive Medicine as a Specialty
2) The History of HRSA's Preventive Medicine Residency Program
3) Fiscal Year 2010 Competition: Preventive Medicine Residency Program, including:
   a) Preventive Medicine Residency Programs Funded Through ARRA in FY 2010
      - Table 1. 2010 ARRA-Funded Preventive Medicine Residency Programs
   b) Preventive Medicine Residency Programs Funded Through FY 2010 Appropriations
      - Table 2. 2010 Appropriations-Funded Preventive Medicine Residency Programs

1. Preventive Medicine as a Specialty

Preventive medicine is one of 24 medical specialties recognized by the American Board of Medical Specialties. Preventive medicine physicians are uniquely trained in both clinical medicine and public health in order to promote and maintain health and well-being and reduce the risks of disease, disability, and death in individuals and populations. Within the specialty, there are three disciplines: aerospace medicine, occupational medicine, and public health and general preventive medicine.

Regardless of discipline, all preventive medicine physicians have core competencies in biostatistics; environmental and occupational medicine; epidemiology; health services and systems planning, management, and evaluation; population-based research; and clinical preventive medicine.[1] Training consists of 36 months of competency-based education, including 12 months of clinical training and 24 months of academic and practicum-based training, the latter incorporating the attainment of a Master of Public Health (MPH) or other appropriate post-graduate degree. In the 2010/2011 academic year, there are 73 accredited preventive medicine residency programs in the United States training a total of 312 resident physicians.[2] Preventive medicine residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME), the body that accredits all medical residency programs.

2. HRSA's Preventive Medicine Residency Program

The Preventive Medicine and Public Health Training Grant Program [also referred to as the Preventive Medicine Residency (PMR) Program] awards grants to eligible entities to provide

[1] Accreditation Council for Graduate Medical Education. Program Requirements for Graduate Medical Education in Preventive Medicine. Available at: http://www.acgme.org/acWebsite/downloads/RRC_progReq/380pr07012007.pdf. Accessed April 2, 2011.
[2] Accreditation Council for Graduate Medical Education. Number of Accredited Programs for the Current Academic Year (2010 - 2011). Available at: http://www.acgme.org/adspublic/. Accessed April 2, 2011.

training to graduate medical residents in preventive medicine disciplines. Prior to the passage of the Affordable Care Act, the PHS Act identified accredited schools of public health and schools of allopathic or osteopathic medicine as entities eligible to receive grants through this program. The Affordable Care Act amended the PHS Act to expand eligibilty to include accredited public or private nonprofit hospitals; state, local or tribal health departments; or consortia of two to more of the eligible entities.

The goal of the program is to increase the number of preventive medicine physicians in the public health workforce. To achieve this goal, the statute authorizes the Preventive Medicine and Public Health Training Grant Program to provide funding to:

1. Plan, develop, operate, or participate in an accredited residency or internship program in preventive medicine or public health;
2. Defray the costs of practicum experiences, as required in such a program; and
3. Establish, maintain, or improve academic administrative units in preventive medicine and public health or programs that improve clinical teaching in preventive medicine and public health.

HRSA began administering grants to support preventive medicine residency training nearly three decades ago, through the Public Health Traineeships for Students in Schools of Public Health and in Other Graduate Public Health Programs, which was authorized by the Health Services and Centers Amendment of 1978.[3] Since that time, there have been subsequent reauthorizations, including the Health Professions Education Partnerships Act which reauthorized, amended, and consolidated federally-funded training programs for health professions.[4] In 2010, the program was reauthorized by the Affordable Care Act as the Preventive Medicine and Public Health Training Grant Program. Since inception, 213 grants, totaling more than $40 million, have been awarded by HRSA to preventive medicine residency programs.

