

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Health Workforce
Division of Medicine and Dentistry

Geriatrics Workforce Enhancement Program

Announcement Type: Initial: New

Funding Opportunity Number: HRSA-15-057

Catalog of Federal Domestic Assistance (CFDA) No. 93.969

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: March 5, 2015

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

**Modified December 18, 2014: Page 22, Review Criterion 2(a) Methodology
Modified January 23, 2015: Page 9, Page Limit**

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Authority: Public Health Service (PHS) Act Title VII, Sections 750 and 753(a), and PHS Act Title VIII, Section 865.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) is accepting applications for fiscal year (FY) 2015 *Geriatrics Workforce Enhancement Program (GWEP)*. The purpose of this cooperative agreement program is to establish and operate geriatric education centers that will implement the GWEP project to develop a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care. Special emphasis will be on providing the primary care workforce with the knowledge and skills to care for older adults and on collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes.

Funding may be used to support training of individuals, including patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows who will provide health care to older adults and the faculty who train these individuals. Funding may also be used to provide educational programs for patients, family members, and caregivers to afford them with the knowledge and skills for self-management or the care delivery of older adults.

Funding Opportunity Title:	Geriatric Workforce Enhancement Program
Funding Opportunity Number:	HRSA-15-057
Due Date for Applications:	03/05/2015
Anticipated Total Annual Available Funding:	\$38,630,000
Estimated Number and Type of Award(s):	Approximately 40 cooperative agreements
Estimated Award Amount:	Maximum award of \$750,000 per year including indirect costs. Additional funds of \$100,000 per year for education and training on Alzheimer's disease and related dementias (ADRD) may also be requested.
Cost Sharing/Match Required:	No
Project Period:	July 1, 2015 through June 30, 2018 (3 years)

<p>Eligible Applicants:</p>	<p>Eligible applicants are accredited health professions schools and programs. The following entities are eligible applicants:</p> <ul style="list-style-type: none"> • Schools of Allopathic Medicine • Schools of Veterinary Medicine • Schools of Dentistry • Schools of Public Health • Schools of Osteopathic Medicine • Schools of Chiropractic • Schools of Pharmacy • Physician Assistant Programs • Schools of Optometry • Schools of Allied Health • Schools of Podiatric Medicine • Schools of Nursing <p>The following accredited graduate programs are also eligible applicants:</p> <ul style="list-style-type: none"> • Health Administration • Behavioral Health and Mental Health Practice including: <ul style="list-style-type: none"> • Clinical Psychology • Clinical Social Work • Professional Counseling • Marriage and Family Therapy <p>Additional eligible applicants are:</p> <ul style="list-style-type: none"> • a health care facility • a program leading to certification as a certified nurse assistant, • a partnership of a school of nursing such and facility, • or a partnership of such a program and facility <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>
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All applicants are responsible for reading and complying with the instructions included in HRSA’s *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf> except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

We have scheduled a number of technical assistance calls for applicants, as follows:

Tuesday, December 16, 2014 from 2:00 PM to 4:00 pm

Wednesday, December 17, 2014 from 12:00 to 4:00 pm

Thursday, December 18, 2014 from 1:00 to 3:00 pm

Call-in Number (Toll Free): 1-800-369-1792

Participant Code: 1463638

Adobe Connect Link: https://hrsa.connectsolutions.com/ta_for_geriatrics_foa/

For replay information (The recording will be available until February 17, 2015)

Call-in number (Toll Free): 1-866-407-9261

Passcode: 2715

In addition, Regional TA sessions are tentatively scheduled for the week of January 5, 2015. For specific information regarding these sessions refer to:

<http://bhw.hrsa.gov/grants/geriatricsalliedhealth/gwep.html>

Further information about Technical Assistance may be found at

<http://bhw.hrsa.gov/grants/geriatricsalliedhealth/gwep.html>. The link will not be active until late December 2014, and information about registering for regional TA sessions will be available at that time.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the FY 2015 Geriatrics Workforce Enhancement Program (GWEP). The purpose of this cooperative agreement program is to establish and operate geriatric education centers that will implement the GWEP project to develop a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care. Special emphasis will be on providing the primary care workforce with the knowledge and skills to care for older adults and on collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Focus areas for this announcement are:

1. Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead these kinds of systems.
2. Developing providers who can assess and address the needs of older adults and their families/caregivers at the individual, community, and population levels.
3. Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult(s).
4. Applicants may also choose to address providing Alzheimer's disease and related dementias (ADRD) education to families, caregivers, direct care workers and health professions students, faculty, and providers.

Program Requirements:

Applicants must propose programs that enhance integrated geriatrics and primary care systems for the training of healthcare providers who care for older adults. Characteristics of integrated geriatrics and primary care systems include, but are not limited to:

- Interprofessional, team-based, patient-centered health care for older adults.
- Integration of geriatrics into evolving primary care delivery systems to provide coordinated and comprehensive healthcare.
- Outreach and education for patients, families, and caregivers to improve the health of older adults.

Applicants must propose to:

1. Develop and implement integrated geriatrics and primary care health care delivery systems to provide clinical experiences for trainees with the goal of improving comprehensive, coordinated care for older adults.

2. Partner with, or create as appropriate, community-based outreach resource centers to address the learning and support needs of older adults, their families and their caregivers. Such programs must address local needs, taking into account available care settings, social resources, and community culture. Topics in addressing psychosocial needs, disease self-management, patient engagement, and population health are encouraged.
3. Provide training to individuals who will provide care to older adults within the context of the above focus areas. Categories of individuals may include: patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty.
4. In addition, projects may include Alzheimer's disease and related dementias (ADRD) education and training for patients, families, caregivers, direct care workers, and health professions providers, students, residents, fellows, and faculty.

Applicants must develop collaborations to ensure integrated delivery systems. A collaboration is defined as an association of at least two organizations, hospitals, or institutions that have come together to operate a GWEP. The organizations in the collaboration share resources, decision-making, and accountability for designing and implementing the project. One of the collaborating organizations is designated as the applicant organization.

Interprofessional collaboration is an essential component of all project activities, and medicine must be one of the professions included in all interprofessional activities. The paucity of healthcare workers from diverse backgrounds, including underrepresented ethnic and racial groups, remains a problem in American healthcare, thus, applicants are strongly encouraged to describe activities that will address this area.

Use of Funds

Awardees may use the funds to:

- a) improve the training of individuals and health professionals who will provide geriatric care to the elderly, including geriatric residencies, traineeships, or fellowships;
- b) develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
- c) support the training and retraining of faculty to provide instruction in geriatrics;
- d) support continuing education of health professionals who provide geriatric care;
- e) provide students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers; or
- f) establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Funding Preferences

Section 805 of the PHS Act authorizes the Secretary to give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded.

Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

Section 791 of the PHS Act authorizes the Secretary to give preference to a qualified applicant that a) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities, or b) during the 2-year period preceding the fiscal year for which such an award is sought (FY2013-2014 and FY2014-2015), has achieved a significant increase in the rate of placing graduates in such settings. Programs that have graduated less than three classes may document that they qualify for the preference by meeting at least four (4) of the following: a) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations; b) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations; c) Substantial clinical training experience is required under the program in medically underserved communities; d) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities; e) The entire program or a substantial portion of the program is physically located in a medically underserved community; f) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program; or g) The program provides a placement mechanism for deploying graduates to medically underserved communities.

Applicants may request either the preference for Section 805 or the preference for Section 791.

