

*The Council of Allied Health in North Carolina Meeting  
Minutes - Wednesday, November 7, 2007; 9:30 am – 12:00 pm  
The William and Ida Friday Center for Continuing Education, Dogwood Room*

- I. **Welcome and Introductions** – Karen Luken, Chair
  - A. Luken welcomes members and guests.
  - B. Recognition of Dr. Thomas Bacon as Chair of the Council from 2001-2004.
  
- II. **Approval of September 5, 2007 Council Minutes** - A motion was made and seconded to approve the September 5<sup>th</sup>, 2007 Council minutes. A voice vote was taken. The minutes were approved by voice vote.
  
- III. **Presentation:** *Allied Health Workforce Issues (OT, PT, & SLP) in North Carolina Public Schools* by Tom Winton, Exceptional Children Division, North Carolina Department of Public Instruction (Mr. Winton will also report on the needs in the 0-3 and K-3 programs.)
  - A. Introduces related services consultants and points out that NC is one of few states that still has its own consultants
    1. Speech Language Pathology Consultant – Perry Flynn, Associate Professor, UNC-G
    2. Physical Therapy – Laurie Ray, Assistant Professor, UNC-CH, DAHS, Div. of PT
    3. Occupational Therapy – Lauren Holahan, Assistant Professor, UNC-CH, DAHS, Div. of Occupational Science
  - B. Profile of students receiving school-based services (Ages 3-21)
    1. North Carolina Statistical Profile (<http://www.ncpublicschools.org/fbs/resources/data/>)
    2. Approximately 188,000 students with IEPs as of Dec. 2005 (out of approx. 1.4 million)
    3. Some Primary Disabling Conditions that receive services (students who have been identified with these conditions). Many other conditions are not included: visual impairments, behavioral-emotional disabilities, other health impairments)
      - a. Speech-Language Impaired: 39,218
      - b. Orthopedically Impaired: 1,130
      - c. Specific Learning Disabled: 63,192
      - d. Multiple Disabilities: 1,844
      - e. Mild Intellectual Disabilities: 21,361
      - f. Moderate Intellectual Disabilities: 3,059
      - g. Severe Intellectual Disabilities: 768
      - h. Autism: 6,247
  - C. School-based services
    1. Other Professionals' include many positions (counselors, social workers, nurses, OTs, PTs, SLPs)
    2. 4,989 full-time 'other professionals'
    3. Small subset are SLPs, OTs and PTs
      - a. According to Perry Flynn, there are 1,500-2,000 SLPs in the school system, most of whom are full time employees.
      - b. According to Laurie Ray, there are approximately 200-220 PTs and approximately 80 PT assistants counting contractual employees
      - c. According to Lauren Holahan, there are 380-400 OTs and OT assistants in the school system. Difficult to determine portion that is full time vs. contractual services.
      - d. For perspective, in terms of supply and demand, there are 115 local education agencies (LEAs are school districts) in the state and 97 charter schools (charter schools are considered LEAs as well).

