



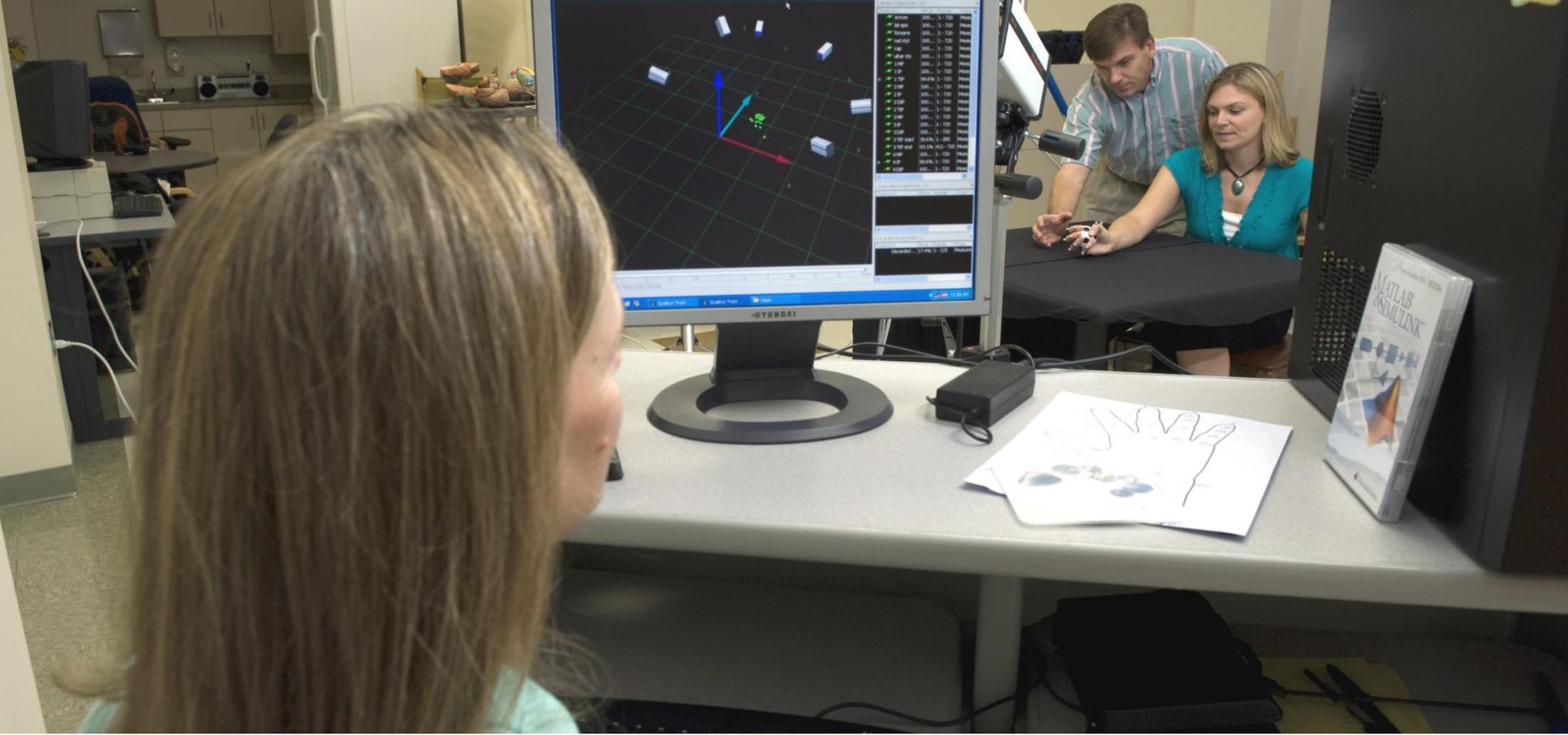
*Allied Health in the
University of North Carolina System*

