

*Council Minutes*  
*The Council of Allied Health in North Carolina*  
*Friday Center, Sunflower Room*  
*Wednesday, May 2, 2007; 9:30 am – 12:30 pm*

- I. **Welcome and Introductions** – Kathy Heilig, Chair
  - A. Heilig welcomes members and guests. All members and guests introduce themselves.
  
- II. **Approval of March 7<sup>th</sup> Council minutes** - A motion was made and seconded to approve the March 7<sup>th</sup>, 2007 Council minutes. A voice vote was taken. The minutes were approved by voice vote.
  
- III. Presentations:
  - A. “2007 Allied Health Job Vacancy Tracking Report” – Erin Fraher, Director, NC Health Professions Data System, Sheps Center, and Phillip Summers, Graduate Research Assistant (Presentation is available on the Council’s website: [www.alliedhealthcouncilnc.org](http://www.alliedhealthcouncilnc.org).)
    1. Fraher highly recommends that everyone read the *State of the North Carolina Economy Workforce Report: An Assessment of the State’s Labor Force Demand and Supply 2007-2017*. This report was published in January 2007 by the Commission on Workforce Development of the Department of Commerce. The report can be found at [www.nccommerce.com](http://www.nccommerce.com). This report does an amazing job describing the dramatic transformation of the NC economy and the changing demographics of the state. Both of these are two really important trends for the NC allied health workforce.
    2. Important points:
      - a. Within the rapidly growing health care sector, it is the allied health jobs that are driving that growth. Between 1999 and 2005, overall employment in North Carolina was stagnant, while growth in health care jobs grew by 20% while growth in allied health jobs grew by 46%.
      - b. Even though there is a great variation in salaries across allied health jobs, the average wages of allied health jobs are slightly above the average of all occupations in NC.
      - c. Data from the Bureau of Labor Statistics looking at percentage change in growth of jobs between 2002 and 2012, show that 8 out of 10 of the fastest growing occupations are in allied health. Evaluating the present rate of growth of the fastest of these occupations – medical assistants – it is actually growing at double the projected rate. Therefore, we can ask if these are jobs where dislocated workers may find employment. At the same time, there are great opportunities for the NC Community College system to increase enrollment in many counties of the state where there are programs to train these workers.
      - d. Allied health definition – definition is by exclusion of what is *not* allied health
      - e. Discussion of April 2007 Allied Health Job Vacancy Tracking Report
        - the data in this report should be considered a barometer of demand and not a precise measurement
        - discussed methodology and limitations of methodology
        - vacancies collected by professions chosen by members of the Council
        - interpretation of vacancy index – adjusts raw vacancy numbers to size of pool of applicants. For every 100 open positions, there are “x” open positions where x = vacancy index
      - f. Allied Health Sector Strategy Initiative out of the Governor’s office and the Department of Commerce – goal is to identify within the state those regions and professions that are facing shortages, and encourage industry (employer)-led partnerships between educators, industry, professionals to address these shortages.

This will be the focus of the June 15<sup>th</sup> Symposium on “The Impact of Health Care and the Allied Health Workforce on North Carolina’s Economy” at the Friday Center. Register at [www.gahec.org/courses](http://www.gahec.org/courses); there is no registration fee.

g. Questions

Are there plans to attract legislators and policy makers to the June 15<sup>th</sup> Symposium? Yes; “save the date” cards and invitations are being sent out. In addition, Pat Porter (our legislative liaison) will have suggestions on how to contact legislators to make them aware of the Council’s needs and of the Symposium

Relative to manufacturing jobs, the allied health professions are increasing dramatically. Do you have some idea when an asymptote will be reached? Fraher believes that in the short run, the curve will not flatten out because of the demographics of the aging population. However, changes in reimbursement structure or other similar changes, could affect the demand for allied health jobs.

Does the shortage in one group of providers stimulate growth in another area? Is this the case for medical assistants? Is it that they are cheaper and not regulated? A recent paper proposes that the nursing shortage is pulling nurses into the in-patient setting and as this happens it creates openings in physician offices for medical assistants. Medical assistants have flexible roles in both front and back room duties: they have filled a niche in the market to handle both the increase in paperwork at physician’s offices and routine patient tasks.

According to data from the professional association, respiratory therapists should have a higher vacancy number and a higher vacancy index. Bill Croft points out that when licensing became required, 5,000 respiratory therapists were licensed and now the count is 3,400. Even after counting the current graduating class, the vacancy numbers will remain static because of retirements of present workforce. At times the swap between new and retired therapists is less than even. This is not reflected in the data of the present vacancy report. Possibilities: not an in-depth analysis of individual profession accounting for aging of workforce and looking at movement in and out of workforce; this could be sector depending. Kathy Heilig points out that the NC Commerce report mentioned above supports the sector dependency of job growth – jobs are growing at a faster in some settings than others. For example, it is predicted that demand for jobs at physician offices is growing at a much faster rate than at certain hospital settings. This growth represents totally new positions.

