



**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**PREVENTIVE MEDICINE AND PUBLIC HEALTH  
TRAINING GRANT PROGRAM**

**Fiscal Year 2019**

## **Executive Summary**

This Report to Congress is required by section 768(d) of the Public Health Service Act, which states:

REPORT. The Secretary shall submit to the Congress an annual report on the program carried out under this section.

This is the Fiscal Year (FY) 2019 Report to Congress on the Preventive Medicine and Public Health Training Grant Program administered by the Health Resources and Services Administration (HRSA). This report serves as the annual report for FY 2019 and provides a description of activities and funding levels for the Preventive Medicine and Public Health Training Grant Program authority, which includes HRSA's Preventive Medicine Residency (PMR) Program.

The goal of the PMR Program is to increase the number and quality of preventive medicine residents and physicians thereby supporting access to preventive medicine and improving the health of communities. A new competition for this program with a 5-year project period occurred in FY 2018. HRSA awarded continuation funding to these 17 PMR Program awardees for a total of \$6,565,296 in FY 2019. In addition, in FY 2019, two previously-funded PMR grant recipients continued their work through 1-year no-cost extensions after the end of their initial project period. The reporting period for achievements covered in this report of FY 2019 is academic year 2019-2020.



# Fiscal Year 2019 Report on the Preventive Medicine and Public Health Training Grant Program

## Table of Contents

<b>Executive Summary</b> .....	i
<b>Table of Contents</b> .....	ii
<b>List of Tables</b> .....	iii
<b>Acronym List</b> .....	iii
<b>I. Legislative Language</b> .....	4
<b>II. Introduction</b> .....	4
Preventive Medicine Specialties .....	4
<b>III. Overview</b> .....	6
<b>IV. FY 2019 Preventive Medicine Residency Program</b> .....	6
<b>V. Selected Program Highlights</b> .....	8
Substance and Opioid Use Disorders Prevention and Treatment .....	8
Integration of Public Health and Primary Care in FQHCs.....	9
Collaborations with the Veterans Health Administration and other Federal Partners ....	10
<b>VI. Summary and Conclusions</b> .....	10

## List of Tables

Table 1 - FY 2019 Preventive Medicine Residency Program Continuation Funding and Awards	7
Table 2 - FY 2019 Preventive Medicine Residency Program No Cost Extensions.....	8

## Acronym List

ABMS	American Board of Medical Specialties
ACGME	Accreditation Council for Graduate Medical Education
CDC	Centers for Disease Control and Prevention
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HRSA	Health Resources and Services Administration
PGY	Postgraduate year (also known as residency) <sup>1</sup>
PH/GPM	Public Health and General Preventive Medicine
PHS	Public Health Service
PMR	HRSA's Preventive Medicine Residency Program
OUD	Opioid Use Disorder
VA	Department of Veterans Affairs
VHA	Veterans Health Administration

---

<sup>1</sup> PGY-1 is the first year of graduate training after completion of the formal 4 years of medical school. Similarly, PGY-2 and PGY-3 are the abbreviations for postgraduate years 2 and 3. The 2-year Preventive Medicine Program starts in a resident's PGY-2.

## I. Legislative Language

This is the Fiscal Year (FY) 2019 Report to Congress on the Preventive Medicine and Public Health Training Grant Programs administered by the Health Resources and Services Administration (HRSA). This Program is authorized by section 768 of the Public Health Service (PHS) Act (42 U.S.C § 295c).

The PHS Act requires this report and states in section 768(d):

REPORT. The Secretary shall submit to the Congress an annual report on the program carried out under this section.

## II. Introduction

HRSA is committed to reducing health disparities by increasing access to quality services and promoting a skilled health professions workforce. One mechanism for achieving increased access is through supporting innovative programs that increase the number and skills of physicians graduating from preventive medicine and public health programs. Through these programs, participants are prepared to advance public health research, address emerging public health issues, and assume leadership roles within the public health system.

