



TITLE VII: A VITAL PROGRAM FOR THE NATION'S HEALTH

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Overview

The United States is in the midst of a health care crisis, and one of its components is a shortage of primary care physicians. More primary care tends to be associated with better population health, but the percentage of doctors who enter primary care has been decreasing, boding poorly for overall health in this country.

Title VII of the Health Professions Educational Assistance Act can effectively alleviate the primary care provider shortage. This legislation addresses the health needs of underserved areas by providing funding to train medical students and residents in primary care. Title VII funding has aided in recruiting, educating, and training primary health care workers.

Despite documented benefits of Title VII funds, the current administration proposes reduced funding for Title VII programs from \$300 million in FY05 to \$12 million in FY06 – a 96% cut. The administration cites insufficient evaluation data as the primary reason.

This policy brief cites the successes of Title VII, proposes better ways to evaluate its programs, and urges increased funding to continue supporting Title VII.

What Clinicians Can Do:

- Educate members of Congress on the success of Title VII programs. Send letters of support asking Congress to reject the President's request to slash the Title VII budget. This action would save little money and adversely affect the health of many already struggling communities.
- Mobilize professional organizations such as the American Medical Association (AMA) to address Title VII cuts with congress. Encourage organization leaders to bring healthcare to the center stage of public debate, educating the public about Title VII programs and the very real deficits in number and diversity of primary health care professionals that Title VII addresses.
- Raise public awareness of the effectiveness of Title VII programs through the media: send letters to local and national newspapers, volunteer to appear on radio or television programs, noting that "Title VII has been successful in achieving its stated goals and legislative intent and has had an important role in addressing US physician workforce policy issues."¹
- Increase funding to evaluate Title VII programs so that the most effective programs can be expanded to communities in other states.

¹ GE Fryer Jr, DS Meyers, DM Krol, RL Phillips, LA Green, SM Dovey, and TJ Miyoshi. "The association of Title VII funding to departments of family medicine with choice of physician specialty and practice location." *Family Medicine*, 34 (6): 436-440, 2002 June

Background

Title VII of the Public Health Service Act (1963) is administered by the Health Resources and Service Administration (HRSA) of the Department of Health and Human Services (HHS). Together with Title VIII, it addresses three key areas: adding to the number of health care professionals, placing these professionals in underserved areas, and training more minority health professionals.²

A key determinant in overall community health is the number of per capita primary health care professionals available. Industrialized nations with more primary care providers tend to have better health outcomes than those such as the United States with a higher proportion of medical specialists than primary care providers. Title VII seeks to improve the primary care availability by educating students and professionals and promoting primary care as a career choice. For the same reasons, Title VII aims to improve health care in those underserved areas that are especially hard hit by the shortage in available health care through provider education and Area Health Education Centers (AHECs).

Studies have long recognized that some racial and ethnic minorities in the United States consistently have poorer health outcomes than others.³ Some Title VII funds are used to address this disparity specifically, improving health care access in minority communities by increasing the total number of minority health care providers.

Title VII programs have produced important impacts in the three major areas of focus: increasing the number of primary care providers in underserved areas, increasing the number of physicians from minority backgrounds, and increasing provider competence in all areas through Area Health Education Centers (AHECs).

- **Title VII increases the number of primary health care providers in underserved areas.**⁴
 - A study presented to the Society of Teachers in Family Medicine (STFM) in 2001 found that students graduating from schools that received Title VII grant support were significantly more likely to practice in rural areas, care for underserved populations, and choose family medicine as a specialty.⁵
 - An analysis of data from the 2000 American Academy of Family Physicians (AAFP) database concluded that physicians exposed to Title VII were more likely to have their current practice in low-income or rural

² Bernice Steinhardt, Directors of Health Services Quality and Public Health Issues, Health, Education, and Human Services Division, testimony to the US Senate. <http://www.gao.gov/archive/1997/he97117t.pdf>

³ *JAMA* entire issue, January 25, 2006

⁴ D Meyers, GE Fryer, D Krol, RL Phillips, LA Green, and SM Dovey. "Title VII Funding is Associated with more Family Physicians and More Physicians Serving the underserved." *American Family Physician*, 2002; 66:55

⁵ Society of Teachers in Family Medicine (STFM) in 2001 ("Fifteen Years of Predoctoral Title VII Funding: The Impact Today") bhpr.hrsa.gov/medicine-denistry/actpcmd/report2001.htm

communities. The authors wrote “[this] can represent a substantial increase in access to health care for community members.”⁶

