



U.S. Department of Health and Human Services
REPORT TO CONGRESS
IMPLEMENTATION OF THE HEALTH
WORKFORCE STRATEGIC PLAN

Executive Summary

This Report to Congress provides a summary of actions taken to implement the Health Workforce Strategic Plan, in response to Section 3402 of the Coronavirus Aid, Relief, and Economic Security Act (also known as the CARES Act) (Public Law 116-136).

(a) Strategic Plan.--

(1) In general.--Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary"), in consultation with the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education, shall develop a comprehensive and coordinated plan with respect to the health workforce development programs of the Department of Health and Human Services, including education and training programs.

(c) Report.--Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the plan developed under subsection (a) and actions taken to implement such plan.

The Health Workforce Strategic Plan describes an integrated, forward-looking approach for health workforce development programs administered by the Department of Health and Human Services (HHS, the Department). This Report to Congress outlines activities undertaken to implement the Health Workforce Strategic Plan, inventories of HHS investments in the health workforce, and the most recent results for performance measures related to these programs.

In addition, the following findings are included in this Report:

- Both the health workforce and the investments to help meet supply and demand challenges are diverse and complex. The health workforce is not monolithic; nor are the programs to strengthen the workforce.
- Coordination of effort can amplify the reach of HHS investments. As the first plan of its kind on this topic, the Health Workforce Strategic Plan is an opportunity for strengthened coordination of diverse investments and improved cross-agency learning within HHS and with other federal partners.
- New challenges presented by the COVID-19 pandemic have exposed and exacerbated existing concerns regarding the health workforce supply and demand. Prior to the COVID-19 pandemic, the United States struggled with shortages and maldistribution of the health workforce. The pandemic has aggravated these issues, highlighting the challenges facing the health workforce.
- Rapid contextual changes challenge existing methodologies historically used to calculate health workforce supply and demand, including for the primary care, behavioral health care, and public health workforce.

Report to Congress on Implementation of the Health Workforce Strategic Plan

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Acronym List

ACF	Administration for Children and Families
ACICBL	Advisory Committee on Interdisciplinary, Community-Based Linkages
ACL	Administration for Community Living
AETC	AIDS Education and Training Centers
AHRQ	Agency for Healthcare Research and Quality
ARP	American Rescue Plan Act of 2021
ASPE	Assistant Secretary for Planning and Evaluation
ASPR	Assistant Secretary for Planning and Response
ASTHO	Association of State and Territorial Health Officials
BHW	Bureau of Health Workforce
BHWET	Behavioral Health Workforce Education and Training
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CCBHC	Certified Community Behavioral Health Centers
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DATA 2000	Drug Addiction Treatment Act of 2000
EMT	Emergency Medical Technician
EIS	Epidemic Intelligence Service
FDA	Food and Drug Administration
FTE	Full-time equivalents
FY	Fiscal year
GME	Graduate Medical Education
HA	Hospital Associations
HBCU	Historically Black Colleges and Universities
HCOP	Health Careers Opportunity Program
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act

Acronym List

HPOG	Health Profession Opportunity Grants
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer Community
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau
MIPS	Merit-based Incentive Payment System
NACNEP	National Advisory Council on Nurse Education and Practice
NACNHSC	National Advisory Council on the National Health Service Corps
NEPQR	Nurse Education, Practice, Quality and Retention Program
NHSC	National Health Service Corps
ONC	Office of the National Coordinator for Health Information Technology
PHAP	Public Health Associate Program
PHS Act	Public Health Service Act
SAMHSA	Substance Abuse and Mental Health Services Administration
STEPPS	Strategies and Tools to Enhance Performance and Patient Safety
TANF	Temporary Assistance for Needy Families
U.S.C.	U.S. Code
VA	U.S. Department of Veterans Affairs

Legislative Language

Section 3402 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Public Law 116-136), sets out the requirements for this Report to Congress:

(a) Strategic Plan.--

(1) In general.--Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary"), in consultation with the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education, shall develop a comprehensive and coordinated plan with respect to the health care workforce development programs of the Department of Health and Human Services, including education and training programs.

(2) Requirements.--The plan under paragraph (1) shall--

(A) include performance measures to determine the extent to which the programs described in paragraph (1) are strengthening the Nation's health care system;

(B) identify any gaps that exist between the outcomes of programs described in paragraph (1) and projected health care workforce needs identified in workforce projection reports conducted by the Health Resources and Services Administration;

(C) identify actions to address the gaps described in subparagraph (B); and

(D) identify barriers, if any, to implementing the actions identified under subparagraph (C).

(b) Coordination With Other Agencies.--The Secretary shall coordinate with the heads of other Federal agencies and departments that fund or administer health care workforce development programs, including education and training programs, to--

(1) evaluate the performance of such programs, including the extent to which such programs are efficient and effective and are meeting the nation's health workforce needs; and

(2) identify opportunities to improve the quality and consistency of the information collected to evaluate within and across such programs, and to implement such improvements

(c) Report.--Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the plan developed under subsection (a) and actions taken to implement such plan.

Introduction

The mission of the Department of Health and Human Services (HHS, the Department) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Across its operating divisions, HHS administers an array of health and human services programs that aim to provide all Americans with a usual and ongoing source of health care, including informed and coordinated investments to enhance the access, supply, distribution, and quality of the nation's health workforce. The health workforce includes a wide variety of occupations: registered nurses, physicians, dentists, allied health professionals, community health workers, direct support professionals, caregivers, and others. Current investments in the health workforce are informed by available data and are aligned with the Department's authorities.

This Report to Congress is comprised of two major sections as required by the CARES Act, Section 3402: (1) an overview of the [Health Workforce Strategic Plan](#), the first developed by HHS, which provides a framework for investments in the health workforce, and (2) a report of efforts to implement the Health Workforce Strategic Plan, including new initiatives authorized by the American Rescue Plan (ARP) Act of 2021 (Public Law 117-2) and a comprehensive report of program performance. This Report also presents a set of findings describing opportunities for further action to continue to strengthen the health workforce.

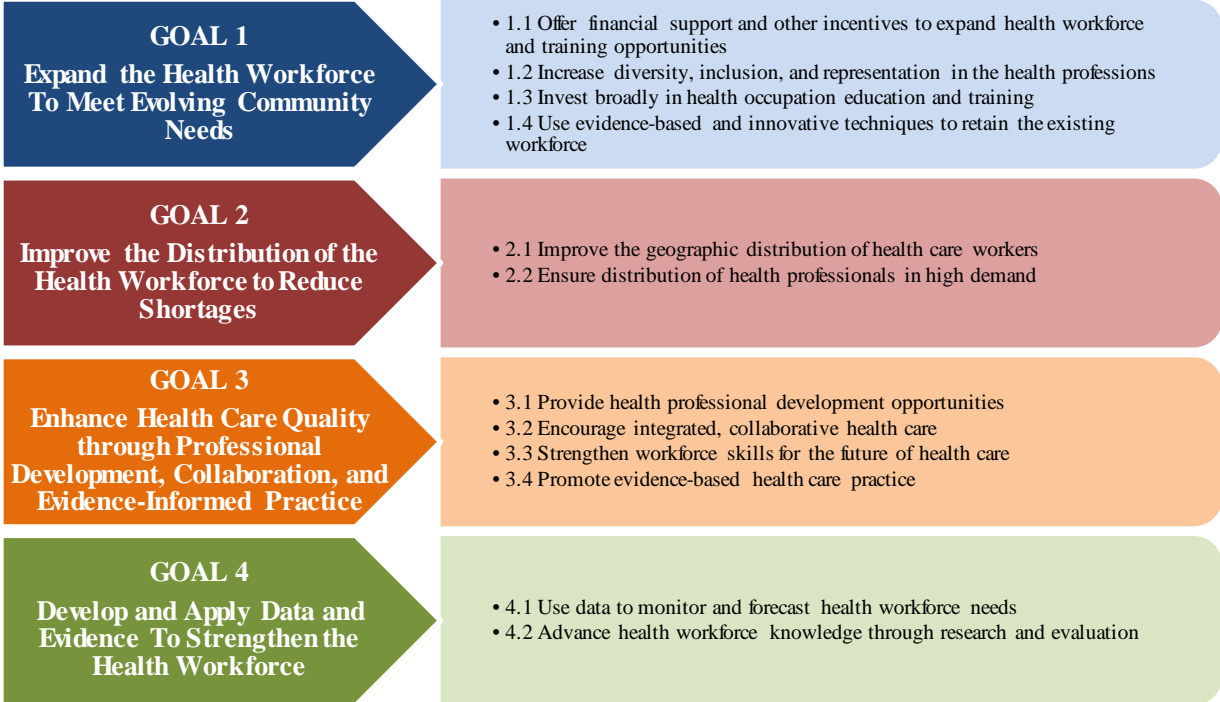
Overview of the Health Workforce Strategic Plan

The Health Workforce Strategic Plan focuses on four goals: expanding supply, ensuring equitable distribution, improving quality, and enhancing the use of evidence to improve outcomes. The Health Workforce Strategic Plan facilitates coordinated efforts to address long-standing barriers to strengthening the health workforce – barriers that have been amplified by ongoing crises including the COVID-19 pandemic, the economic circumstances for lower and middle-income families, changing health impacts due to climate change, and inequity in access and opportunity.

To develop the Health Workforce Strategic Plan, HHS convened a workgroup of subject matter experts from HHS operating and staff divisions with roles in strengthening the health workforce; conducted a comprehensive environmental scan of health workforce investments; consulted with the Advisory Council on Graduate Medical Education and the Advisory Committee on Training in Primary Care Medicine and Dentistry, as required by the CARES Act; consulted with the Advisory Committee on Interdisciplinary, Community-Based Linkages, the National Advisory Council on Nurse Education and Practice, and the National Advisory Council on the National Health Service Corps; and engaged subject matter experts from other federal departments with roles in educating and training the health workforce. HHS organized these inputs into the goals and objectives below.

Within the Health Workforce Strategic Plan, each goal and objective outlines the Department’s role, challenges to achieving the goals, and a series of strategic actions, reflecting the Department’s current and authorized commitments. Appendixes include a program inventory and list of program performance measures.

Figure 1: Health Workforce Strategic Plan Goals and Objectives



Report on Implementation of the Health Workforce Strategic Plan

This Report to Congress reflects HHS programs and activities that work to strengthen the health workforce, as well as recent reports of program performance from the most recent year available, mostly fiscal year (FY) 2021. This Report to Congress also includes information about implementation of the ARP Act, which invests significant resources in the health care, public health, and mental health workforce, aligning with the goals of the Health Workforce Strategic Plan.

Addressing Challenges, Gaps, and Barriers to Supporting the Health Workforce

Supply of the Health Workforce

Projections¹ estimate that current efforts will increase supply but not fully meet demand for many health care occupations, such as primary care providers,² dentists,³ general surgeons,⁴ psychiatrists, addiction counselors,⁵ the public health workforce,⁶ and direct support professionals.⁷ Through scholarships, stipends, and loan repayment programs for students and practicing health professionals, the Department works to expand the supply and reduce financial barriers to education and training. HHS also invests in institutions of higher education to expand

¹ The National Center for Health Workforce Analysis projects supply and demand for the following health workforce professions: behavioral or mental health, geriatrics, health careers, medicine, nursing, oral health, and public health. The most current projections are available at <https://bhw.hrsa.gov/data-research/review-health-workforce-research>.

² Health Resources and Services Administration, National Center for Health Workforce Analysis. Primary Care Workforce Projections. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/primary-health> (Accessed December 10, 2021).

³ Health Resources and Services Administration, National Center for Health Workforce Analysis. n.d. *Oral Health Workforce Projections, 2017-2030: Dentists and Dental Hygienists*. Rockville, MD: Health Resources and Services Administration. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/oral-health-2017-2030.pdf> (Accessed December 4, 2020).

⁴ Ellison, E. Christopher, Timothy M. Pawlik, David P. Way, Bhagwan Satiani, and Thomas E. Williams. 2018. "Ten-Year Reassessment of the Shortage of General Surgeons: Increases in Graduation Numbers of General Surgery Residents are Insufficient to Meet the Future Demand for General Surgeon." *Surgery* 164(4): 726-732. <https://pubmed.ncbi.nlm.nih.gov/30098811/> (Accessed July 15, 2021).

⁵ Health Resources and Services Administration, National Center for Health Workforce Analysis. n.d. *Behavioral Health Workforce Projections, 2017-2030*. Rockville, MD: Health Resources and Services Administration. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/bh-workforce-projections-fact-sheet.pdf> (Accessed December 4, 2020).

⁶ Katie Sellers, Jonathon P. Leider, Elizabeth Gould, Brian C. Castrucci, Angela Beck, Kyle Bogaert, Fatima Coronado, Gulzar Shah, Valerie Yeager, Leslie M. Beitsch, and Paul C. Erwin, 2019: The State of the US Governmental Public Health Workforce, 2014-2017. *American Journal of Public Health* 109, 674-680, <https://doi.org/10.2105/AJPH.2019.305011> (Accessed December 10, 2021).

⁷ Institute on Community Integration, University of Minnesota. 2021. "Direct Support Workforce." <https://ici.umn.edu/program-areas/community-living-and-employment/direct-support-workforce> (Accessed June 8, 2021).

the supply of health professionals, and is actively working to retain the current workforce, reduce burnout, and increase career satisfaction.

Graduate medical education (GME) payments made by the Medicare program and other funding sources represent the largest federal investment in building up the nation's physician workforce.⁸ GME payments from the Medicare program are governed largely by strict, statutory formulas. The Institute of Medicine has noted that in general, the statute has insufficient flexibility to be directed effectively towards meeting the nation's health care needs, such as the ability to address geographic and specialty-related physician shortages.⁹ The National Academies of Science, Engineering, and Medicine have observed that additional investments from multiple sources will be necessary to match the health needs of communities with the right number and types of health workers.¹⁰

Diversity and Distribution of the Health Workforce

Areas experiencing health workforce shortages are often in the places where health care is needed most urgently. Rural and urban underserved areas disproportionately face health workforce shortages and face some of the nation's greatest health care needs. For example, rural residents tend to have lower life expectancy levels than their urban counterparts,¹¹ and the per capita availability of primary care physicians to serve rural residents is roughly 19 percent lower than in urban areas.¹² Economically depressed and other underserved areas also face greater challenges in recruiting and retaining health care providers.¹³ The COVID-19 pandemic has intensified these challenges.

