

NORTH CAROLINA  
**AHEC**

The logo for North Carolina AHEC features the text "NORTH CAROLINA" in a white, sans-serif font above the word "AHEC" in a larger, bold, white, sans-serif font. The letter "C" in "AHEC" is stylized as a white location pin. Inside the circular head of the pin is a green icon of two stylized human figures, one larger than the other, representing a family. The base of the pin is a green silhouette of the state of North Carolina.

# Agenda

- Background on NC AHEC Program
- Workforce Data
- Workforce Studies
- A new, broadly inclusive statewide organization specifically to address the Workforce for Health



# ABOUT NC AHEC

The **mission** of the NC AHEC Program is to provide and support educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina.

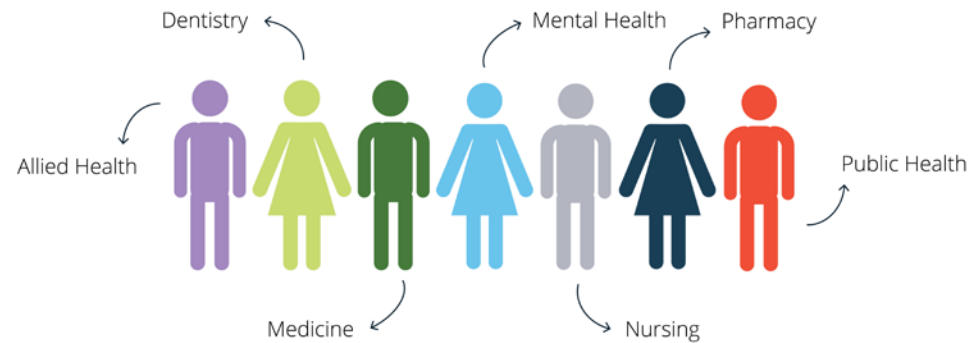
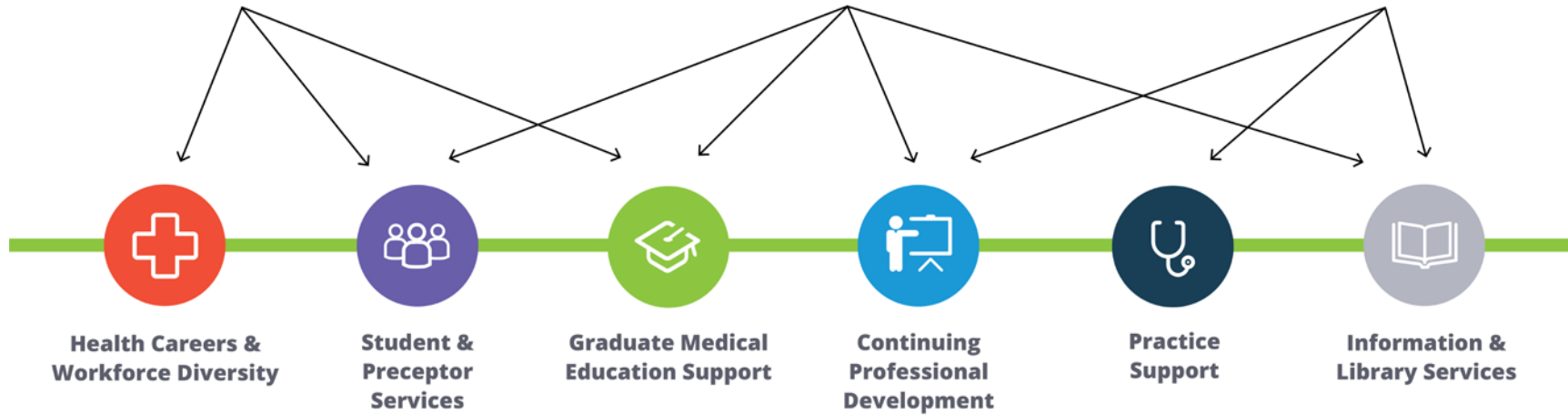
Our **vision** is a state where everyone in North Carolina is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves.



# RECRUIT

# TRAIN

# RETAIN



developing and supporting the workforce to create  
**A HEALTHY NORTH CAROLINA**



# NC AHEC PROGRAM – 50 years old!

A national focus on the health care workforce coincided with a growing effort in NC to establish statewide community training for health professionals and to reverse a trend toward shortages and uneven distribution of primary care physicians in the state's rural areas.

1970s

**The NC AHEC Program evolved from national and state concerns with the supply, distribution, retention, and quality of health professionals.**

The NC AHEC Program began in 1972 with three AHEC regions under a federal AHEC contract with the UNC Chapel Hill School of Medicine.

1972

The NC General Assembly approved and funded a plan to create a statewide network of nine AHEC regions.

