

## SOUTHERN NC COMMUNITY FORUM ON GROWING THE HEALTH WORKFORCE

Robeson Community College, NC

June 10, 2011

### Meeting Summary

**Challenge:** Despite the most recent economic downturn, the healthcare industry still experienced job growth and was one of only a handful of industries to do so. According to the North Carolina Health Professions Data System, from 1999-2009 there was a 3 percent growth in North Carolina jobs and 46 percent were healthcare jobs. Because health service jobs are less vulnerable to outsourcing and economic recession, job growth in this sector is likely to continue, driven by demographic changes, population growth and insurance expansion.

**Purpose:** Bring new groups of stakeholders together to work collaboratively to identify new solutions to address workforce and economic challenges as it relates to the Southern NC healthcare workforce.

**Attendees:** Esther Adam-Samura, North Carolina Community Health Center Association; Dorothy Bement, Sandhills Community College; LaTasha Bennett, North Carolina Community Health Center Association; Greg Cummings, Robeson County Economic Development; Peggy Davis, Employment Security Commission of NC/Sampson County, Joblink; Alisa Debnam, Council for Allied Health of North Carolina; Deborah Farmer, Womack Army Medical Center; Betty Galloway, Employment Security Commission; Gail Gane, Robeson Community College; Jackie Haliburton, Rockingham LO; Rebecca Howell, UNC-Pembroke Biotechnology Center; Jocelyn Hunt, Lumbee Regional Development Association, Inc.; Mitzi Johnson, Fayetteville Technical Community College; Randal Johnson, Southeastern Office, North Carolina Biotechnology Center; Ulva Little, Hoke County Health Center; Rob Locklear, Lumbee Regional Development Association, Inc.; Chip Lucas, Cumberland County Schools; Karen Mantzouris, Southern Regional Area Health Education Center; James McManus; T. Cary McSwain, Moore County Government; Kim McVicker, Robeson Community College; Tim Moore, BRAC RTF; Jenell Morris, Sandhills Community College; Robert Poage, UNC Pembroke; Michael Roberts, Robeson Community College; Teresa Sessoms, FirstHealth of the Carolinas; Vickie Smith, Bladen County Dept. of Social Services; Veronica Stevens, Sampson Community College; Amy Vega, Southern Regional Area Health Education Center; Melody Velazquez, Hoke County Health Center; Walter Weeks, Town of Coats; Durham White, Jr., Southeastern Regional Medical Center. **IEI Staff:** Justin Bright, Patrick Cronin, Sarah Langer

**Why health workforce?** An overview of the state's healthcare challenges and opportunities was shared, as well as 2011 health workforce data from the North Carolina Health Professions Data System, administered by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

**Assets:** In 2007, Southern Regional Area Health Education Center (SRAHEC) received a one-year planning grant to convene the Southern NC Allied Health Regional Skills Partnership (SNCAHRSP). They then received a two-year implementation grant that expires June 30 2011. As a result of this work, the SNCAHRSP established a Doctor of Physical Therapy program at UNC Pembroke (that has been delayed due to funding). Consortium agreements between several community colleges have helped to expand the Physical Therapy Assistant degree program, and students are more likely to complete this program with partnership-sponsored student supports. They have also created a career ladder model program, Physical Therapy Aide, which is being implemented in three hospitals.

The SNCAHRSP has established the Hospital Inpatient Coding Specialist Certificate program and implemented partnership-sponsored trainings for career advancement coding jobs. They have also created Cumberland County high school/community college dual enrollment students taking Medical Coding Specialist certificate program to increase retention/graduation rates. SNCAHRSP is also working to increase medical lab technicians and occupational therapy assistants. There is also an increasing need for behavioral health specialists and dieticians.

In addition, the region boasts many healthcare assets, including the UNC Pembroke (UNCP) RISE program that prepares UNCP students to be the research scientists of the future and supports and enhances an atmosphere conducive to undergraduate research in the sciences. The Community College BioNetwork is also housed in this region. There are also Career and Technical Education Programs at local high schools with innovative, evidence-based programs such as Project Lead the Way. There are several Community Colleges and Private Colleges that offer healthcare programs, including new programs at Campbell University. There is also growth within several hospital systems, including Harnett Health and Cape Fear Valley, a new mobile health unit and a satellite campus from the ECU Dental School.