2. Background

The GWEP is authorized by Public Health Service (PHS) Act Title VII, Sections 750 and 753(a) and PHS Act Title VIII, Section 865. The focus of these authorities is on geriatrics workforce enhancement.

The number of older adults in the United States will almost double from 40 million to 78 million between 2010 and 2030¹. The majority of older adults, 75% of those 65 and older, suffer from at least one chronic condition and in this group an estimated three out of four persons have multiple chronic conditions^{2,3}. Approximately 5 million older adults suffer from Alzheimer's disease and related dementias (ADRD) and by 2025 that number is estimated to reach 7.1 million⁴. Approximately 50% of individuals with dementia experience some type of elder abuse⁵. In

¹ *Older Americans 2012: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-related Statistics. Available at http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf.

² Anderson G. *Chronic Care: Making the case for Ongoing Care*. Princeton, NJ: Robert Wood Johnson Foundation, 2010. Available at <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf54583>.

³ *Chronic Condition as among Medicare Beneficiaries, Chart Book 2012*. Baltimore, MD: Centers for Medicare and Medicaid Services, 2012. Available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>.

⁴ Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010-2050) estimated using the 2010 Census. *Neurology*,80(19). doi: 10.1212/WNL.0b013e31828726f5.

⁵ *Research Brief: How at risk for abuse are people with dementia?* National Center on Elder Abuse. Available at http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_Dementia_ResearchBrief_2013.pdf.

addition, a significant growth in the population over age 85 is estimated to occur between 2010 and 2030 (5.5 million to 8.7 million)⁶.

The nation is not prepared to meet the growing social and health care needs of older adults⁷. This generation of older adults will be the most diverse the nation has ever seen with more education, increased longevity, more widely dispersed families, and more racial and ethnic diversity, making their need for all health care services much different than previous generations⁸. There is already an increased demand for home and community based services and other new methods of care delivery⁹.

Compounding these issues is the dramatic shortage of all types of health care workers, especially those in long-term primary care settings¹⁰. Across the health professions, there is inadequate geriatric training in both the formal and informal primary care workforce¹¹. In addition, the professional, paraprofessional, and caregiver geriatric workforces continue to have inadequate education in how to integrate geriatrics knowledge and skills into primary care¹². Finally, with the re-emergence of patient-centered care, there is a clear need for education and training of patients to improve their self-management skills and knowledge, as well as their understanding of acute and chronic disease management as it relates to their own health, and how to work within the healthcare delivery system.¹³

To help address these issues, the Administration proposes funding to develop a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care. This will be accomplished by building educational and clinical infrastructure that responds to national, regional, and/or local needs to implement healthcare system change to improve health outcomes in older adults.

For additional Program Definitions see Section VIII *Other Information*.

⁶ Vincent GK, Velkoff VA. *The next four decades: The older population in the United States: 2010 to 2050*. U. S. Census Bureau. Available at <http://www.census.gov/prod/2010pubs/p25-1138.pdf>.

⁷ *Retooling for an Aging America: Building the Health Care Workforce*. Institute of Medicine. Washington, DC: National Academies Press, 2010. Available at http://www.nap.edu/openbook.php?record_id=12089&page=R1.

⁸ Vincent GK, Velkoff VA. *The next four decades: The older population in the United States: 2010 to 2050*. U. S. Census Bureau. Available at <http://www.census.gov/prod/2010pubs/p25-1138.pdf>.

⁹ *Rising Demand for Long-Term Services and Supports for Elderly People*. Congressional Budget Office. Washington, DC: Congress of the United States, 2013. Available at <http://www.cbo.gov/sites/default/files/44363-LTC.pdf>.

¹⁰ Ricketts TC. The health care workforce: Will it be ready as the Boomers age? A review of how we can know (or not know) the answer. *Annual Review of Public Health*, 32, pp. 417 – 30. 2011.

¹¹ *Retooling for an Aging America: Building the Health Care Workforce*. Institute of Medicine. Washington, DC: National Academies Press, 2010. Available at http://www.nap.edu/openbook.php?record_id=12089&page=R1.

¹² deStampa M, Vedel I, Bergman H, Novella J-L, Lechowski L, Ankri J, Lapointe L. Opening the black box of collaboration in integrated care models for frail, elderly patients. *Gerontologist*, 53, pp. 313-325. 2013.

¹³ Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. *JAMA*, 288, pp. 1909-14. 2002.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program responsibilities shall include:

- Assist recipients during the six-month planning period;
- Make available the services of experienced HRSA/BHW program staff to serve as a resource in the planning, development, and evaluation of all phases of the project;
- Provide ongoing input and review of activities and procedures to be established and implemented for accomplishing the goals of the cooperative agreement;
- Participate, as appropriate, in meetings or site visits conducted during the period of the cooperative agreement;
- Review project information prior to dissemination;
- Assist the recipients to develop a network to share resources, best practices, and lessons learned;
- Provide assistance and referral in the establishment and facilitation of effective collaborative relationships with Federal and State agencies, BHW grant projects and other resource centers, and other entities that may be relevant to the project's mission;
- Provide programmatic input and consultation for development and delivery of training and technical assistance;
- Collaborate with recipients to develop and implement assessment and evaluation strategies;
- Provide information resources; and,
- Participate in the dissemination of project activities and products.

The cooperative agreement recipient's responsibilities shall include:

- Implement the approved work plan;
- Work closely with HRSA during the planning year;
- Collaborate and communicate in a timely manner with the HRSA project officer;
- Participate in ongoing conference calls and webinars with other awardees and HRSA staff;
- Provide the HRSA project officer with an opportunity to review project information prior to dissemination;
- Establish contacts relevant to the project's mission such as collaborating partners, Federal and non-federal partners, and other HRSA grant projects;
- Coordinate activities with other awardees under this FOA where possible;
- Submit all required reports in a timely fashion;

- Develop and implement Rapid Cycle Improvement assessment and evaluation strategies such as the Plan, Do, Study, Act strategy or other iterative evaluation strategies to ensure continuous quality improvement; and,
- Partner with HRSA to evaluate priorities and respond to constituent/field requirements.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2015 – 2018. Approximately \$38,630,000 is expected to be available annually to fund approximately forty (40) awardees. The actual amount available will not be determined until enactment of the final FY 2015 federal budget. Of this amount, \$4,000,000 is designated specifically for ADRD education and training, and \$4,000,000 is designated specifically for schools of nursing, health care facilities, programs leading to certification as a certified nurse assistant, partnerships of such a school and facility, or a partnership of such a program and facility as the applicant. **While multiple applications from an institution are allowable, only one per institution will be funded.** This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

Applicants may apply for a ceiling amount of up to \$750,000 per year, and may also request an additional \$100,000 per year for ADRD education and training. The project period is three (3) years, with an expected start date of July 1, 2015 and expected completion date of June 30, 2018. Successful applicants may use up to six months for planning activities. Justification for the planning period is required, and should be included within the program narrative. Funding beyond the first year is dependent on the availability of appropriated funds for the GWEP in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the federal government.

The funds specifically designated for ADRD education and training will be awarded to applicants who are funded as a result of this overall competition and who also applied for the additional funds, to the extent that those additional funds remain available. As indicated above, applicants may request an additional \$100,000 each year for specific ADRD education and training activities.