4. More specific numbers to be determined; still need to specify full-time vs. contract
- D. Occupational Therapists
1. April 2006 data
  2. 34% of LEAs reporting at least one FTE vacancy for OTR/L or COTA. The need can be greater because not all LEAs reporting.
  3. Caseload average of 35 students/FTE means 1000-1200 students potentially not receiving services. This statistic can support efforts to increase funding from legislature to supply these services – more trained personnel?
  4. Positions staying vacant longer
  5. Plenty of interest in job openings, but not accepting offers because competition from private sectors is very high
    - a. Salary inequities
    - b. Reduced Professional Development support
    - c. No provision of licensure reimbursement
    - d. Contracting agencies offer better of all of the above
- E. Physical Therapists
1. According to PT Consultant, Laurie Ray:
    - a. 28 traditional LEAs and 2 charter schools currently looking for PTs and/or PTAs
    - b. While there is good response in many parts of the state, PT positions not filled in underserved areas consistently (e.g., Northeast region)
    - c. Students going unserved? There are student needs throughout the state that are not being met. Numbers not known specifically, but the needs are significant and DPI wants to address this problem.
  2. Trouble hiring/retaining new PTs
  3. LEAs have difficulty meeting salaries commensurate with private sector jobs because of budget constraints; plus there are issues with support (i.e., reimbursement for materials, travel, continuing education, etc.)
  4. LEAs end up contracting, costing much more than funding the full time position
  5. Some PTs deal with lack of administrative support from exceptional children director, principals
  6. Encourage LEAs to ‘share’ a PT; only really happens occasionally.
- F. Speech-Language Pathologists
1. Survey conducted Summer 2006 by Perry Flynn and Wayne Foster
  2. 72/115 LEAs (63%) responded
  3. With regard to population, reasonably representative sample of six regions
  4. All regions represented with under representation in the Northeast, but must consider that population is reduced and spread out
  5. 65.2% of responding LEAs have a Lead SLP (75% in Central Region; 40% in Northeast Region)
  6. 123.5 new SLP positions created in responding LEAs for 2006-07 school year; retirees and those leaving profession early not counted in calculating these positions
  7. 68 contracted SLP positions in these LEAs
  8. Percentage of attrition not known
  9. Foster comments
    - a. With so many positions open, have a shifting population of clinicians in the schools. Ultimately, the schools with the greatest need (heavier case loads) and least home support, get the fewer clinicians. Have to thread lightly with new hires who are more likely to switch jobs if dissatisfied with working conditions. Less turnover at preschool level – these clinicians tend to be more developmentally oriented.

- b. Importance of early identification of both students with disabilities and students who are struggling for any particular reason. SLP are usually the first to identify these students. 50% of children identified early in kindergarten or first grade with language impairment are diagnosed as learning disabled by second grade or early third grade. High school achievement can be predicted with 85% accuracy at end of second grade.
  - c. It is critical to be able to serve this high risk population of children. Response to Intervention (Responsiveness to Instruction) is an initiative to solve this problem.
  - d. There is a working relationship between the Child Development Service Agencies (Vivian James and Norman Allard work with the Office of School Readiness) that serve the preschool years and the IDEA agencies that serve the student population older than 3.
  - e. Impact of federal legislation (No Child Left Behind) – rethinking of service paradigm to improve outcome not only for special education identified students but for those students who are struggling but not yet identified.
10. Stephen Thomas relates lack of administrative support to other factors such as accountability issues, measurement of achievement, staff that impacts AYP scores, AYP scores versus educating every child
  11. Do hospitals and private practices contract with school systems? (Dan Dore poses question.) Answer is that there are very few instances where this is happening for a number of reasons: lack of personnel being an important factor. Foster points out two additional reasons: 1. proof of an educational disability for a school system versus a medical disability for a health care entity, and 2. number of mandated meetings.
  12. Remote delivery of services to school systems with no staff – UNC-G has such a program for speech therapy; no data available yet to document feasibility
  13. Has the various institutions such as Caswell and O’Berry been approached to provide remote services. Caswell has installed a telecommunications system (with funding from a Kate B. Reynolds grant) which is able to deliver services to the 32 counties in eastern NC. Telemedicine is an approach to consider.
  14. Local Supplements for SLPs
    - a. 45% of LEAs have local salary supplements for SLPs
    - b. PT and OT do not have these local salary supplements because of their job category. SLPs are certified by DPI, while PT and OT are not.
    - c. PT and OT are classified personnel and therefore are at-will employees with few supports for risk and little job security. These are more important issues than simply the salary issue because PT and OT have relatively high salaries in the school setting – assistant principals and principals are the only personnel making more (salary grade of 78; starting salary of \$4,000/month for 10 months).
  15. Speech-Language Pathology Assistants (SLPAs)
    - a. Responding LEAs have a total of 64 SLPAs.
    - b. 49% responded that they would hire SLPAs
  16. SLP Summary
    - a. Approximately new 1.5 SLP positions per LEA per year. These positions are in addition to those positions that need to be filled due to retirement, attrition, etc...
    - b. An already present shortage of SLPs
- G. Birth to Age 3
1. In 2005-06, 14,521 children enrolled and served in NC Infant-Toddler Early Intervention Program. This is a significant increase over the year before, about 15-20% (12,430 in 2004-05)
  2. Served through Children’s Developmental Service Agencies (CDSAs)
  3. North Carolina Early Intervention Services – [www.ncei.org](http://www.ncei.org)

4. Currently advertising for more SLPs, OTs and PTs
- H. What DPI is doing (short list)
1. Rewritten job descriptions for OT, OTA, PT, PTA, SLP (evaluations, observations, consultations added to direct services)
  2. Upgraded OT and PT salary grade from 76 to 78
  3. Upgraded OTA and PTA salary grade from 64 to 67
  4. Updating evaluation instruments for OT, PT and SLP
  5. Increasing communication among OTs, PTs and SLPs (e.g., listservs, Lead SLP meetings, Related Service Summits, etc.
  6. Raise level of awareness of Exceptional Children Directors (supervisors of OTs, PTs, SLPs) – consultants attend new administrator training to help the educational administrators understand what these allied health professionals do and to understand their professional status; also attend regional meetings throughout the year for the same purpose.
  7. Foster points to the need for schools to use more SLP assistants as a vital source of services just as the PTs and OTs. Cumberland County Community College has a close relationship with the school system where the SLP assistants do their clinical rotation.
  8. Lee comments on the shortage of the allied health personnel, especially in the rehab areas, and the increased cost of training higher level professionals – are the four-year universities preparing personnel and models of service delivery that are economically feasible in today’s health care system? As more advanced training is provided, it is more cost intensive to prepare one individual professional – the model should then be that these professionals supervise assistants to alleviate the service shortage. In short, a systemic approach is needed to solve the vacancies in the allied health rehabilitation professions.
- I. What else can be done?
1. Add school-based data with Allied Health Job Vacancy Tracking Reports
  2. Improved recruitment efforts
  3. Improved capacity at IHEs preparing these professionals
  4. Other

#### IV. **Business of the Council:** Discussion and Action

- A. How do the needs for OT, PT and SLP impact the services of the public schools? Other service agencies? What are strategies to “fix” the problem? Dr. Pat Porter, facilitator
1. Origin of today’s discussion – Yoder. Peyton Maynard, Executive Director of the NC SLP Association and a lobbyist, invited Yoder to attend a meeting of the Trialliance (informal discussion group of leadership of OT, PT and SLP state professional associations) to join discussion of expansion of training programs for these three disciplines. The Council had been instrumental in the early 1990s in obtaining funding from the Legislature for just such an expansion. The workforce studies done by the Council in collaboration with the Sheps Center and AHEC have pointed to the vacancies in these three professions, but data has been lacking for the public school system. Therefore, Tom Winton was invited to make a presentation to focus on these data. In January, the increased need for these professions will be discussed in relation to returning Iraqi war veterans. Discussions relating to the aging population and early intervention are also on order. In summary, to evaluate the need for expansion of the academic programs, we need to know where we are and what we should be doing.
  2. Porter gives background of shortage for these 3 professions in the early intervention arena, especially in view of the decentralizing of the mental health system. Consequently, children are not being served and because of this federal money is lost.

3. Challenges and issues for training institutions today
  - a. Rick Segal, Division Director, Physical Therapy, UNC-CH - points out that applicants to the training institutions may not be interested in training for the positions that are in need in the state. For example in PT, many students who want to do muscular-skeletal PT and go into private practice orthopedics and are not necessarily interested in pediatric PT. Therefore, need to develop packages to attract applicants to these particular areas and to introduce these areas early on to students while in high school or as undergraduates. Main point is that it is necessary to plan ahead.
  - b. Thomas Bacon – suggests following the example in special education in providing stipends for students where, for example, one year of education is paid for by the state for two years of work after graduation. This may be an incentive for students to work in the school systems for at least four years.
  - c. Leonard Trujillo, OT, ECU – in the 80's and early 90's, OT were brought into schools as consultants based on an educational rather than a medical model. This means that OTs observe and consult with teachers with very little direct patient care. OTs then become dissatisfied because not practicing the profession for which they are trained.
  - d. Laurie Ray, DPI PT Consultant – critical for students to have a clinical rotation in the school systems so students are exposed to this job environment. Therefore, packages must be created that provide incentives for clinical instructors in the school systems.
  - e. Dorothy Bethea, Chair OT Program, WSSU – difficult to place students in school systems because of lack of clinical preceptors
  - f. Teresa Conner-Kerr, Chair PT Program, WSSU – need for state to increase funding from category three to four for rehab programs. As in nursing and engineering, generating 80 student credit hours would then have funding for two rather than the present one faculty. If this inequity could be addressed, it would have an immediate effect in increasing number of faculty available to go out in the field as clinical instructors.
  - g. Elizabeth Rogers, Elon University, representative of independent colleges and universities
    - o Wants to emphasize that in the past the Council has not considered private, independent when seeking state funds –this must change in the future. Notes that private, independent schools can respond quicker to expansion of programs than in public schools.
    - o Second idea of seeking support for students as incentive to enter school systems.
  - h. Jack Roush, Division Director Speech and Hearing Sciences, UNC-CH – there is a critical shortage of clinical preceptors. This shortage is accentuated in the school systems because many of the SLPs there are not ASHA certified, and therefore, not able to be clinical preceptors. Also, notes that increasing number of graduates does not necessarily mean they will go into settings where there is a need.
  - i. Linda Wortman Lowe, Speech Pathology Assistant Program Director, Caldwell Community College – suggests providing stipends for clinical preceptors as a means of attracting more clinicians to these sites.
  - j. Gregg Givens, SLP, ECU – believes a multi-pronged approach incorporating many of the ideas already discussed: increase in number of faculty, stipends to attract clinical preceptors to school sites, loan forgiveness for graduates working in school settings.

