

The Council for Allied Health in North Carolina
September 4, 2002
9:30AM – 12:30AM
Office of the President, Board Room 1

Attendees:

Tom Bacon, Council Chair, NC AHEC
David Wysocki, NC Occupational Therapy Assn.
Alan Brown, NC AHEC Program
David Yoder, Council Executive Director
Andrea Catenaro, Assistant to Executive Director
Carolyn Cusic, NC Assn. For Home Care & Hospice

Guests:

Susan Dyson, Sheps Center
Debbie Durham, Forsyth Tech
Algie Gatewood, NC State Education Assistance Authority
Natalie Edwards, Eastern AHEC
Kathy Heilig, NC Hospital Association
Larry Freeman
Elizabeth Isler, NC Community College System
Libby Haile, Greensboro AHEC
Rees Jenkins, Former Council Chair
Shannon Harris, UNC OT Student
Karen Luken, Allied Health Prof. Rep.
Linda Horton, NC Hospital Association
Lee McLean, Chair, UNC Dept. of Allied Health Sciences
David Lewis, NC Academy of Physician Assistants
Brenda Mitchell, UNC Dept. of Allied Health Sciences
Debbie Ramey, Eastern AHEC
Marge Ottofy, Allied Health Prof. Rep.
Nancy Simpson, Northwest AHEC
Patricia Porter, Dept. of Health & Human Services
Carolyn Taylor, CLMA, Blue Ridge Chapter
Robert Weaver, Charlotte AHEC
Martha S. Taylor, NC Dental Hygiene Assn. President-Elect
Vickie Whitaker, Dept. of Health & Human Services
Terita Williams, UNC Dept. of Allied Health Sciences

I. Welcome and Introductions

Andrea Catenaro, Assistant to the Executive Director
Guests were introduced (see above)

II. Approval of May 1 Council Meetings

Corrections:

Section IX: Kathy Heilig did presentation of American Hospital Association
Section VII: Dr. Benson & Dr. Isler did presentation – State Board of Community Colleges, UNC's BOG, and the Department of Public Instruction all participated
May 1's minutes approved as amended

III. Comments: Alan Mabe, UNC Vice President for Academic Planning

July 11 Allied Health Meeting with Board of Governors

Dr. Bacon pointed out that this meeting marked the first time that the BOG focused on allied health issues since the early 1990's.

Dr. Mabe felt that 7/11's meeting with the BOG went well, and that healthcare issues are now on every agenda of the BOG.

In Dentistry, East Carolina is developing more residencies for dentists by expanding facilities to hold 20-25 residents, and increasing dentistry faculty. UNC Chapel Hill wants to increase enrollment by 6-25, and is looking at clinical sites in the west and east.

In Pharmacy, there is a new joint program between UNC Chapel Hill and Elizabeth City State University.

The BOG set a goal to have 50% of medical student residents to be in primary care. This was achieved, but now there is a shortage of specialists.

In Allied Health: AHEC is proposing raising funds to upgrade ill-equipped clinical sites in rural areas.

The Duke Endowment funds workforce studies, but they get out-of-date quickly. There are so many areas of allied health, that one area could be overlooked if we're not attentive.

AHEC has submitted a request in the biennial budget to fund an ongoing workforce survey of all disciplines to assist with staying current with the allied health workforce.

In Nursing: Reports have suggested that shortages arise in the workplace; AHEC proposes to focus on the workplace to make it more attractive and to retain staff members. There are plenty of registered nurses, but shortages are still reported across the state in various regions where there are small rural hospitals.

Dr. Isler asked how the BOG was addressing the shortage of dentists in rural areas.

Dr. Mabe: Rotating residencies is a possible solution - Increase number of residents at UNC, but have them do residencies in rural areas – 25 residents to spread around will have an impact in those areas.

Dr. Bacon: UNC plans to increase dental school enrollment. Rotations in rural communities were never required in the past, but were elective. The current plan is to develop additional training sites in rural areas in which to place students.

Medicaid reimbursement is also an issue. Forty-three counties in NC have dentists that do not accept Medicaid. Some of these counties are clustered together so that some people have to travel 75-80 miles to see a Medicaid-accepting dentist. Others simply do without dental care. Many of these counties are in the east and northwest.