While the occupation of medical assistant is one of the fastest growing and highest need occupations, its vacancy index so low that it is at the bottom of the chart. The explanation for this is that because the occupation is mainly unregulated and uncertified, the pool of applicants for the jobs is large enough to fill the vacant jobs. With increased regulation and certification, this scenario may change.

In view of an earlier Council meeting which discussed polysomnography, did the vacancy study reveal information about the need for polysomnographers? Not emerging in this set of data, however, analysis of the data for the next report which casts a wider net for jobs is not finished. Once again, the difference between demand and need must be emphasized. In the presentation at the November Council meeting, a need for polysomnographers was demonstrated – there is no doubt that there is an

increased need for polysomnographers as issues concerning sleep disorders get more attention. Whether this need manifests itself into a market demand for polysomnographers in terms of paid, open, vacant positions remains to be seen. Have accounted for different terminology for name of occupation; counting sleep technician as synonymous with polysomnographer.

Are there plans to study whether allied health positions are being filled by immigrants? At the moment, there is no data to be able to answer this question.

#### B. AHEC Priorities for 2007 – Thomas Bacon

1. Hand-out: AHEC's 2007 Request for New Funding (summary of AHEC budget request which goes through UNC's General Administration). Quick Review: AHEC approves Council budget, AHEC's budget approved by School of Medicine, UNC-CH, and then UNC General Administration.
2. Request for permanent funding for the Council is part of the new \$3,097,200 funding requested by AHEC (page 13 of the UNC Board of Governors budget). In both legislative bodies the AHEC budget is considered by the Education subcommittees (these committees look at three areas of education: public schools, UNC System, and the Community College System. AHEC's request will be found in the UNC System section).
3. This week the NC House of Representatives is formulating the budget so it is a critical time to communicate with legislators about the importance of funding the Council. The Vacancy Report can be referenced to show the importance of allied health jobs to the economy of the state. The economy is a crucial issue for legislators, and we can emphasize the 46% increase in allied health jobs compared to the 20% increase in general health care jobs and an almost stagnant situation for jobs in general. Can also emphasize that the Council plays a pivotal role in uniting educators, employers and professionals to deal with issues concerning the allied health workforce and as an advocate for the allied health workforce.

#### C. Suggested action steps with our legislature – Pat Porter

1. Reviewed support of Council in the past: private foundation funding (Duke Endowment), contributions from Council members (universities, employers, AHEC, Department of Allied Health Sciences at UNC-CH). Last year, AHEC received one-time funding from the legislature and was able to use some of these funds to support the Council.
2. Explained the circuitous process of AHEC's funding request: goes to subcommittees on Education and Higher Education of both House and Senate (please note that AHEC funding is channeled through the Education subcommittees and not health care subcommittees); once these committees approve the request it goes to joint appropriations committees, then to the floor of the House, followed by the floor of the Senate, and then back to the House. Finally, to a joint House-Senate committee. **It is extremely important to contact the legislators *now* and ask that they review, approve and *prioritize* AHEC's request.** Many legislators keep track of communications from citizens when making their decisions for the budget. Contact can be made in whatever manner is most comfortable to the individual: letter, email, phone, personal appointment. It becomes more significant if these legislators represent your district. As Thomas Bacon pointed out earlier, it is of great advantage to have the request in the House budget before it goes to the Senate. Introducing it at the Senate level is more difficult.
3. Two hand-outs are in the packet:
  - a. List of names and addresses of legislators in both the House Appropriations Subcommittee on Education and the Senate Appropriations Committee on Education/Higher Education

- b. Sample Letter contains important points: a precise description of the budget request that is being supported and why; you may want to add what the Council means personally to you, to your profession, to your district, to the state; why the Council is unique and its present and future contributions; where in the budget to find the request.
4. Recommendations: contact committee chairs and the representative of your district even if not in these committees
5. Use the “What the Council for Allied Health Provides for the People of North Carolina” hand-out along with the letter to educate legislators of importance of Council’s work
6. The sample letter, the names and addresses of legislators, and the 6-point hand-out will be sent to all the Council listservs.

Five-minute break – 10:54 am

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Presentations by Professional Association Presidents – see Appendix A

#### IV. Election of officers

- A. No additional nominations were made to the slate of officers. A motion was made to vote on the entire slate; motion seconded; voice vote taken and motion passed.
- B. Officers were elected by voice vote as on the proposed slate.

- V. Apologies to Groups I and II – the response for presentations were so numerous that there was not enough time. The Council will re-think the format for the May Presidents meeting. In the meantime, if written or digital copies are provided, these will be included in the minutes.

Meeting was adjourned at 12:38 pm. Association Presidents and Council members are invited to the Trillium Room for lunch. After lunch, Association Presidents meet for discussion and election of representatives for Groups 1, 3, 4, and 5.

