

Title VII: History + Health Disparities

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Title VII and Health Disparities

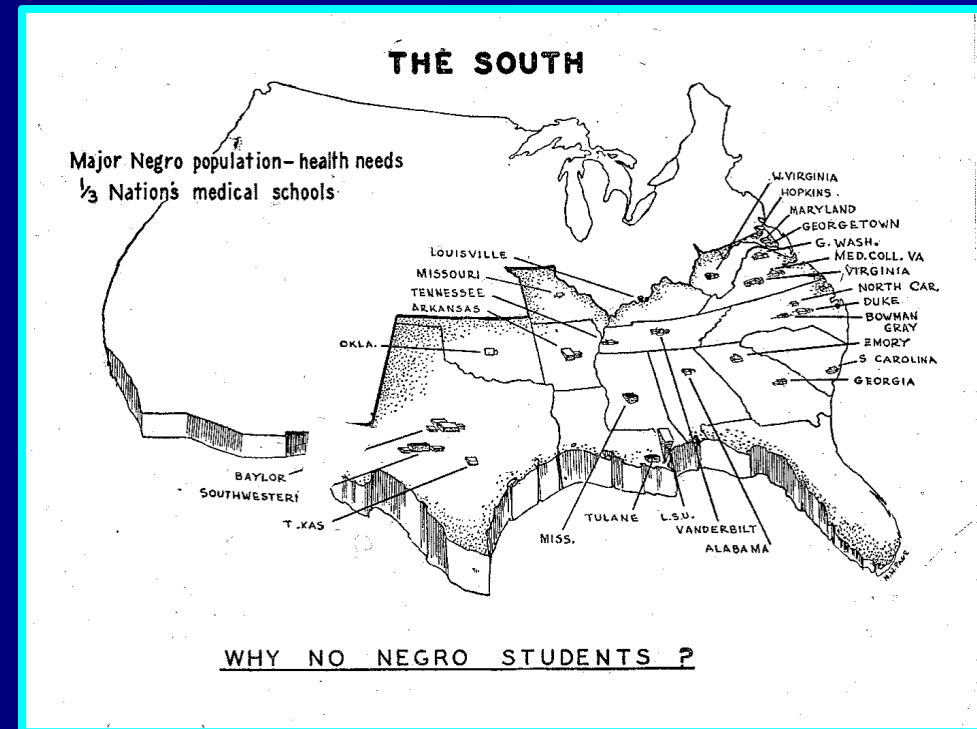
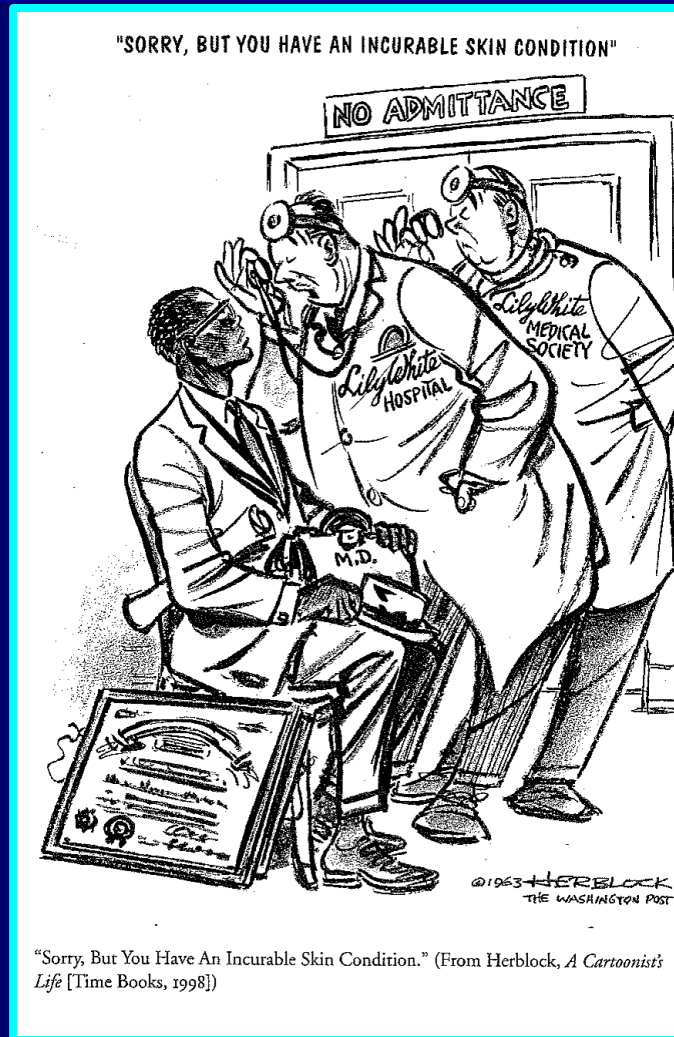
Health Disparities are one aspect of a quality crisis in the US – and other countries outperform us on every quality measure

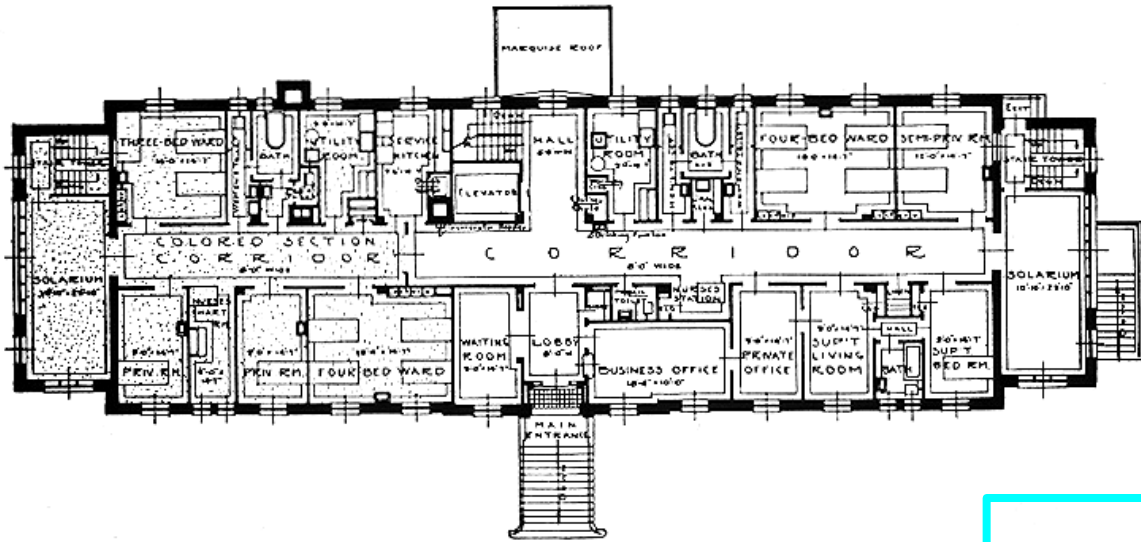
Country Rankings

	Australia	Canada	Germany	New Zealand	United Kingdom	United States
Overall Ranking (2007)	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6
Health Expenditures per Capita, 2004	\$2876*	\$3165	\$3005*	\$2083	\$2546	\$6102

