

OMB Question 1: It is unclear on some of the performance measures whether respondents are limited to the “evidence-based” activities that are listed or whether these are merely illustrative. Would recommend clarifying this. Also, please explain how these sets of “evidence-based” practices were chosen (i.e. what is the evidence?) and which practices were not chosen, and why.

Response:

Respondents are limited to the “evidence-based” strategies that are listed. The electronic data collection system will not allow grantees to input anything other than the choices seen on the guidance document.

Primary Care Measure-1: The strategies that were chosen for PC-1 are from the Robert Wood Johnson Foundation ‘Generalist Physician Initiative’ which challenged medical schools to increase the supply of generalist physicians that they were training. The assessment of this initiative showed that participating schools had succeeded in increasing both their output of generalists and their generalist faculty by modifying the medical school educational structure using these strategies. We have included all of these strategies: none of the Robert Wood Johnson Foundation identified strategies was left out.

The Generalist Physician Initiative: National Program Report (2003), The Robert Wood Johnson Foundation.

Distribution Measure-1: These strategies were adapted from a 1999 study done at Florida State University. Their study named several recommendations addressing the preparation of physicians to practice in underserved areas and were drawn heavily from historically successful medical education programs in other states. The DS-1 strategies, for the most part, mirror these recommendations. Recommendations left out as strategies are ones that either were specific to the state of Florida or were quite similar to and addressed by the included strategies.

Study of Best Models for Training and Retaining Physicians for Service in Underserved Areas. MGT of America, Inc., FSU Tallahassee, Florida, Oct. 1999.

Quality Measure-1: The strategies are the five core competencies identified in an Institute of Medicine (IOM) report on the adequacy of training of health professionals to provide the highest quality and safest medical care possible.

Health Professions Education: A Bridge to Quality, April 08, 2003, IOM, Washington, D.C.

Quality Measure-2: The strategies are those identified by the Association of American Medical Colleges (AAMC) and contained in their instrument for the Technical Assessment of Cultural Competence Training (TACCT). This instrument provides a

framework for medical schools to assess the adequacy of their cultural competence curricula. The instrument uses all five domains listed for the measure.

Infrastructure Measure-1: The evidence-based curricula areas are areas of knowledge basic to Public Health as put forth by the Council on Education for Public Health (CEPH). These curricula areas address important knowledge that is essential for health professionals and are in line with HRSA's mission to provide national leadership, program resources and services needed to improve access to culturally competent, quality health care.

Schools of Public Health Criteria. Council on Education for Public Health (CEPH). Amended June 2005.

Council on Linkages between Academia and Public Health Practice: Core Competencies for Public Health Professionals, Public Health Foundation, 2001.

OMB Question 2: On the diversity tables, it appears as though the asterisk is in the wrong place. Shouldn't the single asterisk be next to under-represented Asians?

Response:

We agree that this is an error and OMB is correct. The correction has been noted and the asterisk is moved to the appropriate category.

The asterisk was moved to Underrepresented Asians and the asterisk note reads "Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai".