

*Council Minutes**The Council for Allied Health in North Carolina**UNC General Administration Building, Board Room with video conferencing to East Carolina University, UNC-A, UNC-CH, UNC-G, and Western Carolina University**Wednesday, November 5, 2008, 9:30 am – 12:30 pm*

9:30 a.m. meeting called to order

**Item I. Welcome and Introductions**

- Round Robin introductions: all individuals present provided their name and association

**National Allied Health Month Recognition and National Health Observances of Council Member Groups Health Observances are days, weeks, or months devoted to promoting and celebrating particular health concerns or health professions. The Council would like to use these special times to recognize Council member organizations that are celebrating their special week or month of observance.**

**During the month of October, the following Council member organizations celebrated their professional observance:**

**October**

- NC Dental Hygiene Association - National Dental Hygiene Month
- NC Physical Therapy Association - National Physical Therapy Month
- NC Ultrasound Society - Medical Ultrasound Awareness Month
- NC Nuclear Medicine Technologist, Inc. - Nuclear Medicine Week (October 5-11, 2008)
- NC Academy of Physician Assistants - Physicians Assistant Week (October 6-12, 2008)
- NC Society for Respiratory Care - Respiratory Care Week (October 19)
- NC Society of Medical Assistants - Medical Assistance Week (October 20)
- Health Literacy Month

The NC Recreational Therapy Association celebrated its 20<sup>th</sup> Anniversary in October.

**November**

- National Allied Health Week (November 2-8, 2008)
- NC Society of Radiologic Technologists - Radiologic Tech Week (November 2-8, 2008)
- NC Health Information Management Association - Health Information Management and Technology Week (November 9-15, 2008)

**Item II. Approval of September 3, 2008 Minutes**

Motion: A motion was made and seconded to approve the September 3, 2008 Council minutes. A voice vote was taken. The minutes were approved by voice vote.

**Item III. Presentation: “Health Literacy” – Dr. Darren DeWalt - Division of General Internal Medicine and Clinical Epidemiology - UNC-CH**

- Dr. DeWalt presented the topic of Health Literacy which effects the entire healthcare sector not just doctors and nurses. He discussed Health Literacy, provided background information about what the skill set is in today's population and provided an overview of the clients we are working with, and literacy/health outcomes, and strategies.
- Health Literacy embodies a broad scope of skills and abilities but most of today's research focuses on a persons ability to read and how their health outcome is associated with their ability to read.
- What are the skills of the population ability to read and write? 29% Basic, 44% Intermediate, 13% Proficient, %14 below Basic.
- Health Literacy is not about the problem of illiteracy but a very large part of the population is in the basic or below basic literacy skills category. These two categories mean that a person cannot use a bus schedule or bar graph or write a simple letter explaining an error on a bill.
- Low literacy skills are more common in older age groups (Medicare population) and in high poverty-stricken areas of the state of NC.
- There is a relationship between race/ethnicity and literacy skills; persons who considered themselves black or Hispanic have a higher low literacy rate than whites or Asian/pacific islander.
- 11 million US residents do not speak English well or at all, 8 million of these speak Spanish.
- 30% of the American youth do not graduate from high school and that number has not changed in 30 years.
- Literacy is a very strong predictor for some health outcomes-low literacy individuals have the worst health outcomes.
- People with low literacy have 30-70% increased risk of hospitalization during the course of a year.
- Do patients understand what the warning labels mean on Rx Drugs? Can they interpret how they will take their medicine?
- Improve written health information.
- Improve patient-provider oral communication skills via one way called Teach-back method. Teach-back method is to have physicians explain and for the patients to repeat the information back to the physician.
- Change the systems of care: redesign how care is provided, simplify tasks, more organized, well-trained work force, and reimburse programs that use this method.
- 47% lower hospitalization rate for those in the planned care process.
- NC IOM Task Force on Health Literacy - [www.nciom.org](http://www.nciom.org) (Health Literacy Center of Excellence)
- Questions
  - Lee McLean asks have you done or will you do a study that specifically measures how much time does it really take, what's the difference in the amount of time, and dollar cost savings, cost benefits of taking that extra time in terms of savings down the road so we can translate it into the way we pay for health care.
  - Stephen Thomas asks has any work been completed on the wording and/or symbols on prescription drug bottles by the pharmaceutical industry.

- Alice Schenall asks about the Toolkit project.
- Alice Schenall asks can you explain what you know about efforts around the country about the reimbursement piece related to systemic changes.
- Terry asks if there any types of non written communication being developed such as video to assist with bridging the gap.
- Alice Schenall asks for more information about the Ask Me 3 campaign.
- Karen Luken comments that Darren has given us lots of information to think about that is immediately relative to what we do in our professions. As well as for those of us who trains students, we must ask how we build this into their education as they think about becoming practitioners. For those of us who practice, how do we begin to advocate for this change and think how this affects our personal lives? She really thinks this was very thought provoking with a lot of resources.
- Once the Center of Excellence is funded there will be opportunity for individuals to participate and become involved.

**Item IV. Presentation: A Study of Associate Degree Nursing Program Success – Renee Batts, RN, MSN-Program Coordinator, Health Services, North Carolina Community College System**

- Why a study of ADN programs?
  - Projected shortage of nurses, aging population/nursing workforce, and nursing supply is decreasing.
  - 2006-1 in 3 vacant positions in NC hospitals were for a clinical nurse.
- Issue for NC is misdistribution of RNs in local areas.
- 68% of all pre licensure RN graduates attend an ADN program and 27% since 2003 graduated but attrition is still a problem.
- Attrition is a problem for ADN programs and the NCCCS asked the Sheps Center to conduct a study about this problem.
- Three outcomes used to evaluate nursing program success: Complete program (on time), pass NCLEX (1<sup>st</sup> attempt), and practice nursing in NC.
- Studied characteristics of students
  - Age, race, educational background, disadvantaged background.
- Graduation Rates
  - 61% graduated within 3 years (Fall 2002)
  - A challenge to identify programs that performed better or worse than expected given the student population.
  - On time graduation rates ranged from 24%-85%.
- NCLEX pass rates
  - 84% passed. 14% did not pass on first attempt, 2% did not take test.
  - Pass rate ranged from 59%-100%.
  - Pass rate important due to Board of Nursing requirement.
  - Current incentive focuses on high passing rates.
  - High NCLEX passing rates equal low graduation rates in some programs.
  - Creating right incentives: Graduation vs. NCLEX
- Retention (NC Nursing Workforce)

- For every 100 students who graduate from a NCCCS AND program, 90 practice in NC.
- Questions
  - Stephen Thomas asks about low percentage rating for Team Taught presented on the slide titled Percentage Point Change in Probability of Passing NCLEX on 1<sup>st</sup>. He is curious to know why the percentage was so low because Team Teaching is really pushed.
  - Ned Fowler agrees that we need to follow up with why there is a low percentage rate of passing for students who are Team Taught. The data needs further analysis because there are high ranking programs that frequently use team teaching.
  - Attendee asks about the issue of a nursing shortage and if the waiting list were full. Is this an issue?
  - Attendee asks about the Nursing 110 and 115 studies which presented a curriculum issue and would like to know if there were any outcomes for integrated and nonintegrated programs.
  - Deidre Daly is concerned with the rising standards of the practice and program requirements versus the student's ability to reach these standards.
  - Alice Schenall states that as a best practice that stems from this study the Nursing Consortium in the Area L AHEC which consist of four community colleges retaining nursing students with a Retention Counselor changed the success of students in our region.
  - Stephen Thomas asks should we focus more on retention versus the use of standardized testing.
  - Alisa Debnam asks could she provide more information on the data warehouse, where most of the data was received for this study and how the data is available for all the other allied health programs and how it can be used in a similar study.

**Item V. Business of the Council: Discussion and Action**

- No discussion or action items.

**Item VI. Executive Director's Report**

- Alisa thanks each person(s) who either submitted an article or purchased an ad for the newspaper insert. Twenty-eight articles were submitted and seventeen were approved. There are three inserts, News & Observer, Fayetteville Observer, and the Wilmington Star News. Copies are available; please pick up your copy.
- The new website has been launched and it is a work in progress. Thanks to Lee McLean for permitting the hosting to happen via the UNC School of Medicine and AHS. Alisa walked participants through the new website.

