

WESTERN NC COMMUNITY FORUM ON GROWING THE HEALTH WORKFORCE

Lake Junaluska, NC

May 19, 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 Western NC healthcare workforce.

Attendees: Lauren Abe, Mission Hospital; Annemarie Anglim, Appalachian State University; Lora Bartlett, McDowell Technical Community College; Anne Castro, My Health-e-Schools; Earlene Clark, Genova Diagnostics, Inc., Beth Cook, Southwestern Commission; Alisa Debnam, Council for Allied Health of NC; Susan Fowler, Tri-County Community College; Ned Fowler, AB Tech; David Gardner, UNC Asheville; Jessica Graning, Western Carolina University; Kathleen Hearl, Tri-County Community College; Dolly Horton, AB Tech; Marie Huff, Western Carolina University; Linda Knippa, Isothermal Planning and Development Commission, Region C Workforce Development Board; Julie Lawhorn, Care Share Health Alliance; Lourdes Lourenz, Mission Hospital; Karen Lunnen, Western Carolina University; Carla Morgan, Jackson County Health Department; Steve North, Center for Rural Health Innovation; Danna Park, Mission Hospital; Paul Vest, YMCA; Rosalyn Wasserman, MAHEC; Jennifer Wehe, Community Care of Western NC; and Sheryl Young, Mayland Community College.

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, Advantage West received a one-year planning grant to convene an Allied Health Regional Skills Partnership. The Mountain Area Health Education Center (MAHEC) led the effort to address challenges in this area. As a result of this work, the Partnership developed affiliation and articulation agreement templates. The former agreement is between the community colleges and university and employers (for clinical experience) and the former between community colleges and universities to allow for career ladders. The *Regionally Increasing Baccalaureate Nurses (RIBN)* program between AB Technical Community College and Western Carolina University is one example of seamless collaboration between 2 year and 4-year degree programs.

In addition, the region boasts many healthcare assets, including patient demand for integrative care and complementary and alternative medicine (CAM), unique plant bio-diversity, the Bent Creek Institute which is working on access to safe botanical wellness options, and diverse educational opportunities, including community colleges and universities, herbal schools, the Daoist Traditions College of Chinese Medical Arts, UNC Medical School, UNC Pharmacy and the UNC Asheville Center for Health and Wellness, to name a few.

Barriers: Panelists began the discussion on barriers to growing the health workforce from the perspectives of delivery of care, education pipeline and a specific industry (diagnostics). Participants then contributed to this conversation. We learned that the funding formula for education does not come close to covering costs for administering health programs, which would make tuition cost prohibitive; Community Colleges cannot compete with clinical salaries for faculty positions; there is a limited number of clinical sites to meet student demand; some clinical sites do not take students with criminal backgrounds; some displaced workers and high school graduates take more time to get prepared for these programs; regulations vary by state for some professions making it difficult to train staff who work nationally; and not all health workers live a healthy lifestyle, making it challenging to perform job functions and influence patients. The overarching barriers identified by participants include:

1. Cost to start new educational programs.
2. **Wellness and prevention***
3. Scope of practice
4. Lack of and affiliation agreements with clinical sites
5. **Student preparedness for educational programs***
6. Career ladders
7. **Faculty recruitment and retention***
8. **Collaboration***

**Strategies were identified for these barriers.*

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

Wellness and prevention
<ul style="list-style-type: none"> • Work collaboratively with Mission Hospital, AB Tech, UNC Asheville and others to develop a healthcare coaching certification-L • Develop a plan to integrate personal wellness and self-care education for healthcare providers-L • Incorporate health and wellness into the new curriculum as Western Carolina University moves from an MS to a Doctorate of Physical Therapy -L • Find the balance between the need for healthcare workers to treat a sick population and creating preventative health care workers; plus training of existing health care providers in wellness-S • Dedicate a finite amount of state funds that invest in healthcare education programs-S • Cost savings for primary care practitioners who limit high-tech tests, decrease hospital stays and referrals to specialists-N
Student preparedness for educational programs
<ul style="list-style-type: none"> • Provide high school students with externships in different health fields-L • Replicate preparatory education programs like the "On Course" at AB Tech, which help mitigate the victim mentality and prepare the workforce-L • Offer placement testing to see students' existing knowledge before placing them in a curriculum-S • Create a pipeline for students early on that includes service learning at the University System level-S
Faculty recruitment and retention
<ul style="list-style-type: none"> • Find additional funding for faculty salaries-S • Educate students about teaching opportunities. For example: Teaching fellows program for health that requires participants to teach for at least x years, and offers loan forgiveness to those that participate-L S. • Offer students the option to add an additional year on to their curriculum for a teaching fellowship-S • Provide incentives to recruit and retain faculty, including research and publication opportunities, conferences, and other opportunities to learn and interact-L

<ul style="list-style-type: none"> • Build a stronger sense of community to motivate more individuals to become teachers- L
<p>Collaboration</p>
<ul style="list-style-type: none"> • Improve communication and streamline processes for enrollment eligibility, screening for students (e.g., standardization of what triggers background check). Need one point of contact for students- L
<ul style="list-style-type: none"> • Expanded and institutionalized collaboration between higher education and healthcare system. Work to identify specific needs (e.g. a particular class) and match resources- L
<ul style="list-style-type: none"> • Creative partnerships with hospitals and consider sharing staff/faculty, as hospitals can pay higher salary-colleges cannot compete for the same people as instructors- L
<ul style="list-style-type: none"> • Streamline regulations from state and other regulatory bodies (e.g., certifications, accreditations, standards)- S
<ul style="list-style-type: none"> • Develop strategy and approach to meet needs for expensive training requirements for nursing assistants (typically low-wage jobs). For example, they pay \$600 for course and more for physicals required by employers- S

Next steps: The state level strategies from all four community forums (Western NC, Southern NC, Northeastern NC, Charlotte-Mecklenburg) 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 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.