### Preventive Medicine Specialties

Preventive medicine is one of the 40 specialties recognized by the American Board of Medical Specialties (ABMS).<sup>2</sup> Preventive medicine physicians are educated in both clinical medicine and public health. Preventive medicine training includes direct patient care, biostatistics, epidemiology, social and behavioral sciences, health services administration, environmental health sciences, and practicing prevention in clinical medicine. The fundamental competencies of preventive medicine mirror the “ten essential public health services.”<sup>3</sup> The ABMS and Accreditation Council for Graduate Medical Education (ACGME) recognize three specialty areas under the rubric of “Preventive Medicine”: Public Health and General Preventive Medicine (PH/GPM), Aerospace Medicine, and Occupational Medicine.<sup>4</sup>

- Public health and general preventive medicine (PH/GPM) focuses on promoting health, preventing disease, and managing the health of communities and defined populations. PH/GPM physicians combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice. These physicians investigate disease outbreaks, assess the medical needs of individuals and populations,

---

<sup>2</sup> American Board of Medical Specialties (ABMS). (n.d.). About ABMS. Retrieved January 10, 2020, from <https://www.abms.org/member-boards/>.

<sup>3</sup> Jung P, Lushniak BD. Preventive Medicine’s Identity Crisis. *Am J Prev Med.* 2017 Mar;52(3):e85-e89. doi: 10.1016/j.amepre.2016.10.037.

<sup>4</sup> Accreditation Council on Graduate Medical Education (ACGME). (2019, July). ACGME Program Requirements for Graduate Medical Education in Preventive Medicine, p 3-4. Retrieved March 30, 2020, from [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/380-Preventive\\_Medicine\\_2019.pdf?ver=2018-08-21-130637-697](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/380-Preventive_Medicine_2019.pdf?ver=2018-08-21-130637-697).

counsel patients for health promotion and behavioral changes, implement community-based programs to reduce risk factors for disease, and better manage chronic diseases. Additionally, PH/GPM physicians conduct policy analyses to improve population health; complete research to inform health policy; design and operate surveillance systems; and promote clinical preventive medicine for individuals and populations by following guidelines for clinical preventive services such as immunizations, screening tests, and preventive medications. Preventive medicine physicians and residents engage globally and with state and local health departments in surveillance, research, and prevention of emerging health threats.<sup>5</sup>

- Aerospace medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles and the support personnel who assist with the operation of these vehicles. Aerospace medicine physicians develop the scientific evidence that guides health care for the personnel and passengers of air and space vehicles. Through ongoing assessment of the aerospace workforce, these physicians assure the safety of passengers and assess the conditions under which it is safe to operate vehicles.<sup>6</sup>
- Occupational medicine focuses on the health of workers and their ability to perform work. The focus includes the physical, chemical, biological, and social environments of the workplace and the health outcomes of environmental exposures. These residency programs work closely with the Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health and serve as resources for the primary health care personnel who care for agricultural workers and assess and mitigate the health effects of workplace hazards. Residents identify factors present in the workplace affecting health and take steps to ameliorate, prevent, and address the effects of such factors.<sup>7</sup>

Currently, ACGME and the American Osteopathic Association accredit preventive medicine residency programs. Effective July 2020, ACGME will solely accredit osteopathic and allopathic preventive medicine residency programs, and the American Osteopathic Association will cease accrediting graduate medical education. Preventive medicine training requirements include 2 years of competency-based education, academic and practicum-based training, and the completion of a Master of Public Health or other comparable postgraduate degree. The ACGME accreditation standards require 4 months of direct patient care during the 24 months of a preventive medicine residency. Residents train in hospitals, managed care organizations, health departments, industry, federal government, non-governmental organizations, and community-based organizations.

Accredited preventive medicine residency programs require at least 1 year of prior graduate medical education clinical training, and this is often obtained in a different clinical training program. Preventive medicine residency training often occurs in the second and third postgraduate years (PGY-2 and PGY-3) or after completion of another specialty. Residents often combine preventive medicine residency training with another clinical specialty, typically family

---

<sup>5</sup> Ibid., p. 4, 24, 25, 26, 33.

<sup>6</sup> Ibid., p. 4, 6, 22, 33.

<sup>7</sup> Ibid., p. 4, 23, 32, 33.

medicine or internal medicine. These programs may be completed sequentially or integrated as a combined training program.

