

(1) CULTURAL COMPETENCY TRAINING OF HEALTH CARE PROVIDERS, WITH AN EMPHASIS ON COMMUNITY-BASED PROVIDERS; AND

(2) HEALTH OUTCOMES AND COMMUNITY-BASED MODELS FOR TARGETING HEALTH OUTCOMES AS DETERMINED BY TRACKING INDICATORS RELATING TO THE SPECIFIC HEALTH CARE NEEDS OF THE POPULATIONS IN THE AREAS DESCRIBED IN SUBSECTION (D) OF THIS SECTION.

(C) AT LEAST TWO OF THE FOLLOWING INDICATORS SHALL BE TRACKED IN THE PILOT PROGRAM SHALL INCLUDE:

(1) IMPROVEMENT IN BODY MASS INDEX AND HEMOGLOBIN A1C LEVELS FOR INDIVIDUALS WITH DIABETES;

(2) IMPROVEMENT IN BLOOD PRESSURE, HYPERTENSION, AND CHOLESTEROL LEVELS FOR INDIVIDUALS WITH CARDIAC DISEASE; ~~AND~~

(3) INCREASED CANCER SCREENING FOR PROSTATE, ~~BREAST, AND CERVICAL~~ CANCER;

(4) INCREASED CANCER SCREENING FOR BREAST CANCER; OR

(5) INCREASED CANCER SCREENING FOR CERVICAL CANCER.

(D) THE PILOT PROGRAM SHALL BE IMPLEMENTED IN A STATE-BASED COMMUNITY TEACHING HOSPITAL SYSTEM THAT:

(1) ELECTS TO IMPLEMENT THE PILOT PROGRAM;

~~(2)~~ (2) IS NOT A SUBSIDIARY OF A SYSTEM THAT OPERATES AN ACADEMIC MEDICAL INSTITUTION;

~~(3)~~ (3) SERVES A MEDICALLY UNDERSERVED AREA, A HEALTH PROFESSIONAL SHORTAGE AREA, AND A MEDICALLY UNDERSERVED POPULATION, AS DESIGNATED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES;

~~(4)~~ (4) OPERATES AN ACCREDITED MEDICAL RESIDENCY TRAINING PROGRAM IN AT LEAST FOUR DISCIPLINES AND ENROLLS NO FEWER THAN 100 STUDENTS;

~~(5)~~ (5) ENGAGES IN FORMAL RELATIONSHIPS WITH HEALTH CARE PROFESSIONAL AND ALLIED HEALTH TRAINING PROGRAMS;

~~(6)~~ (6) IS ENGAGED IN A FORMAL RELATIONSHIP WITH COMMUNITY-BASED ENTITIES THAT HAVE DEMONSTRATED CULTURAL COMPETENCY; ~~AND~~

~~(7)~~ (7) DEMONSTRATES THE CAPACITY TO SEEK A PUBLIC-PRIVATE PARTNERSHIP AND FUNDING TO IMPLEMENT THE PILOT PROGRAM; ~~AND~~

(8) AGREES TO COLLECT OUTCOME MEASURES ON THE INDICATORS TRACKED IN THE PILOT PROGRAM TO COMPARE THE HEALTH STATUS OF INDIVIDUALS ON ENTRY INTO THE PROGRAM AND ON COMPLETION OF THE PROGRAM.