

MINUTES
Annual Presidents' Meeting
Council for Allied Health in North Carolina
The Friday Center
May 5, 2004

Dr. Thomas Bacon welcomed participants and guests to the annual Presidents' Meeting. After those attending introduced themselves, the Council approved the March 3 minutes.

Bacon then introduced Dr. Edward Baker, Director NC Institute for Public Health, who presented *Public Health Preparedness: A Systems Approach*.

Baker said all public health practice, and public health preparedness, is basically a local process. "Public health is what all of us do to practice prevention in communities to ensure that people are healthy," he said.

Terrorist activity is something that most people think will happen somewhere else and, so, preparations for such activity should be made "somewhere else," Baker said. But, he said, systems for responding to a terrorist attack are the same systems used to handle events such as a natural disaster or a disease outbreak. Baker noted that in the past, little public attention was given to the public health infrastructure. But, that changed after the 9-11 terrorist attacks. After those events, articles appeared in the media, including the Wall Street Journal, on public health infrastructure.

A large amount of funding is being invested in bioterrorism preparedness, Baker said. That investment also enhances healthcare workers' ability to serve public health in other ways daily. The most important aspect of the public health infrastructure is the workforce, Baker said.

Baker also discussed the development of and importance of information systems such as the Health Alert Network. The idea is to connect up people not typically in public health, he explained.

The North Carolina Center for Public Health Preparedness provides training, much of which is free, a website, and staff to help meet training needs, Baker said. The center provides face-to-face programs and online courses. Efforts are underway to get continuing education credits for all the training courses, he said. Also, the School of Public Health is creating "mini-master's programs" as core concepts in public health. As an example, a competency certificate will be available in field epidemiology.

It is important for professionals in all areas to get to know each other before an emergency happens, Baker said. A good way to do that, he said, is through practice. And, one way to ensure preparedness for an act of terrorism is to use the needed skills in events such as natural disasters. There will always be hurricanes, disease outbreaks, public health emergencies, and public health emergencies other than terror or which healthcare workers and facilities need to be prepared, he said.

Kathy Heilig asked how to prepare people and make them understand the constantly evolving need to learn and prepare. She also asked how attention might be brought back to the pharmaceutical companies' "gearing down" of antibiotic production at a time when the potential need for such drugs is great.

Baker said there are national initiatives to work with pharmaceutical companies and to look for ways to "incentivize" drug development. But, he added, there are numerous liabilities and impediments to pharmacy companies. Regarding how to encourage clinicians to learn about things relating to low-probability events, Baker said he does not have a good answer. A better approach, he said, is to create the notion of a set of preparedness competencies in which some of the same elements of learning are integral elements. People in emergency rooms or on the front lines are more likely think about things such as anthrax, he said.

Responding to a comment from David Wysocki about preparedness of groups with disabilities, Baker said simulations might be helpful. A challenge for people with leadership roles is to make

the unapparent apparent, he said. The “What do we do about it” follows the “Oh-that-could-happen piece,” Baker said. “Someone once said that funding follows fear... Legislators do react to things that are of real concern to people. But it has to be real (and) have some personal feeling to it.”

Baker provided information on the NC Center for Public Health Preparedness and the Public Health Workforce Development System. (HYPERLINK "<http://www.sph.unc.edu/nccphp/wfds.htm>"<http://www.sph.unc.edu/nccphp/wfds.htm>)

Related Information

Kathy Heilig and Karen Luken said they have access to information on emergency preparedness for persons with disabilities. That information is provided in an addendum to these minutes.

PRESIDENTS' PRESENTATIONS

NC Speech Hearing Language Association Wane Foster, President

NCSHLA recently held its 50th annual convention in Asheville with three of its charter members, Foster said. The association has nearly 1,500 active members.

Foster referred to the “danger of the digital age,” explaining that the association has committees that had met via email, but that the members had never seen each other. Such interaction “damages, a bit, what is the essence of these associations,” which is the person-to-person network, he said. So, NCSHLA is working to remain modern, but not lose the personal interaction.

A major issue for NCSHLA during the next two years is examining its licensure law in North Carolina, Foster said. Cochlear implants, swallowing issues, and other matters are not addressed under the current licensure law. Foster said he applauds NCSHLA’s relationship with the Department of Public Instruction. Guidelines for the relationship were recently renewed. Another important issue for the association is third party pay and Medicare and Medicaid. Foster said NCSHLA’s relationship with its allied health peers, especially occupational therapy and physical therapy, are very strong and that members of the professions have been meeting as a group to address the issue. NCSHLA is very strong and growing, he said.