Dr. Mabe said that currently there are 79 students enrolled in UNC Dentistry. UNC wants to increase that number to 105.

Dr. Bacon touched on the idea of expanded programs in dental hygiene, which are not available in NC. Such programs could have a great impact in underserved areas. The role of Dr. Mabe's office is to put together better data to assist in the development process.

Dr. Bacon also talked about faculty vacancies in allied health. It is difficult to mobilize programs with low faculty numbers. The council could look into ways to stimulate faculty growth. Debbie Durham mentioned that current faculty members Radiologic Technology are aging out and will reach retirement age in 3-5 years.

Dr. Mabe explained that with small allied health programs, some courses are difficult to offer because of low enrollment. He suggested the possibility of a consortium, which would move courses online, and students from allied health programs in numerous colleges across the state could enroll for a unified fee. Dr. McLean said this had been done with SLP among 5 campuses with success.

Dr. Bacon requested that Dr. Isler give a presentation on “Current and future plans for health programs in the Community College System” at the November 6 meeting.

IV. Council Business

Announcements:

Dr. Isler has been appointed to the Executive Committee as Member-at-Large.

Dr. Benson has left her VP position at UNC, and is now Dean of the School of Education at Winston-Salem State. No replacement for her position has been reported as of yet. It was requested that President Broad appoint a replacement.

Next meeting: November 6, 2002.

November 3-9 is National Allied Health Professions Week

Dr. Porter will work with Dr. Yoder to get a Proclamation recognizing Allied Health Week from Governor Easley.

The Council’s next meeting is during the week of Allied Health Professions Week; we will try to get someone to speak at the meeting related to that topic.

Dr. Yoder requested that everyone, within their associations, tries to get media recognition during that week.

Presentation of Council Service Certificates:

Dr. Donna Benson

Dr. Darlene Sekerak

Ms. Carolyn Taylor

Ms. Debbie Durham

Discussion & Action:

Dr. Yoder’s presentation (PowerPoint handout): While discussing the future resources for funding with lobbyists, the recommendation was made by them that the Council should establish an advisory board. The Council membership would remain as is; the advisory board would have the role of “marketing the council” and would have representatives from the General Assembly, higher education at the level of the BOG, State Superintendent of Schools, Community College Governing Board, business, advocates, Council representatives (Dr. Bacon, Member-at-Large, Executive Director), and AHEC representative, and others as recommended.

The Executive Committee had a positive reaction to this idea, and is seeking the Council’s reaction.

Funds from our grant expire in 3 years; an advisory board could hopefully help get permanent funding for the on going business of the Council.

Comments/Suggestions

Several members requested clarification on roles of members on both the Council and the Advisory Board. There was concern over duplicating board and Council members roles.

Suggestions for board members included educational reps that are on the administrative level rather than professional who could advise on seeking financial support, media representatives, and decision-makers. Potential educational representatives include Martin Lancaster for community colleges, a Board of Governors member with knowledge of health issues for UNC (e.g. Souza, Wilson), and someone from the School of Public Health.

A concern was raised over ensuring that the Advisory Board acts in the best interest of the Council. When Board members are appointed, the mission and goals of the Council will be made clear. The Board will exist solely for the benefit of the Council; they will not be an independent body. Their purpose is to advise and guide the Council somewhat in the role of marketing the Council to the constituencies from which they come.

A consensus was reached that an Advisory Board would be helpful. The Council must determine the roles of the Board, which would help in determining who to appoint. It was recommended that Dr. Yoder bring to the Council in writing a rationale for the constitution and roles of an Advisory Board for further discussion at the November meeting.

Rx: Name change from Council for Allied Health in NC to Center for Allied Health Professions (for later decision) Power Point presentation and DRAFT of a Center's role was distributed for discussion.

Dr. Yoder discussed how lobbyists also recommended a name change. A Center is seen as a stable entity, like an institute. A council is seen as a collection of people. A decision will not be made immediately; instead the Council is to think about pros and cons of a possible change.

Carolyn Taylor suggested that "NC" remain part of the name.

Dr. McLean thought that the name being reminiscent of NC Center for Nursing could have negative connotations. Dr. Bacon agreed that this could be an important issue when seeking legislative support. Dr. McLean suggested considering other words like "association" and "institute." Dropping "Professions" from the title would shorten it and would encompass allied health services as well.

Karen Luken said that "council" implies more of a voluntary effort; Center could be perceived more as "creating something."

Dr. Bacon explained that lobbyists say "Center" sounds more permanent, and this would be helpful in getting permanent funding. We need an entity to get direct funding, instead of getting funding through AHEC, which subcontracts to the Department of Allied Health Sciences and the Sheps Center.

Becoming a "center" would lead us to apply for 501 C3 status, and future independence.

Dr. Isler suggested that UNC be removed from point 5 on the draft handout so that all educational institutions are included.

Council members are to give the name change some thought, and bring ideas to November's meeting, where a decision may be made. Also send feedback to the Executive Committee for discussion at their October meeting. Dr. Yoder will write up a rationale for the change.

Council becoming Coalition 2001 member

Karen Luken provided background: Coalition 2001 is dedicated to ensuring adequate resources to help people with disability/substance abuse needs. Instead of groups concerned with health and human services competing against one another, they work together. Membership is open to groups with statewide representation and concern for related issues. Each area has sub coalitions, which focus on policy issues, budget and legislation. The large coalition approaches the General Assembly to get funding. There is a lot of discussion on legislative action, and this helps to understand what goes on in the legislature. This could be beneficial for the Council as we look to the state level for funding. The Council fits membership criteria. Limited membership dues are \$100/year. Involving the Council in this organization would increase our exposure.

Dr. Porter expressed concern over joining Coalition 2001. The Coalition 2001 may seek funding for issues in which the Council has no interest. Diverse and conflicting policy issues could be problematic. She suggested not joining now, but instead having the Executive Director attend meetings and report back to the Council on the advisability of joining.

Rees Jenkins thought the Council needed to take a risk, as it is not well known. The exposure will help us in the long run, and we can deal with conflicts as they arise.

Dr. McLean disagreed with both Jenkins and Luken. She foresaw that there might be philosophical conflicts with some member organizations. Joining the Coalition could confuse the message as to who the Council is. Proposed having Dr. Yoder attend some Coalition meetings to learn more about them.

Dr. Bacon suggested writing some guidelines for how to decide which coalitions to join or decline membership. Proposed sending Dr. Yoder to Coalition meetings for 3-6 months and to present recommendation to Council.

Rees Jenkins suggested inviting the coalition to do a presentation at a future Council meeting.

V. Reports

Data Committee Report – Brown & Dyson

Mr. Brown reported that the Data Committee met several times over the summer, and is about to embark on its 4th workforce study. The committee has decided to stay its course with the current workforce model through the Radiation Science study, and then discuss the possibility of changing the model. The RadSci representative is Frances Apple, and the report will hopefully be done in March, 2003.

Health Information Management (HIM) report update: The final draft has been sent out to panel members for final reviews and corrections. The release date is planned for late September or early October.

Ms. Dyson suggested doing more marketing to increase awareness of the HIM report. There is a shortage of credentialed and qualified people in HIM. The workforce is currently not diverse, but the students in affiliated programs are. Susan will bring feedback on the report to November's meeting.

Mr. Brown expressed concern over previous reports, and what has happened to them. A

follow-up committee including representatives from all previous workforce studies (Dr. Sekerak, Dr. Mayo, Ms. Apple and Ms. Hunt) will meet on 9/9 to propose guidelines for future follow-ups.

Dr. Bacon announced that Sheps Center has finished a pharmacy workforce study; contact Susan Dyson, Alan Brown or Dr. Bacon for a copy. The report illustrated a shortage of people filling prescriptions as well as an increase in demand for pharmacists. Ms. Dyson reported that the report recommended long and short-term solutions. Long-term solutions include opening new pharmacy schools and programs. Short-term solutions are increasing utilization of pharmacy technicians, and getting them to practice in rural area, where demand is greatest.

Dr. Bacon also pointed out that NC appears to be well served by pharmacists, but many of them work in the pharmaceutical industry and in research, not actually distributing prescriptions.

2. NCHA Allied Health Data – Heilig Ms. Heilig did a PowerPoint presentation which showcased a lot of information on vacancy rates in allied health professions, among others, which will be published on the website at a later date. This report is not yet ready for public release.

There was a 72% response rate to this Hospital based workforce survey. It was sent directly to the Human Resources departments of the hospitals but administrators were informed to make sure HR filled them out. Mail and phone follow-ups were also done. The response distribution among districts and hospital sizes was diverse.

Dr. Isler pointed out that the report showed higher vacancy rates in areas with few or no college programs, a demonstrated connection between hospitals and community colleges.

Dr. Bacon described a new consortium in Area L, which has full enrollment. This should have an impact on vacancy rates in that AHEC area.

Dr. Yoder requested permission to put this information on the Council website as soon as it can be made public for the Council members and other interested persons to study it more closely. Ms. Heilig will make it available soon.

3. State Budget Impact on AH & Assistive Technology Consortium – Patricia Porter

Website for General Assembly: HYPERLINK "http://www.ncga.state.nc.us" <http://www.ncga.state.nc.us>. The site has information on the current budget, membership, elections, redistricting, and a real-time audio program of the Appropriations Room, Finance Room, House and Senate.

The effects of redistricting cannot be underestimated. You may not be able to vote for the person you chose during the last election for General Assembly. Use the website to find out who your representative is and if they share your interests; the Primary is 9/10.

The budget: As of today, NC is \$1.9B in debt. The General Assembly must make big budget cuts if they don't come to an agreement on additional resources. Major issues include the lottery, ending tax loopholes for big business, half-cent sales tax, tobacco tax and the liquor/beer tax. No one is likely to put forward proposals for more money until after the primaries. Until a new budget is approved, we will continue to use the old one. Bad news regarding current reductions proposal includes reducing rates for long term care

(House), reducing contracts in long term care (Senate); cutting positions in community colleges; cutting staff from psychiatric hospitals; ending outreach programs at mental retardation facilities (mostly AH positions); 3-5% rate reductions for personal care services or reduction from 80 to 60 hrs/month; reducing reimbursement for ambulatory care; \$7.7M reduction in case management; decrease of funds to office of minority health in the Division of Public Health. The House and Senate have not reached an agreement on these proposed cuts, and there has been a lot of arguing regarding the potential impact. These disagreements must be resolved.

The reduction in tax loopholes, tobacco tax and the half-cent sales tax are moving forward as the quickest. There is no talk about increasing income tax for higher brackets this term because they want money quickly. Latest information indicates that a referendum for a lottery may be included in the final budget bill.

Dr. Bacon said that cuts will happen, but not as severely as once thought, 8-10% likely. NC Assistive Technology Consortium handout – information on equipment lending program, survey information. Website: HYPERLINK "http://www.pat.org" <http://www.pat.org>. Dr. Yoder pointed out that assistive technology is useful for older people, as well as people with disabilities, and is important in rural communities.

Activity of Exec Dir – Yoder

The new Council brochure will be sent out to members when it is completed.

The Executive Committee has requested that the Exec. Director write a set of Council Guidelines to assist us with the ongoing business of the Council. These are in process and Robert Thorpe, Carolyn Taylor, Pat Porter, Rees Jenkins and Alan Brown have provided feedback. Following discussion by the Executive Committee they will be posted on the Council Web page for Council members to read and study for discussion purposes at the November 6 meeting.

National Allied Health Professions Week will occur during our November meeting. We will post suggestions to commemorate this week on the web page.

Handouts at the meeting include updated Presidents List and Membership Roster, which can also be found on the Council Web page. The Presidents groups have been renumbered 1-6, to make them easier to identify and refer to.

V. Round Robin

Kathy Heilig: NCHA is doing educational programs in disaster training for top-level hospital management. Training takes place over one week in September, made possible due to collaboration with grants on public health.

Vickie Whitaker: setting up regional labs at 3 sites which will handle environmental samples and do educational work

NC Dental Society, Dental Hygiene Society, Community College system collaborated on initiative regarding licensure, which is supported by the Governor.

David Lewis: Duke Medical Center has started its resident program for Physician Assistants with class size of 6.

VI. Other

Larry Freeman, Linda Horton and Nancy Simpson introduced.

Adjourned at 12:45pm