There are also strong assets for biotechnology in the region, including state research farms and the military. The region's ability to grow tobacco could aide in H1N1 vaccine production. NC Biotech has developed a career pathways with NC Department of Public Instruction, in which high school, community college and 4-year degree programs are outlined.

**Barriers:** Panelists began the discussion on barriers to growing the health workforce from the perspectives of the education pipeline and delivery of care human resources. Participants then contributed to this conversation. We learned that there is a lot of opportunity to harness the interest of students in science, technology, engineering and math (STEM). There are gaps in student preparation, including literacy and soft skills. Lack of clinical sites for students is a barrier due to professional and student ratios, what constitutes a clinical site, and barriers to when and with whom students work (e.g., speech therapists cannot work on adults). There is also a need to keep nursing skills current while graduates wait for jobs. Faculty recruitment and retention is a challenge both at the community college and high school level, as well as a lack of incentives for graduates to come back to practice in a rural area.

The overarching barriers identified by participants include:

1. Student preparation and attraction
2. Recruitment and retention
3. Lack of Clinical Sites

The table on the following page outlines these strategies for each of these barriers.

**Next steps:** The state level strategies from all four community forums (Western NC, Southern NC, Northeastern NC, Charlotte Region) will be fed into a Working Group that will be convened this fall. Working Group members, consisting of representation from each Community Forum, will explore and analyze these strategies for consideration in a statewide policy agenda to grow the healthcare workforce in North Carolina. If you are interested in serving on the Working Group, please contact Sarah Langer at [sarah\\_langer@ncsu.edu](mailto:sarah_langer@ncsu.edu) or (919)-513-2800.

It is our hope that there is renewed commitment among participants and other stakeholders to further explore advancing the local strategies to grow the health workforce. Please stay in touch and let us know if there is movement in any of these strategies, or efforts to grow the healthcare workforce in the region that stemmed from this Community Forum. We can share this information with others and highlight your successes and lessons learned.

**Strategies:** After identifying barriers, participants worked collaboratively to identify strategies to overcome these barriers. **L**=Local, **S**=State, **N**=National

<b>Student Preparation and Attraction</b>
• Engage volunteers from the fields of science and other disciplines to come present the work they do to public school students. This might be well received the week after end of grade testing. <b>L, S</b>
• Develop a database that connects STEM field volunteers to teachers. <b>L, S</b>
• 9 <sup>th</sup> grade science teachers and career developers in public school systems can actively engage students. <b>S</b>
• Assign honors status to high school related CTE courses. <b>S</b>
• Stronger preparation in mathematical physics and math in general. <b>L, S</b>
• Establish career camps. <b>L</b>
• Explore modular education that focuses on competencies and not courses, and builds upon competencies that lead to professional degrees. <b>L, S</b>
• Explore grants, such as those targeted towards minority and economically disadvantaged communities to fund student preparation programs. <b>L</b>
• Engage healthcare employers in understanding why they might not hire graduates (i.e., what is missing in the transition to practice?)- <b>L</b>
• Better linkage of educational degrees to needed credentials. - <b>L</b>
<b>Recruitment and Retention</b>
• Address the disparity in pay and market the attitudes and abilities of the people in the region as well as the lower cost of living. <b>L</b>
• Development of training sites in rural areas that can become preceptorships and have placement fairs. <b>L</b>
• Recruit through student organizations, social networking and facebook. <b>L</b>
• Redefine the image of the community college as a viable educational option. <b>L, S</b>
• Educate Guidance Counselors to teach value of all health careers, and begin as early as middle school. <b>L, S</b>
• Increase incentives (benefits, quality of life issues, perks, opportunities to teach, CEUs and other supports that prevent burnout). <b>L</b>
• Get workers/professional involved and invested in the community. <b>L</b>
• Expand tuition reimbursement in rural areas to include allied health professions. <b>S, N</b>
• Explore targets and marketing strategies for high school and community college faculty positions (maybe retirees). <b>L</b>
<b>Lack of Clinical Placement Sites</b>
• Policy change for instructor/student ratios. <b>S</b> or <b>N</b>
• Policy change for guidelines for acceptable clinical placements, including contract companies. <b>S</b> or <b>N</b>
• Engage professional associations in this discussion. <b>S</b>
• Student housing, transportation and other student supports for long distance clinical. <b>L, S, N</b>
• Explore full optimization of allied health professional skills similar to what was done by NCIOM with other health care professions.- <b>S</b>