NC Academy of Physician Assistants Joshua Smith, Representative

The Academy has experienced great changes during the past year, Smith said. As a result of 30 to 40 years of efforts, the Journal of Physician Assistants ranked North Carolina as the number-one state in which to practice. And, the group received the Constituent Chapter Award from students as well as the Public Education Award from the American Academy of Physician Assistants for publicizing the physician assistant profession.

New laws impacting the profession include one granting physician assistants (PAs) to sign do-not-resuscitate orders, Smith said. Another law provides that physician assistants will no longer be required to have physicians’ co-signatures, helping PAs to become more competitive.

Smith also provided information on the development of the Eugene Stead Center, a facility that will promote PA history and research and which will house the association’s staff. Land has been purchased in Research Triangle Park and an architect is working on the building design. The Stead Center will be a center for PAs from across the country, he said. Smith explained that Dr. Eugene Stead is a strong supporter of PAs and has been integral in the center’s development.

The Academy has about 1,300 members – about 50 percent of all PAs practicing in North Carolina – and is trying to increase its membership to about 70 percent the state’s PAs, Smith said.

NC Recreation Therapy Association
Leslie Murray, President

The NC Recreation Therapy Association is planning a “day on the hill” for August, Murray said. The event will be an opportunity for recreational therapists to meet with legislators and educate them about recreation therapy. She said the association’s past presidents recently met with current board members and developed a strategic plan. The group’s goals include working on increasing student involvement, increasing and maintaining membership numbers (current membership is 250 professionals and students), and educating administrators and other professionals about recreation therapy.

In other matters, Murray said recreation therapy is a covered service under Medicaid and Medicare. Also, the group held its annual conference in October and celebrated 15 years as an association. This year’s annual conference will be October 11-12 in Durham.

NC Physical Therapy Association
Eileen Watkins, President

During the past year, the NCPTA held a “rally on the hill” in Washington, DC, Watkins said. The group set up meetings with nearly every representative in the House and Senate to discuss the allied health 1500 cap. The group wants to “obliterate that,” she said, adding that there has been success for OT, PT, and Speech. A state rally on the hill is planned for this year. And, the group has established Internet and networking capability with its PAC and association.

A national bill for direct access is in the works, Watkins said. If passed, the bill will allow physical therapists to practice without physician referral. Such a bill exists in North Carolina.

Watkins also reported that

The NCPTA has worked diligently on Medicaid changes in North Carolina, remaining active with lobbyists and representative.

The NCPTA has had an increase in membership and job capabilities.

The president of the national association is from North Carolina.

Elizabeth Rogers, the Founders’ Lecturer in 2004, is from North Carolina.

NC Society of Medical Assistants
Marge Ottogy, Representative

The NC Society of Medical Assistants now has 28 chapters with nearly 2,000 members, Ottogy said. This year the group will host the national convention for medical assistants, October 22 – 26, with an expected attendance of nearly 1,000 members from across U.S. Ottogy is serving as co-chair of the convention and Ruth Durham is serving as chair. Elaine Norman is NCMA president.

A major concern is maintaining the ability to do the job that medical assistants are supposed to do, Ottogy said. The society’s director, an attorney, is working to be sure that legislation does not limit medical assistants’ scope of practice, she said. Another concern is tort reform, Ottogy added. Also, Medicaid and Medicare cutbacks have affected medical assistants. Physician employers are affected by cutbacks and by the skyrocketing costs of malpractice insurance. This affects the medical assistants they hire, she explained.

NC Society of Radiologic Technologists
Frances Apple, Representative

Members of a technical panel and advisory group that had participated in the Radiologic Science Workforce Report joined together to form a Radiologic Science Workforce Committee, Apple said. The group’s statement of purpose is “to increase and improve communications and collaborate among employers, educators, practitioners, and other key stakeholders in the development of regional, educational, and workforce planning,” Apple said “We felt we had

learned one of the things lacking in the organization was communication between stakeholders ... that we could not work in a vacuum.” The group felt the statement of purpose would give guidance toward a more unified workforce. The committee recommended dividing the state into six districts. Each district will consist of nine members including human resources, workforce development, the community college, AHEC, radiology managers, radiographers, and others. The goals will be bringing together key radiologic science stakeholders and to monitor salaries, workforce needs, and other issues. Apple said the efforts are a way to take the information obtained through the Sheps Center and put it to work.