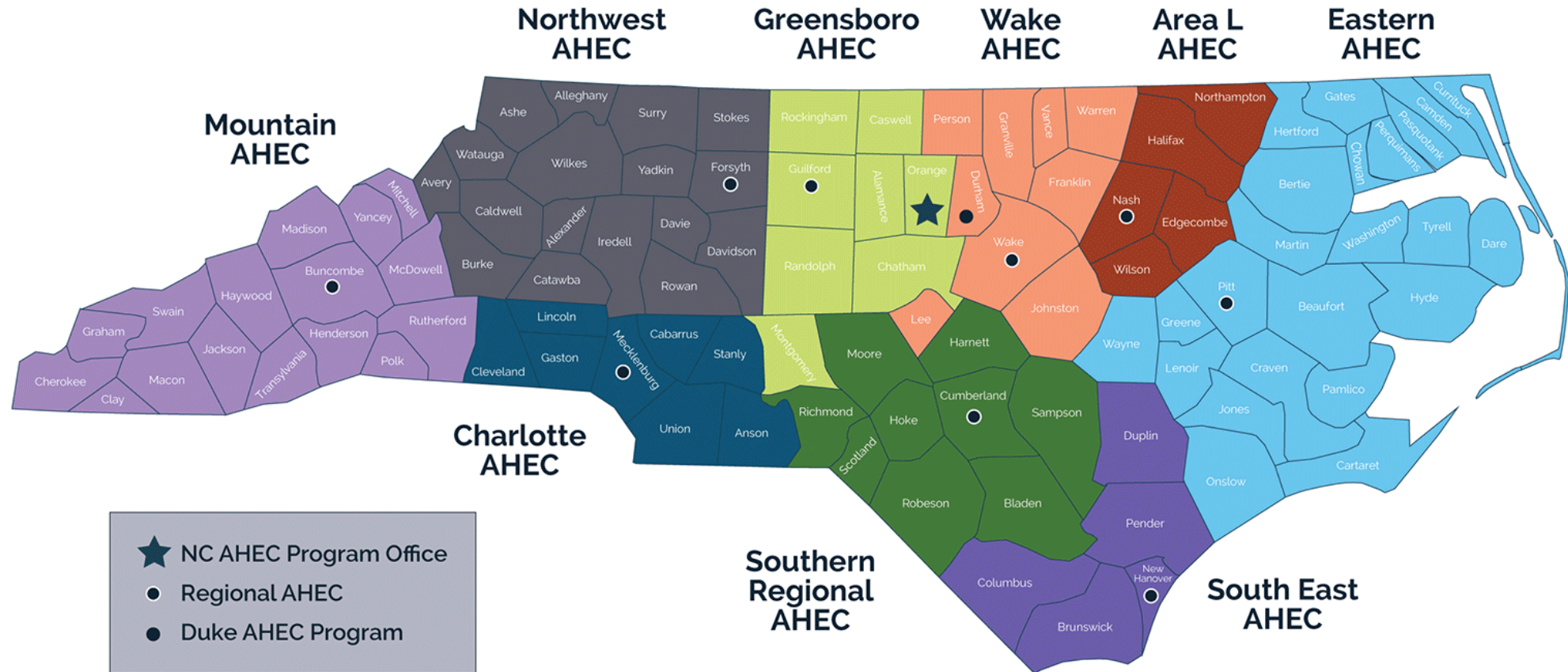
1974

By 1975, all nine AHECs were operational.

1975



# NC AHEC PROGRAM – STATEWIDE THROUGH NINE REGIONS



## Health Careers & Workforce Diversity

### **Health Careers training starts early with NC AHEC.**

K-12th grade students, including from racially and ethnically diverse, rural, and under-resourced communities, are exposed to various health professions encouraging them to consider those professions as possible future careers.

Upon graduation from the AHEC Scholars Program, students enter the health workforce, preferably in NC and in a rural and/or under-resourced community



## Student Services

### **NC AHEC supports students and health science schools.**

Safe and convenient short-term housing is available to any health science student who wants to train at a community training site, especially in rural and under-resourced areas of NC, and needs housing. Healthcare workforce is supported and expanding through a streamlined student on-boarding process for students, sites, and schools in NC.





## Graduate Medical Education (Residency) Support

### **NC AHEC improves the distribution and retention of primary care physicians.**

We help support – and in some areas of the state, operate – the residency programs necessary for primary and community care. Residents in AHEC-based and AHEC-supported primary care residencies more often stay to practice in NC.



## Continuing Professional Development

### **NC AHEC meets the ever-evolving continuing education and training needs of health professionals.**

Healthcare providers and healthcare teams have access to coordinated, innovative, and efficient continuing education and other training activities that help meet on-going licensure requirements and address their other professional development needs.



## Practice Support

### **NC AHEC works with medical practices to transform delivery of care.**

Our practice support teams ensure that our state's health workforce provides high quality, cost-effective, and inclusive care to all individuals in NC, while thriving in a value-based care environment (including the transformed Medicaid program), ultimately reducing costs and improving quality of care.



## Library Services

**NC AHEC librarians support the clinical, educational, and research activities of medical professionals and students across the state.**

Each of the nine AHEC locations has its own library, complete with a librarian staff prepared to meet the unique needs of the health care providers in their counties. All current and prospective healthcare professionals in NC have access to evidence-based information to promote the health and well-being of the communities they serve.