NCIOM Health Professional Workforce Workgroup

**Stephen W. Thomas, Dean
College of Allied Health Sciences
East Carolina University
Chair, Council for Allied Health in North Carolina
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National and state allied health organizations

- Association of Schools of Allied Health Professions (ASAHP)
- Council for Allied Health in North Carolina (CAHNC)



What is Allied Health (what it isn't)

- **An alliance of smaller, but significant, health professions**
- **“Unity through diversity”**
- **Several “allied health” departments/schools/colleges are:**
 - Called “health professions” or “health sciences”
 - Combined with nursing, medicine or other disciplines
 - Single degree programs within unrelated colleges or schools
- **More traditional allied health programs often have a rehabilitation emphasis**
- **Allied health education is found in:**
 - State supported universities
 - NC community colleges
 - Private education
 - OJT and certificate training



Allied Health Workforce Supply and Demand Information

- **Cecil G. Sheps Center for Health Services**
Research data presented by Erin Fraher, PhD
- **Recent workforce studies can be found on:**
 - CAHNC – <http://www.med.unc.edu/ahs/cahnc>
 - Sheps Center – <http://www.shepscenter.unc.edu/>
 - NCHA – <http://www.ncha.org>

Inventory of university-based allied health programs

(Inventory incomplete due to definition of allied health and expanding program offerings by universities)



Challenges in Meeting State's Need for Qualified Allied Health Professionals

(McLean, Thomas: CAHNC, 2007, modified)

- **State budget cuts have contributed to:**
 - Capped or reduced enrollments
 - Loss of faculty resulting from:
 - No state raises in 3 years
 - Reduced operating resources and professional travel
 - Increasing cost of benefits and cost of living
 - Fear of job loss or program closure
 - Uncertain economic forecast
 - Loss of faculty time for clinical research
- **Demographics**
 - Aging population
 - Increasing diversity of population
 - “Graying” of workforce and faculty
 - Rural health disparities & varied healthcare needs by region

- **Changing requirements for allied health professionals**
 - Expanding scope of practice
 - New information and technology
 - Health Care Reform Legislation, new models of healthcare delivery, new payment structures and requirements
- **Faculty Shortages**
 - Critical shortages in specific disciplines
 - Salary compression and loss of salary competitiveness
 - Competing opportunities for potential faculty
- **Student Recruitment**
 - Competing career opportunities
 - Variable applicant pools
 - Lack of competitive financial aid

- **Shortage of accredited clinical field placement sites**
 - Unserved and underserved communities
 - Financial disincentives
 - Competition from other allied health programs
- **High costs of allied health clinical training**
 - Need for low faculty/student ratio
 - High cost of technical training equipment
 - Accreditation requirements



Recommendations for Meeting the State's Needs for Qualified Allied Health Professionals

- **Offering distance education or “Rapid Transition” certificate programs**
- **Traineeships and/or student loans with service repayment options**
 - Need for “Allied Health Scholars” program
- **Development of new clinical sites**
 - Preceptor/institutional incentives
 - Support for upgrading sites in non-traditional settings
- **New professional and advanced degree programs**
 - PhD programs for future faculty
 - Advanced professional degrees (AuD, DPT)

- **Teaching equipment support**
 - Funding to replace obsolete equipment and software
- **Support for faculty salary parity**
 - Competition with clinical practice salaries
 - Faculty recruitment and retention
- **System for rapid identification and response to fluctuating workforce needs**
 - Expand existing programs
 - Support for CAHNC

Workforce development has relied on accurate, current and ongoing workforce vacancy studies to determine employment needs and trends by region, and funds for these studies are becoming harder to find.

A strategy to determine allied health workforce supply from all educational sectors is lacking and leadership is needed to match supply with demand, especially in new and emerging disciplines.

The state and federal economic crisis has affected educational institutions and employers alike in their ability to plan for the future.

Planning for increased patient access will be a challenge in the near future for allied health and many other medical and health disciplines that are now forced to focus on reorganization or, at times, survival.