Because most preventive medicine residency activities occur outside hospital settings, preventive medicine residencies are not directly eligible for graduate medical education funding through the Centers for Medicare & Medicaid Services for these activities. Therefore, funding for preventive medicine residents and programs is limited and creates challenges for programs. HRSA, as authorized by section 768 of the PHS Act, is the largest single source of federal support for preventive medicine residency programs. This support strengthens the health workforce infrastructure's ability to address population health and public health issues. The number of new board certified preventive medicine physicians has fallen from approximately 200 each year from 2006 to 2017 to 177 in 2018 (the last year information was available for this report).<sup>8</sup> Residency directors report that program curriculum enhancements, new rotations, and the number of residents enrolled and graduated would not occur without HRSA funding.

### **III. Overview**

This report describes the funding levels and selected highlights of the Preventive Medicine Residency (PMR) Program, as well as a list of the PMR Program awardees and awardees that received no-cost extensions in FY 2019.

The goal of HRSA's PMR Program is to improve the health of communities by increasing the number and quality of preventive medicine residents and physicians to improve the health of communities. This goal is supported through awards to accredited schools of public health, medicine, or osteopathic medicine; accredited public or private nonprofit hospitals; state, local, or tribal health departments; and through consortiums of two or more of these entities that plan and develop new residency training programs or expand current programs in the specialty of preventive medicine. In FY 2019, HRSA funded 17 grants, totaling \$6,565,296 to PMR Program awardees.<sup>9</sup> In addition, two previously funded PMR Program awardees received a 1-year no-cost extension in FY 2019. Such extensions permit continuation of work with unspent funds.

### **IV. FY 2019 Preventive Medicine Residency Program**

The PMR Program supports graduate medical education and training to preventive medicine residents to defray the costs of living expenses, tuition, and fees. Awardees used the grant funds to plan, develop, and implement preventive medicine curricula; operate or participate in an accredited residency program in preventive medicine; establish and maintain academic administrative units in preventive medicine; and improve clinical teaching in preventive medicine.

---

<sup>8</sup> American Board of Medical Specialties. (2019). ABMS Board Certification Report 2018-2019, p. 32. Retrieved January 12, 2020, from <https://www.abms.org/media/257753/abms-board-certification-report-2018-2019.pdf>.

<sup>9</sup> The updated details of all current HRSA PMR Program awardees can be accessed online at <https://data.hrsa.gov/tools/find-grants>. Select Program Area: Health Workforce, and Program Name: Preventive Medicine Residencies.

The PMR Program funds also provided stipends and travel support for residents who presented their research findings at national academic meetings. A portion of the funds provided support for faculty and staff who were directing the program, developing curricula, teaching, and coordinating program activities, including clinical rotations.

HRSA held a new competition for the PMR Program in FY 2018 with a 5-year project period, yielding 17 new awards. In FY 2019, these 17 PMR Program awardees received \$6,565,296 in continuation funding. The funds supported PMR Program awardees' activities for the 2019-2020 academic year. Table 1 presents the list of awards. Table 2 presents the list of awardees on a no cost extension.

**Table 1 - FY 2019 Preventive Medicine Residency Program Continuation Funding and Awards**

	State	Awardee	Award (FY 2019)	Discipline
1	California	University of California at Los Angeles	\$399,973	PH/GPM
2	California	California Department of Public Health	\$383,624	PH/GPM
3	California	University of California at San Diego	\$399,150	PH/GPM
4	California	University of California at San Francisco	\$400,000	Occupational Medicine
5	Colorado	University of Colorado Health Sciences Center, Denver	\$399,999	PH/GPM
6	Connecticut	Griffin Hospital, Inc.	\$399,991	PH/GPM
7	Georgia	Emory University	\$387,758	PH/GPM
8	Georgia	Morehouse School of Medicine	\$400,000	PH/GPM
9	Maine	Maine Medical Center	\$395,401	PH/GPM
10	Michigan	University of Michigan, Ann Arbor	\$350,187	PH/GPM
11	Mississippi	University of Mississippi	\$388,445	PH/GPM
12	New Jersey	Rutgers University	\$347,399	PH/GPM
13	New Mexico	University of New Mexico	\$399,992	PH/GPM
14	New York	State University of New York at Stony Brook	\$400,000	PH/GPM
15	North Carolina	University of North Carolina at Chapel Hill	\$350,162	PH/GPM
16	Pennsylvania	University of Pennsylvania	\$398,773	Occupational Medicine
17	West Virginia	West Virginia University	\$364,442	PH/GPM Occupational Medicine
	<b>Total</b>		<b>\$6,565,296</b>	