The United States experiences shortages in certain health care professions and specialties, including oral health, behavioral health, and maternal and child health, that can negatively affect health outcomes. The nation's workforce of mental health and substance use disorder treatment providers is critical to providing Americans with access to essential health care services.

Further, advancing health equity also requires a diverse health workforce. Evidence has shown that health professionals who are racial or ethnic minorities or from rural backgrounds are more

⁸ The Consolidated Appropriations Act, 2021, Section 126, makes available 1,000 new Medicare-funded GME positions to be distributed beginning in FY 2023. <https://www.congress.gov/bill/116th-congress/house-bill/133/text> (Accessed December 10, 2021).

⁹ Institute of Medicine. 2014. *Graduate Medical Education That Meets the Nation's Health Needs*, ed. Jill Eden, Donald Berwick and Gail Wilensky. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/18754/graduate-medical-education-that-meets-the-nations-health-needs> (Accessed December 3, 2020).

¹⁰ National Academies of Sciences, Engineering, and Medicine. 2017. *Future Financial Economics of Health Professional Education: Proceedings of a Workshop*, ed. Patricia A. Cuff and Megan M. Perez. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/24736/future-financial-economics-of-health-professional-education-proceedings-of-a> (Accessed December 3, 2020).

¹¹ Cosby, A. G., M. M. McDoom-Echebiri, W. James, H. Khandekar, W. Brown, and H. L. Hanna. 2019. "Growth and Persistence of Place-Based Mortality in the United States: The Rural Mortality Penalty." *Am J Public Health* 109 (1): 155-162. <https://doi.org/10.2105/ajph.2018.304787>.

¹² Petterson, S. M., R. L. Phillips, Jr., A. W. Bazemore, and G. T. Koinis. 2013. "Unequal Distribution of the U.S. Primary Care Workforce." *Am Fam Physician* 87 (11). <https://www.ncbi.nlm.nih.gov/pubmed/23939507>.

¹³ Liu, X., L. Dou, H. Zhang, Y. Sun, and B. Yuan. 2015. "Analysis of Context Factors in Compulsory and Incentive Strategies for Improving Attraction and Retention of Health Workers in Rural and Remote Areas: A Systematic Review." *Hum Resour Health* 13: 61. <https://doi.org/10.1186/s12960-015-0059-6>.

likely to deliver care in underserved communities.¹⁴ The current composition of the health workforce in the United States does not mirror the racial or ethnic composition of the country; for example, white workers are overrepresented in 23 of 30 health care occupations.¹⁵ When Hispanics and Blacks are well represented, these health occupations tend to be support positions.¹⁶

HHS employs a multifaceted approach to address these challenges – recruiting students from communities that HHS serves, training students in rural and underserved communities, supporting community-based training, leveraging loan and scholarship programs to reduce financial barriers, and expanding efforts through new authorities of the ARP Act. Appendix F lists these new authorities.

Quality of Care

Promoting quality involves ensuring the workforce has the necessary skills to meet the demands of rapidly evolving conditions. The COVID-19 pandemic has exacerbated existing challenges and has heightened the urgency of training a flexible, responsive health workforce able to respond to urgent and shifting health care needs. Innovative approaches to health care delivery such as telehealth services can extend the health workforce into high-need shortage areas without sacrificing quality.¹⁷

Interprofessional care¹⁸ can improve the quality of care, yet challenges persist. Barriers such as inconsistencies in the scope of practice regulations at the state level can limit the ability of certain advance practice registered nurses, physician assistants, and other providers to work at the top of their education and training.¹⁹ The limitations in clinicians working at the full potential of their education and training may lead to poorer quality of care and worse health outcomes. These limitations can also contribute to workforce shortages, as the time of clinicians with the highest levels of training is diverted to tasks that could optimally be done by those with other professional qualifications.

Appendix A outlines HHS’s strategic efforts to promote quality health care delivery, including efforts to train interprofessional and collaborative teams, and integrate behavioral and oral health into primary care.

¹⁴ Pittman P, Chen C, Erikson C, et al. Health Workforce for Health Equity. *Med Care*. 2021;59(Suppl 5):S405-S408. doi:10.1097/MLR.0000000000001609

¹⁵ Ibid.

¹⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015), Rockville, Maryland.

¹⁷ Shigekawa, E., M. Fix, G. Corbett, D. H. Roby, and J. Coffman. 2018. “The Current State of Telehealth Evidence: A Rapid Review.” *Health Aff (Millwood)* 37 (12): 1975-1982. <https://doi.org/10.1377/hlthaff.2018.05132>.

¹⁸ Interprofessional care involves a team of health care professionals working together with patients, families, caregivers, and communities to deliver high quality health care.

¹⁹ Dill, M. J., S. Pankow, C. Erikson, and S. Shipman. 2013. “Survey Shows Consumers Open to a Greater Role for Physician Assistants and Nurse Practitioners.” *Health Aff (Millwood)* 32 (6): 1135-42. <https://doi.org/10.1377/hlthaff.2012.1150>.

Building and Using Data and Evidence

Workforce supply and demand data are not static. The demographics of the nation's population shift over time, as do factors such as labor force participation. The Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis uses simulation models to estimate current and future supply of, and demand for, the health workforce by occupation, geographic area, and year. However, sufficient data are not always available to conduct these analyses. In addition, the COVID-19 pandemic has affected supply and demand for health care providers across professions, in both the short and long term. HHS is conducting studies to learn more about the potential impacts of the COVID-19 pandemic and future needs for the health workforce.

Summary and Conclusions

Finding #1: The health workforce – and the investments to help meet supply and demand challenges – are diverse.

The health workforce is not monolithic; nor are the programs to strengthen the workforce. Eleven of HHS's Operating and Staff Divisions contribute to the advancement of the four goals of the Health Workforce Strategic Plan. The Divisions do so in accordance with their budget, authorities, and mission. The Health Workforce Strategic Plan identified more than 180 health workforce programs, evidence-building activities, and other investments administered by HHS.

As seen in Appendix A, some HHS programs focus on expanding the supply, demand, or quality of specific health professions, including primary care, nursing, behavioral health, oral health, maternal health, geriatrics and elder care, pharmacy, and allied health. The ARP Act bolstered these activities and provides funding for new programs to expand the public health workforce supply.

Further, investments include GME, the largest investment in education and training of the health workforce, as well as other types of fellowships, residencies, and experiential learning; scholarships and loan repayment programs; recruitment efforts; training and technical assistance; curriculum development; research and evaluation; and data collection and analysis.

In addition, some programs target specific subpopulations, including rural communities, American Indians and Alaska Natives, Native Hawaiians, racial and ethnic minority populations, individuals from low-income backgrounds, and veterans.

Finding #2: Coordination of effort can amplify the reach of HHS investments.

Internal Coordination at HHS

The Health Workforce Strategic Plan is an opportunity for strengthened coordination of diverse investments and improved cross-agency learning within HHS. In response to the implementation of programs funded through the ARP Act, the Centers for Disease Control and Prevention (CDC), HRSA, and the Substance Abuse and Mental Health Services Administration (SAMHSA) have worked to strengthen coordination of behavioral health and public health workforce activities. In addition, HRSA has convened joint meetings of the chairs of the five

health workforce Advisory Committees that were consulted on the Health Workforce Strategic Plan, to coordinate on complementary activities associated with Reports, recommendations, and meeting agendas and topics.

External Coordination

Coordination with other federal departments, such as the U.S. Departments of Agriculture, Defense, Education, Housing and Urban Development, Labor, and Veterans Affairs, could expand the reach of HHS health workforce education and training programs. HHS engaged subject matter experts in these federal agencies to learn more about other investments in the health workforce. Below are examples of other federal agency authorities that support the education and training of the health workforce; this list is not exhaustive.

U.S. Department of Agriculture

Administered by the National Institute of Food and Agriculture, the 1890 Land-Grant Institutions National Program delivers agricultural research, education, and extension programs. Through partnerships with the 19 historically black universities established under the Second Morrill Act of 1890, the U.S. Department of Agriculture aims to attract students to careers in agriculture, food, natural resources, and human sciences. These programs are not focused exclusively on the health workforce, but are inclusive of efforts to train students in certain health professions (nutritionists).

U.S. Department of Defense

The mission of the Uniformed Services University of the Health Sciences is to educate and develop uniformed health professionals, scientists, and leaders. Through four schools – the School of Medicine, Graduate School of Nursing, Postgraduate Dental College, and College of Allied Health Sciences – this university has helped the U.S. military expand what was once primarily a combat care system to include community reintegration efforts for military patients.

U.S. Department of Education

The U.S. Department of Education’s Office of Career, Technical, and Adult Education coordinates programs related to adult education and literacy, career and technical education, and community colleges. These programs are inclusive of, but not limited to, health workforce education and training activities.

The Strengthening Career and Technical Education for the 21st Century Act of 2018 (Public Law 115-224), which reauthorized the Carl D. Perkins Career and Technical Education Act of 2006 (Public Law 109-270), provided funding for career and technical education programs for youth and adults. Through these programs, states develop and implement career and technical programs for 16 career clusters, including the career clusters related to the health workforce - health science and human services.²⁰

²⁰ U.S. Department of Education. Career Clusters and Programs of Study. <https://www2.ed.gov/about/offices/list/ovae/pi/cte/factsheet/career-clstrs-prgrms-study-fs080528qa-kc.pdf> (Accessed September 9, 2021).

U.S. Department of Housing and Urban Development

Though not focused exclusively on educating and training the health workforce, the U.S. Department of Housing and Urban Development's Promise Zones coordinate the efforts of multiple federal departments in high poverty areas in select urban, rural, and tribal communities to boost economic activity and job growth, and improve educational opportunities. During the COVID-19 pandemic, Promise Zones demonstrated their capacity to improve access to health providers, by expanding testing services in some areas.²¹

U.S. Department of Labor

Through the Workforce Innovation and Opportunity Act of 2014 (Public Law 113-128), the U.S. Department of Labor coordinates with the U.S. Department of Education and HHS to strengthen the ability of youth and those with significant barriers to employment to get high-quality jobs and careers. While programs are not targeted specifically to the health workforce, these programs are inclusive of efforts to grow the health workforce.

The U.S. Department of Labor awards funds to address rural healthcare shortages in communities across the country through the H-1B Rural Healthcare Grant Program, administered by the Employment and Training Administration. The purpose of this grant program is to increase the number of individuals training in healthcare occupations that directly affect patient care, and alleviate health workforce shortages by creating sustainable employment and training programs in healthcare occupations serving rural populations.²²

U.S. Department of Veterans Affairs

The U.S. Department of Veterans Affairs (VA) invests in building and sustaining a workforce to provide veterans and their families with high-quality health care. The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Public Law 115-182) authorized and expanded programs to recruit and retain health care providers through several programs, including through student loan debt reimbursement, scholarships, training, and service opportunities.²³

The Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) directs the Secretary of Veterans Affairs to establish graduate medical residency programs or ensure that existing graduate medical residency programs have a sufficient number of residency positions at any U.S. Department of Veterans Affairs medical facility experiencing a physician shortage or located in a Health Professional Shortage Area.

²¹ HUD Exchange. U.S. Department of Housing and Urban Development. Meeting Community Needs during the COVID-19 Pandemic: Successes in the Promise Zones Webinar Series. <https://www.hudexchange.info/news/meeting-community-needs-during-the-covid-19-pandemic-successes-in-the-promise-zones-webinar-series/> (Accessed September 10, 2021).

²² U.S. Department of Labor. H-1B Rural Healthcare Grants: Overview of the H-1B Rural Healthcare Grant Program and Project Descriptions. (n.d.) <https://www.dol.gov/sites/dolgov/files/ETA/skillstraining/RH-One-Page-and-Grant-Award-Abstracts.pdf>. Accessed September 9, 2021.

²³ U.S. Department of Veterans Affairs. 2021. "Annual Report on the Steps Taken to Achieve Full Staffing Capacity." <https://www.va.gov/EMPLOYEE/docs/Section-505-Annual-Report-2021.pdf> (Accessed September 9, 2021).

The VA is the largest health care system, employing more than 367,200 full time health care professionals and support staff; the Veterans Health Administration engages through more than 46,000 active volunteers, 120,000 health profession trainees, and nearly 16,000 affiliated medical faculty. The Veterans Health Administration is the largest integrated health care system in the United States, and the largest provider of graduate medical education.²⁴

National Health Care Workforce Commission Authorization

The Patient Protection and Affordable Care Act of 2010 (Public Law 111-148), Section 5101, authorized a National Health Care Workforce Commission to support interagency collaboration on policies to advance health workforce goals. This Commission would coordinate activities administered by HHS and the Departments of Labor, VA, Homeland Security, and Education to review current and project future health workforce supply and demand, explore implications of policies that affect the health workforce, including GME policies, investigate the health workforce needs of special populations, and make recommendations for revisions to federal policies and programs. Congress has not appropriated funding to support this provision.

Finding #3: The effects of the COVID-19 pandemic on the health workforce have exposed and exacerbated existing challenges.

Prior to the COVID-19 pandemic, the United States struggled with shortages and maldistribution of the health workforce, especially in rural areas. The pandemic has magnified these issues, highlighting the tenuous state of the health workforce and adding to the stress of those already caring for the most vulnerable patients. HHS anticipates these challenges will persist, as the aging population and the pandemic continue to increase demand for health care. These shortages will be particularly pronounced for primary care medical and behavioral health providers in rural and other high-need areas. The HRSA National Center for Health Workforce Analysis projects:

- A shortage of 17,210 primary care physician full-time equivalents (FTE) by 2030;²⁵
- A 20 percent drop in the supply of the behavioral health workforce by 2030;²⁶ and
- A 40 percent increase in the demand for long term care services by 2030.²⁷

These estimates do not yet capture the impact of the COVID-19 pandemic on the U.S. health workforce; the pandemic may influence trends in how many people join or leave health occupations. For example, millions of individuals enrolled in Medicaid receive home and community-based services, as an alternative to institutional placement, which has an impact on the health professionals who provide home and community-based services. The historic

²⁴ U.S. Department of Veterans Affairs. Veterans Health Administration. About VHA. April 23, 2021. <https://www.va.gov/health/aboutvha.asp>. Accessed December 17, 2021.

²⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections, Projected Supply and Demand of Health Care Workers through 2030. Accessed October 13, 2021 from <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.

²⁶ Ibid.

²⁷ Ibid.

shortages of the direct service workforce have been exacerbated by this pandemic.²⁸ Further, historical approaches to projecting health workforce supply and demand may not have incorporated factors amplified by the COVID-19 pandemic, such as provider mental health, fatigue, and burnout.

Finding #4: Rapid contextual changes challenge existing methodologies historically used to calculate health workforce supply and demand, including for the primary care, behavioral health care, and public health workforce.

Research and evaluation conducted by entities such as the HRSA National Center for Health Workforce Analysis help policymakers understand supply, distribution, and education of the health workforce. In the rapidly changing environment due to the COVID-19 pandemic, related economic crisis, climate change, and health inequities, historical methodologies used to determine workforce supply and demand may no longer be appropriate and may lead to inaccurate projections. For example, nascent research is starting to show that the COVID-19 pandemic has exacerbated need for the services provided by specific health care occupations; however, existing workforce projection methodologies cannot capture this impact yet. As such, dedicated investments in data collection and analysis, research, evaluation, and other evidence-building activities that can take into account the contextual changes are essential to supporting future health workforce decision-making.

²⁸ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Direct Services Workforce Shortages during COVID 19. Accessed December 10, 2021 from <https://www.phe.gov/Preparedness/planning/abc/Pages/Direct-Services-Workforce-Shortages-during-COVID-19.aspx>.

Appendix A: Programs and Activities

Below are health workforce programs and activities that support achievement of the goals and objectives of the Health Workforce Strategic Plan.

1.1.1: Provide scholarships or stipends for professional and paraprofessional students and faculty in health and allied health programs to reduce financial barriers

Program/Activity (with hyperlink)	Description	Division
National Health Service Corps (NHSC) Scholarship Program	Scholarships to students pursuing eligible primary care health professions training who commit to provide primary care services in Health Professional Shortage Areas.	Health Resources and Services Administration (HRSA)
Nurse Corps Scholarship Program	Scholarships to nursing students who agree to work at a Critical Shortage Facility when they graduate.	HRSA
Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant	Institutional training grants to eligible institutions to develop or enhance postdoctoral research training opportunities for individuals, including women and individuals from disadvantaged backgrounds, who are planning to pursue careers in primary care research.	HRSA

1.1.2: Fund graduate and post-graduate training to practicing health professionals through fellowships and residency programs to incentivize providing services in high need areas and to vulnerable populations

Program/Activity (with hyperlink)	Description	Division
Children’s Hospitals Graduate Medical Education Program	Funds to freestanding children’s hospitals to maintain graduate medical education programs, including residency programs for primary care physicians and physicians with pediatric medical and surgical subspecialties.	HRSA
Direct Graduate Medical Education	Regulations implementing the statutory methodology for determining payments to hospitals for the direct costs of approved graduate medical education programs.	Centers for Medicare & Medicaid Services (CMS)
Indirect Medical Education	Regulations implementing the statutory methodology for determining payments to hospitals for the indirect costs of approved graduate medical education programs.	CMS
Enhancing Peer Support and Navigation in the Certified Community Behavioral Health Centers (CCBHC)	Effort to train and hire peer support providers and peer navigators in the current and expanded CCBHC programs which will number in excess of 500 across the country.	Substance Abuse and Mental Health Services Administration (SAMHSA)
Epidemic Intelligence Service – Student Loan Repayment	Federal student loan repayment to select participants as an incentive to recruit qualifying public health fellows to priority initiatives, including data science.	Centers for Disease Control and Prevention (CDC)
Epidemic Intelligence Service – 2-Year Paid Fellowship for Clinicians	Fellowship program for clinicians who help public health officials investigate and control infectious disease outbreaks and respond to natural disasters and other threats to the public’s health.	CDC

Program/Activity (with hyperlink)	Description	Division
Future Leaders in Infectious and Global Health Threats – 3-Year Paid Fellowship for Clinicians	Fellowship for clinicians who address global public health threats, and translate public health science and research into successful infectious disease programs with global applications.	CDC
Nurse Anesthetist Traineeship Program	Support for entities to meet the cost of traineeships to increase the number of Certified Registered Nurse Anesthetists providing care, especially to rural and underserved populations.	HRSA
Postdoctoral Training in General, Pediatric, and Public Health Dentistry Program	Professional training programs in general, pediatric, public health dentistry and dental hygiene for students, dental residents, other oral health professionals, practicing dentists, or other approved primary care dental trainees and provide financial assistance to dental or dental hygiene students, dental residents, and practicing dentists.	HRSA
Prevention Fellowship Program	Program designed to address the critical, nationwide shortage and projected future need of substance abuse prevention professionals by providing training, mentorship, and hands-on work experience to develop and sustain a cadre of prevention professionals who understand and exemplify the principles and best practices of substance abuse prevention including new and changing regulations, practices, and research findings.	SAMHSA
Preventive Medicine Residency and Fellowship	Service-learning fellowship program providing preventive medicine residents and fellows with opportunities to gain leadership and management skills while bridging medicine and public health.	CDC

Program/Activity (with hyperlink)	Description	Division
Preventive Medicine Residency Program	Residencies to train physicians in preventive medicine specialties to increase the number and quality of preventive medicine residents and physicians.	HRSA
Primary Care Training and Enhancement – Physician Assistant Program	Programs that train physician assistants and prepare faculty to train physician assistants.	HRSA
Primary Care Training and Enhancement: Community Prevention and Maternal Health	Training for primary care physicians in maternity care services or population health to improve maternal health outcomes in rural and underserved areas.	HRSA
Primary Care Training and Enhancement: Residency Training in Primary Care Program	Residency programs in family medicine, general internal medicine, general pediatrics, or a combination of internal medicine and pediatrics.	HRSA
Primary Care Training and Enhancement: Training Primary Care Champions	Fellowship programs to train community-based practicing primary care physician, physician assistant, and nurse practitioner champions to lead health care transformation and enhance teaching in community-based settings.	HRSA

1.1.3: Support curriculum enhancement to improve quality, quantity, distribution, and diversity of the health workforce

Program/Activity (with hyperlink)	Description	Division
Academic Partnerships to Improve Health	Partnership focusing on improving the health of individuals and communities through alliances among academic associations, universities, and CDC, using fellowship and workforce innovation projects, serving as a conduit for public health workforce activities, and enhancing population health education for medical, nursing, and public health students.	CDC
CDC Workforce Fellowship Programs	Curriculum revisions to improve health equity and diversity, equity, and inclusion of our programs.	CDC
Centers of Excellence Program ²⁹	Effort to recruit, train, and retain underrepresented minority students and faculty and improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health.	HRSA
Enhancing CDC Quality Training Development and Quality Training Standards	Resources to help design and develop quality training to improve public health and connect with others who do similar work.	CDC
Public Health Informatics and Technology Workforce Development Program	Program to train at least 4,000 individuals from Minority Serving Institutions and other colleges and universities through an interdisciplinary approach in public health informatics and technology and ensure these training, certification, and degree programs are sustainable to create a continuous pipeline of diverse public health informatics and technology professionals.	Office of the National Coordinator for Health Information Technology (ONC)

²⁹ The Centers of Excellence Program funding goes toward recruitment, training, and retaining underrepresented minority students and faculty at health professions schools. Accredited allopathic schools of medicine, osteopathic medicine, dentistry, or pharmacy, or graduate programs in behavioral or mental health, are eligible to apply.

Program/Activity (with hyperlink)	Description	Division
Rural Residency Planning and Development Program	Development of newly accredited and sustainable rural residency programs in family medicine, internal medicine, public health and general preventive medicine, psychiatry, general surgery, obstetrics and gynecology to expand the physician and dentist workforce in rural communities.	HRSA
Rural Residency Planning and Development Technical Assistance Program	Cooperative agreement to provide technical assistance to HRSA's Rural Residency Planning and Development Program award recipients to support the creation of new rural residency programs that will expand the rural physician workforce.	HRSA
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems	Program to provide cross-cutting support to public health agencies for critical infrastructure needs related to workforce, foundational capabilities, data modernization, and physical infrastructure.	CDC

1.2.1: Target training assistance to individuals with low incomes and from disadvantaged backgrounds to strengthen supply in high-demand health occupations that offer good pay, benefits, and opportunities for advancement

Program/Activity (with hyperlink)	Description	Division
Health Careers Opportunity Program (HCOP): National HCOP Academies	Assistance to individuals from educationally or economically disadvantaged backgrounds to undertake education and complete a health or allied health professions program.	HRSA

Program/Activity (with hyperlink)	Description	Division
Health Profession Opportunity Grants (HPOG) ³⁰	Education, training, and supportive services to recipients of Temporary Assistance for Needy Families (TANF) and other low-income individuals in health care occupations that pay well and are expected to experience labor shortages or be in high demand.	Administration for Children and Families (ACF)
Health Professions Student Loans	Long-term, low-interest loans for students with financial need who are pursuing a course of study in an approved health discipline, an approved course in a nursing discipline, or a degree in allopathic medicine, osteopathic medicine, dentistry, pharmacy, optometry, or podiatric medicine.	HRSA
Maternal and Child Health Leadership, Education, and Advancement in Undergraduate Pathways Training Program	Effort to recruit undergraduate students from economically and educationally disadvantaged backgrounds into maternal and child health professions and related fields such as pediatrics, nutrition, social work, nursing, pediatric dentistry, psychology, health education, pediatric occupational/physical therapy and speech language pathology.	HRSA
Scholarships for Disadvantaged Students	Scholarships to health professional students from disadvantaged backgrounds enrolled in health professions degree programs.	HRSA
Temporary Assistance for Needy Families	TANF and state maintenance of effort funds could help low-income parents pay for health care training programs.	ACF

³⁰ HPOG was authorized by the Affordable Care Act, (ACA), Public Law 111-148, 124 Stat. 119, March 23, 2010, sect. 5507(a), “Demonstration Projects to Provide Low-Income Individuals with Opportunities for Education, Training, and Career Advancement to Address Health Professions Workforce Needs,” adding sect. 2008(a) to the Social Security Act, 42 U.S.C. 1397g(a). In 2010, ACF awarded the first round of 5-year grants to 32 organizations. ACF awarded a second round of grants in 2015; these grants concluded on September 29, 2021. Additional grant awards are contingent on HPOG reauthorization.

1.2.2: Actively recruit, train, and retain individuals from underrepresented backgrounds, including racial and ethnic minority students and students with disabilities, into the health workforce

Program/Activity (with hyperlink)	Description	Division
Epidemic Intelligence Service (EIS) Fellowship	Expansion of the number of EIS fellows to increase workforce diversity through experiential service fellowship, which includes opportunities to apply epidemiology and gain practical skills to become future public health leaders.	CDC
Laboratory Leadership Service Fellowship	Training which prepares early-career laboratory scientists to become future public health laboratory leaders, while providing field-based training for early career public health professionals. Expanding program to increase workforce diversity.	CDC
Maternal and Child Health (MCH) Public Health Catalyst Program	Exposure to maternal and child health content for public health students, including individuals from underrepresented backgrounds who are also underrepresented in the maternal and child health field.	HRSA
Native Hawaiian Health Scholarship Program	Scholarships for Native Hawaiian health professional students in exchange for providing service after graduation in a medically underserved area in Hawaii.	HRSA
Nursing Workforce Diversity – Eldercare Enhancement Program	Eldercare education and training opportunities to nursing students from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses.	HRSA
Nursing Workforce Diversity Program	Mentoring, partnerships, financial support, academic support, and peer support for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses.	HRSA

Program/Activity (with hyperlink)	Description	Division
Public Health Associate Program	Competitive, 2-year paid training program with CDC, which assigns associates to public health agencies and nongovernmental organizations in the United States and U.S. territories, and helps associates gain hands-on experience that will serve as a foundation for their public health careers.	CDC

1.2.3: Conduct targeted recruitment of American Indian and Alaska Native individuals to strengthen their representation within the workforce

Program/Activity (with hyperlink)	Description	Division
HPOG for Tribes, Tribal Organizations, or Tribal College or University	Education, training, and supportive services to recipients of TANF and other low-income individuals in health care occupations that pay well and are expected to experience labor shortages or be in high demand.	ACF
Indian Health Service Extern Program	Pre-professional training for scholarship recipients, offering opportunities to participate in hands-on experiences in their chosen health profession or field with the Indian Health Service.	Indian Health Service (IHS)
IHS Scholarship Program	Scholarships to American Indian and Alaska Native students enrolled in courses for entry into a health professions school, courses leading to a degree in pre-medicine, pre-dentistry, pre-podiatry, or other health subjects, or an eligible health professions degree program.	IHS

Program/Activity (with hyperlink)	Description	Division
Indians into Medicine Program	Tutoring, career counseling, scholarship and financial aid assistance, summer educational sessions, and travel grants for health conferences to encourage American Indians and Alaska Natives to enter the health professions.	IHS
Public Health Informatics and Technology Workforce Development Program	Program to train at least 4,000 individuals from Minority Serving Institutions and other colleges and universities through an interdisciplinary approach in public health informatics and technology and ensure these training, certification and degree programs are sustainable to create a continuous pipeline of diverse public health informatics and technology professionals.	ONC

1.3.1: Invest in institutions of higher education to strengthen and expand the primary care workforce

Program/Activity (with hyperlink)	Description	Division
American Indians into Nursing Program	Grants to colleges and universities to recruit and train qualified American Indian and Alaska Native individuals into nursing and advanced practice nursing professions (nurse midwives, nurse anesthetists, and nurse practitioners).	IHS
Medical Student Education Program	Grants to public institutions of higher education to expand or support graduate education for medical students preparing to become physicians in the top quintile of states with a projected primary care provider shortage in 2025.	HRSA