#### In Attendance:

##### Members, Staff and Consultants:

Judi Ashbaugh	NC Dept. Health & Human Services; Office of Rural Health & Community Care
Thomas J. Bacon	Immediate Past Chair, Director, NC AHEC
Pheon Beal	Office of the Secretary of NC DHHS; Special Advisor for Workforce Development
Alan Brown	Treasurer, NC AHEC Program
Rebecca Bullock	Allied Health Professional Rep. – Group 3 – Diagnostic Sciences I
Samuel B. Clark	NC Health Care Facilities Representative
Carolyn Cusic	NC Association for Home Care & Hospice
Wayne Foster	Allied Health Professional Association Rep. to the Executive Committee
Ned Fowler	NC Community College AH Programs
Erin Fraher	Allied Health Workforce Primary Investigator; Sheps Center for Health Services Research
Libby Haile	NC AHEC Allied Health Representative
Kathryn E. Heilig	Chair, NC Hospital Association
Kim Jernigan	NC Community Colleges
Karen Luken	Vice-Chair, NC Office on Disability and Health
Patricia Porter	Government Liaison
Elizabeth Rogers	Independent Colleges & Universities of NC
Stephen Thomas	UNC System Allied Health Programs Representative
Lilly Topal	Assistant to the Council
Edna Williams	NC State Education Authority Representative
David E. Yoder	Executive Director

Guests:

Cindy Archie	Wayne CC, Division Head Allied Health & Public Services
Barbara Bainbridge	Greensboro AHEC, Associate Director for AH/Nursing/Public Health
Angela Ballentine	Vance-Granville CC, Dean, Health Sciences
Terry Barber	NC Association of EMS Administrators, Chair
Tracey Bates	NC Dietetic Association, President
Deana Billings	NC Dental Assistant Association, President
Carol Boles	Surry CC, Associate Dean, Allied Health Division
Allison Bordeaux	Wake AHEC, Associate Director, Program Services
Michael Borden	NC Association of Physician Assistants, Executive Director
Sidette L. Boyce	Eastern AHEC, Assistant Director for Allied & Public Health
Linda Braddy	NC Association of Blood Bankers
Diena Burton	WakeMed Health & Hospitals
Mary Lee Campbell	NC Association of Blood Bankers
Tom Connolly	Cabarrus College of Health Sciences, Dean, Allied Health
Laura Conner	Charlotte AHEC, AH Instructor
Julie Cooper	Charlotte AHEC, Asst. Director, AH, Health Careers, Leadership Devlpt. & Quality Initiative
Trinnette Cooper	Area L AHEC
Bill Croft	Council AH Prof Rep Group 4; Sandhills CC, Health Sciences Dept., Chair
Alisa Debman	Fayetteville Technical CC
Dan Dore	NC Physical Therapy Association, President
Naomi East	Catawba Valley CC, Associate Dean, Health Sciences
Nedra Edwards-Hines	Northwest AHEC, Coordinator, Continuing Education for Allied Health
Glenn Grady	NC Society of Medical Assistants, President
Cathy Franklin Griffith	Surry CC, Dean
Beverly Haigler-Daly	NC Society of Cytology, President
Libby Haile	Greensboro AHEC; NC AHEC AH Rep to the Council
Barbara T. Harris	Caldwell CC, Dept. Chair, Health Sciences
Dianne Hinson	Wake Technical CC, Interim Dean, Health Sciences
Tracie Hobbs	NC Recreational Therapy Assoc, President
Rees Jenkins	Past Council Chair
Wanda Jones	NC Society of Histopathology Technologists
Sarah U. Lee	South Piedmont CC, Dept. Chair of Health Technologies
Lee McLean	UNC-CH Dept. of Allied Health Sciences, Professor and Chair
Brenda Mitchell	UNC-CH Dept. of Allied Health Sciences, Assoc. Chair Student Services & AHEC Operations
Marge Ottofy	NC Society of Medical Assistants
Jan Overman	Forsyth Tech CC, Dean, Health Technologies Div., NCCS Deans of Health Sciences
Bridget Pemberton-Smith	NC Art Therapy Association, Vice-President
Nancy Sumner Porter	NC Community Colleges AH Deans, President; Gaston College, Dean
Ed Sansbury	American Massage Therapy Association, President
Linda Satey	Western Piedmont CC, Dean, Health Sciences
Alice Schenall	Area L AHEC
Karen Schmaling	UNC Charlotte, Dean, College of Health & Human Services
Kathleen Schulman	NC Society for Clinical Laboratory Science, President
Carol Siebert	NC Occupational Therapy Association, President
Margaret Skulnik	Durham Technical CC, Dept. Head, Health Technologies
Joshua Smith	NC Association of Physician Assistants, Liaison to Council
Phillip Summers	Cecil G. Sheps for Health Services Research, Graduate Assistant
Peggy Valentine	Winston-Salem University, Dean, School of Allied Health Sciences
Amy Vega	Southern Region AHEC, Director of Confer. Management & Interdisciplinary Education
Darla Wilverding	NC Dental Hygiene Association, Durham-Orange County Representative
Alexis B. Welch	Lenoir CC, Dean, Allied Health
Linda Yurko	NC Society of Radiologic Technologists, President-Elect; Forsyth Technical CC, Director of Allied Health