**Table 2 - FY 2019 Preventive Medicine Residency Program No Cost Extensions**

	<b>State</b>	<b>Awardee</b>	<b>Project Period End Date</b>	<b>Discipline</b>
1	New York	The Research Foundation of State University of New York	8/31/2020	PH/GPM
2	South Carolina	University of South Carolina	6/30/2020	PH/GPM

## **V. Selected Program Highlights**

In academic year 2019-2020, the PMR Program awardees continued to provide assistance and learning experiences in state and local health departments and to address current public health issues. Each program focuses on meeting the needs of underserved populations. In addition, all programs require their residents to have both academic and practicum experience focused on addressing the proposed Healthy People 2030 Objectives and incorporating clinical preventive services in their curriculum as well as clinical and population health practice.<sup>10</sup> By addressing the needs of vulnerable and diverse populations, these awardees focus on training in prevention and public health that contributes to HRSA’s goals of improving access to quality services, building healthy communities, and reducing health disparities. The physicians who complete these programs provide surveillance for infectious diseases and establish the infrastructure for prevention, early identification, and treatment.

In academic year 2018-2019 (the most recent year with available data), the PMR Program financially supported 128 residents, the majority of whom received clinical or experiential training in a primary care setting (82 percent) and/or a medically underserved community (61 percent). Approximately 30 percent of residents received training in substance use treatment. Of the 76 residents who completed their residency training programs during the academic year, 32 percent intended to pursue employment or further training in primary care. PMR awardees partnered with 293 sites to provide 839 clinical training experiences for PMR residents (e.g., academic institutions, ambulatory care sites, state and local health departments, and hospitals).<sup>11</sup>

### **Substance and Opioid Use Disorders Prevention and Treatment**

The nation’s opioid crisis remains a public health emergency, declared by the Department of Health and Human Services in October 2017. Total overdose deaths for the 12 months ending June 2019 exceeded 67,000.<sup>12</sup> Opioid overdoses comprise the bulk of these deaths, though

<sup>10</sup> Information about the proposed Healthy People 2030 Objectives can be found here:

<https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030>.

<sup>11</sup> HRSA National Center for Health Workforce Analysis. Annual Performance Report Academic Year 2018-2019.

<sup>12</sup> Provisional Drug Overdose Death Counts, CDC, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

stimulants and other drugs represent roughly one-fourth.<sup>13</sup> PMR awardees took notable steps to address this crisis, such as:

The **University of Pennsylvania** trained residents in opioid use disorder (OUD) prevention and treatment and the faculty developed curricular elements to teach effective pain management emphasizing non-opioid approaches. Residents at the **University of Michigan** partnered with the local health department and community organizations to treat and prevent addiction in community-based settings. Residents at the **California Department of Public Health** completed training in providing medication assisted treatment of OUD, helping homeless, incarcerated, and uninsured persons. The **University of Mississippi** program is developing curricular elements in substance use disorder and nutrition counseling.

At **Emory University**, residents participate in the Atlanta Veterans Affairs (VA) Medical Center's Empower Veterans Program – an intervention for managing chronic pain, including its relation to opioid abuse, and motivational interviewing of higher-needs veterans. The **University of North Carolina** residency program collaborated with the university's addiction medicine fellowship; the two program directors collaborate to provide population health training to the addiction medicine fellows and education in OUD prevention and treatment to the preventive medicine residents.

The program at **Griffin Hospital** (affiliated with Yale School of Medicine) improved and expanded its preventive medicine residency by launching Project ORACLE (Optimizing Residency training in Addiction medicine, Culinary medicine, Lifestyle medicine and Emergency preparedness and disaster medicine), a program to train future preventive medicine residents and faculty with competencies in addiction medicine.

## **Integration of Public Health and Primary Care in Federally Qualified Health Centers**

These awardees developed relationships with Federally Qualified Health Centers (FQHCs) or other community health centers that provide primary care to underserved communities. Rotations at these organizations train residents to recognize and address the social determinants of health, including patients' living situations, access to health care resources, and the environment's effect on health. Faculty of the **State University of New York at Stony Brook** program authored a paper that details several innovative teaching tools and approaches for instruction in population health, including the integration of public health with primary care, to better care for underserved persons.<sup>14</sup> This peer-reviewed work presents a framework for bringing the expertise of preventive medicine physicians to bear on the problems of whole populations and communities, as well as care for individual patients.