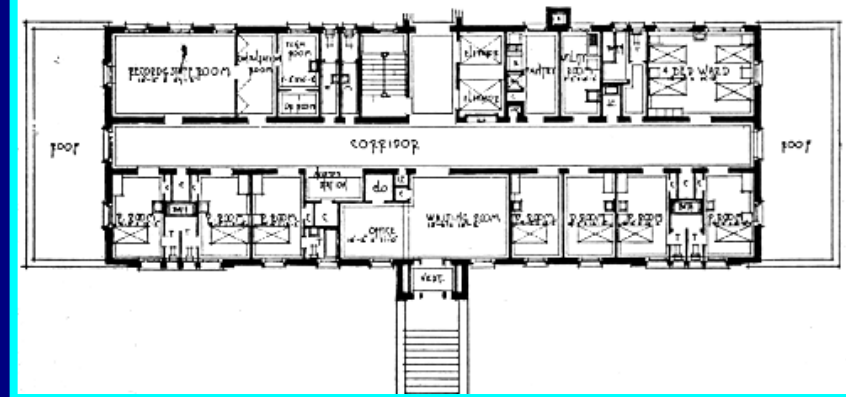
Commonwealth Fund overall rankings of 6 countries, according to key indicators of performance

Title VII: Historical Context





FIRST FLOOR PLAN
 LEE COUNTY HOSPITAL, SANFORD, NORTH CAROLINA
 Eric G. Flannagan, Architect, Henderson, North Carolina





Medicare Hospital Certification Program

- 7,000 health care facilities – Racial Integration and Quality of Care Standards
- 1st step = Surveys to assess compliance
- On-Site Visit – Multiple visits if necessary to ensure compliance
- NO COMPLIANCE = NO MEDICARE MONEY + Revoke federal grants**

Title VII and Health Disparities

Why increase the primary care clinical workforce?

- Reduced health disparities
- Reduced costs for care of patients with chronic disease
- Improved quality: lower mortality and morbidity

Why increase diversity?

- More likely to care for disadvantaged and vulnerable pts
- More likely to care for minorities
- Less Implicit Bias

Title VII: Impact

- Title VII's contributions to creating Primary Care infrastructure and capacity
- Federal mechanism to provide skills in care of vulnerable and disadvantaged populations
- Federal mechanism to create clinical programs for vulnerable and disadvantaged populations
- Mechanism to increase diversity in the health professions with tangible outcomes
- Mechanism to create pipeline and faculty retention