Regional Information

In making awards, geographic representation will be taken into consideration. We anticipate funding at least one awardee in each of ten regions. Applicants, however, may propose partnerships with entities that are not in the same HHS region. The Response section of the application should discuss the rationale for including entities in another HHS region, and outline a plan for ensuring that the collaboration will not result in duplication of service. For the purposes of monitoring distribution, GWEPs will be identified as being located in the region of

the applicant institution. See Section VIII for the geographic breakout of the states, Territories, and jurisdictions included in each of the regions.

III. Eligibility Information

1. Eligible Applicants

The following entities are eligible applicants for the GWEP:

- Schools of Allopathic Medicine
- Schools of Veterinary Medicine
- Schools of Dentistry
- Schools of Public Health
- Schools of Osteopathic Medicine
- Schools of Chiropractic
- Schools of Pharmacy
- Physician Assistant Programs
- Schools of Optometry
- Schools of Allied Health
- Schools of Podiatric Medicine
- Schools of Nursing

The following accredited graduate programs are also eligible applicants:

- Health Administration
- Behavioral Health and Mental Health Practice including:
 - Clinical Psychology
 - Clinical Social Work
 - Professional Counseling
 - Marriage and Family Therapy

Additional eligible applicants are:

- a health care facility
- a program leading to certification as a certified nurse assistant,
- a partnership of a school of nursing such and facility,

or a partnership of such a program and facility

Faith-based and community-based organizations, Tribes, and tribal organizations may apply if otherwise eligible.

Applicants must be located in the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.

All eligible applicants must be accredited. In **Attachment 8** the applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next expected

accrediting body review. The full letter of accreditation is not required. Recipients must immediately inform the HRSA project officer of any change in accreditation status. If a partner organization holds the accreditation for a training program, a letter of agreement should be provided as well.

2. Cost Sharing/Matching

Cost-sharing/matching is not required for this program.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#).

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Other

Ceiling Amount

Applications that exceed the maximum amount of \$750,000, or \$850,000 if requesting ADRD education and training funds, will be considered non-responsive and will not be considered for funding under this announcement.

Deadline

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)

The awardee must agree to maintain non-Federal funding for grant activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award. MoE information must be submitted as Attachment 5.

Beneficiary requirements

A student/trainee/fellow/junior faculty development award recipient/faculty member in a retraining program receiving support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States. (See definition “National of the U.S.” in the program definitions, Section VIII *Other Information*.)

NOTE: Multiple applications from an organization are allowable.

IV. Application and Submission Information**1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the [SF-424 Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of 75 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page

limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline, to be considered under the announcement.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

In addition to the instructions provided in the guide, please include the following information at the top of the abstract:

- Project Period
- Collaborating Partners
- Trainee types – patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty.

The Abstract must include:

1. A brief overview of the project as a whole
2. Specific, measurable objectives that the project will accomplish
3. How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **PURPOSE AND NEED** -- *Corresponds to Section V's Review Criterion #1*
This section should define the geographic area (national, regional, local, etc.) and population that will benefit from the proposed activities, and describe the needs of older adults, their families and their caregivers in the identified population. Demographic data should be used and cited whenever possible to support the information provided.

This section should also describe the current health care delivery system used for training, specifically addressing the level of integration of geriatrics and primary care in the system, the integration of public and population health into the system, and existing partnerships with community-based organizations that support patients, families and caregivers in

improving health outcomes for older adults. Discuss any relevant gaps or barriers in these defined areas, including unmet needs of the population and limitations of the current geriatrics and primary care system(s). Describe how the proposed project plans to improve or overcome these gaps or barriers.

As appropriate, this section should include but not be limited to a discussion of:

- The project's purpose(s)
 - Identified needs and potential barriers to meeting those needs;
 - National, state, and local health status indicators related to older adults in the defined area;
 - Demographics of the population(s) to be served;
 - Demographics of healthcare workers, in comparison to populations to be served;
 - The needs of the geriatrics and primary care health workforce in the proposed geographic area; and
 - Current training activities focused on the needs of patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty.
 - **If applying for the specifically designated funds for ADRD education and training**, describe the current gaps in this area for your defined population.
- *RESPONSE TO PROGRAM PURPOSE -- This section includes three (3) sub-sections – (a) Methodology; (b) Work Plan; and (c) Resolution of Challenges – all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*
- *(a) METHODOLOGY -- Corresponds to Section V's Review Criterion 2 (a).*
Clearly describe proposed activities and the actions or steps that will be used to achieve each of the activities proposed during the entire project period. Clearly indicate which of the focus areas your project proposes to address and how your activities are expected to address the focus area, maximize patient and family engagement and improve health outcomes for older adults. Focus areas for this announcement are:
1. Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead these kinds of systems.
 2. Developing providers who can assess and address the needs of older adults and their families/caregivers at the individual, community, and population levels.
 3. Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult(s).
 4. **If applying for specifically designated funds for ADRD education and training:** Providing ADRD education and training to patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty.

In this section, you must:

- Describe the goals of the project (including objectives and sub-objectives). Objectives should be specific, measurable, realistic, and achievable within the project period and clearly aligned to project goals;
- Describe the methods, including the activities, role of partners, system level initiatives, and the educational/teaching strategies and curriculum to be used to accomplish the objectives of the project;
- Describe how your project is innovative and will prepare health care providers to practice and lead in integrated geriatrics and primary care systems;
- Provide evidence supporting the proposed methodologies, including published literature, prior experience, and historical data, for the appropriateness of the proposed methodology;
- Describe the types and number of trainees you expect to train through the grant activities during the project period. Include descriptions of any planned traineeships, fellowships, or junior faculty development awards. Discuss any selection criteria for trainees, if applicable;
- Outline plans for increasing the diversity of the health workforce for older adults in the identified communities;
- If financial support is planned for any trainees, explain how trainees will apply for the support, the amount of support to be given to each trainee, and the length of support each trainee will receive. HRSA will not establish funding levels for support of individual fellowships, traineeships, or faculty development awards. Each applicant must propose a funding amount for each planned type of individual support. The level of support should be justified by explaining how the amount was selected and what trainee costs will be covered. The applicant must propose support levels that are equitable, and may consider variables such as part-time or full-time status, previous experience, and length of proposed support.

The applicant must develop or build on an existing collaboration aimed at establishing and supporting training experiences in community-based primary care sites that provide integrated health care for older adults. Collaborations must include:

- Primary care clinical sites;
- Community-based organizations that provide various types of Home and Community Based Services (HCBS) and/or Long Term Services and Supports (LTSS). These might include (but are not limited to) organizations that are part of the national Aging Network, Quality Improvement Organizations, faith-based organizations, organizations that provide family caregiver support, nutrition services, and senior centers.

In addition, partnerships with other human services and healthcare organizations that serve rural and /or underserved populations and institutions supported by other Federal funds to improve the health of older adults, such as Centers for Medicare and Medicaid Services, Administration for Community Living, Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Veterans' Affairs (VA) and Indian Health Service (IHS), are encouraged.

Letters of agreement between the applicant and each of the partners, signed by the authorized representatives (i.e., the project director, collaborating partner sites directors, or fiscal representatives), must be included with your application in **Attachment 2**. They will be reviewed under Criterion #4, Organizational Information. Letters of agreement should include the following information:

- Role of each partner organization in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners;
- Evidence that the partners have jointly planned and will jointly conduct the proposed collaborative's activities.

These may be short letters of shared understanding between the partners if no financial arrangements are involved.

- *(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).*

Clearly describe the actions or steps that will be used to achieve each of the activities proposed during the entire project period in the Work Plan section. As appropriate, identify meaningful support and collaboration with partners in planning, designing, and implementing all activities, including development of the application.