- k. Dan Dore, past NCPTA President – thanks for Council for providing a forum for such discussion – in essence, the problem of shortages of trained professionals in public schools encompasses many complex issues in addition to additional funding.
- B. Legislative process for submitting a bill to the NC General Assembly – Peyton Maynard
  - 1. Document shortage and reasons for shortage
  - 2. Obtain good analytical data on how many personnel are needed and where they are needed, and demonstrate specialized arrangements needed to accomplish getting personnel to areas where there are shortages.
  - 3. The process of expansion must be done over a long enough period to allow additional personnel to become part of workforce; if done too quickly, danger of temporarily flooding the job market.
  - 4. Get input from specific educational programs to understand the requirements – need lead time to prepare for additional funding
  - 5. Get input at the university level from General Administration
  - 6. Reviewed timeline of generating bill from individual programs, to General Administration, and on to the Legislature. Emphasized importance of working to prioritize request with UNC’s General Administration, and educating legislators on the specifics of the proposal to obtain support for the particular bill.
  - 7. Input in terms of staffing needs, salaries, etc... should be funneled through professional associations

**V. Reports:**

- A. Council Financial Report and 2007-08 Budget – Alan Brown
  - 1. Grant to the Kate B. Reynolds Charitable Trust was submitted. The grant asks for \$75,000 for the first year, \$65,000 for the second year, and \$60,000 for the third year. The figure decreases in anticipation of increasing contributions for Council members – one very important factor considered by the KBR Trust is sustainability; in the Council’s case, this means greater contributions from its members. Anticipate hearing from KBR in the first week of December.
  - 2. Duke Endowment Grant runs out the end of December; approximately \$25,000 will be available to carryover to 2008.
  - 3. David Yoder retires on December 31, 2007; recruiting for the position is dependent on the outcome of the KBR grant.
  - 4. Workforce study not being done this fall due to lack of funding. The NC Department of Commerce has awarded the Council \$35,000 specifically earmarked for workforce studies in 2008. This amount will not fully fund the studies – other sources of funding are necessary to complete the required minimum of \$60,000.
  - 5. The Council is in a critical transition stage in two aspects: a change in the leadership position of its Executive Director, and a change in the structure of its budget. Both of these require that the membership participate diligently at meetings in terms of important decisions to be made in the next few months, and contribute financially to the survival of the Council.
- B. Activities of the Executive Director – David Yoder
  - 1. Announcement of the publication of the Raleigh News & Observer Supplement, “Celebrating Allied Health Professions” tomorrow. Copies are distributed to the audience. Yoder thanks all the contributors, although not all contributions could be included because of space limitations. Not all professions are represented. A brief discussion of how this supplement can be used as a marketing tool with the realization that it is put together by the newspaper and does not necessarily mirror a publication that

would be put together by allied health professionals. However, it is meant to educate the general public and to celebrate allied health professionals.