# NC AHEC – STATISTICS

Pipeline programs reached **3,720** students In 2020-21

**57,997** unique health care professionals participated in **9,800** continuing education programs in 2020-21

**63%** of AHEC-trained primary care residents stay in NC to practice

**32** practice support coaches serve **1,037** primary care practices statewide in 2021

**1,031** student rotations supported in 2020-21

**45,000+** nights of student housing offered in 2020-21



# Another Core Function

Convening and leading within the regions we serve

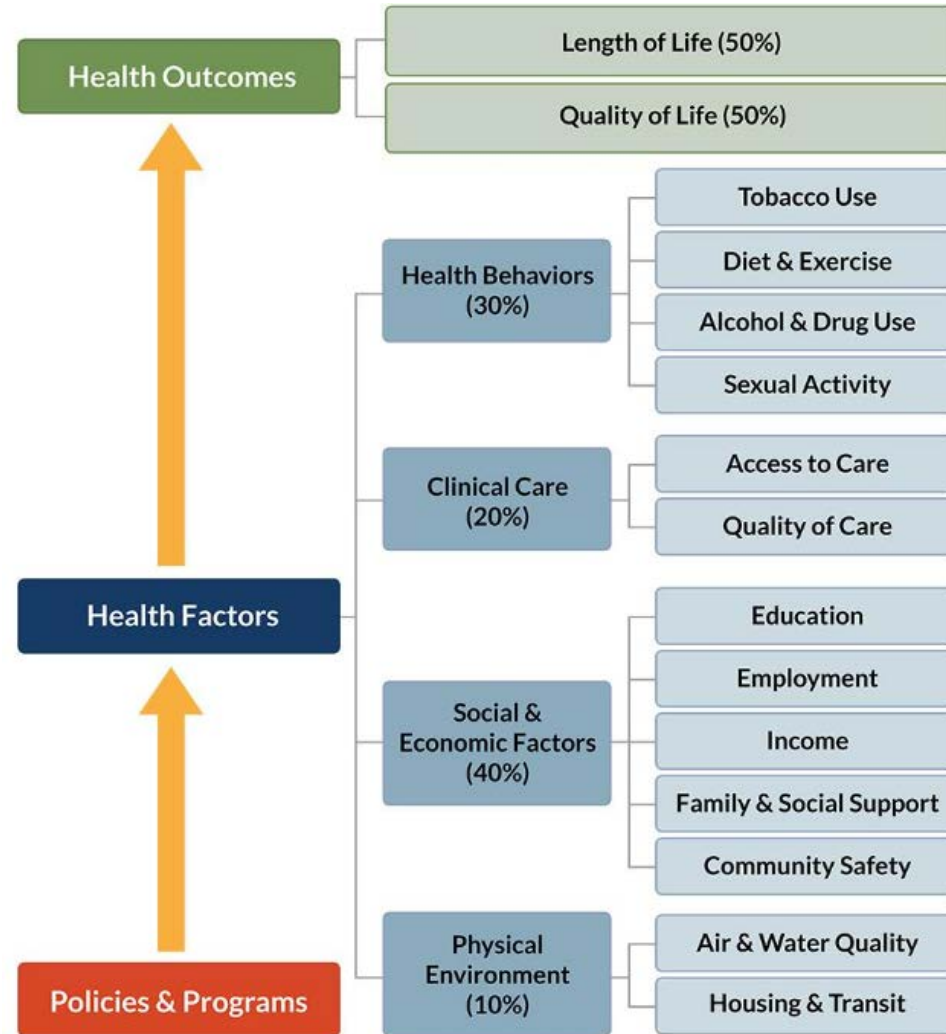


# Health Workforce Issues

- Health workforce shortages and maldistribution have been a persistent issue in North Carolina - the COVID-19 pandemic made an already challenging situation worse
- Health workforce is a priority but something else has frequently been a higher priority
- Many studies related to health improvement include health workforce recommendations
- The workforce needed to produce health includes but is broader than the healthcare workforce
  - Whole person physical health care includes integrated physical health and behavioral health (Standard Plans and Tailored Plans)
  - Whole person health includes the drivers of health (Healthy Opportunities Pilots)



# Workforce for Health



County Health Rankings model © 2016 UWPHI





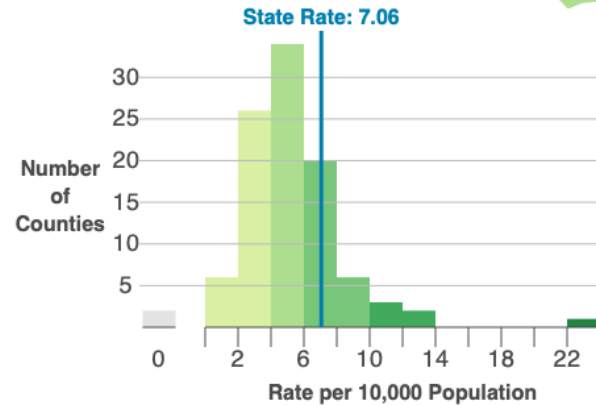
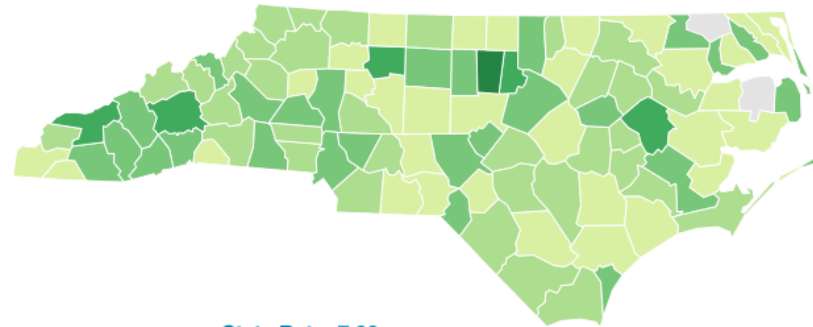
# Health Workforce Issues

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- Health workforce is a priority but something else has frequently been a higher priority
- Many studies related to health improvement include health workforce recommendations
- The workforce needed to produce health includes but is broader than the healthcare workforce
- We have good data on the supply and distribution of licensed health care personnel

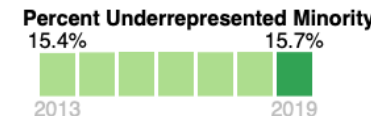
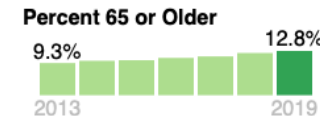
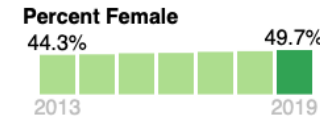
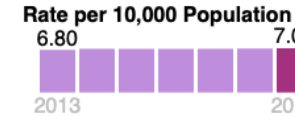


# Primary Care Physicians

Physicians with a Primary Area of Practice of Primary Care per 10,000 Population by County, North Carolina, 2019