- In July of 2002, *American Family Physician* published a report that concluded, “Title VII funding of departments of family medicine at U.S. medical schools is significantly associated with expansion of the primary care physician workforce.”⁷ Schools with no Title VII funding have 33% fewer students choosing Family Medicine as a career.
 - A study published in *Family Physician* tested whether Title VII grants for departments of family medicine achieved the intended goal, “to increase the number of family and primary care physicians in the United States and increase the number of practices in rural and underserved communities.”⁸ The authors concluded that Title VII funding does achieve the stated goals.
- **Title VII increases the number of physicians from underrepresented minority backgrounds⁹**
- A review of recent physician assistant (PA) graduates found that students graduating from PA programs supported by Title VII were 84% more likely to be from underrepresented minority backgrounds and 32% more likely to practice in underserved areas compared to students graduating from PA programs not funded by Title VII.¹⁰
 - Title VII-supported programs graduate four to seven times more minority and disadvantaged students than other programs.¹¹
 - Title VII funds have helped the University of Maryland to significantly increase diversity within their faculty. In the early 1990s, the full time faculty was 80% male and 7% minority. In FY 2000, the faculty was comprised of 40% males and 47% minorities.¹²
- **Title VII directly benefits community health**
- Title VII funding was instrumental in developing the standardized patient methodology used to teach medical students effective interviewing skills. This innovative teaching methodology, which has been incorporated at over 95% of medical schools in the country, was developed at East Carolina University using Title VII funding.¹³
 - State-run Area Health Education Center (AHEC) programs, funded by Title VII, effectively improve community health. One example is Covering Kids, a program administered by Maryland’s Eastern Shore AHEC (ESAHEC). This program, connecting uninsured children to low-

⁶ AH Krist, RE Johnson, D Callahan, SH Woolf, and D Marshland. “Title VII funding and physician practice in rural or low-income areas.” *Journal of Rural Health*, 21(1): 3-11, 2005

⁷ D Meyers et al. *op cit*.

⁸ GE Fryer et al, *op cit*.

⁹ www.aapa.org/gandp/factsheets/fy2006labor.html

¹⁰ *Ibid*

¹¹ Advisory Committee on Training in Primary Care and Dentistry – 4th Annual Report to the Secretary of the DHHS and to Congress

¹² bhpr.hrsa.gov/medicine-denistry/actpcmd/report2001.htm

¹³ *Ibid*

cost and free health insurance, directly increases the numbers of children in the state with access to Maryland Children's Health Program (MCHP). Another Maryland example is the Geriatric Assessment Interdisciplinary Team (GAIT) projects administered by the ESAHEC. These programs educate health students in interdisciplinary geriatric care and encourage placement of students into underserved rural areas.¹⁴

- The Illinois IHEC/AHEC consortium makes health literacy information available to health providers across the state.¹⁵ This vital program actually saves money while increasing community health, since low health literacy contributes to a 6% increase in hospital visits and ultimately results in average health care costs four times higher than those with higher health literacy.¹⁶ The IHEC/AHEC consortium in Illinois recently spearheaded education on asthma, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) in target populations in rural and urban counties. In 2005, the consortium has published two reports on the effectiveness of the programs.

Recommendations

Address the Perceived Lack of Data in Title VII Effectiveness

The peer-reviewed studies assessed for this policy brief all come to the same general conclusion: that programs funded by Title VII are successful at achieving Title VII goals. But those calling for Title VII funding cuts still assert that the funds are wasted. John Blossom, the president of the California AHEC, recognizes "Administration assertions that the AHECs are not effective are not founded on good data."

Studies showing that Title VII programs improve community health should be necessary to justify continued funding. Mr. Blossoms says that, "AHEC and the Health Resources and Services Administration should collaborate on the construction of measurement tools that are reliable and capture the reality of AHECs and, in particular, demonstrate accurately what AHECs have achieved." In 2003, the Primary Care Society suggested a method of evaluation that includes an evaluator who is directly accountable to Congress and established benchmarks used to regularly evaluate performance.¹⁷ The suggested changes would help demonstrate which programs are effective to fund recipients, legislators, and the public. The increased oversight would also prevent blind calls for funding cuts without an acknowledgement of the consequences to public health.

Conclusion

Clinicians stand to lose opportunities to learn and to serve if Title VII funds decrease. As respected communities on the front lines of health care, clinicians can help to ensure quality health care in underserved areas and increased diversity in the health care

¹⁴ Maryland's Eastern Shore Area Health Education Center Webpage. www.esahec.org

¹⁵ www.ihec.org/content/community_health/health_literacy.shtml

¹⁶ *Ibid*

¹⁷ Primary Care Society 2003, "Reauthorizing Title VII and Title VIII: Options for Outcomes and Evaluation" www.primarycaresociety.org/2003f.htm

workforce. Out of sight of the general public, programs funded by Title VII and directly affecting many populations face extinction.

Title VII funding is an effective way to improve the health of underserved communities. In an election year beset by worries about the rising cost of health care, the good-news stories and effectiveness of Title VII should be trumpeted by local, state, and national government.