Title VII & the HPs Pipeline

Package of Programs

TPCMD/PCTE

AHEC

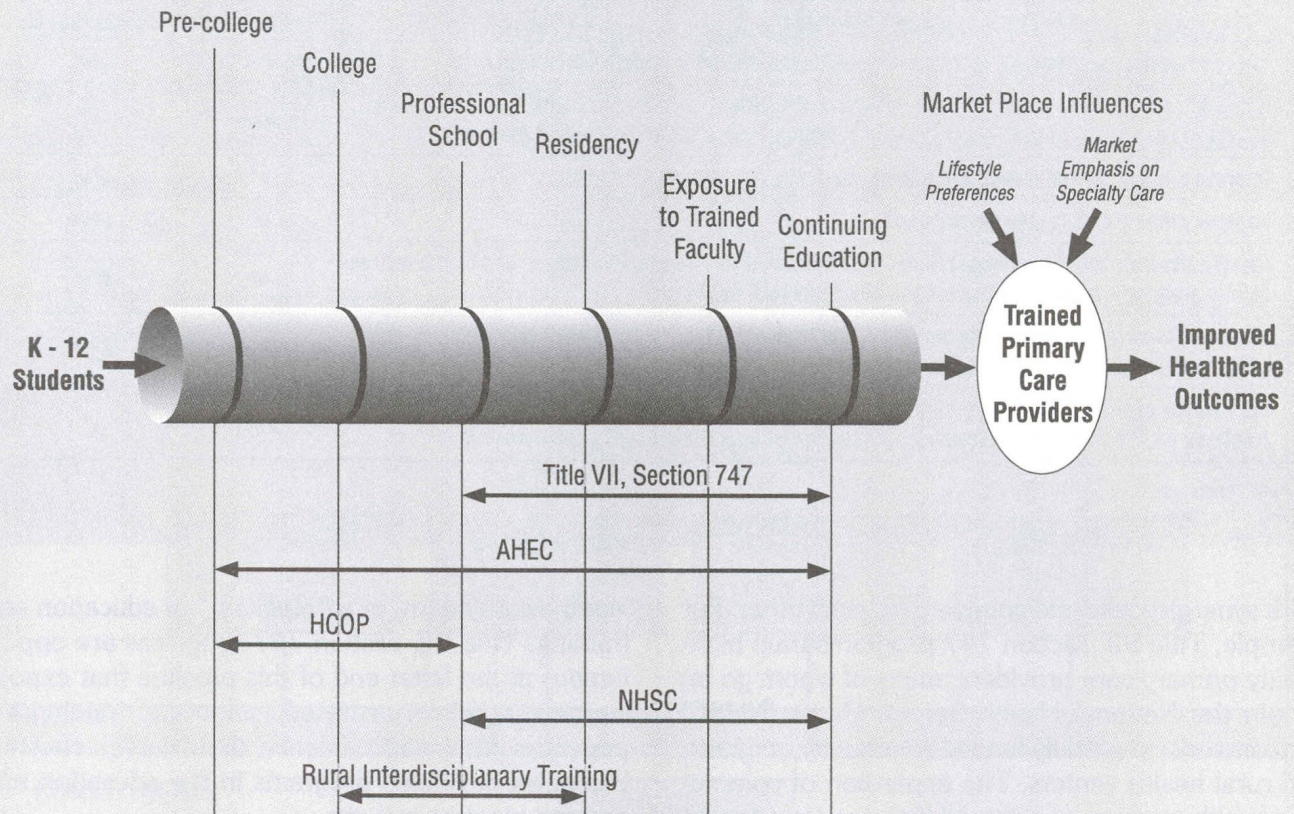
HCOP

COE

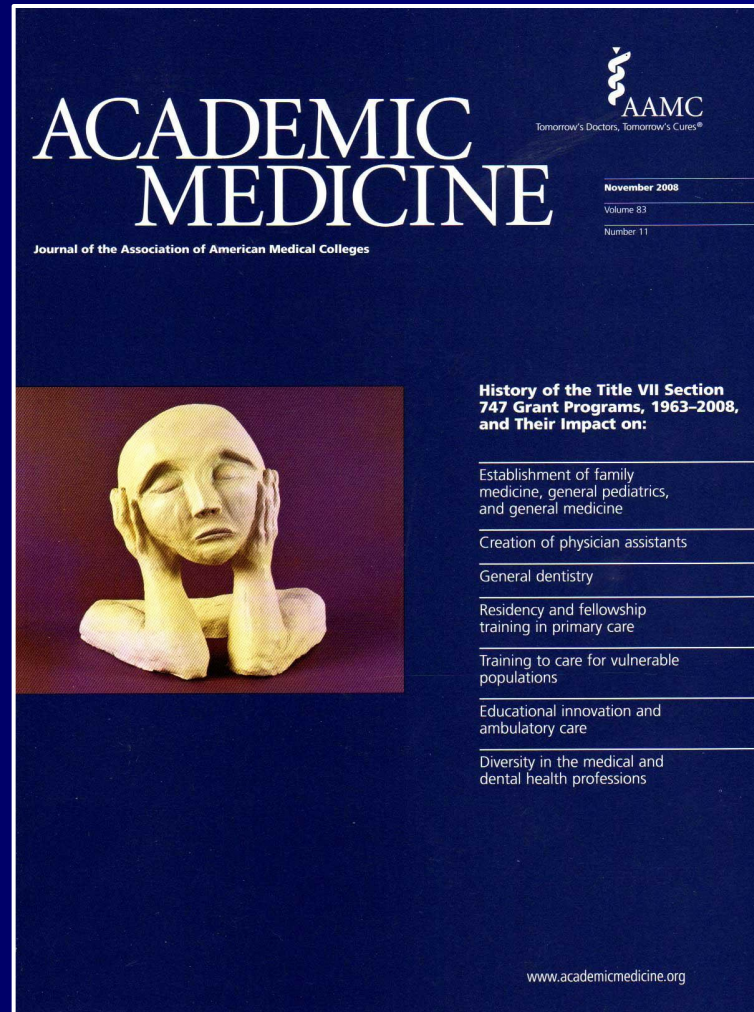
Interdisciplinary

Minority Faculty
Loan Repayment

Figure 4. Primary Care Education and Training Pipeline



Title VII: History + Impact



1 Lead Editorial

2 Commentaries

15 Articles

Legislative Hx + Innovations

Impact of Title VII on FM, GIM,

Ped, PA s, Dentistry, PDen

Contracts - 35

Cultural competency in RT

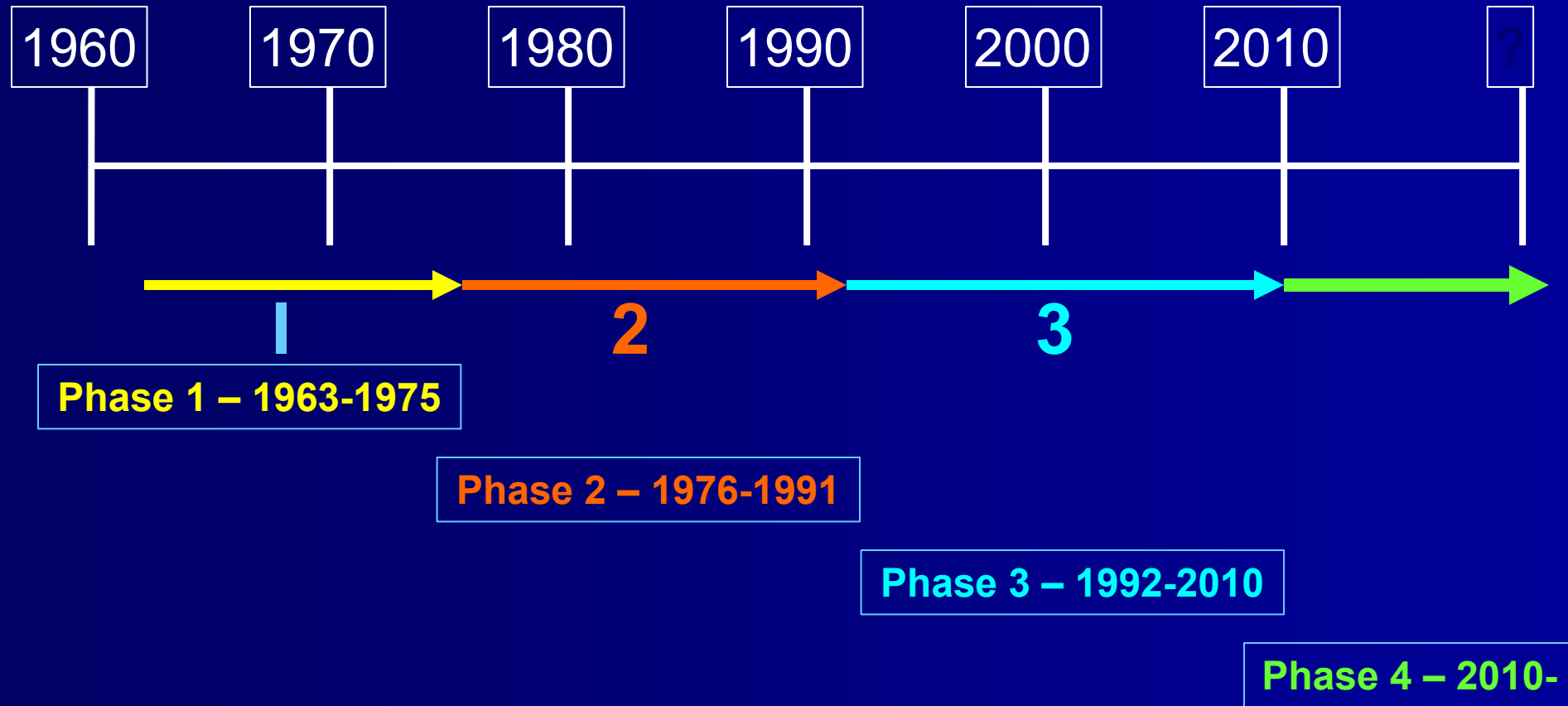
Pt. Safety/QI

Genetics, PCMH, CCM

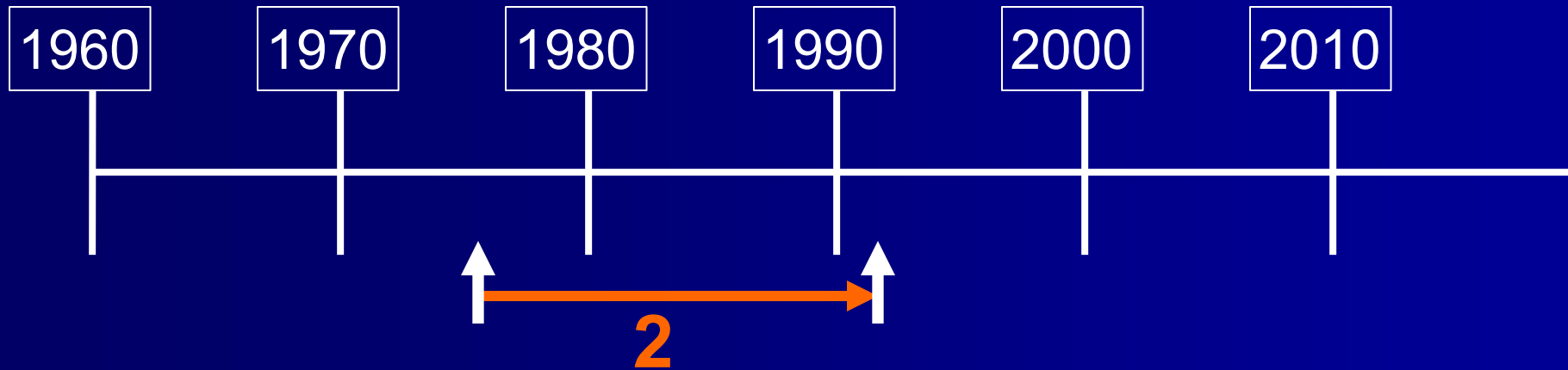
Fac Dev – Fellowships,

Vulnerable Populations

Title VII and Workforce Planning



Title VII and Workforce Planning



Phase 2 – 1976-1991

1976: PL 94-484 – Landmark legislation for Primary Care

1981: PL 97-35 – Expanding portfolio of primary care training programs

1988: PL 100-106 – Minor changes with **larger diversity and loan programs**

Title VII: History

Training in Primary Care Medicine and Dentistry, S. 747

Pre-doctoral curricula

- Medicine: FM, GIM, GPeds
- Physician Assistants

Residency training

- Medicine: FM, GIM, GPeds
- Dentistry: AEGD, GD, Peds

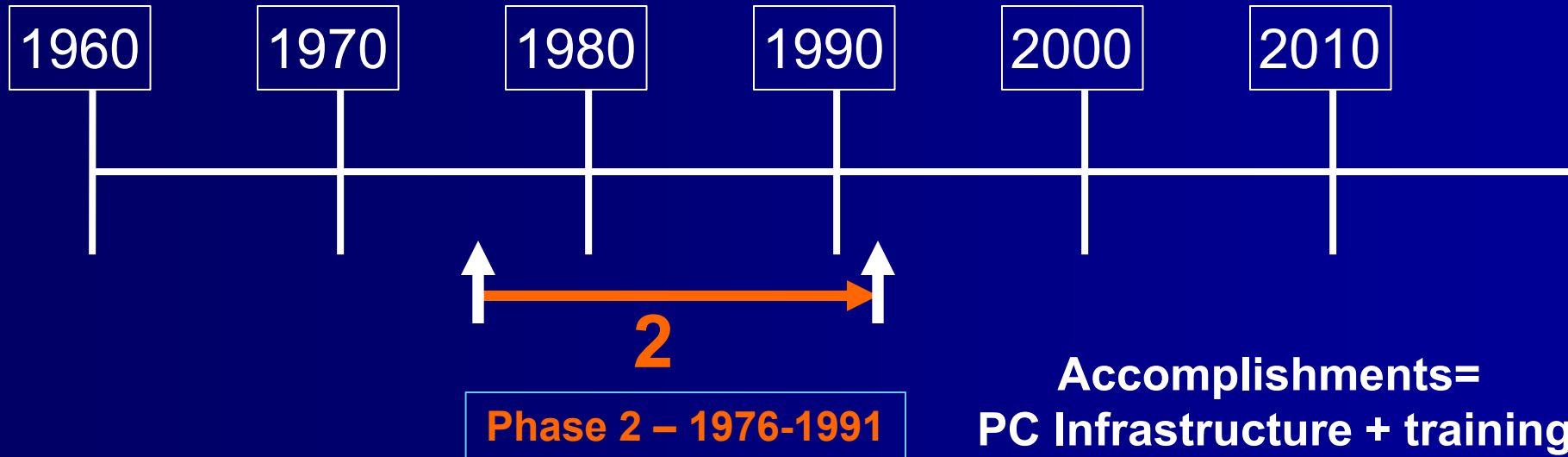
Faculty Development

- Medicine: FM, GIM, GPeds

Title VII: History

- Faculty salaries to develop new curricula, clinical experiences, evaluations – short-term and longitudinal
- Develop clinical programs, e.g. telemedicine, rural rotations
- Strengthen and support administrative infrastructure
- Disseminate findings and outcomes
- Medical student stipends for summer experiences
- Fellow stipends for MPH, MEd, MSc

Title VII and Workforce Planning



Establishment of Depts of FM, Divisions of GIM and GP