Until FY 2000, PMR grants were awarded annually however beginning in FY 2001, the grant competition has been conducted triennially. The most recently completed cycle, Funding Opportunity Announcement (FOA) HRSA-07-096, "Preventive Medicine Residencies," provided support for five preventive medicine residency programs for a project period beginning on July 1, 2007 and ending June 30, 2010. Demographic characteristics of this cohort of residents include the following information as reported annually by the programs:

Of the 121 residents supported over the 3-year period, 71 percent were female. Over 60 percent of the 121 residents were in the 30-to-39 year age range.

- Underrepresented minorities accounted for over 20 percent of the residents, and over 10 percent were identified as having come from an educationally or economically disadvantaged background.
- Residents were trained in a diverse array of practice settings. In 2010, specific training sites included 8 Ambulatory Practice Sites Designated by the Governor (16 percent), 13 Federally Qualified Health Centers (27 percent), 15 Health Departments (10 percent), 5 Health Professional Shortage Areas (10 percent), and numerous other sites.

[3] *Health Services and Centers Amendments* of 1978, Sec. 315, Pub. L. 95-626, 92 Stat 3551 (1978).
[4] *Health Professions Education Partnerships Act 1998*, Pub. L. 105-392, 112 Stat 3524 (1998).

- Over the three-year period, over 80 percent of the residents spent part of their residency training in underserved areas, and 27 percent of the graduates went into practice in Medically Underserved Communities (MUCs).[5]

3. FY 2010 Competition: Preventive Medicine Residency Program

The funding opportunity application for the FY 2010 cycle opened on December 21, 2009. The enactment of the Affordable Care Act on March 23, 2010, resulted in an extension of the application submission deadline was extended to April 12, 2010. This was done to afford newly eligible entities, under the Affordable Care Act's expanded eligibility criteria, the opportunity to apply for funding. Subsequently, three newly eligible entities applied for and ultimately received funding after a formal objective review of all applicants.

Forty-two competing applications were received for consideration and review. All applications passed the initial eligibility screening and subsequently underwent a formal objective review. For all HRSA grant reviews, procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria, which are outlined in the FOA with specific detail and scoring points, are used to review and rank applications.

For the FY 2010 Preventive Medicine Residency grant review, there were two review criteria: need (25 points) and response (75 points). "Need" was defined as the extent to which the activities described in the application are capable of addressing the need and purpose of the project. "Response" was defined as the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. The independent objective review was performed by a committee of experts in public health and preventive medicine, who recommended 39 of the 42 applicants for funding. The determination of which projects to fund with ARRA appropriations and which to fund with general appropriations was generally based on applicants' scores and efforts to make full use of the ARRA funds available. Due to funding constraints, only 17 of the 39 applicants received funding through either the ARRA[6] or FY 2010 general appropriations.

Total program funds, from FY 2010 general appropriations and ARRA, which covered grant awards, costs associated with grant reviews, grant processing costs, and follow-up performance reviews equaled $9.7 million.

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[5] As defined by PHS Act section 799B(6), the term "medically underserved community" means "an urban or rural area or population that (A) is eligible for designation under section 332 [of the PHS Act] as a health professional shortage area, (B) is eligible to be served by a migrant health center under section 329, a community health center under section 330, a grantee under Section 330(h) [of the PHS Act] (relating to homeless individuals), or a grantee under section 340A (relating to residents of public housing); (C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or (D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community."

[6] *American Recovery and Reinvestment Act of 2009*, Pub. L 111-5, 123 Stat 115 (2009).

A. Preventive Medicine Residency Programs Funded Through ARRA in FY 2010

Eight of the 17 preventive medicine residency programs funded in FY 2010, were funded under ARRA with more than $6.6 million in total awarded funds. Seven general preventive medicine/public health (GPM) grantees and one occupational medicine (OM) grantee received awards (see Table 1). One grantee was deemed eligible under the Affordable Care Act expanded criteria. ARRA grantees were awarded all funding in the first year of the project period. The project period began July 1, 2010 and ends June 30, 2013.