In another matter, Apple said the NCSRT recently held its annual meeting and the board of directors voted to pursue licensure for radiologic science professionals in North Carolina using the national (ASRT) model. This would require state minimum standards of education for all who practice in the radiologic science profession. It would mirror the National Care Bill. It has been reported that the Federal CARE bill has 100 co-signers from the House of Representatives and six from the Senate,

she said.

**NC Occupational Therapy Association
Cherie Conroy-Harman, President**

Ms. Conroy-Harman expressed appreciation to the Council for its support and feedback to the allied health professions. She said the NCOTA continues to provide continuing education and advocacy for its membership. At its fall conference, the membership decided to form a political action committee (PAC). Several volunteers became PAC members. She said collaboration efforts are underway with Physical Therapy and Speech, making the professions more powerful as a group.

In another matter, Conroy-Harmon said the association has appointed board members to a task force charged with studying the profession’s current licensure act. The licensure act has not been examined in several years and there is a need to bring it up to date so it reflects current practice, she said. Conroy-Harmon said she would welcome an opportunity to present a draft of the revised act to the Council for feedback and comment.

**NC Dental Hygiene Association
Martha Taylor, Immediate Past President, Representative**

Taylor said she and other representatives had met with their counterparts in the NC Dental Society, but were not able to glean support on certain issues. An important issue in dentistry is access to care, or the lack thereof, she said. She explained that in North Carolina, dental hygienists can practice only when a dentist is in the office. The only exception is in public health. Taylor said her group is interested in pursuing efforts toward allowing dental hygienists to practice in nursing homes and other settings where there is a definite need. Another issue of interest is that dental hygienists be allowed to administer anesthesia.

Taylor said the profession is having difficulty finding qualified teachers as many instructors are reaching retirement age. She added that many graduates of dental hygiene programs are having difficulty finding fulltime jobs. In a related matter, Taylor noted that the dental hygienist representative on the NC State Board of Examiners does not have full voting powers, making it difficult to get dental hygiene issues passed by the board.

Bacon said the Council has been careful not to get involved with political fights in the past, but noted that North Carolina is the 3rd worst state in the country in terms of dentist-to-population ratio, which speaks to some of the issues Taylor mentioned.

**NC Society of Respiratory Care
June Beck, President**

The NC Society of Respiratory care now has 1,100 members, marking a 30 percent increase in membership in the last year, Beck said. North Carolina now has 3,500 licensed respiratory care practitioners, but the profession is still dealing with shortage of personnel, she said. And, nationally shortages continue to be an issue.

On the national level, respiratory care professionals “are inching our way to having CPT codes,” Beck ?? from Raleigh was chosen to represent respiratory care to that group. ?? We have also contacted on a national level Medicare CMS ?? and are trying to make sure on elderly care that it includes respiratory care medications. She also referred to HR 2905 to provide home care patients access to respiratory care professionals.

On the state level, society representatives were included in a bill that places respiratory care professionals to educate caregivers in home care situations. House Bill 1257 provides the tools needed patient care is provided at home. ???

Also, the licensing board brought about legislation resulting in the ability to give fines for violations. All respiratory care providers are required to have background checks as part of their licensure, Beck reported.

NC Chapter of the Society for Social Work Leadership in Health Care Larry Peterson, President

The Society for Social Work Leadership in Health Care is in transition, Peterson said. The group started as a part of the American Hospital Association but as hospitals moved to “product and service lines,” there was a tendency for social work directors to lose their positions or to be moved to different roles in hospitals, resulting in fewer social work directors. Because the number of Society members was reduced by these changes, the organization had to redefine itself, focusing on the leadership potential of all social workers, Peterson said. At the national level, the organization recently added the American Network of Home Health Social Workers.

Peterson said about 350 people attended the society’s recent national conference. Major issues facing the society include Medicaid and Medicare changes, access to care, and questions about the new drug benefit. The state chapter will have an education session on such matters in September.

Nationally, the society has separated administratively from the American Hospital Association, but maintains an affiliation with the organization, Peterson said. He added that the society usually has two or three educational sessions per year and places emphasis on social work leadership, although it is reaching out to social workers everywhere. The group’s December conference focused on social workers’ role in providing support for stress reactions among staff, patients, and families in large emergency incidents, Peterson said.

NC Society of Histopathology Technologists Delorise Williams, President

Histologists prepare sections of animal and human tissues for microscopic examination for diagnosis of diseases and for research, Williams explained. She said about two-third of the society’s members work in clinical areas and about one-third are in research. The society’s membership has increased to about 137, she said.