---

<sup>13</sup> Kariisa M, Scholl L, Wilson N, Seth P, Hoots B. Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential — United States, 2003–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:388–395. DOI: <http://dx.doi.org/10.15585/mmwr.mm6817a3>, accessed January 16, 2020.

<sup>14</sup> Jadotte, D., Leisy, H., Noel, K., and Lane, D. (2019, April). The Emerging Identity of the Preventive Medicine Specialty: A Model for the Population Health Transition. *American Journal of Preventive Medicine*, Volume 26, 614–621. Retrieved May 29, 2019, from <https://www.sciencedirect.com/science/article/pii/S0749379718324279>.

Some residency directors, such as the Director of the **University of California at San Diego** program, who is also the medical director of a FQHC, provide opportunities for residents to integrate preventive services into primary care, and provide regular primary care at their clinics. In these settings, residents participate in community screening for diseases of public health significance, particularly with underserved and vulnerable populations. Residents also participate in care of special populations in varied settings to address population-specific health problems.

## **Collaborations with the Veterans Health Administration and other Federal Partners**

Most awardees work closely with the Veterans Health Administration (VHA), FQHCs, and other federal partners to ensure that preventive medicine residents address the needs of veterans, develop innovative methods of wellness promotion, and address chronic pain and post-traumatic stress disorder. The **West Virginia University** program has an active affiliation with the Louis A. Johnson VA Medical Center in Clarksburg, West Virginia. The Program Director serves on West Virginia University's Affiliation Partnership Council with the VHA, and all occupational medicine residents rotate through the VA Medical Center. In addition, all occupational medicine residents complete 6-month rotations at the National Institute for Occupational Safety and Health in Morgantown and participate in national-level field investigations.

The **University of Colorado** preventive medicine residency program partners with the Rocky Mountain Regional VA Medical Center staff to update resident training in motivational interviewing and with VA Preventive Medicine-trained physicians to enhance quality improvement education and apply it to VA settings. The program is also developing a proposal for a VA home cardiac rehabilitation program.

**Maine Medical Center, University of Pennsylvania,** and the **University of California at Los Angeles** all have partnerships with their local VA. The program at **Rutgers University** partners with the local VHA and residents spend 6 months in direct care, patient education, and program evaluation. Each resident rotates through the War Related Illness and Injury Center aiding and learning from activities for wounded warriors.

## **VI. Summary and Conclusions**

HRSA is committed to enhancing the quality and increasing the size of the health care workforce, including preventive medicine physicians. This is accomplished through innovative programs that increase access to quality health care by developing a strong workforce to meet the nation's health care and public health needs. Health priorities, such as emerging infectious diseases and non-communicable chronic diseases, present tremendous challenges and require solutions involving prevention, public health strategies, and leadership. Preventive medicine physicians, through their clinical and public health preparation, provide this essential leadership and expertise in many areas of health care including integrating public health with primary care, providing leadership in governmental public health, and conducting outbreak investigations to prevent the spread of emerging diseases.

This report describes the efforts undertaken by HRSA's PMR programs to increase the number and quality of preventive medicine physicians who address public health needs. These efforts demonstrate how the funded programs advance key components of health service delivery and strengthen the health care system's focus on prevention and health promotion. Such efforts increase interprofessional training and improve the quality of care delivered through community health centers by strengthening their collaboration with public health systems.

The preventive medicine physicians that complete these programs contribute to HRSA's mission to improve health and reduce health disparities through access to quality services, a skilled health workforce, and innovative programs. The residents, after graduation, practice in and lead local health departments, state health departments, and federal agencies; serve as medical directors in community health centers and researchers and educators in academic settings; and work as quality improvement specialists and medical informaticians (specialists in health information technology, such as electronic medical records).<sup>15</sup> They also assume leadership positions in preventive medicine in the military. The program participants, through their clinical and public health role in a wide variety of settings including community health centers, public health, and private practice, promote the incorporation of public health and preventive health care into primary care. Residency program participants use community health assessments and other public health approaches to improve community health outcomes targeting community-driven priorities.

---

<sup>15</sup> Information received from residency directors during regular project monitoring.