This year marks the 50th anniversary of the Health Profession Educational Assistance Act—the first comprehensive legislation to address the supply of health care providers. Since President John F. Kennedy signed the act into law in 1963, Title VII programs created by the legislation have evolved to adapt to the changing needs of the health care workforce.

Title VII grants, allocated through the Health Resources and Services Administration (HRSA), have focused on primary care and interdisciplinary training, including family medicine, dentistry, geriatrics, mental health, and public health. In recent years, Title VII has sought to reduce health care gaps in underserved areas, increase the representation of providers from minority or disadvantaged backgrounds, and improve the cultural competency of health professionals.

“Title VII programs are essential for the health of the nation,” said Valerie Romero-Leggott, M.D., vice chancellor of diversity at the University of New Mexico (UNM) Health Sciences Center. “They are the only programs that increase minority representation in the health care workforce, and work to meet the needs of underserved populations.”

While Title VII programs aim high, limited resources pose challenges. With current federal budget cuts, support for Title VII has languished. In 2006, Congress slashed funding to Title VII health professions programs by more than 50 percent, from $300 million to $145 million. In 2013, Title VII program funding levels stand at $220 million, according to HRSA reports.

For the past several years, U.S. Sen. Jack Reed (D-R.I.) has championed a congressional sign-on effort to appeal to the Senate Appropriations Committee for increased funding for Title VII programs. “Congress needs to continue investing in Title VII to ensure the distribution, quality, and diversity of our health workforce continues to improve and is prepared to meet the country’s evolving and emerging health care needs,” he said. This year, Reps. Diana DeGette (D-Colo.) and Michael Burgess, M.D. (R-Texas), led a similar effort in the House.

Program directors say a major roadblock to HRSA funding involves documenting how programs are meeting workforce needs. Charlotte Woods, director of Tennessee’s Area Health Education Center program, said it is difficult to know immediately if students who participate in programs will end up in primary care or practice in underserved areas.

“We can demonstrate outcomes only to a certain level each year,” said Woods. “Trying to convince people of the importance of these programs can be challenging when they want to see immediate results. Producing more primary care physicians or health care providers in general is not something that happens instantaneously; it is an investment over time. These programs provide so many opportunities to students that can’t be captured in an output number.”
Title VII funding supports initiatives such as the Health Careers Opportunity Program (HCOP) that offer minority and disadvantaged K–16 students mentoring and education to help them become competitive candidates for health care careers. To date, nearly half a million students have participated in HCOP nationwide.

Title VII also supports more than 200 area health education centers (AHECs) that develop and support community-based interdisciplinary training of health professions students and recruit individuals from diverse backgrounds. Federal data indicate that in 2011 alone, AHECs trained approximately 50,000 medical and health professionals at sites across the country.

To help medical students gain experience through clinical rotations, internships, and preceptorships, Tennessee’s AHECs partner with community health centers and private practices that operate in rural and urban underserved communities. In one program, for example, students work in clinics on four-week rotations.

“I've seen students have life-changing experiences,” said Woods. “Many of them knew they wanted to pursue primary care, but these rotations solidified their desire to practice in rural areas, and now these students are in rural residency programs.”

Romero-Leggott, who also serves as director of UNM’s HCOP, says she, too, has seen the direct impact of Title VII funding. She described one student from rural New Mexico who has participated in academic preparation and health careers programs since high school. Eventually, the student was accepted to the University of New Mexico School of Medicine, where she completed a residency in family medicine. She now works in a clinic near the same rural community where she grew up and serves as a preceptor in the same program in which she was a student.

At The Ohio State University (OSU) College of Medicine, the postbaccalaureate MEDPATH Program that was funded by a 1990 HCOP grant helps minority and disadvantaged students prepare for medical school. A 2008 study revealed that 70 percent of students who participated in the program selected careers in primary care.

Sophia Tolliver, a medical student at OSU, credits MEDPATH with helping her pursue a career in family medicine. Tolliver was an undergraduate and postgraduate student at OSU. She worked for the university for seven years before entering MEDPATH.

“I think a lot of people like myself, who grew up in low income households, or for other reasons didn’t have the same educational opportunities as [other people], may realize what they want to do later in life,” she said. “These programs are needed so unconventional students with academic potential don’t fall through the cracks.”

With the expected increase in the shortage of health care providers—especially in rural and underserved areas—students like Tolliver may become an asset. “Many Americans are going to be gaining access to health insurance at a time when we already have shortage areas,” Woods said. “It’s never been more important to support these programs that invest in the future of our health care landscape.”

As the health care environment changes, so, too, will Title VII. HRSA’s examination of the current health care workforce will shed more light on how programs can be improved. “Workforce problems change, which is why it’s
important to have programs like this,” said Tannaz Rasouli, AAMC director of government relations. “Title VII is intended to help shape the workforce in a way that is timely to meet the needs of the patient population.”