A sample work plan can be found here:

<http://bhpr.hrsa.gov/grants/technicalassistance/workplantemplate.docx>. The Work Plan should clearly link:

- Goals of the project, including objective and sub-objectives
- Responsibility of entity/entities (e.g., collaborating partners, stakeholders, and key staff);
- Activities;
- The types and number of trainees you expect to train through specific grant activities during each year of the project period;
- Strategies to increase the diversity of the geriatrics health workforce;
- Key personnel and staff;
- Deliverables and/or products; and
- Proposed outcomes.

The work plan components should also be summarized in a **logic model**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. Information about logic models may be found in Section VIII of the FOA. Include the logic model in **Attachment 4**.

Provide a timeline that includes each activity, key actions and steps, and identifies responsible staff for each action and step. As appropriate, identify meaningful support and collaboration with partners in planning, designing, and implementing all activities, including development of the application.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *IMPACT -- This section includes two (2) sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V’s Review Criteria #3 (a) and (b).*
- *(a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criterion #3 (a)*

Applicants must describe their plan for program monitoring and performance evaluation. This plan should monitor ongoing processes and progress toward meeting project goals and objectives. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. Awardees will be required to report on scholarly outputs from the projects, including publications, presentations, and online modules.

HRSA Required Performance and Progress Reporting

Applicants must describe the systems and processes that will support the organization's semi-annual collection of HRSA’s performance measurement requirements for this program. At the following link, you will find the required data forms for this program: <http://bhw.hrsa.gov/grants/reporting/index.html>. Note the required data forms may differ slightly based on the objectives proposed by each applicant. Further information will be provided in the NoA.

Please include a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA.

Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA’s performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Program Assessment and Improvement

Iterative evaluation strategies, such as the Plan, Do, Study, Act (PDSA) strategy (www.ihl.org/resources/Pages/HowtoImprove/default.aspx) will be required to assess and improve programs. Iterative rapid-cycle evaluation techniques include the events to

monitor, frequency of data collection, use of data to improve quality, and the desirability of data collection in the first year. The above link provides a comprehensive discussion of how to use the PDSA technique. Awardees will report findings to HRSA annually, and results will be used to revise the work plan as necessary.

Program Impact

Applicants are expected to include an evaluation plan. The evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborating partners, interprofessional activities, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In **Attachment 1**, applicants are required to attach a complete staffing plan and job descriptions for key personnel. Biographical sketches are included with the Senior/Key Person Profile form; thus, you need not repeat that detail here.

Note: Applicants must include an evaluation plan for how proposed activities are expected to impact patient access, quality of care, and/or cost of care at the level of the clinical training site, health system, or community. Required performance measures may be found at <http://bhpr.hrsa.gov/grants/reporting/index.html>. Further information will be provided in the NoA.

In addition to the standard performance measures, grantees must select and measure patient outcomes, such as:

Examples of **care outcomes** may include:

- *Healthy People 2020* Older Adult objective OA-1; Increase the proportion of older adults who use the Welcome to Medicare benefit
- *Healthy People 2020* Older Adult objective OA-8; Reduce the proportion of non-institutionalized older adults with disabilities who have an unmet need for long-term services and supports
- *Healthy People 2020* Older Adult objective OA-9; Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services.
- These Older Adult objectives and measures are defined at <http://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/objectives>

Examples of **population health outcomes** might include

- *Healthy People 2020* Older Adult objective OA-3; Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions
- *Healthy People 2020* Older Adult objective OA-5; Reduce the proportion of older adults who have moderate to severe functional limitations
- *Healthy People 2020* Dementia, including Alzheimer's disease objective DIA-1; Increase the proportion of persons with diagnosed Alzheimer's disease and other dementias, or their caregivers, who are aware of the diagnosis.

- Dementia, including Alzheimer’s disease, objectives and measures are defined at <http://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease/objectives>

Examples of care outcomes related to **reduced per capita costs outcomes** may include:

- *Healthy People 2020* Older adult objective OA-11; Reduce the rate of emergency department (ED) visits due to falls among older adults
- Decreased 30 day rehospitalization rate. (<https://data.medicare.gov/data/hospital-compare>)

The evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborating partners, interprofessional activities, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. In the Attachments section (IV. 2. v., Attachment 1), you are required to attach a complete staffing plan and job descriptions for key personnel. Bio sketches are included with the Senior/Key Person Profile form; thus, you need not repeat that detail here.

Awardees will be required to report on their evaluation activities and findings as part of their annual progress reports.

▪ *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V’s Review Criterion #3 (b)*

Propose a plan for project sustainability after the period of federal funding ends. Awardees are expected to sustain key elements of their grant projects, e.g., delivery system changes in clinical training sites, which have been effective in improving practices. The documentation should specify strategies to obtain future sources of potential income, as well as specify strategies and a timetable for becoming self-sufficient. Discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #4*

Provide information on the applicant organization’s current mission and structure, and scope of current activities. A project organizational chart is requested in **Attachment 3**. Describe how these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program’s resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

The applicant should also provide information related to its ability to address the major goals of the GWEP:

- Evidence of the capacity to address the purpose of the project;
- Evidence of an adequate staffing plan for the proposed project;

- Evidence that collaborating partners have the necessary resources to carry out their activities;
 - Evidence that the applicant has the resources to support a diverse health workforce for older adults;
 - Evidence the project director has a minimum of five years of experience in leading geriatrics initiatives including workforce development;
 - Evidence that the project director will devote a minimum of 10% of his/her time to the project;
 - Evidence that the percent time of the project director on the award equates with the appropriate level of work and is substantiated in the application.
- *INTERDISCIPLINARY/INTERPROFESSIONAL COLLABORATION, EDUCATION, AND TRAINING -- Corresponds to Section V's Review Criterion #6*

Clearly describe how the applicant plans to provide education and training in interprofessional teams. The plan should consider the interprofessional collaboration, education and training of patients, families, caregivers, direct care workers and health professions providers, students, residents, fellows, and faculty. Medicine must be one of the represented professions in all collaboration, education and training. In patient-centered clinical practice models, the patient, family, and caregivers should also be part of the interprofessional team, and therefore be included in collaboration, education and training efforts.

Include in your discussion how interprofessional collaboration, education, and training will affect outcomes in patient-centered clinical practice, patient health status, and improvement in the geriatric workforce.

iii. Budget

Please complete the Budget and Budget Justification Narrative, as directed below in section iv.

iv. Budget Justification Narrative

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

See Section 4.1.iv of HRSA’s SF-424 Application Guide. In addition, the Geriatric Workforce Enhancement Program requires the following, which corresponds to Section V’s Review Criterion #5:

Participant/Trainee Support Costs, if applicable: List tuition/fees/health insurance, stipends, travel, subsistence, other and the number of participants/trainees.

Consultant Services: If applicable, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

Subawards/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

The total maximum award per year for applicants not requesting additional ADRD funding is \$750,000. Applicants may request an additional \$100,000 each year for education and training in ADRD. Applicants who request these additional funds must include a separate budget justification for these funds in **Attachment 7**.

Detailed budgets for each collaborating partner should be provided as part of the budget justification showing the personnel costs by individual salaries and fringe benefits, supplies, consultants, travel, and any other costs, if appropriate.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and subgrants and contracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (Counted in page limit.)
See Section 4.1.vi. of HRSA's [SF-424 Application Guide](#) for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 2: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific) (Counted in page limit.)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated. Letters of agreement should include the following information:

- Role of each partner organization in the conduct of the proposed project, and how the expertise and resources of each partner complements those of other partners;
- Evidence that the partners have jointly planned and will jointly conduct the proposed collaborative's activities.