Profession Demographics for North Carolina

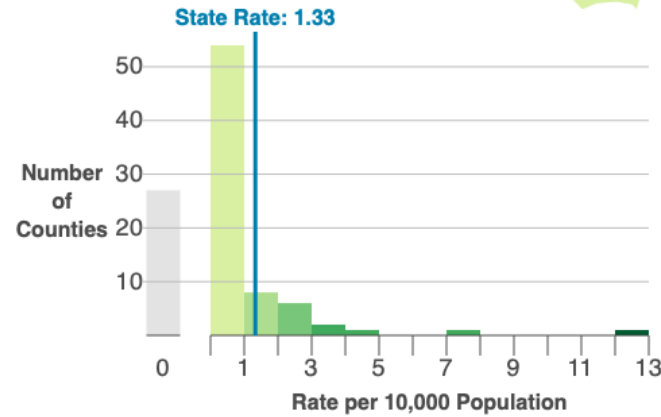
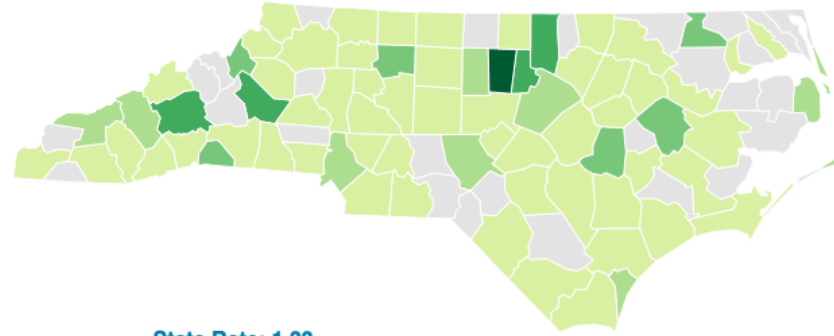


Physicians with a primary area of practice of Primary Care include the following: Adolescent Medicine (FM), Adolescent Medicine (IM), Adolescent Medicine (Peds), Family Medicine, General Practice, Internal Medicine, Internal Medicine-Pediatrics, Obstetrics/Gynecology, Pediatrics. This category overlaps with other categories, i.e., it is not exclusive of the other categories. Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

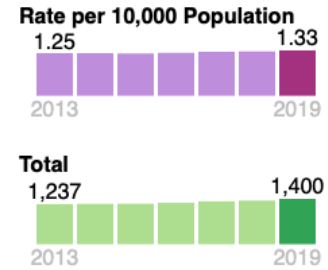


# Psychiatrists

Physicians with a Primary Area of Practice of Psychiatry, All Specialties per 10,000 Population by County, North Carolina, 2019



Profession Demographics for North Carolina

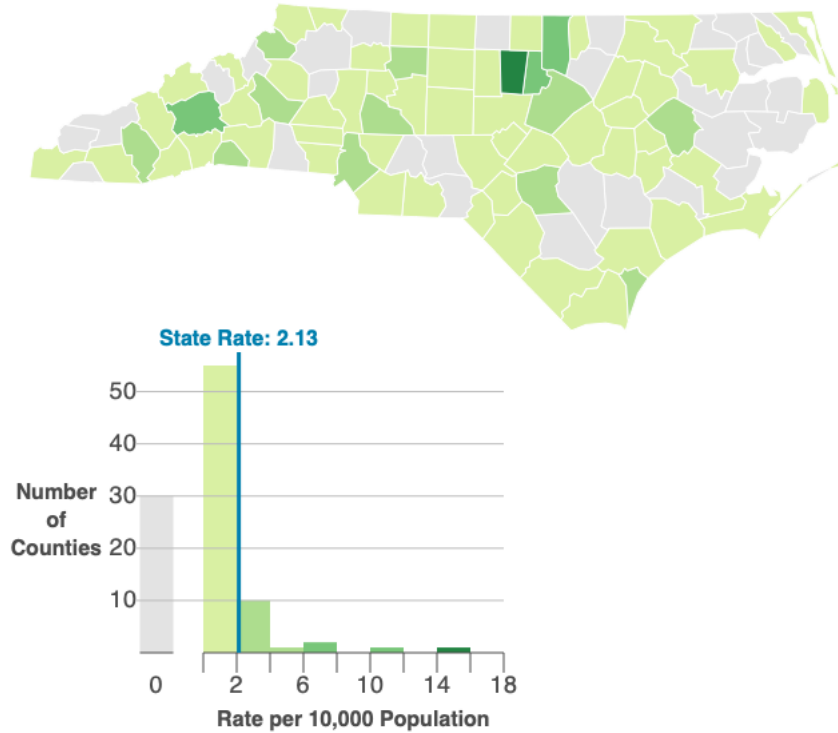


Physicians with a primary area of practice of Psychiatry, All Specialties include the following: Child & Adolescent Psychiatry, Pediatrics - Psychiatry, Addiction Medicine, Addiction Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, Hypnosis, Internal Medicine - Psychiatry, Psychiatry, Psychiatry - Family Practice, Psychoanalysis, Psychosomatic Medicine. This category overlaps with other categories, i.e., it is not exclusive of the other categories. Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