1.3.2: Conduct targeted training and recruitment to expand and diversify the behavioral health workforce

Program/Activity (with hyperlink)	Description	Division
American Indians into Psychology Program	Targeted career recruitment programs to encourage entry of American Indians and Alaska Natives into the mental health field, such as psychology.	IHS
Behavioral Health Workforce Education and Training (BHWET)	Program that aims to increase the supply of behavioral health professionals, while also improving distribution of a quality behavioral health workforce and increasing access to behavioral health services.	HRSA
Historically Black Colleges and Universities (HBCU) Center of Excellence in Behavioral Health	Training for HBCU students to obtain advanced degrees in the behavioral health field.	SAMHSA
Provider’s Clinical Support System – Universities	Training for eligible providers to obtain a Drug Addiction Treatment Act (DATA) 2000 waiver to prescribe medication-assisted treatment for opioid use disorder.	SAMHSA

1.3.3: Recruit and retain health professions faculty members and encourage students to pursue faculty roles in their respective health care fields

Program/Activity (with hyperlink)	Description	Division
Dental Faculty Loan Repayment Program	Loan repayment program for health professionals engaged in general, pediatric, and public health dentistry and dental hygiene in exchange for a commitment to serve as full-time faculty members.	HRSA

Program/Activity (with hyperlink)	Description	Division
Faculty Loan Repayment Program	Loan repayment program for faculty from disadvantaged backgrounds, in exchange for a commitment to serve as faculty educating the health workforce.	HRSA
Geriatrics Academic Career Award Program	Support for career development of individual junior faculty in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health.	HRSA
Primary Care Training and Enhancement Program – Primary Care Medicine and Dentistry Clinician Educator Career Development	Support the development of junior faculty and leaders in primary care medicine and dentistry as well as support innovative projects to transform health care delivery systems.	HRSA

1.4.1: Improve working conditions and work-life balance for health care providers to mitigate burnout and increase career satisfaction

Program/Activity (with hyperlink)	Description	Division
Agency for Healthcare Research and Quality Resource: Physician Burnout	Examination of the effects of working conditions on health care professionals’ ability to keep patients safe while providing high-quality care.	Agency for Healthcare Research and Quality (AHRQ)
Delta Region Community Health Systems Development Program	Intensive, multi-year technical assistance to health care facilities, including critical access hospitals, small rural hospitals, rural health clinics, tribal health care facilities and other health care organizations in the Mississippi Delta Region.	HRSA

Program/Activity (with hyperlink)	Description	Division
Education and Awareness Campaign for Health Care Workers	Initiative to raise awareness of and provide resources for health care workers and first responders such as Emergency Medical Technicians (EMTs), focusing on working conditions and the risks of work-related stress, burnout, depression, anxiety, substance use disorders, and suicidal behavior.	CDC
Healthy Work Design and Well-Being Program	Program to advance worker safety, health, and well-being by improving the design of work, management practices, and the physical and psychosocial work environment.	CDC
Health and Public Safety Workforce Resiliency Technical Assistance Center	Tailored training and technical assistance to HRSA's workforce resiliency programs to enhance capacity and infrastructure to rapidly deploy innovative strategies that address workforce burnout and promote resiliency.	HRSA
Health and Public Safety Workforce Resiliency Training Program	Targeted training activities using evidence-based and evidence-informed strategies to reduce and address burnout, suicide, mental health conditions, and substance abuse disorders among health care professionals, including health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals in rural and medically underserved communities.	HRSA
Promoting Resilience and Mental Health Among Health Professional Workforce	Support to entities providing health care, health care providers associations, and Federally Qualified Health Centers, taking into consideration the needs of rural and medically underserved communities, to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and members.	HRSA

Program/Activity (with hyperlink)	Description	Division
Total Worker Health® Program	Policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.	CDC

2.1.1: Provide loan repayment and other supports to expand access to care in designated Health Professional Shortage Areas and Critical Shortage Facilities

Program/Activity (with hyperlink)	Description	Division
NHSC Loan Repayment Program	Loan repayment program for eligible primary care, dental, and mental health clinicians to provide culturally competent, interdisciplinary health care services to underserved populations located in designated Health Professional Shortage Areas in exchange for repayment of outstanding qualifying educational loans.	HRSA
NHSC Rural Community Loan Repayment Program	Loan repayment program, in coordination with HRSA's Rural Communities Opioid Response Program, for eligible individuals working in Health Professional Shortage Areas to combat the opioid epidemic in the nation's rural communities.	HRSA
NHSC Students to Service Loan Repayment Program	Loan repayment program for students in their last year of study pursuing a degree in medicine, nursing, or dentistry and who agree to provide culturally competent primary health services in Health Professional Shortage Areas of greatest need for at least 3 years.	HRSA

Program/Activity (with hyperlink)	Description	Division
NHSC Substance Use Disorder Workforce Loan Repayment Program	Loan repayment program for medical, physician assistant, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder treatment serving at an NHSC-approved substance use disorder treatment facility that is located in a designated Mental Health or Primary Medical Care Health Professional Shortage Area.	HRSA
Nurse Corps Loan Repayment Program	Loan repayment program for registered nurses in exchange for a commitment to serve in a Critical Shortage Facility or at an accredited school of nursing.	HRSA
Primary Care Services Resource Coordination and Development Program (State Primary Care Office)	Support to states and territories in addressing their statewide primary care needs assessment, Shortage Designation coordination; and technical assistance and collaboration to expand access to primary care.	HRSA
State Loan Repayment Program	Grants to states to operate loan repayment programs that offer participants repayment of their qualifying educational loans in exchange for a commitment to serve in Health Professional Shortage Areas.	HRSA

2.1.2: Conduct targeted recruitment, training, and retention investments to improve access to a high-quality health workforce in rural and underserved areas

Program/Activity (with hyperlink)	Description	Division
Delta Region Rural Health Workforce Training Program	Education and training for future and current health professionals in the rural counties and parishes of the Mississippi River Delta Region and Alabama Black Belt; focus on critical administrative support functions, such as medical coding and billing, claims processing, information management, and clinical documentation.	HRSA
Nurse Education, Practice, Quality and Retention (NEPQR) Simulation Education Training Program	Experiential learning opportunities for the nursing workforce, using simulation-based technology, to advance the health of patients, families, and communities in rural and medically underserved areas experiencing diseases and conditions that affect public health, such as high burden of stroke, heart disease, behavioral health, maternal mortality, HIV/AIDS, and obesity.	HRSA
Rural Emergency Medical Services Training Grant	Recruitment and training of emergency medical services personnel in rural areas.	SAMHSA
Rural Telementoring Training Center	Training to academic medical centers and other centers of excellence to create technology-enabled telementoring learning programs that facilitate the dissemination of best practice specialty care to primary care providers and care teams in rural and underserved areas across the country.	HRSA

2.1.3: Encourage commitments to join the Indian Health Service, to meet critical staffing needs

Program/Activity (with hyperlink)	Description	Division
Indian Health Service Career Fairs	Opportunities to promote awareness of health care careers at the Indian Health Service and conduct targeted recruitment to fill gaps in geographic distribution or provider type.	IHS
Indian Health Service Loan Repayment Program and Supplemental Loan Repayment Program	Loan repayment awards to health care professionals in exchange for a commitment to serve in a full-time clinical capacity at Indian health programs with critical staffing needs.	IHS

2.2.1: Use a holistic approach to patient-centered care that expands screening and preventive services across primary care, behavioral health, and oral health, particularly in underserved urban and rural settings, to expand the capacity and role of the primary care workforce

Program/Activity (with hyperlink)	Description	Division
Advanced Nursing Education – Sexual Assault Nurse Examiners Program	Training and certification of registered nurses, advanced practice registered nurses and forensic nurses as sexual assault nurse examiners, to expand the number of providers able to conduct sexual assault forensic examinations, providing better physical and mental health care for survivors, better evidence collection, and higher prosecution rates.	HRSA
Advanced Nursing Education Nurse Practitioner Residency Program	Preparation of new nurse practitioners for practice in community-based settings through clinical and academic focused residency programs, and connecting program participants to primary care employment, especially in rural and/or underserved areas.	HRSA

Program/Activity (with hyperlink)	Description	Division
Advanced Nursing Education Workforce	Support for innovative academic practice partnerships to prepare primary care advanced practice registered nurse students through academic and clinical training with a focus on rural and underserved populations, traineeships to deliver primary care clinical training experiences with rural and/or underserved populations for selected advanced practice nurse practitioner, clinical nurse specialist, and nurse-midwifery students in primary care programs.	HRSA
Area Health Education Centers	Educational and training activities that address six core topic areas (inter-professional education, behavioral health integration, social determinants of health, cultural competency, practice transformation, and current and emerging health issues) to improve the distribution, diversity and supply of the primary care health professional workforce.	HRSA
Grants to States to Support Oral Health Workforce Activities	Establishment of new oral health facilities for children, expanded oral health facilities in dental Health Professional Shortage Areas, and replacement of water fluoridation systems to improve the oral health workforce's ability to provide comprehensive dental services for underserved geographic areas and populations.	HRSA
Pharmacy Practice Experiential Rotation in Managed Pharmacy Care	Experiential rotations for pharmacy care students to improve understanding of the major concerns related to management, regulation, and evaluation of the formulary and benefit designs of Medicare Part D prescription drug plans.	CMS
Teaching Health Center Graduate Medical Education Program	Support for qualified teaching health centers to bolster the primary care workforce and improve the distribution of that workforce into outpatient community-based care.	HRSA

Program/Activity (with hyperlink)	Description	Division
Teaching Health Center Planning and Development Program	Support the development of newly accredited primary care residency training programs in community-based ambulatory patient care centers.	HRSA
Teaching Health Center Planning and Development Technical Assistance Program	Technical assistance to recipients of and potential applicants to the Teaching Health Center Planning and Development Program.	HRSA

2.2.2: Increase the supply and capacity of the behavioral health workforce to provide new, innovative, and evidence-based treatment in community-based primary care settings

Program/Activity (with hyperlink)	Description	Division
Addiction Medicine Fellowship Program, Addiction Psychiatry Fellowship Program	Fellowship program to expand the number of addiction medicine specialists who will work in underserved community-based settings that integrate primary care with mental health disorders and substance use disorder prevention and treatment services.	HRSA
Advanced Nursing Education Nurse Practitioner Residency Integration Program	Preparation of new nurse practitioners in primary care or behavioral health practice in integrated, community-based settings through clinical and academic focused 12-month Nurse Practitioner Residency programs.	HRSA
Area Health Education Centers	Expansion of the substance abuse and mental health workforce who will focus on children, adolescents, and transitional-age youth who have or are at-risk for developing a recognized behavioral health disorder through targeted recruitment, field placements, career development, and job placement services.	HRSA

Program/Activity (with hyperlink)	Description	Division
Behavioral Health Workforce Education and Training Program for Professionals	Effort to increase the supply of behavioral health professionals and coordination with community-based partners (e.g., hospitals, crisis centers, state and local health departments, emergency departments, faith-based organizations, first responders, and judicial systems).	HRSA
Expansion of Practitioner Education	Integration of substance use disorder education into the standard curriculum of relevant health care and health services education programs to expand the number of practitioners able to deliver high-quality, evidence-based substance use disorder treatment.	SAMHSA
Graduate Psychology Education Program	Practice-based training experience for psychology students through grants for the planning, development, or operation of accredited graduate, doctoral, doctoral internship, and post-doctoral psychology fellowship programs that address access for underserved populations.	HRSA
Integrated Substance Use Disorder Training Program	Training program to expand of the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental health and substance use disorders services in underserved community-based settings that integrate primary care and mental health and substance use disorders services.	HRSA
Opioid-Impacted Family Support Program	Expansion in the number of peer support specialists and other paraprofessionals trained to work in integrated, interprofessional teams to serve children whose parents are affected by opioid use disorders and other substance use disorders.	HRSA

Program/Activity (with hyperlink)	Description	Division
Providers Clinical Support System	Incentives to expand the number of providers with a DATA 2000 waiver to expand prescribing of Food and Drug Administration (FDA)-approved medications for treatment of opioid use disorder.	SAMHSA

2.2.3: Apply solutions that integrate primary care, geriatric care, and public health to expand a workforce capable of managing the complex and challenging demands in caring for older adults

Program/Activity (with hyperlink)	Description	Division
Geriatrics Workforce Enhancement Program	Integration of geriatrics with primary care and transformation of primary care clinical environments into age-friendly health systems to maximize patient and family engagement and improve health outcomes for older adults.	HRSA

2.2.4: Conduct targeted investments to reduce disparities in access to specialized health care services, including oral health, behavioral health, maternal and child health, and public health

Program/Activity (with hyperlink)	Description	Division
Implementation of Improving Access to Maternity Care Act	Development of criteria for Maternity Care Health Professional Target Areas.	HRSA
NEPQR – Veteran Nurses in Primary Care Training Program	Career ladder programs to increase the enrollment, progression, and graduation of veterans from nursing programs to expand the nursing workforce and improve employment opportunities for veterans in high demand careers such as nursing.	HRSA

Program/Activity (with hyperlink)	Description	Division
State Opioid Response Technical Assistance Grant	Promotion of greater access to prevention treatment, recovery supports to address opioid and stimulant misuse, and care, by identifying health care professionals with relevant expertise and capacity to provide technical assistance.	SAMHSA

2.2.5: Strengthen the public health workforce to support robust responses during public health emergencies such as the COVID-19 pandemic

Program/Activity (with hyperlink)	Description	Division
CDC E-learning Institute Fellowship	The CDC E-learning Institute is designed to cultivate skills of public health training professionals with limited experience designing or developing e-learning products. Through partnership with the Public Health Foundation, E-learning Institute is a 6-month online fellowship that offers access to CDC-developed materials and subject matter experts, as well as the opportunity to learn from peers in a positive, experiential environment. Fellows learn innovative strategies and get the hands-on experience needed to create quality e-learning products.	CDC
CDC Public Health Associate Program (PHAP)	Competitive, 2-year, paid training program. PHAP associates are assigned to state, tribal, local, and territorial public health agencies and nongovernmental organizations, and work alongside other professionals across a variety of public health settings.	CDC
CDC Steven M. Teutsch Prevention Effectiveness Fellowship	Implementation of an infectious disease modeling track.	CDC