Attachment 3: Project Organizational Chart (Counted in page limit.)

Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*. The project organizational chart is a diagram that shows the structure of the project and the relationship of principal staff and/or departments to each other.

Attachment 4: Tables, Charts, etc. (Counted in page limit.)

To give further details about the proposal (i.e., Logic Model and applicant organization organizational chart). Information about logic models may be found in Section VIII of the FOA.

Attachment 5: Maintenance of Effort Documentation. (Counted in page limit.)

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below;

NON-FEDERAL EXPENDITURES	
FY 2014 (Actual) Actual FY 2014 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: \$ _____	FY 2015 (Estimated) Estimated FY 2015 non-federal funds, including in-kind, designated for activities proposed in this application Amount: \$ _____

Attachment 6: Request for Funding Preference and/or Priority (Counted in page limit.)

To receive a funding preference, include a statement that the applicant is eligible and identify the preference per Section V – Statutory Funding Preferences. The applicant must provide the justification narrative/data for the funding preference in Attachment 6.

Attachment 7: Budget and justification for additional \$100,000 per year for ADRD education and training, if applicable.

Attachment 8: Accreditation Documents

The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required. If a partner organization holds the accreditation for a training program, a letter of agreement should be provided as well.

Attachment 9: Biographical Sketches of Key Personnel (Counted in page limit).

Include biographical sketches for persons occupying the key positions described in Attachment 1. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 10: Other Relevant Documents (Counted in page limit.)

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be signed and dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is *March 5, 2015 at 11:59 P.M. Eastern Time.*

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s [SF-424 Application Guide](#) for additional information.

4. Intergovernmental Review

Geriatric Workforce Enhancement Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA’s [SF-424 Application Guide](#) for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at a maximum of \$750,000 per year. Additional funds of \$100,000 per year may be requested for ADRD education and training. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

Indirect costs under training awards to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment.

Funds under this announcement may not be used for purposes as specified in [SF-424 Application Guide](#), page 33 – 35.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Funding preferences are determined by the objective review committee. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. Applicants for both the Geriatrics Workforce Enhancement Program funds and the optional ADRD project funds must address all criteria. The *Geriatric Workforce Enhancement Program* has six (6) review criteria:

Criterion 1: PURPOSE AND NEED (10 points) – Corresponds to Section IV’s Purpose and Need

The extent to which the application:

- Defines the geographic area and population that will benefit from the proposed activities;
- Provides demographics and health status indicators for the population that demonstrate need;
- Provides demographics of healthcare workers, in comparison to populations to be served;
- Describes the needs of the geriatrics and primary care workforce related to the care of older adults in the proposed geographic area, and how the applicant addresses these needs; and
- Describes the current geriatric and primary care system(s) and the gaps and needs the applicant intends to address.
- **If applying for the optional funds specifically designated for ADRD education and training:** Describes the need for ADRD education and training in the geographic area.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges – all of which correspond to Section IV’s Response to Program Purpose

Criterion 2 (a): METHODOLOGY (15 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (a) Methodology

The quality of and extent to which the proposed project:

- Clearly identifies and addresses the first three program requirements for this announcement, plus the fourth area, if applying for the additional funds to support education and training in ADRD:
 - Developing and implementing integrated geriatrics and primary care health care delivery systems to provide clinical experiences for trainees with the goal of improving comprehensive, coordinated care for older adults;
 - Partnering with, or creating as appropriate, community-based outreach resource centers to address the learning and support needs of older adults, their families and their caregivers, which take into account local needs, available care settings, social resources, and community culture;
 - Providing training to individuals who will provide care to older adults within the context of the focus areas described in the Purpose section of this announcement, which may include patients, families, caregivers, direct care workers, health professions providers, students, residents, fellows, and faculty.
 - **If applying for the optional funds specifically designated for ADRD education and training:** Providing ADRD education and training to families, caregivers, direct care workers and health professions students, faculty, and providers.
- Provides a clear, comprehensive, specific, and achievable set of goals and objectives that are feasible within the time frame of the grant;
- Proposes activities that are innovative for the fields of geriatrics and/or primary care,

- Engages and empowers patients, families, caregivers, direct care workers, and health professions providers, students, residents, fellows, and faculty by providing them with the knowledge and skills to manage the care of older adults;
- Identifies plans that have potential for effectively increasing the diversity of the health workforce for older adults in the identified communities;
- Provides evidence of consistent plan for selecting and supporting trainees that will support the project objectives;
- Is likely to develop healthcare providers who will practice in, and lead integrated geriatrics and primary care systems, and care for older adults; and
- Enhances existing or develops new collaborating partnerships aimed at establishing and supporting training experiences in community-based primary care sites that provide integrated health care for older adults.

Criterion 2 (b): WORK PLAN (10 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (b) Work Plan

The application will be reviewed for the quality of and extent to which the applicant provides a clear, comprehensive, and feasible work plan to achieve the proposed activities. This includes:

- The extent to which the work plan is clear, complete, and comprehensive;
- The feasibility of the proposed activities and timelines;
- The extent to which the timeline includes key actions and steps for each activity;
- The extent to which the work plan clearly describes and justifies the number of individuals that will be trained during each year of the three-year project period, including the level of support and selection process;
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers should consider level of staffing, skill sets proposed, and qualifications of key personnel. Reviewers may also consider positions descriptions planned for recruiting activities of unfilled proposed positions; and
- Provides a logic model that concisely articulates the project 1) resources and inputs, 2) implementation strategies and activities, leading to the 3) desired outputs and outcomes.
- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the two bullets above include the ADRD education and training activities.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV’s Response to Program Purpose Sub-section (c) Resolution of Challenges

The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise:

- Reasonableness and comprehensiveness of the identified challenges, considering the scope of the project, identified partners, and anticipated outcomes; and
- Feasibility of proposed solutions to identified challenges.

- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the two bullets above include the ADRD education and training challenges and resolution of those challenges.

Criterion 3: IMPACT (25 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) – Corresponds to Section IV’s Impact Sub-section (a) Evaluation and Technical Support Capacity

The extent to which the applicant is able to effectively report on the measurable outcomes being requested. Evidence that the evaluative measures will be able to assess: 1) the extent to which the program objectives have been met, and 2) can be attributed to the project. This includes:

- Applicant performance evaluation plan on educational outcomes;
- HRSA’s required performance and Progress measures
- Use of the Plan, Do, Study, Act (PDSA) evaluation strategy or other iterative rapid cycle quality improvement approach and the extent to which the applicant is able to incorporate data collected into program operations to ensure continuous quality improvement;
- Realistic and achievable local, regional, and/or national access, quality, or cost measures (e.g. *Healthy People 2020*, National Quality Forum, and CMS quality indicators) to evaluate the project and the applicant’s ability to meet identified goals;
- The strength and effectiveness of the methods proposed to monitor and evaluate the project results;
- The necessary components (descriptions of the inputs, key processes, variables to be measured, expected outcomes of the funded activities, and how key measures will be reported) and capacity of the organization to collect and manage data in such a way that allows for accurate and timely reporting of performance outcomes; and
- The identified obstacles to the evaluation and the proposed plan to address them.
- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the 7 bullets above include evaluation and technical support capacity for the ADRD education and training activities.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV’s Impact Sub-section (b) Project Sustainability

The extent to which the applicant describes a solid plan for project sustainability after the period of Federal funding ends. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

- The sustainability of the program beyond the Federal funding; and
- The clarity of the sustainability plan; e.g., to specify future sources of income, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the two previous bullets address the sustainability of the ADRD education and training activities.