Table 1: 2010 ARRA-Funded Preventive Medicine Residency Programs

State	**Grantee**	**Award** (triennial)	**Discipline** within PM
California	Regents of the University of California, Davis	$1,016,272	GPM
California	Regents of the University of California, San Diego	$844,291	GPM
Connecticut	Griffin Hospital/Griffin Health Services Corporation*	$1,436,370	GPM
Georgia	Emory University	$665,498	GPM
Louisiana	Tulane University	$636,340	GPM
Maryland	Johns Hopkins Bloomberg School of Public Health	$1,109,331	GPM
New York	University of Rochester	$622,531	GPM
Pennsylvania	Trustees of the University of Pennsylvania	$320,942	OM

* Newly Eligible

Under ARRA, the primary recipients of grant funds are required to submit quarterly reports through FederalReporting.gov, as well as quarterly reports to HRSA through HRSA's Electronic Handbook (EHB). The quarterly reports gather aggregate data on the number of residents enrolled in the program, the number trained in Medically Underserved Communities, the number that have completed (graduated) the program in the last academic year, and the number of residents that entered practice in preventive medicine when they completed/graduated from the program. Grantees are also required to submit a final report at the conclusion of the grant. The final report is in narrative form and it allows the grantees to describe the original objectives of the grant and the progress made towards implementing the project, as well as describe any obstacles encountered in implementing the project. The final report also includes a summary overview of the project, its impact, potential for replication, a listing of publications supported by the grant, and a description of any changes made to the original project objectives.

Funding provides support to approximately 40 residents per year over the 3-year project period. Preventive medicine residency programs are three years in length, including an initial year of clinical training and two years of preventive medicine-specific training. HRSA funding supports the second and third years of preventive medicine residency training. Therefore, in any given

year, approximately half of the residents supported by HRSA funding are in their second year of training (which is the residents' first year of preventive medicine-specific training) and half are in their third year of training (which is the residents' second year of preventive medicine-specific training).

In addition to supporting residents directly, the residency programs are expanding community partnerships, developing innovative training tracks that target specific populations, and contributing to the provision of direct patient care through resident activities at training sites. Selected self-reported highlights from these grantees during the 2010/2011 academic year include the following example activities:

- **University of California, Davis** has established a Health Inequities Track, and recruited and enrolled a resident with a dedicated focus on health disparities.
- At the **University of California, San Diego**, all residents rotate in community health centers in San Diego County, where all patients are from underserved and ethnically diverse communities.
- All **Griffin Hospital** residents spend one-and-a-half days per week providing preventive and primary care (continuity clinic) in a local Federally Qualified Health Center.
- Residents in **Emory University**'s Maternal and Child Health Track plan, implement, and evaluate activities on the topics of teen pregnancy prevention, maternal morbidity, and women's primary health care.
- **Tulane University** has established a rural public health rotation, and their preventive medicine residents also serve as mentors to Tulane third-year medical students in the Tulane Rural Immersion Program.
- **Johns Hopkins University, Bloomberg School of Public Health** has created rotations at several community-based organizations within urban Baltimore and is formalizing relationships with several Maryland community health centers, as well as other HRSA-sponsored projects in the East Baltimore area.
- The **University of Rochester** has developed enhanced training in collaborative community and public health leadership.
- The **University of Pennsylvania**'s program has opened a new pathway for physicians making a mid-career shift to occupational and environmental medicine to obtain high-quality, in-depth education and board certification.

B. Preventive Medicine Residency Programs Funded Through FY 2010 Appropriations

Nine preventive medicine residency programs received funding under the FY 2010 annual appropriations. These comprise 7 general preventive medicine/public health (GPM) grantees and 2 occupational medicine (OM) awards (see Table 2). One grantee was deemed eligible as a newly ACGME-accredited preventive medicine residency program. These grantees were awarded funds for the first year of operations only and have a project period that started July 1, 2010 and ends June 30, 2013. Grant support for future years is contingent on the availability of appropriated funds, grantee satisfactory progress toward meeting the grant objectives,

submission of accurate and timely program biannual and financial reports, and a decision by HRSA that continued funding is in the best interest of the federal government.