Establishment and expansion of FM, GIM and GP residencies
Establishment and expansion of General Dental residencies

99 Departments of FM, all but one osteopathic medical school
390 FM residencies in teaching and community hospitals
51 new general dental residencies
Ambulatory Curricula + Training, Fac Dev w/Community Fac

Title VII and Workforce Planning

Table 1

Authorized Dollars for the Health Professions Educational Assistance Act of 1976 (P.L. 94-484), 1978–80

	1978 (2008)*	1979 (2008)*	1980 (2008)*
Residency training in family medicine (FM) and general dentistry (not less than 10% had to be spent on general dental residency training)	\$45 (\$149)	\$45 (\$133)	\$50 (\$131)
Establishment grants for Departments of FM	\$10 (\$33)	\$15 (\$44)	\$20 (\$52)
Residency training in general internal medicine or general pediatrics (\$10 GY1977/(\$39 in 2008 dollars)	\$15 (\$50)	\$10 (\$39)	\$25 (\$65)
Physician assistant and dental auxiliary training	\$25 (\$83)	\$30 (\$89)	\$35 (\$92)
Establishment of Area Health Education Centers	\$20 (\$66)	\$30 (\$89)	\$40 (\$105)

* Values reported in millions. Actual dollar amounts reported with 2008 equivalents listed for each year.

1978 **1979** **1980**
\$568 m **\$589 m** **\$719 m**

2024 dollars

Title VII and Workforce Planning

Title VII Health Professions Grants for Residency Training in Family Medicine

Year	Appropriated*	2009 Equivalent*
1980	\$36.5	\$93.8
1981	\$33.7	\$78.5
1982	\$25	\$54.8
1983	\$34	\$72.3
1984	\$34	\$69.3
1985	\$36	\$70.2
1986	\$36	\$69.5
1987	\$36	\$67
1988	\$35	\$62.6
1989	\$31.8	\$54.3
1990	\$33.2	\$53.8

*Values reported in millions

\$746 million in Title VII funds for FM residencies 1980 – 1990
(\$2.17 billion in 2024, used 1985 as comparison)