Histotechnicians and histotechnologists are by the certified by the American Society for Clinical Pathology (ASCP). Licensure is not required, Williams said. She said the ASCP now requires an associate degree or at least 16 hours from an accredited college or university and one year of full-time acceptable experience under a certified pathologist. After this year, in order to maintain certification, one must obtain at least 26 hours of continuing education credits every three years, she said. Williams said Forsythe Community College will have a histopathology program in 2005 and that Alamance Community College has expressed an interest in offering a program. Currently, there is no such program in North Carolina and only seven or eight in the United

States, she said.

**NC Association of Blood Bankers
Rebecca Bullock, Past President**

Education and continuing education are among the association's primary goals, Bullock said. She reviewed problems and changes in blood collection and in infectious disease testing. Testing is now done for the West Nile Virus, Bullock said, noting that in 2002, 44 states reported 4,200 cases of the virus. This is affecting the way blood is collected during the summer because it is necessary to defer people who have any symptoms of the virus, she said.

The North Carolina association is one of the few state blood banker organizations in country, Bullock said. The association is healthy, holds annual meetings, and provides a lot of continuing education. But, she added, the profession is facing a number of challenges including a shortage of trained staff because some training programs have been lost and professionals are aging and retiring. Also, the cost of blood has increased and there has been an increased in the number of independent blood centers, Bullock explained.

Bullock added that as Council Representative for Group 3, she is excited about the newest study with the Sheps Center and is hopeful that some good and useful information will be obtained.

**NC Ultrasound Society
Sergio Khomyak, President**

The Ultrasound Society is dedicated to promoting technical development, Khomyak said. The society has more than 500 members and is the largest state ultrasound society in the country. The group recently held its 23rd annual symposium. A primary goal is providing continuing education primarily for ultrasound technologists.

Khomyak discussed issues facing the profession including the problem of staff shortages, particularly in the area of diagnostic medical sonography. And, he said, more than half the schools training people in the field are not accredited and are lowering standards for people coming into their programs. New technology has resulted in the ability to move studies across networks, but has also brought about new issues including conforming to HIPPA compliance and data interpretation problems, Khomyak said.

The society faces the challenge of increasing its membership of 500 members, Khomyak said, adding that North Carolina has more than 1,500 registered technologists. A goal is to increase public awareness of the "fly-by-night" operations of non-registered technologists and substandard equipment that is sometimes used because of the portability of ultrasound equipment, he said.

**Clinical Laboratory Management Association - Blue Ridge Chapter
Carolyn Taylor, President**

Taylor said she is pleased with the current Sheps Center study and added that she was pleased by the Clinical Connection meeting in March, which included a number of clinical laboratory organizations.

**NC Professional Association booklet
David Yoder**

Yoder explained that the Council's NC Professional Association booklet, provided to the Council and presidents, is a "work in progress." He noted that an introduction and additional resources will be added to the booklet prior to its final printing. The booklet will be provided to state legislators to serve as an information piece about the Council, associations, and more than 1800 allied health professionals it represents, he said. Corrections and changes to the booklet should be sent to Vivian Lail-Davis as soon as possible because once printed, the booklet will be used for a year, Yoder said. In a related matter, Yoder said the Council is looking into expanding its

membership and including other allied health groups in the next year.

Task Force on Articulation
Jim Sadler

Sadler reviewed the work of the Task Force on Articulation and reported that the group agreed to begin articulation efforts with radiologic science on which a report had recently been completed. He explained that few allied health programs in the UNC system have a 1-to-1 correspondence with a community college program. In some areas, such as respiratory care, there are no such programs and for many areas there is no real correspondence between community college programs and a UNC program into which a person might move.

A March videoconference was the result of a proposal by the UNC-CH Division of Radiologic Science for a collaborative or joint degree program whereby radiologic science programs would be established at other institutions, Sadler said. Following that conference, the UNC Office of the President made a \$10,000 grant to the Division of Radiologic Science for work on a planning study of how to implement such a program. Joy Renner, division director, and her colleagues working on that task. Sadler added that during the videoconference Dean Sylvia Flack noted that Winston-Salem State University is planning to develop a radiologic science baccalaureate. He said he has not yet received the proposal.

Sadler said it will be necessary to get information on existing bilateral agreements between community colleges and UNC programs. He has found few bilateral agreements with allied health programs in the community colleges. The matter is one that will need further study, Sadler said. He proposed that during the summer a survey be made to gather information on:

- Community college allied health degree programs

- The extent to which the programs' students make the transition to baccalaureate programs

- Baccalaureate programs students enter

- Problems the students encounter during the transition process

- The extent to which community college faculty will need to obtain baccalaureate or master's degrees.