Table 2: FY 2010 Appropriations Funded Preventive Medicine Residency Programs

State	Grantee	Award (annual)	Discipline within PM
California	Regents of the University of California, San Francisco	$118,589	OM
Colorado	University of Colorado Health Sciences Center, Denver	$204,704	GPM
Georgia	Morehouse School of Medicine	$520,478	GPM
Michigan	Regents of the University of Michigan, Ann Arbor	$655,981	GPM
New Jersey	University and Dentistry of New Jersey-New Jersey Medical School	$172,878	GPM
New Mexico	University of New Mexico Health Science Center *	$298,533	GPM
New York	Research Foundation of the State University of New York at Stony Brook	$293,214	GPM
Oregon	Oregon Health Science University	$261,443	GPM
Utah	University of Utah	$305,327	OM

*Newly Eligible

The reporting requirements for projects funded with annual appropriations are different from those funded through ARRA. HRSA grantees funded by regular annual appropriations are required to submit an electronic progress report on a semi-annual basis in HRSA's EHB. In the first report, grantees address the objectives of their projects and describe the progress achieved in managing the projects, as well as identifying any difficulties encountered in the post-award phase of the grant. The second report collects trainee data, such as the number of residents in training, number of graduates, number of residents receiving training in a MUC, and number of preventive medicine physicians entering practice in MUCs at the conclusion of training. A Non-Competing Continuation (NCC) application is required from grantees in order to continue receiving funds for a second or third budget period, contingent on the availability of funds. In 2011, HRSA streamlined the process to apply for continuing funds and pilot tested the NCC application which is now submitted through HRSA's EHB. The NCC application combines the semi-annual progress report with the non-competing budget request and justification. HRSA requires that grantees submit a final progress report and final financial status report no more than 90 days after the end of the project period.

Funding provides support to an estimated 24 residents in the first year, and pending appropriations, is expected to provide support to an estimated 30 residents in the second year, and 34 residents in the third year of the project period. Similar to the ARRA grantees, in addition to supporting residents directly, programs funded through general appropriations are expanding community partnerships, developing tracks that target specific populations, and

contributing to the provision of direct patient care through resident activities at training sites. Selected self-reported highlights from these grantees from the 2010/2011 academic year include the following example activities:

- The **University of California, San Francisco** is expanding occupational medicine training opportunities in community health centers, as well as developing partnerships to involve residents in outreach regarding occupational and environmental health issues in underserved communities.
- The **University of Colorado** has developed a series of Public Health Seminars, Preventive Medicine Grand Rounds, and MPH courses relevant to health equity, minority health, aging, and cultural competence.
- **Morehouse School of Medicine** is developing a clinical preventive medicine rotation with a geriatrics focus, and they have developed a health informatics series to train residents in the principles and methods of informatics for public health and preventive medicine.
- The **University of Michigan** residency program has established a linkage with the Michigan Public Health Training Center to provide training opportunities to preventive medicine residents on essential topics that are not typically taught during medical or graduate school.
- **New Jersey Medical School**'s program focuses on training residents to evaluate and address the preventive medicine needs of a medically underserved and disadvantaged inner city population.
- The **University of New Mexico** is working with the New Mexico Department of Health and the Indian Health Service to develop curricula and training experiences focusing on medically underserved and minority populations.
- **SUNY Stony Brook** has implemented curricula in lifestyle medicine, communicable diseases, interpersonal and communication skills, and the residents are also involved in medical quality improvement studies.
- **Oregon Health Science University** is developing a series of policy seminars and opportunities for applied policy rotations in collaboration with state and community-based organizations.
- The **University of Utah** collaborates extensively with other disciplines with faculty from mechanical engineering, industrial hygiene, public health, economics, management, psychology, and other diverse disciplines across the university campus.

Conclusion

Supporting preventive medicine residency training furthers the mission of HRSA to increase access to health care by developing a diverse, culturally competent health workforce. HRSA is committed to improving health and equity through access to quality services, a skilled health workforce and innovative programs.