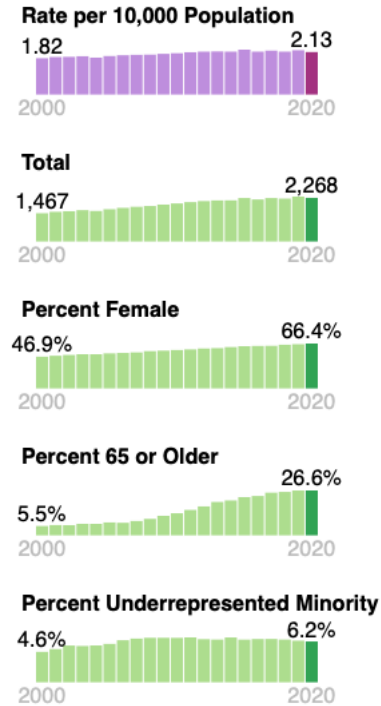


# Psychologists

Psychologists per 10,000 Population by County, North Carolina, 2020



Profession Demographics for North Carolina



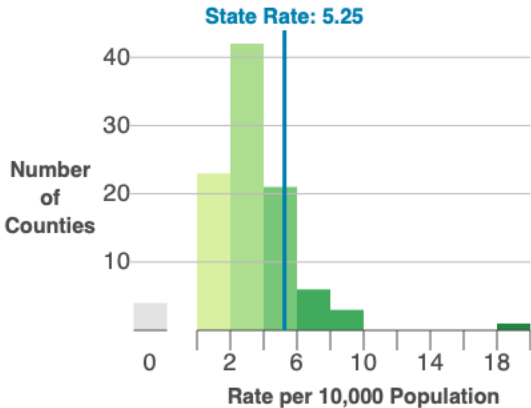
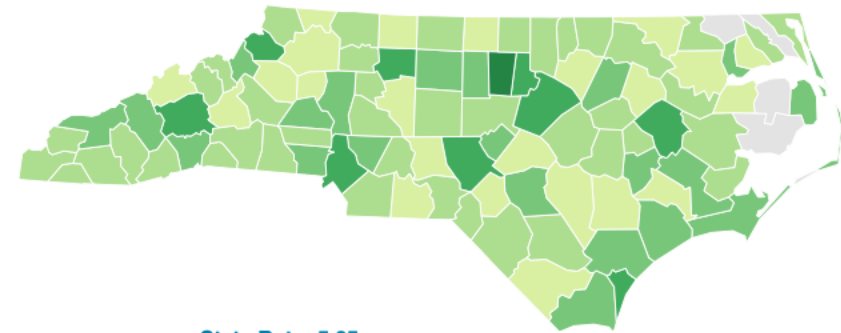
**SHEPS HEALTH  
WORKFORCE NC**

Notes: Data include active, licensed psychologists in practice in North Carolina as of October 31 of each year. Psychologist data are derived from the North Carolina Psychology Board. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

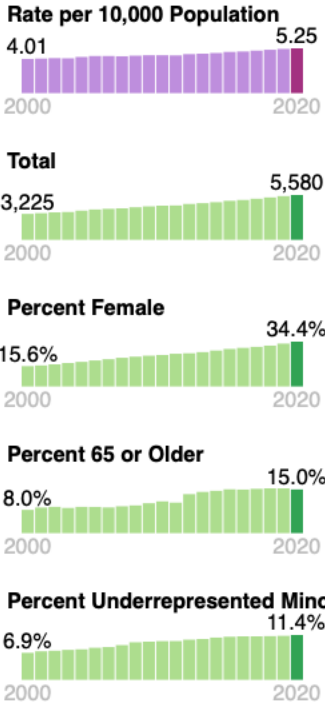


# Dentists

Dentists per 10,000 Population by County, North Carolina, 2020



Profession Demographics for North Carolina

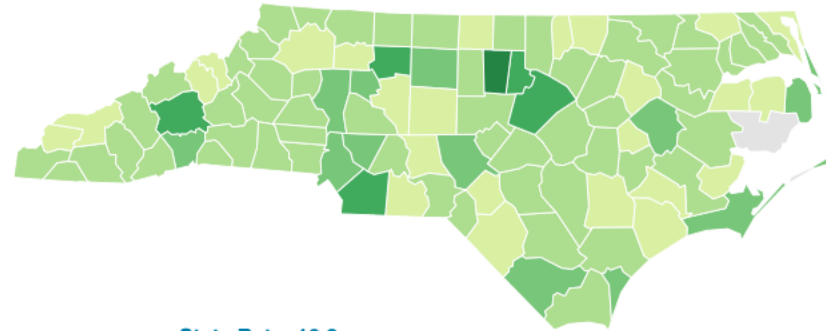


Notes: Data include active, licensed dentists in practice in North Carolina as of October 31 of each year. Dentist data are derived from the North Carolina State Board of Dental Examiners. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