A report on findings will be made to the Council in September, Sadler said.

Task Force on Professional Membership
Karen Luken

The Task Force on Professional Membership has looked at professions meeting the definition of allied health and having a North Carolina presence, but that are not currently on the Council, Luken said. After the task force identified appropriate professions, a letter inquiring about their interest in joining the Council was drafted. Responses to those letters will be presented to the Executive Council and then to the Council, she said. The professions to which letters are being sent are: art therapy, certified athletic trainers, dental laboratory technologists, emergency services, massage therapy, music therapy, surgical technologists, and possibly electroneurodiagnostic technologists. Luken noted that it will be important for the Council to re-examine the six-group structure, depending on the professions' responses.

Yoder asked that anyone with concerns or questions about the professions selected contact Luken. Luken added that contact and website information for the groups will be made available. (See addendum)

Data Task Force
Alan Brown

The Data Committee has recently conducted in-depth studies on physical therapy, speech, health information management, and radiologic science, Brown said. In last year, the committee decided move away from in-depth studies to more generalized allied health studies. Therefore, Brown said, the State of Allied Health Report is the committee's current project, headed primarily

by Susan Dyson.

State of Allied Health in NC Workforce Study Susan Dyson

Dyson said the current studies are on two disciplines, clinical laboratory sciences and respiratory care, covering three professions: respiratory therapists, medical technologists and medical lab technicians. Educational data were collected from the NC Community College and UNC Systems as well as from individual programs, which will provide information about the capacity of programs in state, where open enrollment spaces are, and problems with attrition. Additionally, Rebecca Livengood (a graduate assistant) has been collecting information from newspapers across the state to track job vacancies for nine selected allied health professions. For 12 weeks, job want ads were tracked to collect data on employment setting, practice locations, sign-on bonuses (which may be an indicator of severe shortages), etc. The newspapers cover the state (1 per AHEC region) and the positions being tracked are respiratory therapist, medical technologist, medical lab technician, nuclear medicine technologist, dental hygienist, pharmacy technician, speech therapist, occupational therapist and physician assistant.

Dyson said licensure data has been obtained from the North Carolina Respiratory Care Board. There has been some difficulty in obtaining comprehensive data on the lab professionals, which will alter the scope of the study.

Dyson said the goal is for the reports to be completed in June or July, adding that she is seeking reviewers from the specific professions for the report and welcomes recommendations.

Luken asked whether government agencies are permitted use newspapers to post position vacancies. Dyson believed there have been a few listings, but she would find out and let Luken know the answer. *[Follow-up: there were a handful of government advertised positions – they were either in county or federal government agencies]* Hospitals and private practices advertise job listings most frequently, she said, though some large hospitals do not advertise in the Sunday papers. Of the nine professions being tracked, occupational therapists, respiratory therapists and the clinical lab positions had the highest number of ads, she said. Livengood will be working with the database further and may track for a similar period in the Fall 2004.

Linda Watson noted that many hospitals use advertisements to drive potential applicants to their websites. Ned Fowler added that many organizations use the Internet for recruiting. Bacon suggested that there might be ways to tweak the information-gathering process, including possibly looking at websites.

Legislative Activity Pat Porter

The NC General Assembly session beginning May 10 probably will not be a long session because this is an election year, Porter said. She noted that redistricting continues to be a matter of importance and suggested that Council members and guests check to find out whether their representation has been affected by redistricting, “because the person who represented you in past may not be the person who can represent you now.”

Porter reminded the Council that information on non-standing interim committees is available through the General Assembly website. Most have developed interim studies that are available in booklet form on the website. One can get information on the blue-ribbon committee on Medicaid reform, as an example. Many committees yield reports that will call for specific legislation to address some of their findings, Porter said. As an example, the long-term care committee will be looking at changes in corporate designations.

Porter said there is little doubt that attention will be given to the “No Child Left Behind” issue. Legislators feel the program includes too many unfunded regulations from the federal government and that the interim committee probably will make some recommendations for the program.

In other matters, Porter reported that:

The NC Society of Radiologic Technologists is planning to go forward with a licensure bill.

In Congress, the Allied Health Reinvestments Act of 2004, an important bill for allied health, is being introduced to the House.