Criterion 4: ORGANIZATIONAL INFORMATION (15 points) – Corresponds to Section IV’s Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project; this will be evaluated both through your project narrative, as well as your attachments. The extent to which the following are articulated:

- The capabilities of the applicant organization, and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project;
- Evidence that the applicant has the resources to support a diverse health workforce for older adults;
- Evidence of adequate staffing plan for proposed project including the project organizational chart;
- The percentage of time, including in-kind, dedicated to the project by the Project Director;
- Evidence of support and commitment by collaborating partners, e.g., resources and letters of support; and
- Meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including development of the application.
- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the six previous bullets include a description of the applicant’s capacity to provide ADRD education and training activities

Criterion 5: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget Justification Narrative and SF-424 budget forms

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. In addition:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- The extent to which trainee stipends, fellowships, or traineeships are reasonable and supportive of the project objectives.
- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the ADRD education and training budget and budget justification in **Attachment 7** addresses reasonable costs and effort of key personnel to accomplish the ADRD education and training activities.

Criterion 6: INTERDISCIPLINARY/INTERPROFESSIONAL COLLABORATION, EDUCATION, AND TRAINING (10 points) – Corresponds to Section IV’s Interdisciplinary/Interprofessional Collaboration Education and Training

The extent to which the program provides education and training in interdisciplinary/interprofessional teams:

- The extent to which the applicant describes the interprofessional collaboration, education and training of patients, families, direct care workers and health professionals, one of which is medicine;
- The extent to which the applicant describes the intended outcomes of interprofessional collaboration, education and training in patient-centered clinical practice;
- The extent to which the applicant describes the intended outcomes of interprofessional collaboration, education and training on patient health status outcomes;
- The extent to which the applicant describes the extent to which interprofessional practice impacts the improvement of the geriatric workforce and its effect on the target population(s); and
- The extent to which medicine is included as one of the professions represented in all collaboration, education, and training.
- **If applying for the optional funds specifically designated for ADRD education and training:** The extent to which the 5 bullets above address interprofessional ADRD education and training activities.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

In making awards, geographic representation will be taken into consideration. We anticipate funding at least one awardee in each of ten HHS regions. Further information about the HHS regions is located in Section VIII of this announcement.

Statutory Funding Preference

Applicants receiving a preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. Funding preference requests and justification narratives/data should be uploaded as **Attachment 6**. Funding preferences are determined by the objective review committee. Funding preferences are not available to applications that are ranked at or below the 20th percentile of the applicant pool.

Requesting the Substantial Benefit for Rural or Underserved Populations, or to Help Meet Public Health Nursing Needs in State or Local Health Departments Funding Preference

Section 805 of the PHS Act authorizes the Secretary to give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments. Applicants should clearly describe how their project will benefit rural or underserved populations, or help meet the public health nursing needs in their State or local health departments with clear and specific outcome measures in these areas.

Requesting the Medically Underserved Community (MUC) Funding Preference

Section 791 of the PHS Act authorizes the Secretary to give preference to applicants with projects that have a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or fulfills the requirements for “new programs.” (defined below under 3) New Program.

This priority focuses on the number of completers from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

1) High Rate

To qualify under **High Rate** you must demonstrate that the percentage of completers placed in practice settings serving underserved areas or *health disparity populations* for the last two AYs (2012-2013 and 2013-2014) is equal to or greater than 40% for student trainees (i.e. medical and physician assistant students) or equal to or greater than 80% for resident or fellow trainees. If you are applying for a collaborative project that is training both students and residents/fellows, you must meet both targets to receive this preference. To apply you must provide and clearly label in Attachment 6 the **High Rate** calculation and all of the data shown below:

N₂₀₁₂₋₂₀₁₃ – Numerator (2012-2013) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2013.

N₂₀₁₃₋₂₀₁₄ – Numerator (2013-2014) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2014.

D₂₀₁₂₋₂₀₁₃ – Denominator (2012-2013) = the total number of program completers in AY 2013.

D₂₀₁₃₋₂₀₁₄ – Denominator (2013-2014) = the total number of program completers in AY 2014.

To calculate the rate of placement in practice settings, follow the formula below:

$$\text{High Rate} = \frac{\text{N2012-2013} + \text{N2013-2014}}{\text{D2012-2013} + \text{D2013-2014}} \times 100$$

2) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** from AY 2011-2012 to 2013-2014 of 25% in the rate of placing program completers in practice settings serving underserved populations or health disparity populations. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 6.

N2013-2014 – Numerator (2013-2014) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2013-2014.

D2013-2014 – Denominator (2013-2014) = the total number of program completers in AY 2013-2014.

N2011-2012 – Numerator (2011-2012) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2011-2012.

D2011-2012 – Denominator (2011-2012) = the total number of program completers in AY 2011-2012.

To calculate the difference in percentages, please use the formula below:

$$\text{Percentage Point Increase} = ((\text{N2013-2014}/\text{D2013-2014}) - (\text{N2011-2012}/\text{D2011-2012})) \times 100$$

Note: New programs or programs that had no program completers in AY 2012 are not eligible to apply for this component due to the absence of baseline data.

3) New Program

New programs have completed less than three consecutive classes. As a result they lack the required data to apply for the MUC preference through the above pathways. If the training program was closed for at least 3 years, during which time there were no students, graduates, or teaching activities, the applicant may request the MUC Preference via the new program pathway.

To be awarded the MUC Preference as a new program, applicants must clearly state the number of classes that have graduated and meet at least four of the following criteria as determined by the independent review panel.

- The training institution's mission statement includes preparing health professionals to serve underserved populations

- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations
- Substantial clinical training in MUCs is required
- A minimum of 20% of the clinical faculty of the program spend at least 50% of their time providing or supervising care in MUCs
- The entire program or a substantial portion of the program is physically located in a MUC
- Employment assistance is available for graduates entering positions in MUCs
- The program provides a placement mechanism for helping graduates find positions in MUCs

Applying for the MUC Preference as a “New Program”

To apply for the MUC Preference, an applicant must submit the Request and Documentation for Preferences (Attachment 6) and provide a brief narrative entitled “MUC Preference Request” that will:

- Indicate that the preference is requested through the new program pathway
- Describe how their program meets at least four of the seven criteria
- State the year the program was established and include a justification of eligibility if the program was closed for at least 3 years, as described above
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above

A *Medically Underserved Community (MUC)* is a geographic location or population of individuals that is eligible for designation by a state or the federal government as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor’s Certified Shortage Area for Rural Health Clinic purposes. MUC also includes populations eligible to be served by Community Health Centers, Migrant Health Centers, Rural Health Clinics, and health centers serving homeless individuals or residents of public housing.

In addition to the eligible areas and populations listed above, MUC practice settings also may include areas and populations served by Federally Qualified Health Centers, National Health Service Corps sites, freestanding (NHSC), Indian Health Service (IHS) sites, and State or Local Health Departments,

Note: The Longitudinal Evaluation Preference will not be offered. The longitudinal evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions between proposals cannot be made.

Special Considerations

Geographic distribution will be taken into consideration in making awards (See Section VIII for full information). In order to support geographic distribution, some applications may be funded out of the rank order of recommended projects.