Program/Activity (with hyperlink)	Description	Division
CDC TRAIN	Modernization and support for integration between TRAIN and other learning management systems to better provide trainings to build the skills of the current workforce.	CDC
CDC Undergraduate Public Health Scholars Program	Program that prepares a diverse body of students to consider public health as a career to help ensure a future where an increasingly diverse American public benefits from a more diverse and better trained public health workforce.	CDC
Enhancing Community-Based Capacity for National COVID-19 Vaccine Outreach	Effort to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19 including mobilizing community outreach workers, which may include community health workers, patient navigators, and social support specialists to educate and assist individuals in receiving the COVID-19 vaccination.	HRSA
Emergency System for Advance Registration for Volunteer Health Professionals	Development of a national network of state-based programs for pre-registration of volunteer health professionals who can provide needed help during an emergency.	Assistant Secretary for Preparedness and Response (ASPR)
Epidemiology Elective Program	Expansion of a program to support placing more Epidemiology Elective Program students at state, tribal, local, and territorial health departments.	CDC
Hospital Preparedness Program	Program that provides leadership and funding through cooperative agreements to states, territories, and eligible major metropolitan areas to increase the ability of funding recipients to plan for and respond to large-scale emergencies and disasters.	ASPR

Program/Activity (with hyperlink)	Description	Division
National Public Health Laboratory Fellowship Program	Establishment of a program to expand the current CDC/Association for Public Health Laboratories program to support Bachelor or Master's level fellows for 1-year full-time fellowships in state, local or territorial laboratories.	CDC
National Special Pathogen System	Effort to improve recruitment and retention of special pathogen-trained staff with specialties that may be needed in special pathogen response.	ASPR
Public Health AmeriCorps	Partnership with AmeriCorps to recruit and build a new workforce to respond to the public health needs of the nation and provide public health service in their own communities.	CDC
Public Health Emergency Management Fellowship	The fellowship builds capacity among members of the international public health community through standardized training, mentorship, and technical assistance.	CDC
Public Health Laboratory Internship Program	Collaboration with Association for Public Health Laboratories to establish new national public health laboratory internship program for undergraduates for up to 12 weeks, full time internships in state, local, or territorial laboratories.	CDC
Regional Disaster Health Response System	A tiered system that builds upon and unifies existing assets within states and across regions to support a more coherent, comprehensive, and capable health care disaster response system able to respond to health security threats.	ASPR

3.1.1: Provide continuing education opportunities for health care providers to improve quality and patient safety, comparative effectiveness, and prevention/care management

Program/Activity (with hyperlink)	Description	Division
AHRQ PSNet Continuing Medical Education, Maintenance of Certification	Continuing education modules in the form of Web-based Morbidity and Mortality Rounds for clinicians to learn about patient safety challenges resulting from medical errors, and how to address them.	AHRQ
AHRQ PSNet Training Catalog	Continuing education through a published national resource featuring a variety of classroom, self-study, and web-based training opportunities.	AHRQ
Health Assessment Recertification Project for Diversely Trained Clinicians	Evidence-based practice improvement guide and interactive web-based modules that help diversified clinicians design and implement a quality improvement plan to improve documentation of health assessments.	AHRQ
Patient Self-Management Support of Chronic Conditions: Framework for Clinicians Seeking Recertification Credit	Interactive web-based module to help clinicians design and implement a quality improvement plan that solicits patient input to improve patient self-management support for those with chronic health conditions.	AHRQ
Project Firstline	Culturally appropriate and linguistically accessible infection control training opportunities for all U.S. frontline health care workers and select public health professionals to support the healthcare community to stop the spread of infectious diseases in healthcare settings.	CDC

3.1.2: Provide training and technical assistance to the health workforce to help them apply knowledge from recent advances in medical research, health care program evaluations, and data analysis to their field of practice

Program/Activity (with hyperlink)	Description	Division
Behavioral Health Workforce Development Technical Assistance and Evaluation	Tailored technical assistance to behavioral health workforce programs.	HRSA
CDC Continuing Education Credits	Continuing Education training provided at no cost to the health workforce.	CDC
CDC Public Health Training	Training and continuing education credits through free accredited courses, engaging professionals in state, tribal, local, and territorial agencies and organizations.	CDC
Center of Excellence for Infant and Early Childhood Mental Health Consultation	Tools, resources, training, and mentorship to the infant and early childhood mental health field to promote the healthy social and emotional development of infants and young children.	SAMHSA
Centers of Excellence in Maternal and Child Health Education, Science and Practice	Leadership training, applied research, and technical assistance to communities, states, and regions to prepare students for careers in maternal and child public health practice, research, planning, policy development, and advocacy.	HRSA
Developmental-Behavioral Pediatrics	Program to support fellows in developmental-behavioral pediatrics, to enhance the behavioral, psychosocial, and developmental aspects of general pediatric care, by preparing them with the knowledge and skills to evaluate, diagnose, develop, and provide evidence-based interventions to children and adolescents with autism spectrum disorder and other developmental disabilities.	HRSA

Program/Activity (with hyperlink)	Description	Division
Disaster Distress Helpline Contract	Crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters, provided 24 hours per day, 7 days per week, 365 days per year.	SAMHSA
Epidemiological Aids	Support to health jurisdictions to investigate urgent public health problems and provide recommendations.	CDC
First Responders – Comprehensive Addiction and Recovery Act	Training for first responders and members of key community sectors to administer drugs or devices approved for emergency treatment of known or suspected opioid overdose, to reduce morbidity associated with opioid overdose.	SAMHSA
GAINS Center for Behavioral Health and Justice Transformation Technical Assistance	Technical assistance and support resource that offers trauma training for justice and behavioral health practitioners as well as virtual learning communities.	SAMHSA
Improving Cause of Death Reporting Training Module	Training module designed to increase knowledge and improve the competency of those who certify causes of death. The goal of this educational activity is to provide training on how cause-of-death information is used, how to fill out death certificates, when to refer a case to a medical examiner or coroner, and where to access additional resources.	CDC
Leadership Education in Neurodevelopmental and Related Disabilities	Training for future leaders in a variety of disciplines to improve the health of children who have or are at risk of developing neurodevelopmental disabilities or other similar conditions such as autism and intellectual disabilities.	HRSA
Maternal and Child Health Navigator	Free, competency-based learning and tools for state public health professionals to improve health of children and families.	HRSA

Program/Activity (with hyperlink)	Description	Division
Maternal and Child Health Workforce Development Programs	Workforce development and training investments to support the development of maternal and child health leaders and professionals in the areas of public health and clinical practice.	HRSA
National Ambulatory Medical Care Survey Continuing Education	Continuing education courses, including courses to explain the purpose, scope, and design of the National Ambulatory Medical Care Survey, to support timely certifications among health care providers and professionals.	CDC
NEPQR – Veteran Nurses in Primary Care Training Program	Recruitment and training of nursing students and current registered nurses who are veterans to practice to the full scope of their license in community-based primary care teams, with an emphasis on chronic disease prevention and control, including mental health and substance use disorders.	HRSA
Ryan White HIV/AIDS Program Part F: AIDS Education and Training Centers (AETC) Program	A national network of centers with leading HIV experts who provide tailored education and technical assistance to healthcare providers and organizations to strengthen their ability to care for and treat patients with HIV or at-risk for HIV.	HRSA

3.1.3: Enhance the health care research workforce to support ongoing learning of the health workforce

Program/Activity (with hyperlink)	Description	Division
AHRQ Research Training and Education	Research training of health services researchers, including clinician researchers, to produce a cadre of independent researchers and scientists who will continue contributing to the health services research field and attain research funding.	AHRQ

Program/Activity (with hyperlink)	Description	Division
Learning Health Systems	Training for clinician and research scientists to conduct patient-centered outcomes research within learning health systems and build the capacity of researchers to conduct, apply, and implement patient-centered outcomes research.	AHRQ

3.2.1: Promote team-based care to take a patient-centered approach to planning and delivering care

Program/Activity (with hyperlink)	Description	Division
NEPQR – Registered Nurses in Primary Care Training Program	Recruitment and training of nursing students and current registered nurses to practice in community-based primary care teams, with a focus on chronic disease prevention and control, including mental health and substance use conditions.	HRSA
NEPQR Interprofessional Collaborative Practice Program: Behavioral Health Integration	Promotion of team-based care models in interprofessional nurse-led primary care teams in rural or underserved areas.	HRSA
Opioid Workforce Expansion Program Professionals	Training at interprofessional and team-based care field placement sites and internships integrating behavioral health and primary care to increase the number of behavioral health professionals and transform integrated behavioral health and primary care teams.	HRSA
TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) 2.0 Curriculum	Evidence-based program to improve teamwork and communication skills among health care providers, enabling them to respond quickly and effectively to whatever situations arise.	AHRQ

3.2.2: Integrate community health workers, paraprofessionals, social workers, and social service agencies into interdisciplinary teams to strengthen coordination of primary care and public health approaches

Program/Activity (with hyperlink)	Description	Division
Center of Excellence for Protected Health Information	Training and technical assistance for health care practitioners on privacy laws and regulations related to information about mental and substance use disorders.	SAMHSA
Education and Research Centers Portfolio	Interdisciplinary graduate training, research training, continuing education, and outreach in core occupational safety and health disciplines to help improve workplace safety and health.	CDC
Family Support Technical Assistance Center	Specialized training to provider organizations and practitioners on family supports and services during times of medical or psychiatric emergency and other critical situations with families.	SAMHSA
Leadership Education in Adolescent Health	Interdisciplinary leadership training to maternal and child health leaders in adolescent and young adult health within medicine, nursing, nutrition, psychology, and social work.	HRSA
Leadership Education in Neurodevelopmental and Related Disabilities	Interdisciplinary training to enhance the clinical expertise and leadership skills of professionals caring for children with neurodevelopmental and other disabilities, including autism.	HRSA
Maternal and Child Health Nutrition	Graduate training to nutritionists and registered dietitians and short-term training focused on clinical and public health approaches to maternal and child nutrition.	HRSA
National Center of Excellence for Eating Disorders	Training and technical assistance for health care practitioners on issues related to addressing eating disorders.	SAMHSA

Program/Activity (with hyperlink)	Description	Division
Opioid Workforce Expansion Program Paraprofessionals	Experiential training opportunities such as field placement, internships, and apprenticeships to increase the supply and skill level of behavioral health-related paraprofessionals while also improving distribution of a quality behavioral health workforce.	HRSA
Partnering to Transform Health Outcomes with Persons with Intellectual Disabilities and Developmental Disabilities Program	Development of resources for medical professionals to address, prevent, and report health care discrimination, in partnership with people with intellectual and developmental disabilities and their families.	Administration for Community Living (ACL)
Pediatric Pulmonary Centers	Interdisciplinary leadership training in pediatric pulmonary medicine, nursing, social work, nutrition, and family leadership to assure access to care and improve the health status of infants, children, and youth with chronic respiratory and sleep related conditions.	HRSA
Recovery Community Services Program	Program to develop a trained, qualified, and effectively supervised peer workforce to support the recovery experience and complement clinical practice.	SAMHSA
Regional Public Health Training Centers Program	Tailored training and technical assistance for the public health workforce to enhance skills in systems thinking, change management, persuasive communication, data analytics, and problem solving.	HRSA
Resources for Integrated Care	Capacity building for providers to build understanding and skills in addressing the needs of individuals eligible for Medicaid and Medicare, also known as dual eligibles.	CMS

Program/Activity (with hyperlink)	Description	Division
Peer Support Technical Assistance Center	Technical assistance and support to recovery community organizations and peer support networks, offering training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.	SAMHSA

3.3.1: Promote expanded use of innovations such as telehealth services to help providers deliver high-quality care

Program/Activity (with hyperlink)	Description	Division
COVID-19 CARES Telehealth Programs	Program to expand telehealth access and distant care services for providers, pregnant women, children, adolescents, and families to help prevent and respond to COVID-19.	HRSA
National Emergency Tele-Critical Care Network	A network focused on building a cloud-based health information system that will support healthcare facilities during disasters and emergencies.	ASPR
Pediatric Mental Health Care Access Program	Promote behavioral health integration into pediatric primary care using telehealth to provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children and adolescents with behavioral health conditions, especially those living in rural and other underserved areas.	HRSA
Telehealth Resource Centers	Telehealth-related training and support to the health workforce in rural and underserved areas.	HRSA

Program/Activity (with hyperlink)	Description	Division
Telehealth.HHS.gov	Information for providers and patients on efforts to support and promote telehealth services through the Telehealth.HHS.gov website.	HHS

3.3.2: Promote care practices that advance health equity

Program/Activity (with hyperlink)	Description	Division
Centers of Excellence for Behavioral Health Disparities	Training and technical assistance for health care practitioners on issues related to addressing behavioral health disparities among African Americans (African American Behavioral Health Center of Excellence), the LGBTQ community (LGBTQ+ Behavioral Health Equity Center of Excellence), and older individuals (Center of Excellence for Behavioral Health Disparity in Aging).	SAMHSA
Minority Fellowship Program	Fellowship to expand the number of mental and substance use disorder professionals who provide culturally competent service.	SAMHSA

3.4.1: Promote multidisciplinary care, or integrated health care solutions, encouraging collaborations of health care professionals with the patient and family, to improve care quality

Program/Activity (with hyperlink)	Description	Division
AHRQ Patient and Family Engagement Resources	A variety of programs to engage patients and families in their care to improve the quality and safety of care, including resources for different settings for use by clinicians as well as resources for direct use by patients and families.	AHRQ