Outcome by 1990

Increase from 19 to 390 FM residencies in teaching and community hospitals

Title VII and Workforce Planning

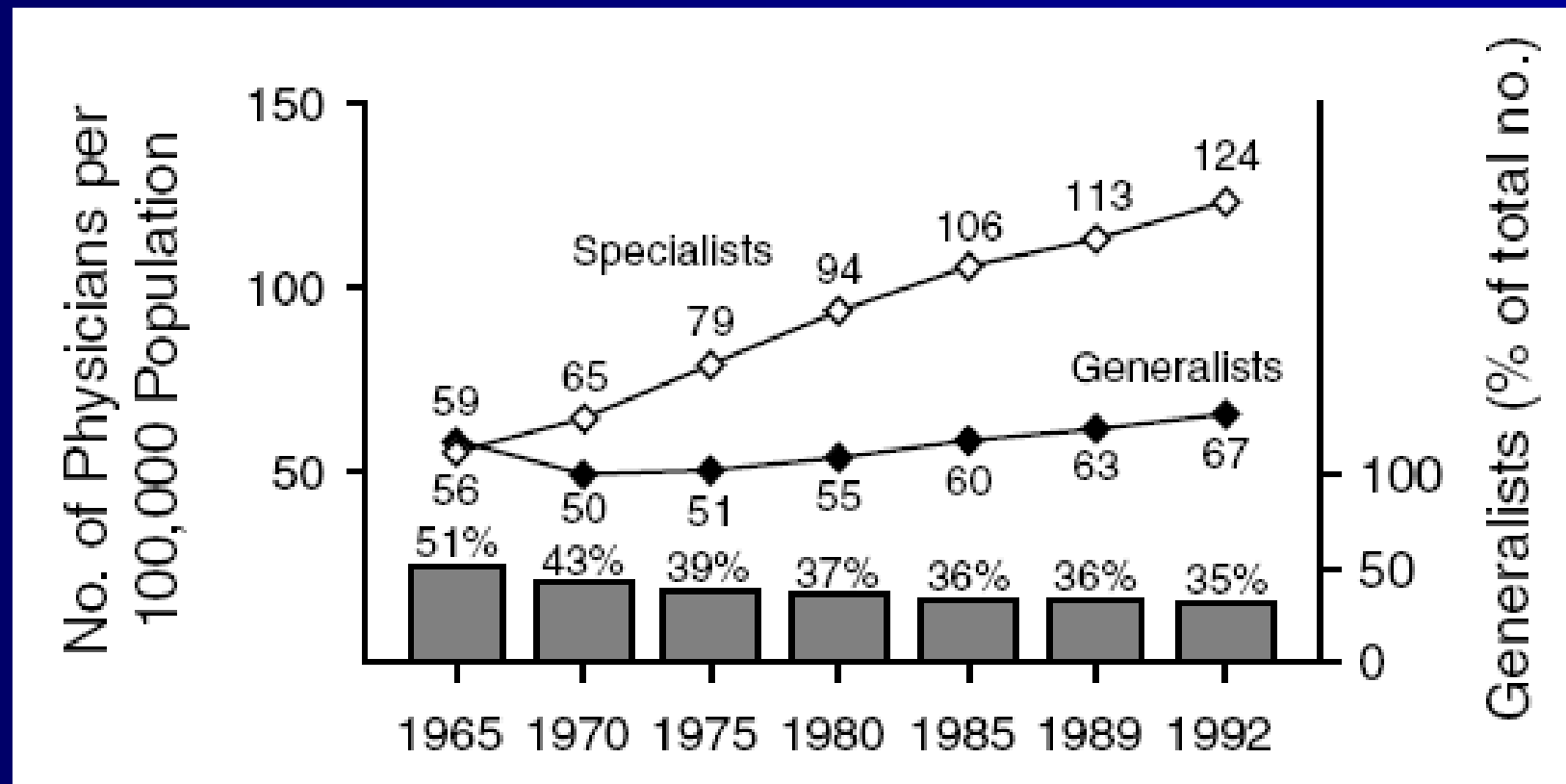
Title VII Health Professions Grants for Residency Training In GIM/GP			
Year	Total # Programs Supported GIM/GP	Total Dollars Awarded*	2009 Equivalent Dollars*
1980	109	\$19.3	\$49.6
1981	105	\$19.3	\$44.9
1982	88	\$16.2	\$35.5
1983	63	\$11.3	\$24
1984	89	\$14.5	\$29.6
1985	105	\$17.6	\$34.6
1986	95	\$16.5	\$31.9
1987	91	\$15.7	\$29.3
1988	87	\$13.9	\$24.8
1989	89	\$13.7	\$23.4
1990	91	\$13.8	\$22.4
*Values reported in millions			

\$347 million in Title VII funds for GIM + GP residencies 1980 – 1990 (**\$1.01 billion in 2024**)

Outcomes
Est of > 100 GIM and GPed residencies w/ creation of GIM as career

Title VII and Workforce Planning

Internal Medicine – Title VII Retains GIM as a Specialty



**Title VII Support for PA Training
First 25 Years**

Growth from 22 to 78 programs

**50 – 95% of programs receive
funding in any given year**

**In 2006, < 10% of PA
programs received Title VII
funding b/o lack of fed \$\$\$\$**

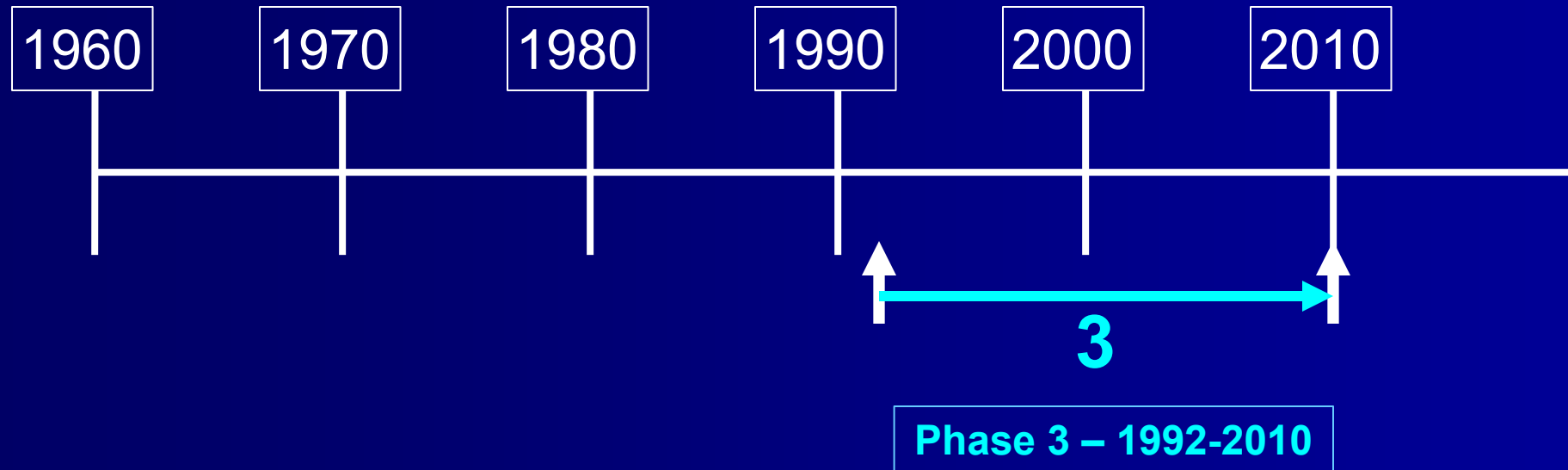
**Move of PAs out of Primary Care
follows the loss of Title VII \$\$\$**

Table 1

**Funding History for Physician Assistant Educational Programs Under Title VII,
Section 747, 1972-2006***

Year	Amount, \$	No. of funded programs	No. of existing programs
1972	6,090,109	40 [†]	22
1973	6,208,999	39 [†]	41
1974	8,129,252	43 [†]	57
1975	5,994,002	40 [†]	58
1976	6,247,203	41 [†]	57
1977	8,171,441	39	58
1978	8,685,074	42	57
1979	8,453,666	42	57
1980	8,262,968	43	60
1981	8,019,000	40	61
1982	4,752,000	34	57
1983	6,752,000	34	57
1984	4,414,850	34	55
1985	4,442,076	37	55
1986	4,548,000	37	56
1987	4,275,000	36	51
1988	4,549,973	37	50
1989	4,445,200	37	51
1990	4,697,680	38	52
1991	4,915,855	40	54
1992	4,915,876	32	55
1993	4,582,575	32	55
1994	6,388,743	46	59
1995	5,706,315	39	62
1996	5,116,367	38	71
1997	5,979,234	38	78

Title VII and Workforce Planning



1992: PL 102-408 – Vulnerable pops, MUCs,
health professions diversity - HCOP, CoEs

1998: PL 105-392 – Consolidation,
innovation, and collaboration
Single grant guidance, ACTPCMD
Pediatric dental residency