A link for bill inquiries is available at HYPERLINK "<http://thomas.loc.gov/>"<http://thomas.loc.gov/>. Typing "allied health" will result in a listing of all bills with "allied health" in them. Porter suggested reading

about the Allied Health Reinvestments Act and expressing support for it to the appropriate congressmen.

Recognitions

Bacon recognized two people who are leaving the Council. Algie Gatewood has accepted a position as president of a community college in Portland, Oregon. Susan Dyson is moving with her family to Seattle.

Activities of the Executive Director

David Yoder

The number of activities and the workload in the Council office has continued to increase, Yoder reported. He said he has been invited to represent the Council at a number of outside committees, taskforces, and other activities including several state association meetings. Yoder said he has had the opportunity to meet with some lobbyists and that he and Bacon met with Representative Joe Tolson. As efforts to seek permanent funding for the Council continue and as there is an increase in workforce activity, the Council is moving toward a stronger position, Yoder said. He noted that since January, the Council's website has had 7,200 hits with an average about 1,500 hits per month, including a number of hits from foreign countries. The Council adjourned and joined association presidents for lunch. Presidents and their representatives met following the main Council meeting.

In Attendance

Members, Staff and Consultants:

Thomas Bacon, Chair; Director, NC Area Health Education
Judi Ashbaugh, Dept. Health & Human Services, Office of Research, Demo, & Rural Health Dev.
Alan Brown, Data Committee Chair; NC AHEC Program
Rebecca Bullock, Allied Health Professional Rep. Group 3; NC Association of Blood Bankers
Bill Croft – Allied Health Professional Rep, Group 4, NC Society for Respiratory Care
Susan Dyson, Cecil G. Sheps Center for Health
Ned Fowler, Community College Allied Health Programs Rep., Asheville-Buncombe Technical Community College
Erin Fraher, Cecil G. Sheps Center for Health
Kathy Heilig, Vice Chair, NC Hospital Association
Algie Gatewood, NC State Education Assistance Authority
Diane Groff, Allied Health Professional Rep. Group 1
Rees Jenkins, Immediate Past Council Chair
Edith Lang, NC Community College System
Karen Luken, Treasurer, NC Office on Disability and Health
Carolyn Mayo NC Health Careers Access Program
Brock Murray, NC Department of Public Instruction
Patricia Porter, Government Liaison
Elizabeth Rogers, Independent Colleges & Universities Rep.

James Sadler, UNC Systems Representative; UNC General Administration
Martha S. Taylor, Allied Health Prof. Rep, NC Dental Hygiene Association
Vickie Whitaker, Dept. of Health & Human Services
David Wysocki, Allied Health Professional Rep, Group 2
David Yoder, Executive Director

Professional Association Presidents and Representatives:

Frances Apple, NC Society of Radiologic Technologists
June Beck, NC Society of Respiratory Care
Rebecca Bullock (Past President), NC Association of Blood Bankers
Cherie Conroy-Harman, NC Occupational Therapy Association
Linda Horton, NC Hospital Association
Wayne Foster, NC Speech, Hearing and Language Association
David G. Grenache , American Association for Clinical Chemistry
Sergio Khomyak, NC Ultrasound Society
Leslie Murray, NC Recreation Therapy Association
Marge Ottofy (Representative), NC Society of Medical Assistants
Larry Peterson, NC Society of Social Work Leadership in Healthcare
Joshua Smith (Representative), NC Academy of Physician Assistants
Carolyn Taylor, Clinical Laboratory Management Association - Blue Ridge Chapter
Martha Taylor (Past President, Representative) NC Dental Hygiene Association
Eileen Watkins, NC Physical Therapy Association
Delorise Williams NC Society of Histopathology Technologists

Guests:

Diana Burton, Wake Medical Center
Art Eccleston, NC Div. Mental Health, Developmental Disabilities & Substance Abuse Services
Katie Gaul, Cecil G. Sheps Center for Health
Page Michie, Carolinas Healthcare System
Robert Thorpe, Associate Professor, Past Associate Chair, Allied Health Sciences
Robert Weaver, Mountain AHEC

Addendum:

Emergency preparedness

Regarding emergency preparedness for people with disabilities, Luken and Heilig provided this source after the meeting:

HYPERLINK "<http://www.cdihp.org/evacuationpdf.htm>"<http://www.cdihp.org/evacuationpdf.htm>

Emergency Evacuation Preparedness: Taking Responsibility for Your Safety. A guide for people with disabilities and other activity limitations. 2002 June Isaacson Kailes. Center for Disability Issues and the Health Professions.