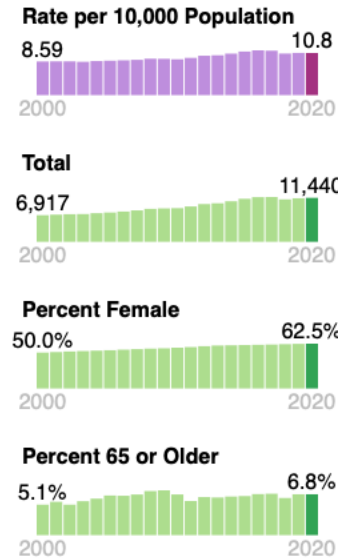


# Pharmacists

Pharmacists per 10,000 Population by County, North Carolina, 2020



Profession Demographics for North Carolina

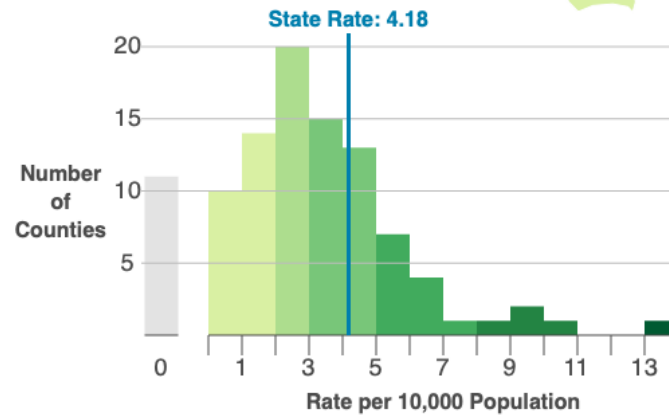
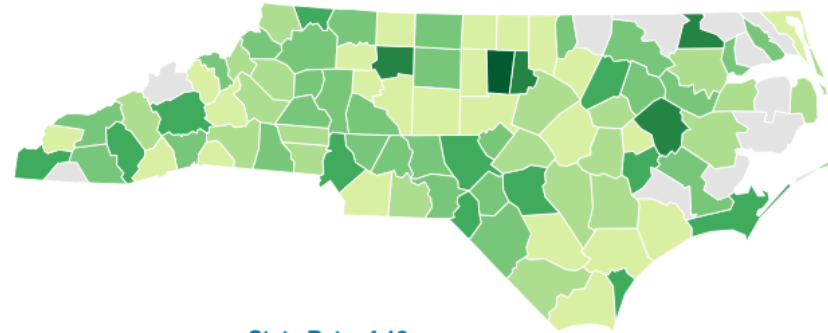


Notes: Data include active, licensed pharmacists in practice in North Carolina as of October 31 of each year. Pharmacist data are derived from the North Carolina Board of Pharmacy. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

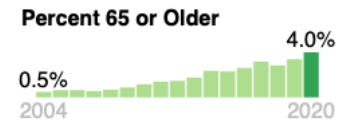
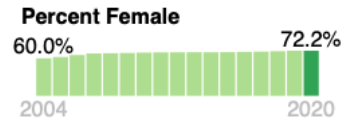
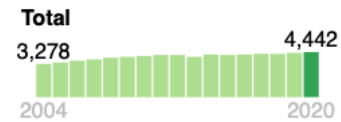
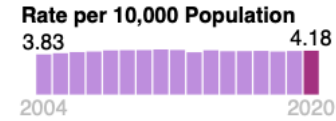


# Respiratory Therapists

Respiratory Therapists per 10,000 Population by County, North Carolina, 2020



Profession Demographics for North Carolina



Notes: Data include active, licensed respiratory therapists in practice in North Carolina as of October 31 of each year. Respiratory therapist data are derived from the North Carolina Respiratory Care Board. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 22, 2022 at <https://nchealthworkforce.unc.edu/interactive/supply/>.



# Some Studies that Include Health Workforce Recommendations

## NCIOM:

- Task Force on Maternal Health (2020-2023)
- Task Force on the Future of Local Public Health (July 2021 – Present)
- Carolinas Pandemic Preparedness Task Force (July 2021 – Present)
- Task Force on Serious Illness Care (April 2020)
- Task Force on Perinatal System of Care (April 2020)
- Task Force on Mental Health and Substance Use (2016)
- [Issue Brief: Recruitment and Retention of the Rural Health Workforce \(2018\)](#)
- NC Medical Journal: Developing a Workforce for Health in North Carolina (2020)





# Some Recent General Assembly Studies on Workforce

- Reports on GME and new Teaching Hospitals (S.L. 2018-88, Secs. 1.(b) and 2.(b))
- Outcomes of NC Medical School Graduates: How Many Stay in Practice in NC, in Primary Care and in High Needs Areas? (S.L. 1995-507)
- Pandemic Health Workforce Study (S.L. 2020-3, Sec. 3D.6.)



# Pandemic Health Workforce Study - Purpose

The NC AHEC Program shall:

- conduct a study of the impact of the COVID-19 pandemic on the health care workforce and health care delivery across the state
- Recommend strategies to better address the current pandemic and better prepare for future health crises

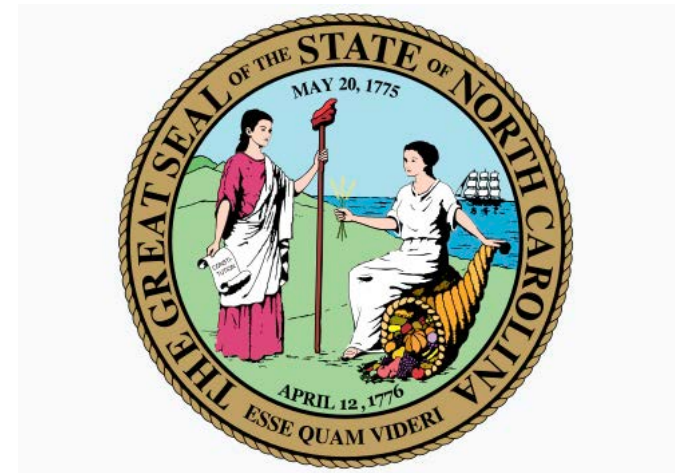
GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

SENATE BILL 704  
RATIFIED BILL

AN ACT TO PROVIDE AID TO NORTH CAROLINIANS IN RESPONSE TO THE  
CORONAVIRUS DISEASE 2019 (COVID-19) CRISIS.