**Item VII. Round Robin**

- Stephen Thomas announces Alisa Debnam was the speaker for the Student's Leader Councils second forum to speak on the presidential candidate's health platforms and to address certain implications for allied health. The program went exceptionally well.
- Linda Stanford announces:

- The planning of the new health profession building at Western Carolina University (WCU) is completed and the ground breaking should happen this spring.
- WCU received a large HERSA grant that helped launched the nurse administration program this fall.
- WCU received a Dept. of Education grant which focuses on severe child language disorders in speech pathology.
- WCU was included in the child welfare collaborative for social work
- Kathy Heilig announces the NC Hospital Association is downsizing and reorganizing, as a result of the recent economic crisis, she will no longer be working with NCHA. She acknowledged how much she has enjoyed working with the Council.
- Dawn Grant announces that the <http://my.ncahec.net/> web platform is available and encourages everyone to go visit the site.
- Ned Fowler would like to reiterate a big thanks for the teleconference format for the meeting and acknowledges Kathy Heilig's great work with the Council.

#### **Item VIII. Announcements**

- Dawn announces the Allied Health & Nursing Careers Summit 12/03/2008 9:00 AM - 12/04/2008 12:00 PM ,One Thousand Club Road , Greensboro, NC 27407  
<http://northwestahec.wfubmc.edu/>
- Karen reads a letter of acknowledgement from Governor Easley, which was included in the inserts for National Allied Health week.
- The next Council meeting will be January 7, 2009.

Meeting adjourned 12:00 pm

In Attendance:

#### **Members and Staff:**

Judi Ashbaugh- North Carolina Office of Rural Health Services

Renee Batts-North Carolina Community College System

Alan Brown—*Treasurer*, North Carolina AHEC Program

Samuel B. Clark—North Carolina Health Care Facilities Association

Carolyn Cusic—North Carolina Association for Home Care & Hospice

Dierdre Daley- North Carolina Physical Therapy Association

Alisa Debnam—Executive Director, CAHNC

Diane Groff- UNC Chapel Hill

Kathryn E. Heilig—Immediate Past Chair, North Carolina Hospital Association

Karen Luken- Chair, NCODH UNC Chapel Hill

Lee McLean—UNC-CH Department of Allied Health

James Sadler- UNC General Administration

Justine L. Sebolt—Allied Health Professional Association Representative

Martha S. Taylor-North Carolina Dental Hygiene Association

Stephen Thomas—*Vice Chair*, East Carolina University

**East Carolina University (videoconference)**

Dawn Grant—North Carolina AHEC Allied Health Representative  
Alice Schenall - Area L AHEC

**Western Carolina University (videoconference)****UNC Asheville (videoconference)**

Ned Fowler—North Carolina Community College - Allied Health Programs  
Rosalyn Wasserman- MAHEC  
Elizabeth Buchanan- Mission Hospitals HR

**UNC Charlotte (videoconference)**

Tammy Crump- Stanly CC  
Vicki Derderian- Charlotte AHEC  
Ruth Hedgpeth- Central Piedmont CC  
Terry Chapman- Rowan-Cabarrus CC  
Mike Bendon- Charlotte AHEC  
Lienne Edwards- UNC Charlotte  
Maren Coffman- UNC Charlotte  
Karen Schmaling- UNC Charlotte

**UNC Greensboro (videoconference)**

Robert Mayo-UNC-G  
Lisa McDonald-UNC-G  
Libby Haile- Greensboro AHEC

**Guests:**

Katie Gaul- SHEPS Center  
Jessica Carpenter- SHEPS Center  
Diane Yelverton- Wake AHEC  
Darlene Duncan—Wake AHEC  
Uma Sakhavre- North Carolina Society of Radiologic Technology  
Brenda Mitchell-UNC Chapel Hill- Department of Allied Health  
Jeanne Whittlesey- North Carolina Society for Clinical Laboratory Science  
Sue Cheng-Durham Technical Community College