

The Evidence is in:

Title VII health professions programs increase the representation of minority and disadvantaged students in the health professions.

- A study published in the September 6, 2006 issue of the *Journal of the American Medical Association (JAMA)* examines post-baccalaureate programs, which rely on Title VII, among other sources of funding. The study finds that **the programs are highly effective in increasing minority representation in medical school**, and concludes that enacted reductions in funding for Title VII may have negative consequences for these effective programs.¹
- A survey of program directors for two of the Title VII diversity programs, the Health Careers Opportunity Program (HCOP) and the Centers of Excellence (COE), finds that **the programs have served over 400,000 minority and disadvantaged aspiring health professionals.**²

Title VII health professions programs improve the distribution of health care providers.

- A study published in the March 1, 2006 issue of the *Journal of the American Medical Association (JAMA)* finds that a high percentage of Community Health Centers – especially those in rural areas – report provider shortages. The study recommends increased support for Title VII to train health professionals who can help alleviate provider vacancies across the country.³
- A study published in the Winter 2006 issue of the *Journal of Rural Health* finds that up to **83% of graduates** who went through a program with Title VII funding chose to **practice in a medically underserved or health professions shortage designated setting**, post-graduation.⁴
- A study published in the Winter 2005 issue of the *Journal of Rural Health* finds that Title VII funding increases the family physician workforce in rural and low-income communities.⁵

Title VII health professions programs enhance the supply of the health professions workforce.

- An article published in the August 15, 2002 issue of *American Family Physician* finds that students who attended schools with Title VII funding were significantly more likely to choose family practice.⁶
- An article published in the April 19, 2005 issue of *Annals of Internal Medicine* recommends increased support for Title VII grants and programs to improve the supply of the primary care workforce.⁷

Sources

- ¹ Grumbach K, Chen E. Effectiveness of University of California post-baccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students. *JAMA*. 2006; 296(9): 1079 – 1085.
- ² AAMC HCOP-COE Survey. Spring 2006. Available at: <<http://www.aamc.org/advocacy/library/laborhhs/hcopcoesurvey.pdf>>.
- ³ Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA*. 2006; 295(9): 1042 – 1049.
- ⁴ Edwards JB, et al. Practice locations of graduates of family physician residency and nurse practitioner programs: considerations within the context of institutional culture and curricular innovation through Titles VII and VIII. *Journal of Rural Health*. 2006; 22(1): 69 – 77.
- ⁵ Krist AH, Johnson RE, Callahan D, Woolf SH, Marsland D. Title VII funding and physician practice in rural or low-income areas. *Journal of Rural Health*. 2005; 21(1): 3 – 11.
- ⁶ Meyers D, Fryer GE, Krol D, Phillips RL, et al. Title VII funding is associated with more family physicians and more physicians serving the underserved. *American Family Physician*. 2002; 66(4): 554.
- ⁷ Schwartz MD, Basco WT, Grey MR, et al. Rekindling student interest in generalist careers. *Annals of Internal Medicine*. 2005; 142(8): 715 – 724.