The President's budget includes a line item for \$4,000,000 for ADRD education and training. Institutions who wish to apply for an additional award of \$100,000 per year to support these activities must include the request in the application. The ADRD activities should be included in all pertinent sections of the application, and will be evaluated using the criteria specified in *Section V. Application Review Information*. A separate budget and budget justification for these funds must be included as Attachment 7.

Title VIII of the PHS Act authorizes funds to support geriatric education in schools of nursing, health care facilities, programs leading to certification as a certified nurse aide, partnerships of such a school and facility, or partnerships of such a program and facility. \$4,000,000 has been designated for applications that are submitted by these eligible entities. This may lead to some applications being funded out of the rank order of recommended projects.

Please note: Only one application per institution will be funded.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of 07/01/2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The awardee must submit a progress report to HRSA on an **annual** basis. The Bureau of Health Workforce (BHW) will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number [list grant number], [list title for grant] for \$ [specify total award amount]. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.”

2) **Performance Reports.** The awardee must submit a Performance Report to HRSA via the EHBs on a **semi-annual** basis. All BHW grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV’s Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:

Semi Annual Report #1 covers activities between July 1 and December 31 of each year. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30 of each year. The report must be submitted by July 31 of that year.

3) **Final Report.** A final report is due within 90 days after the project period ends. The Final Report must be submitted online by awardees in the Electronic Handbook system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. Every awardee is required to submit a final report at the end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project’s ability to implement the approved plan.
- Summary Information:
 - Project overview.

- Project impact.
- Prospects for continuing the project and/or replicating this project elsewhere.
- Publications produced through this grant activity.
- Changes to the objectives from the initially approved grant.

Further information will be provided in the NoA.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Bruce Holmes, Grant Management Specialist
Attn.: Health Professions Branch
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-0752
Fax: (301) 443-6363
E-mail: bholmes@hrsa.gov

Shelia Burks, Grant Management Specialist
Attn.: Health Professions Branch
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 18-75
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-6452
Fax: (301) 443-5461
E-mail: sburks@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Nina Tumosa, Project Officer
Attn.: Division of Medicine and Dentistry
Parklawn Building, Room 12C-06T
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5626
Fax: (301) 443-1879
E-mail: ntumosa@hrsa.gov

Tamara Zurakowski
Project Officer, Medical Training and Geriatrics Branch
Attn: Division of Medicine and Dentistry
Bureau, HRSA
Parklawn Building, Room 12C-05C
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7762
Fax: (301) 443-1879
E-mail: tzurakowski@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models: Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website:

<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

We have scheduled a number of technical assistance calls for applicants, as follows:

Tuesday, December 16, 2014 from 2:00 PM to 4:00 pm

Wednesday, December 17, 2014 from 12:00 to 4:00 pm

Thursday, December 18, 2014 from 1:00 to 3:00 pm

Call-in Number (Toll Free): 1-800-369-1792

Participant Code: 1463638

Adobe Connect Link: https://hrsa.connectsolutions.com/ta_for_geriatrics_foa/

For replay information (The recording will be available until February 17, 2015)

Call-in number (Toll Free): 1-866-407-9261

Passcode: 2715

In addition, Regional TA sessions are tentatively scheduled for the week of January 5, 2015. For specific information regarding these sessions refer to:

<http://bhw.hrsa.gov/grants/geriatricsalliedhealth/gwep.html>

Further information about Technical Assistance may be found at

<http://bhw.hrsa.gov/grants/geriatricsalliedhealth/gwep.html>

The link will not be active until late December 2014, and information about registering for regional TA sessions will be available at that time.

Regional Information

The geographic breakout of the states, Territories, and jurisdictions included in each of the regions is below:

Region 1: Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2: New York

New Jersey, New York, Puerto Rico, Virgin Islands

Region 3: Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Region 4: Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5: Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6: Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7: Kansas City

Iowa, Kansas, Missouri, Nebraska

Region 8: Denver

Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9: San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Guam

Region 10: Seattle

Alaska, Idaho, Oregon, Washington

Definitions

Program Definitions The following definitions apply to the Geriatrics Workforce Enhancement Program for Fiscal Year 2015.

Accredited: The term “accredited”, when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

Caregiver means a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition. See also “Direct Care Worker”, below.

Certification means a process by which an agency or organization validates, based upon predetermined standards, an individual health provider's qualifications and knowledge for practice in a defined functional or clinical area.

Collaboration means an association of at least two organizations, hospitals, or institutions that have come together to operate a GWEP. The organizations in the collaboration share resources, decision-making, and accountability for designing and implementing the project. One of the collaborating organizations is designated as the applicant organization.

Community-based organization means a public or private nonprofit that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.¹⁴

Continuing Education Program means a formal, post-licensure education program designed to increase knowledge and/or skills of health professionals. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master's certificate or other evidence of completing such a program.

Culturally and Linguistically Appropriate Services means health care services that are respectful of and responsive to cultural and linguistic needs.

Direct Care Worker means an individual employed to provide hands-on support to help people with disabilities, and older adults, to perform everyday activities.

Disadvantaged Background – An individual from a disadvantaged background is defined as someone who comes from an environmentally *or* economically disadvantaged background.

- 1) **Environmentally disadvantaged** means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- 2) **Economically disadvantaged** means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

The Secretary defines a "low income family/household" for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

¹⁴ National Network of Libraries of Medicine definition. Available at: <http://nmlm.gov/sea/funding/cbodef.html>.

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents' family*	Income Level**		
	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$23,340	\$29,160	\$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	\$8,120	\$10,160	\$9,340

* Includes only dependents listed on federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 - 22507

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned “low” rates based on its own enrollment populations. It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.** The most recent annual data available for the last four examples below can be found on your state's Department of Education website under your high school's report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available:
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
 - low percentage of seniors receiving a high school diploma; or
 - low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

Diversity refers to the multiplicity of human differences among groups of people or individuals. Increasing diversity means enhancing an individual's, group's, or organization's cultural competence; in other words, the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions including, but not limited to, sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disabilities, and language.

Enrollee is an individual who is receiving training in a program but has not finished the program during a given award year. Enrollees do not include graduates or program completers for the purposes of this award program.

Faculty are members of the instructional staff employed full-time or part-time or who volunteer and who provide the curriculum to develop the cognitive, psychomotor, and affective skills inherent in practice to a level of professional competency and, in graduate education, the development of research capability. This includes all faculty of Title VII and Title VIII projects, including those who participate on an "as needed" basis.

Faculty Development are activities and/or programs designed to improve the faculty's ability to teach the integration of geriatrics into primary care. Activities may take the form of episodic educational offerings, such as workshops or seminars, or an intensive retraining program. A retraining program is a 1-year program in geriatrics that must include a minimum of 200 hours of didactic and clinical experience. A stipend may be paid to the faculty participating in the one-year faculty retraining program. See also "Retraining Program".

Fellowship program means a 2-year, interprofessional, organized training effort sponsored by an eligible applicant that is designed to provide training in integrating clinical geriatrics into primary care and geriatrics/primary care education for healthcare professionals who have completed a graduate education program in their discipline, and now seek to develop specialized knowledge and skill in the care of older adults. The fellowship program goal is to prepare the learner for interprofessional practice, and certification, in one or more specialties related to the care of older adults in primary care settings as well as junior faculty members in a school of health professions. Fellowship programs must include learners from at least three healthcare professions. Fellows may be awarded stipends at a rate to be determined by the applicant organization.