Program/Activity (with hyperlink)	Description	Division
Assertive Community Treatment Grants	Innovative service delivery models to deliver multidisciplinary, comprehensive, and effective services to patients with complex and challenging needs.	SAMHSA
Center of Excellence for Integrated Health Solutions	Effort to advance the implementation of high-quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders.	SAMHSA
Center of Excellence for Protected Health Information Related to Mental and Substance Use Disorders	Training and technical assistance for providers to understand confidentiality and privacy protections under 42 CFR Part 2: Confidentiality of Substance Abuse Disorder Patient Records and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to eliminate barriers to coordinated care.	SAMHSA
Consumer and Consumer Supported Technical Assistance Center	Technical assistance resource that facilitates quality improvement of the mental health system by specific promotion of consumer-directed approaches for adults with serious mental illness.	SAMHSA
Expansion of Practitioner Education	Integration of substance use disorder education into the standard curriculum of relevant health care and health services education programs, to expand the number of practitioners who deliver high-quality, evidence-based substance use disorder treatment.	SAMHSA
National Network to Eliminate Disparities in Behavioral Health	A network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities, which supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity.	SAMHSA

Program/Activity (with hyperlink)	Description	Division
Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care Program	Innovative training programs for current and future primary care clinicians that integrate behavioral health care into primary care, particularly in rural and underserved settings, with a special emphasis on the treatment of opioid use disorder.	HRSA
Rural Opioid Technical Assistance Center	Training and technical assistance for rural communities on addressing opioid issues.	SAMHSA
Suicide Prevention Resource Center	Resource center that provides a virtual learning lab designed to help state- and community-level partnerships build and improve more effective prevention efforts.	SAMHSA

3.4.2: Promote evidence-informed practices to enhance the capacity of behavioral health care providers to deliver high-quality, evidence-based care

Program/Activity (with hyperlink)	Description	Division
Addiction Technology Transfer Centers	Technical assistance to increase the capacity of specialized behavioral and primary health care providers to provide high-quality, effective services for clients with substance use disorder and co-occurring disorder.	SAMHSA
Clinical Support System for Serious Mental Illness	Consultations for mental health professionals on evidence-based screening and treatment and courses on topics related to serious mental illness.	SAMHSA
Mental Health Technology Transfer Centers	Training and technical assistance to ensure that mental health treatment and recovery support services and evidence-based practices are available for individuals with mental disorders.	SAMHSA

Program/Activity (with hyperlink)	Description	Division
Prevention Technology Transfer Centers	Tools for substance use prevention professionals to improve understanding of prevention science, use of epidemiological data to guide prevention planning, and selection and implementation of evidence-based and promising prevention practices.	SAMHSA

4.1.1: Use health workforce data, research, and evaluations to inform how and where to allocate resources to strengthen the health workforce

Program/Activity (with hyperlink)	Description	Division
Health Equity Report	Metrics on how the contributions of the health workforce have led to improvements in health equity and diversity.	HRSA
Mental and Substance Use Disorder Practitioner Data	Comprehensive data and analysis on occupations that provide prevention and treatment of mental and substance use disorders to inform policy and planning decisions.	SAMHSA
Merit-Based Incentive Payment System (MIPS)	Data reporting system focusing on quality and cost of patient care, to provide performance-based payment adjustments to participating Medicare Part B clinicians.	CMS
National Center for Health Workforce Analysis	Health workforce projections estimating future demand, supply, and adequacy of specified occupations at the national, state, and metro-nonmetro levels.	HRSA
National Sample Survey of Registered Nurses	Nationally representative data on the nursing workforce to identify their characteristics such as education and training, employment, income, and demographics, and evaluate and project the supply and demand of nursing resources.	HRSA

Program/Activity (with hyperlink)	Description	Division
Payroll-Based Journal	System that collects nursing home staffing information to gauge its impact on quality of care.	CMS
Public Health Workforce Research Center	Research center that enhances the collection, analysis, and use of more comprehensive research data about the public health workforce, including composition, needs, and evidence-informed strategies and interventions.	CDC and HRSA
Public Health Workforce Surveillance Data	Analysis of workforce data to forecast future needs, evaluate program, and forecast improvements, including, but not limited to, data from national profile surveys of state, tribal, local and territorial health departments.	CDC
Shortage Designation Modernization Project	Effort to streamline the shortage designation process that encompasses Health Professional Shortage Areas and Medically Underserved Areas/Populations.	HRSA
Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation Project	A collaborative project of CDC, the deBeaumont Foundation, and the Public Health National Center for Innovation to develop a national estimate and tools that can inform public health workforce staffing levels needed to perform the foundational public health services.	CDC

4.1.2: Conduct ongoing tracking of adverse actions to support the delivery of quality care

Program/Activity (with hyperlink)	Description	Division
National Center for Health Statistics	Nationally representative statistics on health care to inform the development of professional education curricula for health care workers, formulate health policy, inform medical practice management, and evaluate quality of care.	CDC
National Practitioner Data Bank	Web-based repository of medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers as a flagging system to prevent practitioners from moving state to state without disclosure or discovery of previous damaging performance.	HRSA

4.2.1: Conduct studies to learn how best to prepare primary care providers to participate in and lead health care systems aimed at improving access, quality of care, and cost effectiveness

Program/Activity (with hyperlink)	Description	Division
AHRQ Primary Care Research Studies	Research concerning the nature and characteristics of primary care practice, the management of commonly occurring and undifferentiated clinical problems, and the continuity and coordination of health services.	AHRQ
Health Workforce Research Centers	Research and data analysis on national health workforce issues, and technical assistance to regional and local entities on workforce data collection, analysis, and reporting.	HRSA

Program/Activity (with hyperlink)	Description	Division
Strengthening the Entry-Level Health Care Workforce: Finding a Path ³¹	Project to provide potential approaches to expand and strengthen the entry-level health care workforce in the United States, with a primary focus on seven occupations: nurses, medical assistants, dental assistants and hygienists, health aides, community health workers, peer specialists, and other specialized providers.	Office of the Assistant Secretary for Planning and Evaluation (ASPE)

4.2.2: Assess the workforce needed to deliver high-quality behavioral health care

Program/Activity (with hyperlink)	Description	Division
Disability and Rehabilitation Research Projects Program	Program to test the impact of a peer navigator program on how people with psychiatric disabilities engage in the existing service system to address their health and wellness goals.	ACL
Field Initiated Projects Program Grant (90IFRE0025)	Development and testing of the Community Life Engagement Guidepost Fidelity Scale, which helps determine service providers' adherence to standards for the provision of day services and supports for people with intellectual and developmental disabilities.	ACL
Field Initiated Projects Program Grant (90IFRE0029)	Development of new scientific knowledge about how the credentialing process for newly certified peer specialists contributes to employment outcomes and career advancement opportunities, to understand how mental health workers with a psychiatric history use this lived experience and formal training to support other people with psychiatric histories.	ACL

³¹ Additional studies conducted by ASPE on health workforce topics are available at <https://aspe.hhs.gov>.

Program/Activity (with hyperlink)	Description	Division
Field Initiated Projects Program Grant (90IFRE0027)	Development of new knowledge about the effectiveness of an intervention to increase commitment and job satisfaction among peer providers in mental health care settings.	ACL
HRSA Bureau of Health Workforce (BHW) Substance Use Disorder Evaluation	Assessments of efforts to increase access to the number of clinicians delivering evidence-based substance use disorder treatment, to enhance education and training in substance use prevention, and to support substance use disorder treatment in rural and underserved communities.	HRSA
Technology Transfer Centers Program	Effort to track the number of providers receiving training and technical assistance on evidence-based practices for substance use disorder treatment, mental disorder treatment, and substance use disorder prevention practices.	SAMHSA
Workforce Implications of Behavioral Health Care Models: Final Report ³²	Project to investigate promising behavioral health models to expand the delivery of services by reorganizing or transforming the behavioral health workforce, and the barriers and facilitators to their widespread adoption.	ASPE

³² Additional studies conducted by ASPE on health workforce topics are available at <https://aspe.hhs.gov>.

4.2.3: Engage stakeholders to assemble best practices for supporting the public health workforce

Program/Activity (with hyperlink)	Description	Division
CDC-Association of State and Territorial Health Officials Partnership (ASTHO)	Discussions with ASTHO committee developing a new program to enhance the capacity and strengthen the professional network of mid- to senior- level governmental public health professionals from identity groups that are underrepresented in public health leadership, including people of color, people with disabilities, and lesbian/gay/bisexual/transgender individuals.	CDC
Council on Linkages between Academia and Public Health Practice	A collaborative of 23 national organizations focused on improving public health education and training, practice, and research, with a particular focus on the public health workforce, most notably revision and support of the Core Competencies for Public Health Professionals.	CDC
HRSA Maternal and Child Health Bureau's (MCHB) Public Health Workforce Expert Panel Meeting	Meeting to gather input about priorities, needs, and opportunities to support an optimal public health workforce.	HRSA
Public Health Accreditation Board	A voluntary national accreditation program which supports the use of field-developed and evidence-based consensus standards for state, tribal, local and territorial health departments, including a domain and set of standards dedicated to workforce development.	CDC

4.2.4: Develop evidence to improve the home and community-based services workforce

Program/Activity (with hyperlink)	Description	Division
Rehabilitation Research and Training Center Program	Program to accelerate development and application of non-medical, person-centered outcome measures that inform the design, implementation, and continuous improvement of federal and state home and community-based services programs, policies, and interventions, by identifying promising practices and requisite service-delivery competencies.	ACL
COVID-19 Intensifies Nursing Home Workforce Challenges (October 2020) ³³	Examination of the impact of the COVID-19 pandemic on nursing homes in relation to long-standing workforce challenges, and identify new federal, state, and facility-level policies and practices that have been implemented to address those challenges, including relaxation of federal licensing, credentialing, and training requirements.	ASPE

³³ Additional studies conducted by ASPE on health workforce topics are available at <https://aspe.hhs.gov>.

Appendix B: Program Performance

Below is a comprehensive list of health workforce measures identified by the partners who contributed to the development of the Health Workforce Strategic Plan, organized by Goal and then by HHS Division. These performance measures capture both outputs and outcomes of program investments, to examine effectiveness and improve program processes. HHS tracks regularly and reports annually on progress on performance measures.

Goal 1: Expand Health Workforce Supply to Meet the Evolving Need

Program	Measure	Division	Most Recent Result	Year Reported
HPOG	Grantees are required to establish 5-year quantifiable projections for the following seven program activities: Overall Enrollment, Temporary Assistance for Needy Families Enrollment, Basic Skills Enrollment, Basic Skills Completion, Healthcare Training Enrollment, Healthcare Training Completion, and First-Time Employed in Healthcare. HPOG was authorized as a demonstration program with a mandated federal evaluation. ACF is conducting ongoing evaluations to assess program impacts, implementation, and costs and benefits.	ACF	--	--
Advanced Nursing Education Programs	6.I.C.38. Number of students trained in advanced nursing degree programs.	HRSA	4,817	FY 2019
Advanced Nursing Education Programs	6.I.C.40. Number of graduates from advanced nursing degree programs.	HRSA	1,604	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
Behavioral Health Workforce Development Program	6.I.C.34. Number of students currently receiving training in behavioral health degree and certificate programs.	HRSA	6,119	FY 2019
Behavioral Health Workforce Development Program	6.I.C.35. Number of graduates completing behavioral health programs and entering the behavioral health workforce.	HRSA	4,449	FY 2019
Behavioral Health Workforce Development Program	6.I.C.62. Number of substance use disorder treatment providers receiving loan repayment. ³⁴	HRSA	Metrics in development	Metrics in development
Centers for Excellence Program	6.I.C.20. Percent of program participants who completed pre-health professions preparation training and intend to apply to a health professions degree program.	HRSA	17%	FY 2019
Centers for Excellence Program	6.I.C.21. Percent of program participants who received academic retention support and maintained enrollment in a health professions degree program.	HRSA	51%	FY 2019
Children's Hospitals Graduate Medical Education Payment Program	7.E. Percent of payments made on time.	HRSA	100%	FY 2019

³⁴ Baseline for this measure will be set for FY 2020 and reported in the FY2023 Congressional Budget Justification.

Program	Measure	Division	Most Recent Result	Year Reported
Children's Hospitals Graduate Medical Education Payment Program	7.I.A.1. Maintain the number of FTE residents training in eligible children's teaching hospitals.	HRSA	7,757	FY 2019
Children's Hospitals Graduate Medical Education Payment Program	7.VII.C.1. Percent of hospitals with verified FTE residents counts and caps.	HRSA	100%	FY 2019
MCH Pipeline Training Program (Undergraduate)	Training 07. The percent of HRSA MCHB Pipeline Program graduates who have been engaged in work focused on MCH populations 5 years post-graduation.	HRSA	100%	FY 2019
MCH Pipeline Training Program (Undergraduate)	Training 09. The percent of pipeline graduates that enter graduate programs preparing them to work with the MCH population 5 years post-graduation.	HRSA	67%	FY 2019
MCHB Graduate Training Programs	Training 10. The percent of long-term trainees that have demonstrated field leadership after completing an MCH training program (5 years after completing the training program).	HRSA	88%	FY 2019
MCHB Graduate Training Programs	Training 11. The percentage of long-term trainees who are engaged in work focused on MCH populations after completing their MCH Training Program (5 years after completing the training program).	HRSA	83%	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
MCHB Graduate Training Programs	Training 12. The percent of long-term trainees who at 5 years post training have worked in an interdisciplinary manner to serve the MCH populations (e.g., individuals with disabilities and their families, adolescents and their families, etc.).	HRSA	94%	FY 2019
Medical Student Education Program	6.I.C.60. Number of medical students matched to primary care residencies. ³⁵	HRSA	Metrics in development	Metrics in development
NHSC	4.E.1. Default rate of NHSC Scholarship and Loan Repayment Program participants.	HRSA	1.30%	FY 2019
NHSC	4.I.C.1. Number of individuals served by NHSC clinicians.	HRSA	17.0 million	FY 2020
NHSC	4.I.C.2. Support field strength (participants in service) of the NHSC.	HRSA	16,229	FY 2020
NHSC	4.I.C.4. Percent of NHSC clinicians retained in service to the underserved for at least 1 year beyond the completion of their NHSC service commitment.	HRSA	81%	FY 2020
NHSC	4.I.C.6. Number of NHSC sites.	HRSA	18,548	FY 2020
Nurse Corps	5.E.1. Default rate of Nurse Corps Loan Repayment Program (LRP) and Scholarship Program (SP) participants.	HRSA	2.27% (LRP) 7.10% (SP)	FY 2020

³⁵ Baseline for this measure will be set for FY 2020 and reported in the FY2023 Congressional Budget Justification.