2. Loan Payback Programs – Yoder has been invited to join the advisory committee of the NC Medical Society Community Practitioner Program. On the encouragement of John Frank, Director of the Kate B. Reynolds Charitable Trust, the committee and Maggie Sauer, the Director of Community Practitioner Program, is writing a grant proposal to fund loan paybacks for allied health graduates who are willing to work in underserved communities (possibly suggest public schools in this category).
3. Announces the speakers for the January Council meeting: Rick Segal and a neuro-cognitive psychologist, both will focus on the rehabilitation needs of returning Iraqi war veterans.
4. Luken, the Chair, on behalf of the entire Council, extends heartfelt appreciation to David Yoder for many years of untiring work and countless contributions to the Council as member, Chair and Executive Director. A formal celebration will happen in 2008.

## VI. Round Robin

- A. Tom Winton – announces 57<sup>th</sup> Conference on Exceptional Children, “*Believe in One – Believe in All*”, next week on November 12-14 at the Sheraton Greensboro Hotel and the Koury Convention Center in Greensboro.
- B. Stephen Thomas
  1. Since 2001, the School of Allied Health Sciences at ECU has grown 60% to the present 743 students. As a result, it has earned the distinction of becoming the College of Allied Health Sciences.
  2. In his role as representative to the Council of the University of North Carolina Allied Programs, Thomas formally introduces and welcomes to the Council the new Dean of the College of Health and Human Sciences at Western Carolina University, Dr. Linda Seestedt-Stanford.
- C. Allied Health Regional Skills Partnership Grantees – a list of these grantees was distributed noting that almost all AHECs are either directly or indirectly involved. This list is the outcome of the RFP announced at the Council’s June 15<sup>th</sup>, 2007 Symposium. These are planning grants for 18 months for \$55,000.
- D. Ned Fowler, Dean of Allied Health Programs at Asheville-Buncombe Technical Community and Community College Allied Health Deans Representative to the Council offered following comments:

*”The Council is a group of 29 different allied health professions which share a commonality of issues such as: attracting and retaining faculty when salaries are not competitive with the private sector, the number of clinical sites available to expand training programs, and many others. Although the makeup of the Council is very diverse, it is very much alike in many ways and that speaks to the value of the Council in being able to bring together all these different professions and look at all these issues across the state. In turn, this speaks to the importance of our continued support for the Council as the Council works through the efforts to identify continued and ongoing funding. As a member at large to the Executive Committee, Fowler has witnessed the work of its members to secure permanent funding for the Council. He encourages all the professional associations to look at helping to support the Council through this transition, and to join those associations and the universities who presently make direct contributions of support to the Council. The Allied Health Deans at the four-year universities have identified funding sources to support the Council as well as the NC Hospital Association. **The support for the Council is extremely critical in helping the state meet the allied health workforce needs that are going to be great in the near future.**”*

- E. Linda Harrison, Program Head for Surgical Technology at Edgecombe Community College and immediate past President of the State Assembly for Surgical Technologists
  - 1. In order to provide better patient care, the Association wants to mandate legislation that requires all practicing surgical technologists be minimally certified as a credential. Representative Rick Glazier will introduce this legislation in the next General Assembly.
  - 2. At the moment, graduates from a 12-month diploma program or a 2-year Associates Degree program, can go directly to work in a hospital operating room with no other credentials. There is no mandated certification examination. Hospitals are still hiring employees off the street and from other areas in the hospital to function in the role of a surgical technologist.
  - 3. McLean asks, if this legislation is successful, are the community colleges prepared to meet the increased demand for accredited programs to graduate surgical technologists who are eligible to sit for the examination, and is there enough faculty for these programs. Harrison answers that there are 24 accredited programs in both the community college system and proprietary schools. Harrison points out that so many new programs have been started, that it is often difficult for new graduates to find jobs. As a representative of the NC Alliance of Surgical Technologist Educators she urges caution by community college presidents in reviewing certificate of needs for new programs especially in view of a shortage of clinical training sites in certain areas of the state.
  - 4. The professional association is requesting a grandfather clause for presently working surgical technologists, although the decision is being left to the individual hospitals.
- F. Linda Seestedt-Stanford requests that the Council reconsider the start time for its meeting in view of long travel distance for its members, especially those coming from the western part of the state.

