

Assurance strategy 3: Helping to ensure an adequate supply of appropriately trained health personnel

National Institutes of Health (NIH)

1. Develop an active intramural training and educational program for scientists and assist in placing trainees in academic institutions and health departments throughout the nation.

1990-91 **1992 and beyond**

2. Support the PHS Epidemiology Fellowship Program to increase the number of biomedical epidemiologists and attracting them to PHS.

1990-91 **1992 and beyond**

3. Work with medical and scientific societies to develop guidelines for health care practitioners in the community.

1990-91 **1992 and beyond**

4. Maintain national information clearinghouses to disseminate health care information to professional practitioners on such topics as digestive diseases, kidney and urologic diseases, and diabetes.

1990-91 **1992 and beyond**

5. Develop a national training initiative on disease prevention and control in collaboration with the academic community to support the training of 40 candidates and associated faculty research at up to five academic institutions.

1992 and beyond

6. Conduct research to test interventions to change physicians' practice patterns to achieve widespread uniform application of state-of-the-art cancer screening, early detection, and treatment.

1992 and beyond

Indian Health Service (IHS)

1. In coordination with tribal health services, IHS service units will designate a service unit health professional as the maternal and child health coordinator.

1992 and beyond

2. Ensure that each service unit has a functioning multidisciplinary, interagency maternal and child health team and documents that the service unit maternal and child health program is reviewed, actions are proposed, and responsibilities are assigned.

1992 and beyond

3. Ensure that maternal and child health consultants can document that each service unit is reviewed each year, using the IHS policy (chapter 13) as a standard.

1992 and beyond

4. Provide a high standard of training for paraprofessionals who work with community health representatives to help them provide quality health care and health promotion and disease prevention services to Indian communities served by the program.

1992 and beyond

5. Discuss with IHS fund managers the feasibility of conducting an additional American College of Obstetricians and Gynecologists postgraduate course yearly for IHS and contract maternal and child health care providers.

1990-91

6. Establish an additional American College of Obstetricians and Gynecologists postgraduate course for IHS and contract maternal and child health care providers.

1992 and beyond

7. Develop and provide a maternal and child health workshop for all Community Health Representatives whose outreach work involves maternal and child health services.

1992 and beyond

8. Identify staffing requirements to adequately meet the needs for midwifery services, public health nursing, and indigenous health worker services.

1992 and beyond

9. Provide each newly employed Community Health Representative (CHR) with the opportunity to participate in a foundation CHR course, as well as specialty courses or advanced courses that ensure a high standard of training.

1992 and beyond

10. Develop a curriculum for CHRs that combines education in the theory of health care with supervised practical experience in health promotion and disease prevention activities.

1992 and beyond

11. Develop a system that identifies the needs of Community Health Representatives for continuing education in health care, health promotion, and disease prevention. Develop programs that meet the needs for such continuing education.

1992 and beyond

12. Continue to train American Indian and Alaska Native professionals using the scholarship program and help place them in their communities.

1990-91

1992 and beyond

13. Continue to recruit and retain the high quality professionals using the health manpower programs.

1990-91

1992 and beyond

Health Resources and Services Administration (HRSA)

1. Provide incentives to ensure sufficient numbers of appropriately trained health professionals to provide needed health care services, particularly to meet the needs of underserved areas (*Bureau of Health Care Delivery and Assistance*).

- Implement the Loan Repayment and Scholarship Programs, expand the National Health Service Corps recruitment efforts, and work closely with State and primary care associations to ensure an adequate supply of health professionals.

1990-91

1992 and beyond

- Continue the Community and Migrant Health Recruitment and Retention Program by continuing to direct funds for enhanced recruitment and increased personnel compensation for Community Health Center physicians in underserved areas.

1990-91

1992 and beyond

- Recruit and place health professionals, through the National Health Service Corps that are particularly qualified to serve special population groups. For example, a total of 155 sites have been identified on the vacancy or loan repayment vacancy list for health professionals needed to provide AIDS or substance abuse treatment services.

1990-91

2. Assist educational and health related institutions in improving the distribution, quality, and productivity of health personnel.

- Work with medical schools to increase the capacity of programs for training primary care physicians, increase the quality of that training, and increase the number of physicians available to deliver primary medical care in health manpower shortage areas (*Bureau of Health Professions*).

1990-91

Assist family medicine departments to establish and maintain academic units to provide clinical instruction.