The General Assembly of North Carolina enacts:

**PART I. ECONOMIC SUPPORT**



# Pandemic Health Workforce Study - Selected Findings

In general:

- The findings align with findings from other studies and provide direction – but further study is needed
- This was a lot to ask of stakeholders while they were responding to the pandemic – AHECs' relationships with stakeholders drove responses
- Existing workforce shortages were magnified by the pandemic
- Workers were afraid and stressed during the pandemic – and still are
- Service suspensions resulted in furloughs and other workforce reductions - employers cross-trained workers where they could to fill gaps and meet needs
- Challenges of caring for historically marginalized populations were magnified and workers weren't always prepared for this
- Telehealth was crucial to caring for patients and protecting them and the workforce
- Behavioral health needs of the workforce and the population are high and workforce shortages persist
- Learners were excluded due to PPE shortages and preceptors challenges



# Pandemic Health Workforce Study - Selected Recommendations

- Ensure an adequate health care workforce for current and future health crises.
  - Plan for long-term workforce needs by tasking AHEC to work with stakeholders to create a long-term workforce plan.
  - Develop workforce training to care for NC's most vulnerable populations.
- Address structural issues that impede the delivery of high-quality health care.
  - Improve workforce flexibility and support team-based care.
- Evaluate and strengthen system-wide capacity for telehealth services
- Enhance behavioral health services across the health care system.
  - Integrate BH into primary care and other services.
  - Build workforce capacity to deliver high-quality BH care.
- Respond to changing needs and prepare for potential health crises.
  - Support protocols to safeguard PPE and other supplies.
  - Address barriers for health science students.
  - Continue to evaluate pandemic challenges and responses.



# What are we doing?

## NC Sentinel Network

- Current information from employers about their workforce challenges is essential to developing timely and effective responses.
- Sentinel information is timely qualitative data from employers on local changes in workforce demand.
  - Identifies **skills needed** and **local conditions** making hiring difficult
  - Provides “**how and why**” perspectives behind demand signals
- Leverage new information on demand with existing supply data

### Timing:

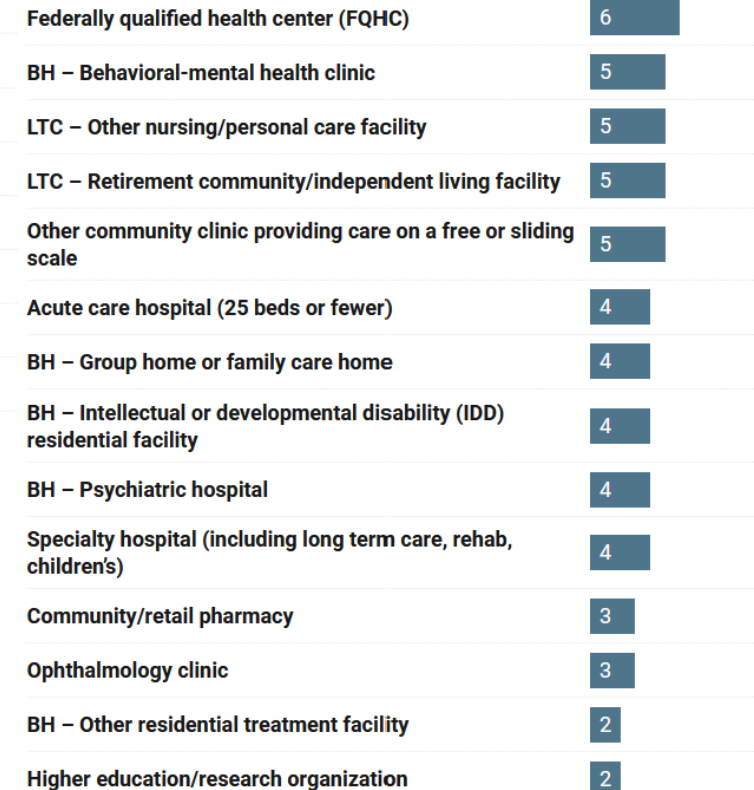
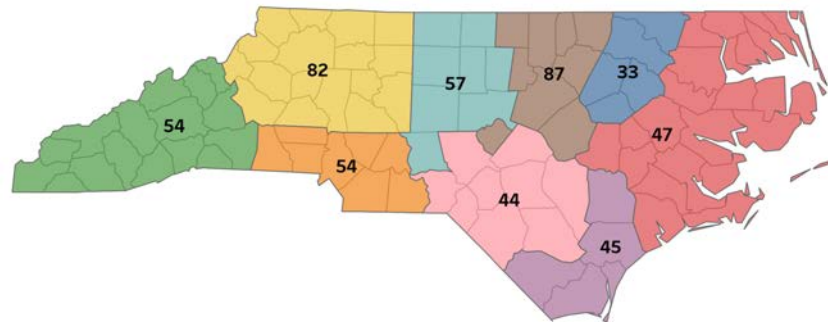
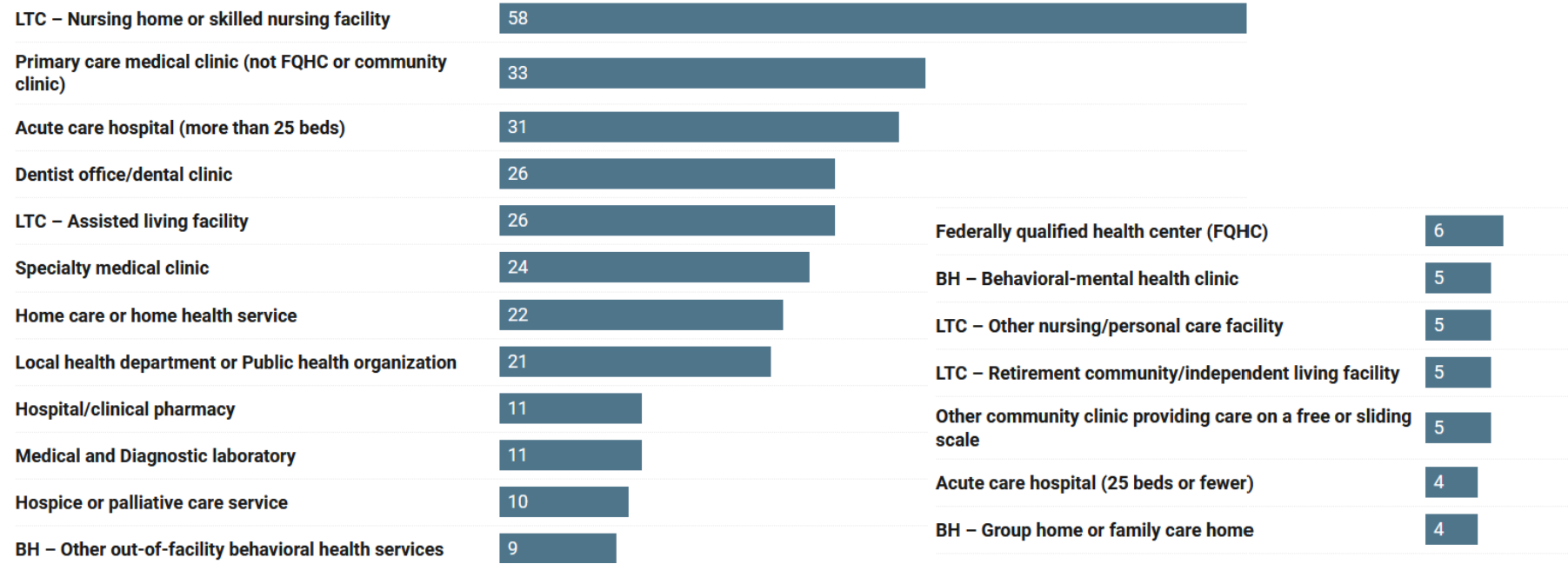
- Initial questionnaire: Fall 2021 (closed mid-November 2021)
- Second questionnaire: early May 2022 (will close mid-June 2022)
- Plan to continue every 6 months as long as it's valuable