**VII. Announcements of future Council meetings and focus of these meetings**

- A. January 2, 2008 – rehabilitation needs of returning Iraqi war veterans
- B. March 5, 2008 – changing population demographics of the state
- C. May 7, 2008 – presentations by the Professional Association presidents

Meeting adjourned at 12:05 p.m.

**In Attendance:**

**Members, Staff and Consultants:**

Judi Ashbaugh	NC Dept. Health & Human Services; Office of Rural Health & Community Care
Thomas J. Bacon	2005-2006 Past Chair, NC AHEC Program Director
Renee Batts	NC Community College System Allied Health Programs Representative
Patrena N. Benton	NC Health Careers Access Program
Alan Brown	Treasurer, NC AHEC Program
Carolyn Cusic	NC Association for Home Care & Hospice
Wayne Foster	Allied Health Professional Associations Representative to the Council's Executive Committee
Ned Fowler	NC Community College Allied Health Deans Representative
Timothy Holmes	Allied Health Professional Association Representative; Group 2 – Rehabilitation Sciences
Dawn Grant	NC AHEC Allied Health Representative
Karen Luken	Chair, NC Office on Disability and Health
Kristy Osterhout	Division Public Health, Dept. of Health and Human Services
Pat Porter	Government Liaison
Elizabeth Rogers	Independent Colleges & Universities of NC
James Sadler	UNC System, Associate Vice-President for Academic Planning
Justine L. Seabolt	Allied Health Professional Rep., Group 6 – Medical Sciences
Stephen Thomas	UNC System Allied Health Programs Representative
Lilly Topal	Assistant to the Council
Edna Williams	NC State Education Assistance Authority Representative
Tom Winton	Dept. of Public Instruction, Exceptional Children Division, Preschool Disabilities
David E. Yoder	Executive Director
Linda Yurko	Allied Health Professional Rep., Group 4 – Diagnostic Sciences II

**Guests:**

Frances E. Apple	NC Society of Radiologic Technologists
Dorothy Bethea	Winston-Salem State University, OT Program
Rebecca Bullock	NC Association of Blood Bankers
Diena Burton	WakeMed Health & Hospitals
Kimberly Clark	UNC Charlotte, College of Health and Human Services
Bernadette Clarke	NC A&T State University, Speech/Language Pathology & Audiology Program
Faye Cobb	Winston-Salem State University, Special Asst. to Dean, School of Allied Health Sciences
Teresa Conner-Kerr	Winston-Salem State University, PT Program
Alisa E. Debnam	Fayetteville Technical Community College
Dan Dore	NC Physical Therapy Association, President
Darlene Sams Duncan	Wake AHEC
Nancy Easterling	American Horticultural Therapy Association, Carolinas Chapter
Gregg D. Givens	ECU, College of Allied Health Sciences, Dept. of Communication Sciences & Disorders
Beverly Haigler Daly	American Horticultural Therapy Association, Carolinas Chapter
Kim Harrer	Music Therapy Association of North Carolina
Linda Harrison	NC State Assembly of the Association of Surgical Technologists
Nedra Edwards Hines	Northwest AHEC, Coordinator, Continuing Education for Allied Health
Rees Jenkins	Past Council Chair
Robin Keith	Asheville-Buncombe Technical Community College
Bill Kiger	NC Society for Respiratory Care
Tom Layton	NC Central University
Robert Mayo	UNC-Greensboro, Communication Sciences & Disorders Dept.
Lisa McDonald	NC Speech, Hearing and Language Association, President; UNC Greensboro
Lee McLean	UNC-CH Dept. of Allied Health Sciences, Professor and Chair
Margaret Ottofy	NC Society of Medical Assistants
Laurie Ray	NC Dept. of Public Instruction Consultant; UNC-CH Physical Therapy Division, DAHS
Tracie Rice	Western Carolina University
Suzanne Rohrbaugh	Davidson County Community College
Jack Roush	UNC-CH, Speech & Hearing Sciences Division, DAHS
Linda Satey	Western Piedmont Community College
Rick Segal	UNC-CH Physical Therapy Division, DAHS
Carol Siebert	NC Occupational Therapy Association

Josh Smith	NC Association of Physician Assistants
Connie Stack	Alamance Community College
Linda Seestedt-	Western Carolina University
Stanford	
Leonard G. Trujillo	East Carolina University