Full-Time Junior Faculty means a full time faculty who holds an appointment of Instructor, Clinical Instructor, Assistant Professor, and other junior appointments. An appointment with tenure is not considered junior faculty. An associate professor is also not a junior faculty appointment.

Full-time Student/Trainee: means a student/trainee who is enrolled on a full-time basis as defined by the institution.

Graduate is an individual who has successfully completed all educational requirements for a specified academic program of study or has met all the eligibility requirements for full certification/degree in a designated health profession.

Graduate Education Program or Training is a program administered by an institution of higher learning, leading to a master's or higher degree.

Health Care Facility (HCF) means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a state or local department of health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary.

Health Professional is an individual who has received an associate degree, a bachelor's degree, a master's degree, a doctoral degree, or post-baccalaureate training in a field relating to health care, and who shares in the responsibility for the delivery of health care services or related service.

Health Professional Shortage Areas (HPSAs) are areas, population groups, or facilities designated by the Secretary as a HPSA, based on the ratio of available providers to the number of people in the area, or to a population group, or to the number of those served by the facility. There are primary care, dental and mental health HPSAs. See <http://bhpr.hrsa.gov/shortage/hpsas/index.html> for additional information.

Individuals mean patients, lay and family caregivers, direct care workers, and health professions students, faculty, and practitioners.

Interprofessional Education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.¹⁵ For the purposes of this program, medicine must be one of the professions included in the interprofessional education activities.

Interprofessional collaboration improves coordination, communication and, ultimately, the quality and safety of patient care. It utilizes both the individual and collective skills and experience of team members, allowing them to function more effectively and deliver a higher level of services than each would working alone.¹⁶ For the purposes of this program, medicine must be one of the professions included.

Interprofessional practice means two or more professions working together as a team with a common purpose, commitment and mutual respect.¹⁷ For the purposes of this program, medicine must be one of the professions included in the interprofessional practice.

Interprofessional team means a group of three or more healthcare professionals, direct care workers, caregivers, patients and families who work together to meet the needs of a patient population. Work is divided based on the scope of practice of the included professions,

¹⁵ http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf?ua=1.

¹⁶ <http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/09/what-can-be-done-to-encourage-more-interprofessional-collaborati.html>

¹⁷ Freeth, D., Hammick, M., Reeves, S., Koppel, I., & Barr, H. (2005). *Effective interprofessional education: Development, delivery, and evaluation*. Oxford: Blackwell Publishing.

information is shared, the work of each team member is supported, and processes and interventions are coordinated to provide services and programs to meet the patient's goals.¹⁸ For the purposes of this program, medicine must be one of the professions included in the interprofessional team. (See also "Team Based Care", below).

Junior faculty development award: means the support of junior faculty who wish to become outstanding clinician-educator with excellent clinical practice skills in integrating geriatrics into primary care and a strong foundation in education theory and practice. The award should support such activities as will build a firm foundation for a lifetime of leadership in integrating education and clinical practice.

Long Term Services and Supports means the services and supports used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications¹⁹.

National of the United States means a citizen of the United States or a person who, though not a citizen of the United States, owes permanent allegiance to the United States, as defined in [section 101\(a\)\(22\) of the Immigration and Nationality Act](#) (8 U.S.C. 110 (a)(22))

Older Adults means a population with health care conditions and needs that differ significantly from those of younger people, which are often complicated by the physical, behavioral or mental, and social changes associated with aging. This would include all persons over 65, but may include slightly younger people who are subject to similar physical and/or mental conditions.

Part-time Student means an individual enrolled in health professions education program, carrying less than the full-time credit load in a term, as defined by the institution.

Primary care means health care that may be initiated by the patient or the provider, or both, in a variety of settings, and which consists of a broad range of personal health care services including promotion and maintenance of health, prevention of illness and disability, basic care during acute and chronic phases of illness, guidance and counseling of individuals and families, and referral to other health care providers and community resources when appropriate. In providing the services (a) the physical, emotional, social, and economic status of the patient is considered in the context of his or her cultural and environmental background, including the family and community, and (b) the patient is provided timely access to the health care system.

Project Director means an individual designated by the recipient and approved by the Secretary to direct the project being supported.

Registered Nurse means a person who has graduated from a school of nursing and is licensed to practice as a registered or professional nurse in a state.

¹⁸ *Interprofessional collaborative teams*. (2012). Canadian Health Services Research Foundation. Available http://www.cfhi-fcass.ca/Libraries/Commissioned_Research_Reports/Virani-Interprofessional-EN.sflb.ashx.

¹⁹ Woodcock CH. *Long-Term Services and Supports: Challenges and Opportunities for States in Difficult Budget times*. Washington, DC: National Governors Association.

Retraining Program means a 1-year faculty retraining program in geriatrics. The faculty retraining program must be for a minimum of 200 hours completed over one year. A stipend of \$500 per day, prorated if the activity is less than 8 hours, may be paid to the faculty participating in the one-year faculty retraining program.

Rural describes all counties that are not part of a Metropolitan Statistical Area (MSA). Please see http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html for further explanation.

School of Allied Health means a public or nonprofit private college, junior college, or university or hospital-based educational entity that-

- (A) provides, or can provide, programs of education to enable individuals to become allied health professionals or to provide additional training for allied health professionals;
- (B) provides training for not less than a total of twenty persons in the allied health curricula (except that this subparagraph shall not apply to any hospital-based educational entity);
- (C) includes or is affiliated with a teaching hospital; and
- (D) is accredited by a recognized body or bodies approved for such purposes by the Secretary of Education, or which provides to the Secretary satisfactory assurance by such accrediting body or bodies that reasonable progress is being made toward accreditation.

School of Dentistry means an accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of dentistry or an equivalent degree.

School of Medicine means an accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of medicine.

School of Nursing means an accredited collegiate, associate degree, or diploma school of nursing as defined in Section 801(2) of the PHS Act.

School of Osteopathic Medicine means an accredited public or nonprofit private school in a State that provides training leading to a degree of doctor of osteopathy.

School of Pharmacy means an accredited public or nonprofit private school in a State that provides training leading to a bachelor of science degree in pharmacy or a degree of doctor of pharmacy or an equivalent degree.

School of Psychology means an accredited graduate program in a public or nonprofit private institution in a State that provides training leading to a doctoral degree in clinical psychology or an equivalent degree.

School of Social Work means an accredited graduate program in a public or nonprofit private institution in a State that provides training leading to a graduate degree in social work.

Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

Stipend A payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual's living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee.

Team-based care is delivered by intentionally created work groups of at least three types of health providers, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient, group of patients, their families, and/or communities to improve health outcomes. Characteristics of team-based care include: respect for diversity of skills and knowledge of team members, an open environment in which to raise concerns and make suggestions, an emphasis on comprehensive patient care and quality improvement, and team member willingness to take on additional roles and responsibilities.

Trainees are individuals who are enrollees and/or graduates/program completers. In a given training program, the total number of trainees will equal the total number of enrollees plus the total number of graduates or program completers. The trainees are all individuals receiving education in a given program during a given award year.

Traineeship: Funds for tuition, books, fees, and reasonable living expenses that are awarded by the applicant to individuals. For the GWEP, traineeships are limited to individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, geropsychiatric nursing or other nursing areas that specialize in the care of the elderly population.

Underrepresented minority - an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program the term "racial and ethnic minority group" means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term "Hispanic" means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's [*SF-424 Application Guide*](#).

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: <http://bhpr.hrsa.gov/grants/technicalassistance/index.html>