1990-91

Assist schools of medicine and osteopathy in increasing their capacity for and promoting the training of physicians in family medicine, general internal medicine, and general pediatrics, including predoctoral training.

1990-91

- Promote regionalization of health professions education linked to improvements in service delivery (*Bureau of Health Professions*).

Successful components of the Area Health Education Centers program will be studied to benefit from their approach.

1990-91

Implement the Health Education and Training Center Program. The program encourages cooperation among Federal, State, and local agencies, training institutions, and practitioners to assess health personnel needs and establish educational support systems to meet the needs in counties near the United States-Mexico border and other areas with serious unmet health needs.

1990-91

- Increase minority group enrollment in the health professions (*Bureau of Health Professions*).

Work with educational institutions to increase minority enrollment in health, associated health, and public health professions. Since many public health problems are more severe among minority populations, there is a need for additional minority health professionals with the knowledge, communication skills, and cultural sensitivity to work with minority groups.

1990-91 **1992 and beyond**

Provide financial assistance for disadvantaged health professions students.

1990-91 **1992 and beyond**

Use a funding priority for minority involvement in grant awards.

1990-91 **1992 and beyond**

Examine how special minority-oriented internships could be initiated in State and local public health agencies.

1992 and beyond

Visit all historically black medical schools, and major medical schools with large numbers of minority medical students, to convey information concerning the NHSC scholarship and loan repayment programs and the Minority Mentor Recruitment Program sponsored jointly by PHS and the National Medical Association (*Bureau of Health Care Delivery and Assistance*).

1992 and beyond

Provide information to all primary care residency programs associated with the historically black medical schools, and primary care residency programs with significant numbers of minority participants, about the NHSC loan repayment program (*Bureau of Health Care Delivery and Assistance*).

1992 and beyond

Centers for Disease Control (CDC)

1. Establish training programs to:

- Assure the development of a system to provide State and local health department personnel with state-of-the-art skills in diagnostic evaluation and testing for infectious diseases.

1990-91 **1992 and beyond**

- Develop a system to ensure that training programs in injury control, encompassing both program and research, are established to enhance the effectiveness of current and new practitioners.

1992 and beyond

- Develop systems to ensure that training opportunities are available for staff members of chronic disease and health promotion programs in State and local health departments.

1992 and beyond

- Establish and provide staff members for a National Laboratory Training Network in seven locations nationwide, as the primary resources for assessing needs and delivering public health training.

1990-91

2. Work with other agencies, academic institutions, and professional organizations in developing curricula that will provide the knowledge, skills, and abilities needed to achieve Healthy People 2000 Objectives.

- Identify, in collaboration with the Health Resources and Services Administration, and State and local health departments, how schools of public health, medical schools, nursing schools, and other schools of allied health professions can strengthen the skills needed to enable future public health practitioners to achieve the Nation's health objectives.

1990-91

- Collaborate with professional and voluntary groups to define and establish mechanisms to standardize personnel qualifications to ensure the competency of public health practitioners at all levels.

1992 and beyond

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

1. Stimulate and guide health professions institutions in submitting applications under existing requests for applications for the Faculty Development in Alcohol and Drug Abuse Program (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

2. Develop and implement an evaluation and technical assistance program of faculty development program grantees (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

3. Issue requests for applications for clinical training grants that encourage applicant mental health educational institutions to establish linkages with public settings serving the seriously mentally ill (*National Institute of Mental Health*).

1990-91

4. Create a national training system to provide state-of-the-art training and an automated data base for materials in the field of intervention, prevention, and treatment of alcohol and other drug abuse (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

5. Support the National AIDS Demonstration Research Program to train cadres of outreach workers at the State and local levels to reach drug abusing populations at high risk for AIDS.

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

Continue developing information, information sources, programs, and linkages to help educate and train health personnel in procedures to reverse the damage from, and remove the threat of exposure to, toxic substances in the environment. Examples are: case studies for health practitioners to expand the awareness and knowledge of practicing physicians; short courses, developed in cooperation with National Association of County Health Officials to train public health officials to manage potentially toxic exposures in the population; support provided to schools of public health to conduct training of public health officials about the threat of hazardous substances on human health.

1990-91

1992 and beyond

Agency for Health Care Policy and Research (AHCPR)

Focus on developing and training health services researchers and disseminating research findings through various media to a wide variety of health care practitioners and organizations.

1990-91

1992 and beyond