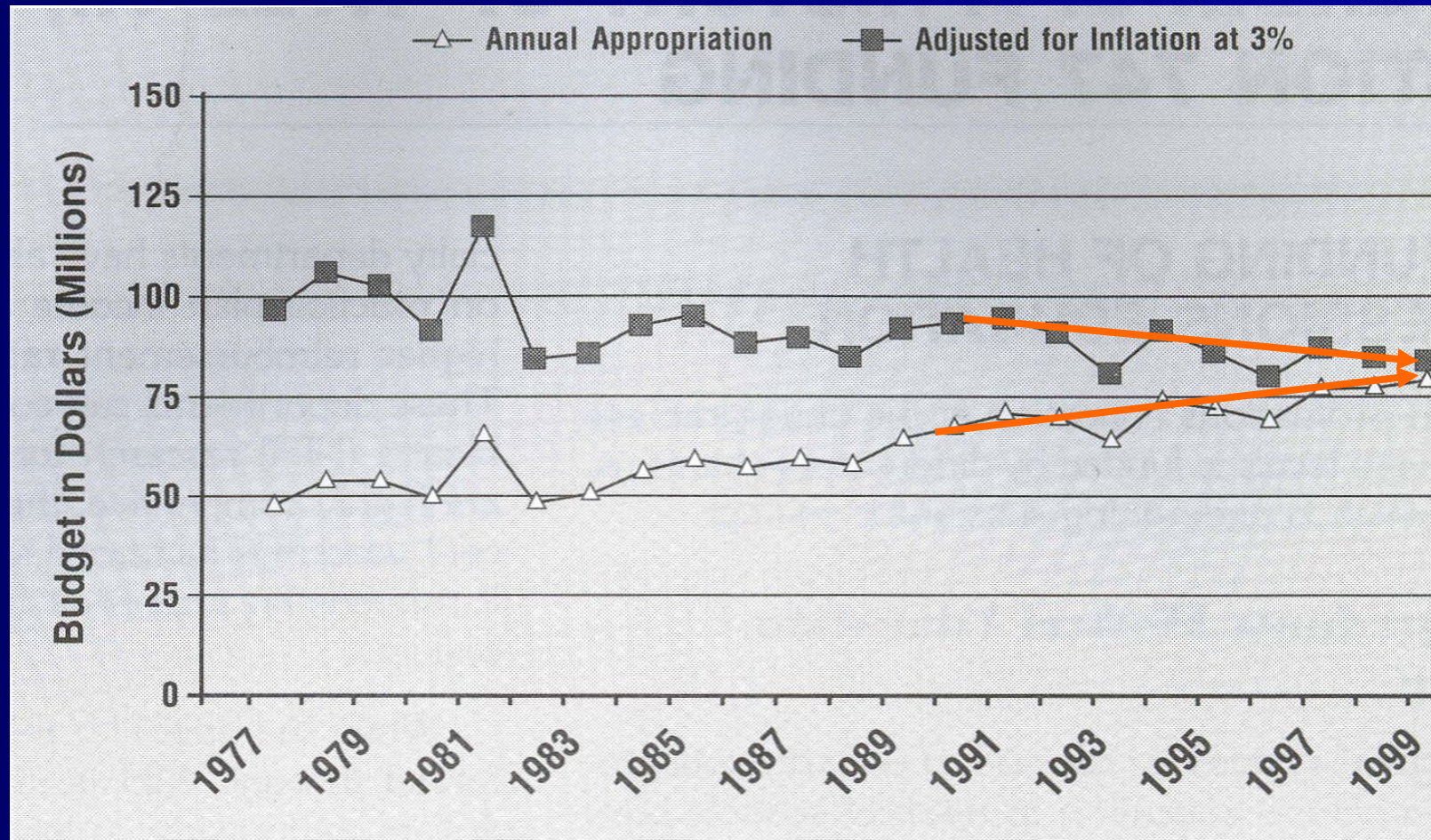
Title VII: Health Disparities

Curricula innovations and grant guidance requirements

- Healthy People 2010 – health promotion/prevention
- Vulnerable and disadvantages populations:
Homeless, HIV, substance abusers, victims of
domestic violence, elderly
- EBM, Palliative Care, Oral Health
- Cultural competency and health literacy
- Professionalism, quality and patient safety

All programs, all disciplines, along the continuum

Title VII: History + Health Disparities



Title VII: History + Health Disparities

Pre-doctoral curricula

- Medicine: FM, GIM, GPeds
- Physician Assistants

Residency training

- Medicine: FM, GIM, GPeds
- Dentistry: AEGD, GD, Peds

Faculty Development

- Medicine: FM, GIM, GPeds

2004

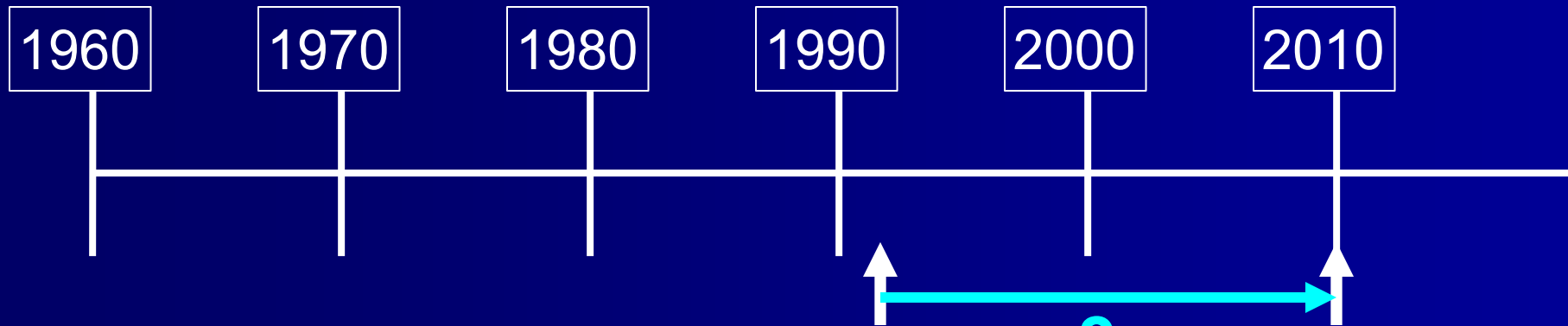
budget of \$88.8 mil
456 grants
(\$148 million in 2024)

Single RFP

~ 120 awards/yr.
Mid 1990s-2005

+ \$4-5 million for
contracts, COs

Title VII and Workforce Planning



Accomplishments

Greater diversity

Underserved + vulnerable populations

Curricula + outreach clinics: health disparities,
EBM, pt. safety/QI, cultural competency,
oral health, palliative and EOL care