Program	Measure	Division	Most Recent Result	Year Reported
Nurse Corps	5.I.C.7. Proportion of Nurse Corps Scholarship Program awardees obtaining their baccalaureate degree or advanced practice degree in nursing.	HRSA	96%	FY 2020
Nurse Faculty Loan Program	6.I.C.46. Number of graduate-level nursing students who received a loan.	HRSA	2,270	FY 2019
Nurse Faculty Loan Program	6.I.C.47. Number of loan recipients who graduated from an advanced nursing degree program.	HRSA	659	FY 2019
Nursing Education, Practice, Quality, and Retention Program	6.I.C.57. Number of NEPQR nursing students trained in primary care.	HRSA	1,632	FY 2019
Nursing Workforce Diversity Program	6.I.C.42. Number of program participants who participated in academic support programs during the academic year.	HRSA	5,732	FY 2019
Nursing Workforce Diversity Program	6.I.C.43. Number of program participants who are enrolled in a nursing degree program.	HRSA	5,888	FY 2019
Oral Health Training Program	6.I.C.27. Number of dental students trained.	HRSA	11,121	FY 2019
Oral Health Training Program	6.I.C.28. Number of dental residents trained.	HRSA	494	FY 2019
Oral Health Training Program	6.I.C.29. Number of faculty trained.	HRSA	256	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
Primary Care Training and Enhancement Program	6.I.C.24. Number of physicians completing a BHW-funded residency or fellowship.	HRSA	830	FY 2019
Primary Care Training and Enhancement Program	6.I.C.25. Number of physicians graduating from a BHW-funded medical school.	HRSA	1,584	FY 2019
Primary Care Training and Enhancement Program	6.I.C.26. Number of physician assistants graduating from a BHW-funded program.	HRSA	590	FY 2019
Public Health Training Center	6.I.C.9. Number of trainees participating in continuing education sessions delivered by Public Health Training Centers.	HRSA	307,750	FY 2019
Public Health Training Centers Program	6.I.C.18. Number of instructional hours offered by Public Health Training Centers.	HRSA	6,074	FY 2019
Public Health Training Centers Program	6.I.C.19. Number of Public Health Training Center-sponsored public health students that completed field placement practicums in state, local, and tribal health departments.	HRSA	282	FY 2019
State Offices of Rural Health	31.V.B.5. Number of clinician placements facilitated by the State Offices of Rural Health through their recruitment initiatives.	HRSA	1,676	FY 2018
Loan Repayment Program	IHP-4. Number of new 2-year contracts awarded under Section 108.	IHS	469	FY 2021
Loan Repayment Program	IHP-5. Number of continuing 1-year contracts awarded under Section 108.	IHS	642	FY 2021

Program	Measure	Division	Most Recent Result	Year Reported
Scholarship Program	Number of externs under section 105.	IHS	14	FY 2021
Scholarship Program	Number of scholarship awards under section 103.	IHS	35	FY 2021
Scholarship Program	Number of scholarship awards under section 104.	IHS	216	FY 2021
Scholarship Program	Proportion of Health Scholarship recipients placed in Indian Health settings within 90 days of graduation.	IHS	36%	FY 2021
Public Health Informatics and Technology Workforce Development Program	Number of Minority Serving Institution students trained in Public Health Informatics and Technology.	ONC	N/A	N/A
First Responder Training-Comprehensive Addiction and Recovery Act	5.1.1. Number of first responders trained how to administer FDA-approved overdose reversing medication kits.	SAMHSA	44,155	FY 2020
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths - Naloxone	5.1. Number of lay persons trained how to administer Naloxone (or other FDA-approved drug or device).	SAMHSA	26,445	FY 2020
Improving Access to Overdose Treatment Activities	5.2.1. Number trained on prescribing FDA-approved opioid-overdose reversal drugs or devices for emergency treatment of known or suspected opioid overdose.	SAMHSA	2,274	FY 2020

Goal 2: Improve Distribution of the Health Workforce to Reduce Shortages

Program	Measure	Division	Most Recent Result	Year Reported
Addiction Medicine Fellowship Program	6.I.C.61. Number of new addiction medicine and addiction psychiatry fellowship graduates entering workforce. ³⁶	HRSA	Metrics in development	Metrics in development
Advanced Nursing Education Program	6.I.C.39. Percent of students trained who are underrepresented minorities and/or from disadvantaged backgrounds.	HRSA	34%	FY 2019
Area Health Education Center	6.I.C.49. Number of Area Health Education Centers scholars trained in medically underserved communities and/or rural areas.	HRSA	5,399	FY 2019
Area Health Education Center	6.I.C.50. Percent of Area Health Education Centers program completers practicing in medically underserved communities and/or rural areas.	HRSA	20%	FY 2019
BHW Cross-Cutting Measure	6.I.B.1. Percentage of graduates and program completers of BHW-supported health professions training programs who are underrepresented minorities and/or from disadvantaged backgrounds.	HRSA	50%	FY 2019
BHW Cross-Cutting Measure	6.I.C.1. Percentage of trainees in BHW-supported health professions training programs who receive training in medically underserved communities.	HRSA	67%	FY 2019

³⁶ Baseline for this measure will be set for FY 2020 and reported in the FY2023 Congressional Budget Justification.

Program	Measure	Division	Most Recent Result	Year Reported
BHW Cross-Cutting Measure	6.I.C.2. Percentage of individuals supported by BHW who completed a primary care training program and are currently employed in underserved areas.	HRSA	43%	FY 2019
Geriatrics Workforce Enhancement Program	6.I.C.12. Number of BHW-sponsored educational offerings provided on Alzheimer's disease and related dementias.	HRSA	906	FY 2019
Geriatrics Workforce Enhancement Program	6.I.C.13. Number of trainees participating in educational offerings on Alzheimer's disease and related dementias.	HRSA	146,024	FY 2019
Geriatrics Workforce Enhancement Program	6.I.C.32. Number of continuing education trainees in geriatrics programs.	HRSA	290,161	FY 2019
Geriatrics Workforce Enhancement Program	6.I.C.33. Number of students who received geriatric-focused training in settings across the care continuum.	HRSA	56,603	FY 2019
Graduate Psychology Education Program	6.I.C.36. Number of graduate-level psychology students supported in Graduate Psychology Education program.	HRSA	251	FY 2019
Graduate Psychology Education Program	6.I.C.37. Number of interprofessional students trained in Graduate Psychology Education program.	HRSA	3,358	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
Health Careers Opportunity Program	6.I.C.51. Number of Health Careers Opportunity Program trainees from disadvantaged backgrounds participating in academic programming, clinical training, and/or student support services.	HRSA	4,259	FY 2019
Health Careers Opportunity Program	6.I.C.52. Percent of Health Careers Opportunity Program health professions program completers who intend to work in primary care settings.	HRSA	2%	FY 2019
Maternal and Child Health Graduate Training Programs	Former Trainee Survey. The percentage of former trainees who report working with underserved or vulnerable populations.	HRSA	83%	FY 2019
Maternal and Child Health Pipeline Training Program (Undergraduate)	The percent of MCH Pipeline Program graduates who have been engaged in work with populations considered to be underserved or vulnerable 5 years post-graduation.	HRSA	89%	FY 2019
Maternal and Child Health Undergraduate and Graduate Training Programs	Training 06. The percentage of participants in MCHB long-term training programs who are from underrepresented racial and ethnic groups.	HRSA	30.8% underrepresented racial groups; 11.5% Hispanic or Latino	FY 2019
Medical Student Education Program	6.I.C.59. Number of medical students trained in underserved states.	HRSA	551	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
Nurse Corps	5.1.C.5. Proportion of Nurse Corps Loan Repayment Program/Scholarship Program participants retained in service at a critical shortage facility for at least 1 year beyond the completion of their Nurse Corps Loan Repayment Program/Scholarship Program commitment.	HRSA	85%	FY 2019
Nurse Corps	5.I.C.4. Proportion of Nurse Corps Loan Repayment Program participants who extend their service contracts to commit to work at a critical shortage facility for an additional year.	HRSA	58%	FY 2020
Nursing Workforce Diversity Program	6.I.C.41. Percent of program participants who are underrepresented minorities and/or from disadvantaged backgrounds.	HRSA	100%	FY 2019
Opioid Workforce Expansion Program	6.I.C.53. Number of Opioid Workforce Expansion Program trainees currently receiving training in opioid-related behavioral health degree and certificate programs.	HRSA	1,001	FY 2019
Opioid Workforce Expansion Program	6.I.C.54. Number of Opioid Workforce Expansion Program graduates completing opioid-related behavioral health programs and entering the behavioral health workforce.	HRSA	537	FY 2019
Scholarships for Disadvantaged Students	6.I.C.22. Number of disadvantaged students with scholarships.	HRSA	2,992	FY 2019

Program	Measure	Division	Most Recent Result	Year Reported
Teaching Health Center Graduate Medical Education	6.I.C.48. Percent of Teaching Health Center Graduate Medical Education-supported residents training in rural and/or underserved communities.	HRSA	93%	FY 2019
Teaching Health Center Graduate Medical Education	6.I.C.5. Number of resident positions supported by Teaching Health Centers.	HRSA	738	FY 2019

Goal 3: Enhance Health Care Quality through Professional Development, Collaboration, and Evidence-Informed Practice

Program	Measure	Division	Most Recent Result	Year Reported
University Centers for Excellence in Developmental Disabilities, Education, Research, and Service	Increase the percentage of individuals with developmental disabilities receiving the benefit of services through activities in which professionals were involved who completed this state-of-the-art training within the past 10 years.	ACL	45.89%	FY 2019
National Special Pathogen System – Hospital Associations (HA)	Number of COVID-19-specific trainings supported per hospital association with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	180 conducted by HA, 6,788 trainings conducted by sub-recipients	FY 2020

Program	Measure	Division	Most Recent Result	Year Reported
National Special Pathogen System – HA	Number of hospital associations providing cooperative agreement-supported training or resources to implement or expand telemedicine and telehealth capabilities with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	4 out of 62 by HA, 166 out of 3,740 by sub-recipients	FY 2020
National Special Pathogen System – HA	Number of hospital associations providing cooperative agreement-supported training or resources on COVID-19 infection control and triage with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	5 out of 62 by HA, 174 out of 3,740 by sub-recipients	FY 2020
National Special Pathogen System – HA	Number of staff trained on methods to implement or expand telemedicine and telehealth capabilities with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	4,041 (sub-recipients)	FY 2020
National Special Pathogen System – HA	Number of trainings on COVID-19 infection control practices supported per hospital association with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	296 conducted by HA, 13,262 trainings conducted by sub-recipients	FY 2020

Program	Measure	Division	Most Recent Result	Year Reported
National Special Pathogen System – HA	Number of trainings on COVID-19 infection control practices supported per hospital association with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	176 sub-recipients out of 3,781 total sub-recipients conducted trainings	FY 2020
National Special Pathogen System – HA	Number of trainings on COVID-19 triage supported per hospital association with Hospital Association COVID-19 Preparedness and Response Activities Cooperative Agreement funding.	ASPR	66 conducted by HA, 2,667 trainings conducted by sub-recipients	FY 2020
National Special Pathogen System – HA	Percent of sub-recipients that conducted training or exercises to improve Emergency Medical Services COVID-19 preparedness and response activities.	ASPR	172 out of 3,781 sub-recipient conducted triage training	FY 2020
Division of Scientific Education and Professional Development	Increase the number of CDC’s free accredited courses passed by learners to earn continuing education credits, demonstrating successful achievement of educational content.	CDC	505,992	FY 2020
Division of Scientific Education and Professional Development and the Center for State, Tribal, Local, and Territorial Support’s Public Health Associate Program	Increase the number of CDC trainees in state, tribal, local, and territorial public health agencies.	CDC	333	FY 2020

Program	Measure	Division	Most Recent Result	Year Reported
Project Firstline	For the initial phase of the program (Project Firstline infection control training for health care personnel and the public health workforce), Project Firstline will track the following elements: learning needs of frontline workers, reach of Project Firstline partner networks, program responsiveness to the infection control informational and delivery needs of frontline workers, profession or role of those receiving Project Firstline training materials, perceived value of information to the trainee, and integration of infection prevention and control curricular elements into academic workforce training programs.	CDC	130 educational products 300 educational events about infection control, reaching more than 33,000 health care workers 94% of participants reported improved understanding of infection control topics as a result of these educational opportunities and 93% stated they would recommend the training to others	FY 2020

Program	Measure	Division	Most Recent Result	Year Reported
Resources for Integrated Care, a CMS/Medicare-Medicaid Coordination Office contract	The Resources for Integrated Care Contractor tracks webinar attendance and website statistics. The contractor also solicits ongoing feedback of technical assistance products to determine effectiveness and potential areas of improvement.	CMS	--	--
BHW Cross-Cutting Measure	6.I.1. Percent of clinical training sites that provide interprofessional training to individuals enrolled in a primary care training program.	HRSA	71%	FY 2019
NEPQR	6.I.C.58. Number of NEPQR trainees and professionals participating in interprofessional team-based care.	HRSA	2,947	FY 2019
Ryan White HIV/AIDS Program Part F: AETC Program	21.V.B.1. Proportion of Ryan White HIV/AIDS Program AETC training intervention participants that are racial and ethnic minorities.	HRSA	51%	FY 2018
Assertive Outpatient Treatment for Individuals with Serious Mental Illness	3.4.08. Number of people in the mental health and related workforce trained in mental health-related practices/activities.	SAMHSA	2,724	FY 2020
Infant and Early Childhood Mental Health	3.4.18. Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program.	SAMHSA	3,537	FY 2020
National Traumatic Childhood Stress Initiative	3.2.24. Number of child-serving professionals trained in providing trauma-informed services.	SAMHSA	294,580	FY 2020

Program	Measure	Division	Most Recent Result	Year Reported
Other Mental Health Capacity Programs	3.5.00. Number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grants.	SAMHSA	28,746	FY 2020

Goal 4: Develop and Apply Data and Evidence to Strengthen the Health Workforce

Program	Measure	Division	Most Recent Result	Year Reported
National Practitioner Data Bank	8.III.B.5. Increase the number of practitioners enrolled in Continuous Query (which is a subscription service for Data Bank queries that notifies them of new information on enrolled practitioners within 1 business day).	HRSA	4,538,937	FY 2020
National Practitioner Data Bank	8.III.B.7. Increase annually the number of reports disclosed to health care organizations.	HRSA	2,022,845	FY 2020

Appendix C: Health Workforce Strategic Plan Workgroup

Below are the Department of Health and Human Services Operating and Staff Divisions that invest in the activities articulated in the Health Workforce Strategic Plan and contributed to the development of this Report to Congress.