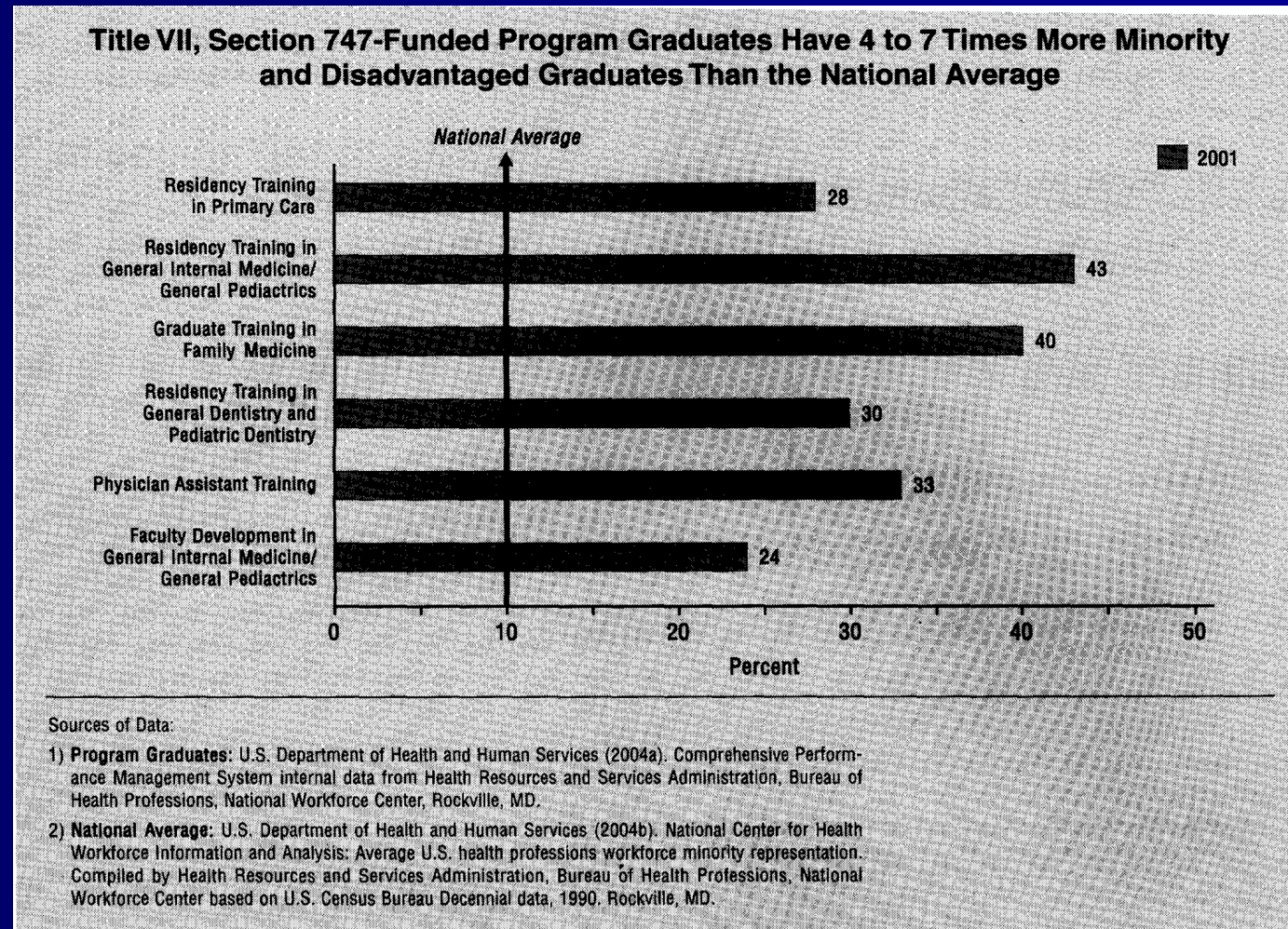
Fac Dev: w/ fellowships in GIM, GP, FM
research + education

National Contracts – 10 UME, GME, Fac Dev + 1 PAs

ACTPCMD – 7 reports; COGME – 5 reports

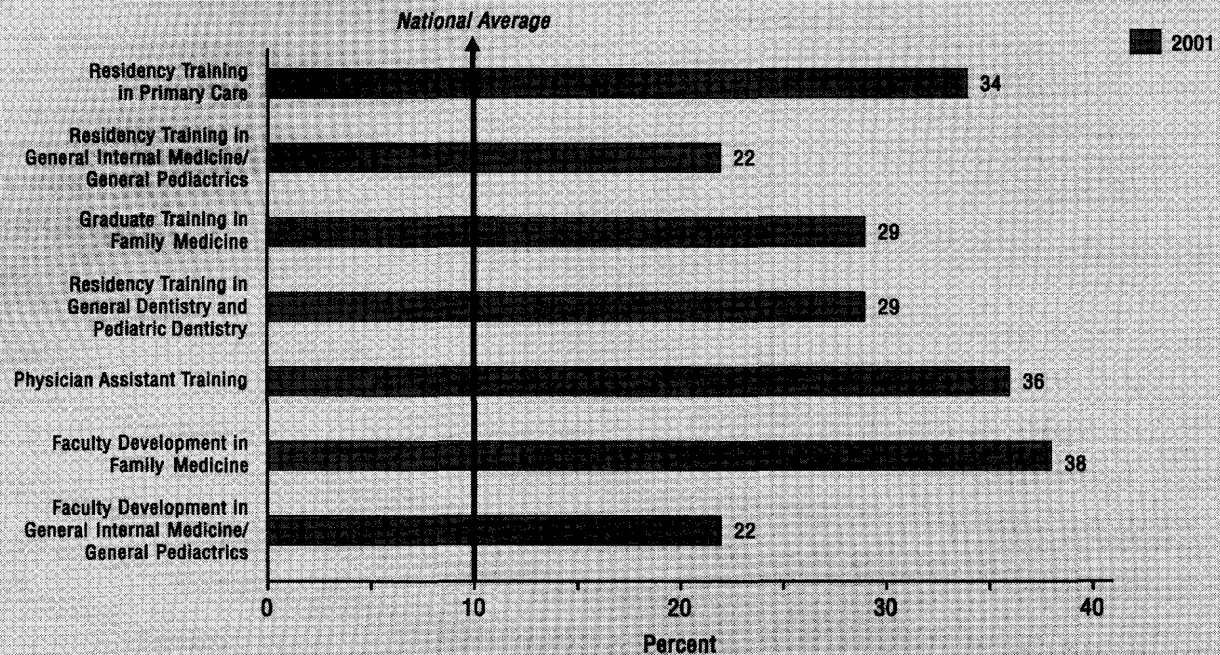
Pediatric dental residency + collaboration

Title VII: History + Health Disparities



Title VII: History + Health Disparities

Title VII, Section 747-Funded Program Graduates Are 2 to 4 Times More Likely to Practice in Medically Underserved Communities Than the National Average



Sources of Data:

- 1) **Program Graduates:** U.S. Department of Health and Human Services (2004a). Comprehensive Performance Management System internal data from Health Resources and Services Administration, Bureau of Health Professions, National Workforce Center, Rockville, MD.
- 2) **National Average:** Calman, N. (1991). Data on U.S. health professions graduates entering medically underserved areas. Presentation to the New York Council on Graduate Medical Education, New York, NY: New York Council on Graduate Medical Education.

Title VII: History + UME



Specialty and Geographic Distribution of the Physician Workforce:

What Influences
Medical Student & Resident
Choices?

Funded by the Josiah Macy, Jr. Foundation



AMA Master File + HRSA Title VII
Funding History + AAMC Graduation
Questionnaire

Impact of

- Debt
- NHSC Scholarship
- Exposure to PC in med school
- Title VII funding to school
- Salary differential between specialists and generalists
- Public medical school + personal intentions predict choice of PC

Title VII: History + UME

This study affirms the positive relationship between Title VII exposure and most of our study outcomes despite severe reductions in Title VII funding. It is an important support for the presence and quality of student training experiences and is an immediately relevant policy option that promotes these outcomes as it is currently due for reauthorization.