- Administration for Children and Families
- Administration on Community Living
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- Office of the Assistant Secretary for Health
- Office of the Assistant Secretary for Planning and Evaluation
- Substance Abuse and Mental Health Services Administration

Appendix D: Advisory Committees

Section 3402 of the CARES Act directed the Department to consult with two advisory committees on the development of the Health Workforce Strategic Plan. The Department engaged these committees on the plan's initial framework and invited their input. Letters from these advisory committees are included separately.

Advisory Committee on Training in Primary Care Medicine and Dentistry

The [Advisory Committee on Training in Primary Care Medicine and Dentistry](#) advises and makes recommendations to the Secretary of the Department of Health and Human Services, the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Energy and Commerce on policy, program development, and other matters of significance concerning the medicine and dentistry activities under Section 747 of the Public Health Service (PHS) Act. In addition, the Committee develops, publishes, and implements performance measures and longitudinal evaluations for programs under Part C of Title VII of the PHS Act.

Council on Graduate Medical Education

The [Council on Graduate Medical Education](#) provides an ongoing assessment of physician workforce trends, training issues and financing policies, and recommends appropriate federal and private sector efforts on these issues. The Council advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services and to the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Energy and Commerce.

The Department also engaged and invited input from three advisory committees not specifically mentioned in the CARES Act but with whom the Department regularly engages on matters related to the health workforce. Letters from these advisory committees are included separately.

Advisory Committee on Interdisciplinary, Community-Based Linkages

The [Advisory Committee on Interdisciplinary, Community-Based Linkages](#) (ACICBL) is authorized by section 757 of the PHS Act (42 U.S.C. 294f), as amended. ACICBL provides advice and recommendations on policy and program development to the Secretary of Health and Human Services concerning the activities under Title VII, Part D of the PHS Act, and is responsible for submitting an annual report to the Secretary and Congress describing the activities of ACICBL, including its findings and recommendations concerning the activities under Title VII, Part D of the PHS Act. In addition, ACICBL develops, publishes, and implements performance measures and guidelines for longitudinal evaluations, as well as recommends appropriation levels for programs under this part. ACICBL focuses on the following targeted program areas and/or disciplines: Area Health Education Centers, Geriatrics, Allied Health, Chiropractic, Podiatric Medicine, Social Work, Graduate Psychology, and Rural Health.

National Advisory Council on Nurse Education and Practice

The [National Advisory Council on Nurse Education and Practice](#) (NACNEP) is authorized by section 851 of the PHS Act (42 U.S.C. 297t), as amended. NACNEP provides advice and recommendations on policy, program, and general regulation development to the Secretary of Health and Human Services and Congress with respect to the administration of Title VIII of the PHS Act. This includes the range of issues relating to nurse workforce, nurse supply, education, and practice improvement. In addition, NACNEP is responsible for submitting an annual report to the Secretary and Congress on its activities, including findings and recommendations concerning the activities under Title VIII.

National Advisory Council on the National Health Service Corps

The [National Advisory Council on the National Health Service Corps](#) (NACNHSC) was established under section 337 of the PHS Act (42 U.S.C. § 254j), as amended. NACNHSC is governed by provisions of Public Law 92-463 (5 U.S.C. App. 2), which set forth standards for the formation and use of advisory committees. NACNHSC serves as a forum to discuss and identify the priorities of the NHSC, bring forward new priorities as needed, and anticipate health workforce emerging program trends as well as challenges. NACNHSC provides ongoing communication with Council members, professional organizations, and with the NHSC. NACNHSC functions as a sounding board for proposed policy changes by using its expertise to advise on specific program areas and new initiatives.

Appendix E: Definitions

Below are the definitions used to develop the Health Workforce Strategic Plan. These definitions informed the initial environmental scan, which gathered information about relevant legislation, funded programs, research and evaluations, and data collection efforts, and guided drafting the full plan narrative.

Health Workforce.³⁷ This plan, which is inclusive of workforce occupations defined within the U.S. Department of Labor, Bureau of Labor Statistics [Standard Occupational Classification system](#), defines the health workforce as follows: the occupations include all health care providers with direct patient care and support responsibilities, such as physicians (including primary care physicians, preventive medicine physicians, and specialty physicians), nurses, nurse practitioners, optometrists, physician assistants, pharmacists, dentists, dental hygienists, and other oral health care professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct support professionals, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the Emergency Medical Services workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the U.S. determines appropriate.³⁸

Health Disparities. A higher burden of illness, injury, disability, or mortality experienced by one group relative to another.

Health Care Access. The ability of patients to access available services and the linking of appropriately trained providers to those in need of care.

Health Care Equity. The absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

Health Care Provider Quality. Training and professional development to help health care providers to use techniques proven to help patients.

Health Workforce Distribution. Health care providers work where they are needed.

Health Workforce Employment. The condition of paid work positions in the health care and social assistance sectors of the U.S. economy. This term is limited to occupations and professions commonly found in employment settings such as ambulatory health care services, hospitals, nursing and residential care facilities, and social assistance organizations, as defined by the North American Industry Classification System.

³⁷ Note: Not all of these health workforce occupations have funded HHS programs to support their supply or distribution. Program descriptions throughout the [Health Workforce Strategic Plan](#) identify which HHS programs target specific occupations.

³⁸ Definition of the Health Care Workforce. 2010. 42 U.S.C. 294q - National Health Care Workforce Commission. <https://www.govinfo.gov/app/details/USCODE-2010-title42/USCODE-2010-title42-chap6A-subchapV-partE-subpart1-sec294q> (Accessed October 22, 2021).

Health Workforce Supply. The number of health care workers in the workforce.

Health Workforce Surveillance. Collecting, analyzing, and using data to understand opportunities to strengthen the health workforce.

Appendix F: American Rescue Plan Act, Workforce Provisions

The American Rescue Plan Act of 2021 invests significant resources in the health care, public health, and mental health workforce, priorities that align with the major components of the Health Workforce Strategic Plan. Supporting students through scholarships, state loan repayment programs, and graduate medical education will help expand the supply of the public health, primary health care, and mental health care workforce. Funding will help community health centers establish, expand, and sustain a public health workforce, including case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, and informaticians. Federal funding will hire and train laboratory personnel and other staff to serve in medically underserved areas; will expand the supply of Medical Reserve Corps volunteers to respond to this public health emergency in areas of need; and will strengthen the ability of the Indian Health Service’s public health workforce to respond to COVID-19. New investments will help enhance the informatics capabilities of the public health workforce; establish and expand evidence-informed programs and protocols to support providers’ mental health; and will promote care coordination and other evidence-based integrated models of care. Below are the workforce-related provisions of the American Rescue Plan Act.

Section	Health Workforce-Related Provision
SEC. 2401. Funding for COVID-19 testing, contact tracing, and mitigation activities	(6) [The Secretary shall] award grants to, or enter into cooperative agreements or contracts with, state, local, and territorial public health departments to establish, expand, and sustain a public health workforce
SEC. 2402. Funding for SARS-COV-2 genomic sequencing and surveillance	(3) [The Secretary, acting through the CDC Director, shall] enhance and expand the informatics capabilities of the public health workforce

Section	Health Workforce-Related Provision
<p>SEC. 2501. Funding for public health workforce</p>	<p>(a) In General.—In addition to amounts otherwise available, there is appropriated to the Secretary of Health and Human Services (in this subtitle referred to as the “Secretary”) for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$7,660,000,000, to remain available until expended, to carry out activities related to establishing, expanding, and sustaining a public health workforce, including by making awards to State, local, and territorial public health departments.</p> <p>(b) Use of funds for public health departments.— Amounts made available to an awardee pursuant to subsection (a) shall be used for the following:</p> <p>(1) Costs, including wages and benefits, related to the recruiting, hiring, and training of individuals—</p> <p>(A) to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to COVID–19; and</p> <p>(B) who are employed by—</p> <p>(i) the state, territorial, or local public health department involved; or</p> <p>(ii) a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established relationships with such state, territorial, or local public health departments, particularly in medically underserved areas.</p> <p>(2) Personal protective equipment, data management and other technology, or other necessary supplies.</p> <p>(3) Administrative costs and activities necessary for awardees to implement activities funded under this section.</p> <p>(4) Subawards from recipients of awards under subsection (a) to local health departments for the purposes of the activities funded under this section.</p>
<p>SEC. 2502. Funding for Medical Reserve Corps</p>	<p>Carry out section 2810 of the Public Health Service Act (42 U.S.C. 300hh-15) – Medical Reserve Corps to provide for an adequate supply of volunteers in the case of a federal, state, local, or tribal public health emergency.</p>

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Section	Health Workforce-Related Provision
SEC. 2601(b). Funding for Community Health Centers and community care	<p>(3) To purchase equipment and supplies to conduct mobile testing or vaccinations for COVID-19, to purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and to hire and train laboratory personnel and other staff to conduct such mobile testing or vaccinations, particularly in medically underserved areas;</p> <p>(4) to establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID-19, and to carry out other health workforce-related activities;</p>
SEC. 2602. Funding for National Health Service Corps	<p>(b) State Loan Repayment Programs.—</p> <p>(1) In general.—Of the amount made available pursuant to subsection (a), \$100,000,000 shall be made available for providing primary health services through grants to states under section 338I(a) of the Public Health Service Act (42 U.S.C. 254q-1(a)).</p> <p>(2) Conditions.—With respect to grants described in paragraph (1) using funds made available under such paragraph:</p> <p>(A) Section 338I (b) of the Public Health Service Act (42 U.S.C. 254q-1 (b)) shall not apply.</p> <p>(B) Notwithstanding section 338I (d) (2) of the Public Health Service Act (42 U.S.C. 254q-1(d)(2)), not more than 10 percent of an award to a state from such amounts, may be used by the state for costs of administering the State loan repayment program.</p>
SEC. 2603. Funding for Nurse Corps	Carry out section 846 of the Public Health Service Act (42 U.S.C. 297n).

Section	Health Workforce-Related Provision
<p>SEC. 2604. Funding for Teaching Centers that operate Graduate Medical Education</p>	<p>(b) Use of funds.—Amounts made available pursuant to subsection (a) shall be used for the following activities:</p> <p>(1) For making payments to establish new approved graduate medical residency training programs pursuant to section 340H (a) (1) (C) of the Public Health Service Act (42 U.S.C. 256h (a) (1) (C)).</p> <p>(2) To provide an increase to the per resident amount described in section 340H (a) (2) of the Public Health Service Act (42 U.S.C. 256h (a) (2)) of \$10,000.</p> <p>(3) For making payments under section 340H (a) (1) (A) of the Public Health Service Act (42 U.S.C. 256h).</p> <p>(a) (1) (A) to qualified teaching health centers for maintenance of filled positions at existing approved graduate medical residency training programs.</p> <p>(4) For making payments under section 340H (a) (1) (B) of the Public Health Service Act (42 U.S.C. 256h).</p> <p>(a) (1) (B) for the expansion of existing approved graduate medical residency training programs.</p> <p>(5) For making awards under section 749A of the Public Health Service Act (42 U.S.C. 2931–1) to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.</p> <p>(6) To cover administrative costs and activities necessary for qualified teaching health centers receiving payments under section 340H of the Public Health Service Act (42 U.S.C. 256h) to carry out activities under such section.</p>
<p>Section 2705. Funding for grants for health care providers to promote mental health among their health professional workforce</p>	<p>The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, taking into consideration the needs of rural and medically underserved communities, use amounts appropriated by subsection (a) to award grants or contracts to entities providing health care, including health care providers associations and federally qualified health centers, to establish, enhance, or expand evidence-informed programs or protocols to promote mental health among their providers, other personnel, and members.</p>

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 CARES ACT SECTION 3402

Section	Health Workforce-Related Provision
SEC. 2707. Funding community-based funding for local behavioral health needs	Grant funds awarded under this section to eligible entities shall be used for promoting care coordination among local entities; training the mental and behavioral health workforce, relevant stakeholders, and community members; expanding evidence-based integrated models of care; addressing surge capacity for mental and behavioral health needs; providing mental and behavioral health services to individuals with mental health needs (including co-occurring substance use disorders) as delivered by behavioral and mental health professionals utilizing telehealth services; and supporting, enhancing, or expanding mental and behavioral health preventive and crisis intervention services.
SEC. 2711. Funding for behavioral health workforce education and training	For carrying out section 756 of the Public Health Service Act (42 U.S.C. 294e-1).
SEC. 1150C. Funding for providers related to COVID-19 (Provider Relief Fund)	For purposes of making payments to eligible health care providers for health care related expenses and lost revenues that are attributable to COVID-19.
SEC. 11001(a)(1). Indian Health Service	<p>(A) For lost reimbursements, in accordance with section 207 of the Indian Health Care Improvement Act (25 U.S.C. 1621f);</p> <p>(B) For the provision of additional health care services, services provided through the Purchased/ Referred Care program, and other related activities;</p> <p>(C) Information technology, telehealth infrastructure, and the Indian Health Service electronic health records system;</p> <p>maintaining operations of the Urban Indian health program, which shall be in addition to other amounts made available under this subsection for Urban Indian organizations</p> <p>(as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603));</p> <p>(G) For necessary expenses to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19, other public health workforce-related activities, for the purposes described in subparagraphs (E) and (F), and for other related activities; and (G), and for other related activities.</p>