Title VII: History + Health Disparities

AR Green, JR Betancourt, et al. Providing culturally competent care: Residents in Title VII funded residency programs feel better prepared. Acad Med. 2008;83:1071-1079.

National survey to senior residents, 2003-2004

1467 randomly selected FM, IM and Ped residents

866 responded: **403 in Title VII funded programs, 463 non-Title VII**

Survey included 28 Likert-response questions about resident's preparedness and perceived skills to provide cross-cultural care, socio-demographics and residency characteristics

Title VII: History + Health Disparities

Residents in Title VII funded programs are more likely than others to report being prepared to provide cross-cultural care across all 8-measures (OR = 1.54-2.61, $P < .01$) and feeling more skilled in cross cultural care for 6 of 10 measures (OR = 1.30 – 1.95, $P < 0.5$).

Regression analysis showed that **characteristics of the Title VII-funded residency training experience** related to cross-cultural care (e.g. role models, cross-cultural training, and attitudes of attending physicians) accounted for many of the differences in self-reported preparedness and skills.

Title VII and Faculty Development

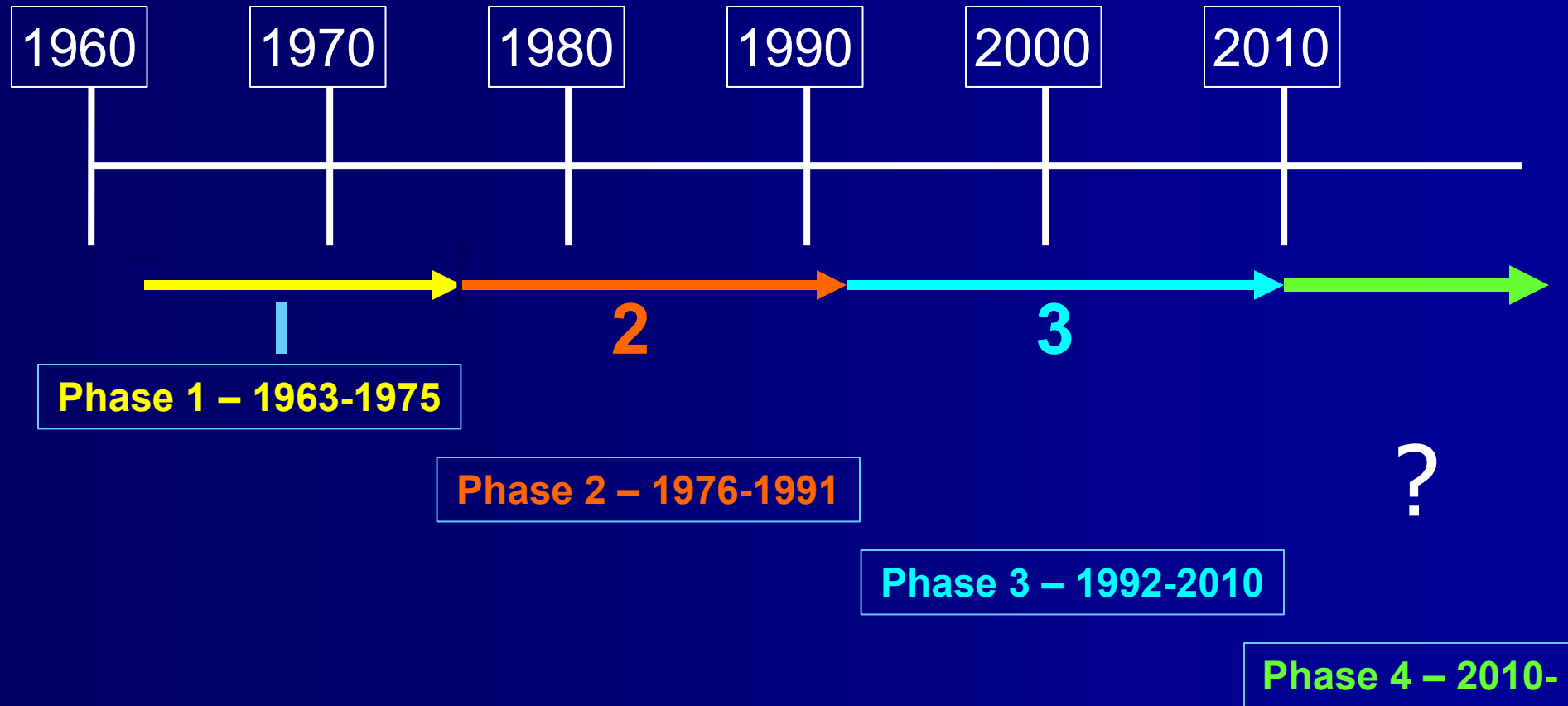
TG DeWitt, TL Cheng. **The Role of Title VII Funding in academic general pediatrics fellowships and leadership.** Acad Med 2008;83:1103-1105.

- Build GPed faculty leadership through GPed fellowships + leadership programs at national meetings
- Many fellows focus on care of disadvantaged and vulnerable populations with expertise in HSR, Medical Educ, and Academic Administration

E Beck, DL Wingard et al. **Addressing the needs of the underserved: a national faculty development programs.** Acad Med 2008;83:1094-1102

- Title VII funding Fam Med in 1999 to develop 3 one-week intensive Fac Dev programs; in 2003 a 1-year fellowship added + IM and Peds
- In 2008; 107 participants from 29 states and PR

Title VII and Workforce Planning



Title VII: History + Health Disparities

“New” Title VII, Sect 747 (reauthorized all of Title VII)

- Retain MUC, Primary Care, Diversity, Collaborative Priorities + emphasis on vulnerable populations; continue curricula in cultural competency, PS/QI
- 5 yr grants
- New priorities to drive curricula and skills: PCMH, interdisciplinary and interprofessional training, linkages with CHCs and other sites of care of disadvantaged and vulnerable populations
- No disciplinary preference, except PA (15%)

Title VII: History + Health Disparities

Also reauthorized with ACA

- Area Health Education Centers
- Centers of Excellence
- Health Careers Opportunity Program
- Minority Faculty Loan Repayment
- Rural and Interdisciplinary Training
- Dental Public Health
- General, Advanced and Pediatric Dental Residency Training

Title VII: History + Health Disparities

JE Maupin, WJ Riley. Funding the Diversity Programs of the Title VII Health Professions Training Grants: An Urgent Need. Acad Med. 2008;83:999-1000

CoE, 1987 amendment to Title VII – support for HBCUs and HBHPS

HBCUs/HBHPS are dependent on these dollars:

- Support of faculty salaries
- Training opportunities for students and residents
- Recognition as a CoE by HRSA makes the institution eligible for IMHHD programs = interdependency of funding sources

Elimination of these programs would curtail the contributions these institutions make toward ensuring the availability and placement of culturally sensitive health care providers and public health practitioners throughout the country.

Title VII: History + Impact

Recommendation for Funding for TPCMD

ACTPCMD – 2003 - \$198 million

ACTPCMD – 2004 – \$198 million

ACTPCMD – 2006 – \$215 million

Graham Center Report, 2008 – reauthorize, no level of funding stated in report

ACA – reauthorizes TPCMD, request for \$125 million

2025 – HPNEC recommends \$1.51 Billion for HRSA Title VII and Title VIII grants in 2025