**Results:** Available to review at <https://nc.sentinelnetwork.org/>



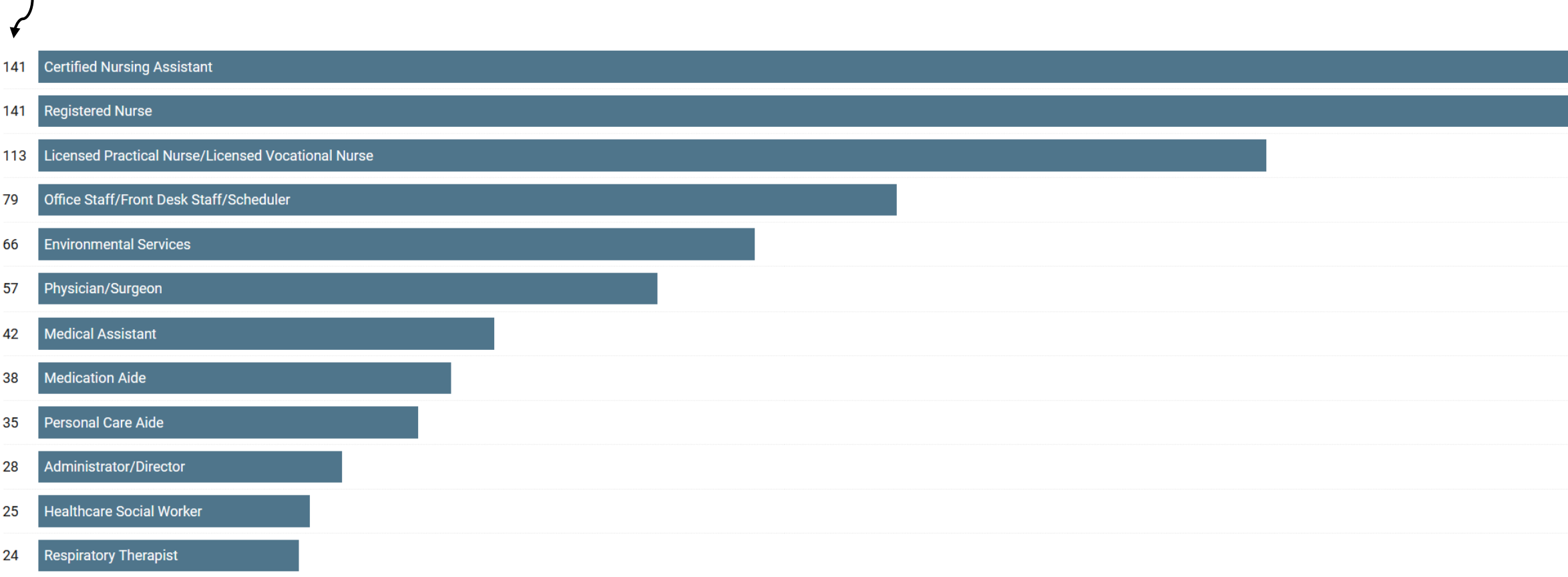
# NC Sentinel Network: Who Answered the 1<sup>st</sup> Questionnaire?

About 300 unique respondents, who submitted responses for 338 facilities/organizations across the state



# Overview of Results: **Exceptionally long vacancies** (i.e. posted job vacancies that went unfilled for longer than usual)

# of responses indicating long vacancies for this occupation



Responses from 16 facility types reported long CNA vacancies, including 57 of 58 nursing homes/SNFs  
Responses from 19 facility types reported long RN vacancies, including 31 of 35 hospitals  
Responses from 17 facility types reported long LPN vacancies, including 55 of 58 nursing homes/SNFs

# What are we doing?

The NC AHEC Program, the NC IOM and the Sheps Center, in coordination with the UNC System, are partnering to form a statewide organization to convene stakeholders to plan or coordinate the development of the workforce for health.

## Approach:

- Convene communities of interest to identify potential solutions and opportunities to collaborate to address the challenges – voluntary participation and align with others
- Leverage data and information on best / promising practices to identify and communicate current and emerging workforce for health needs and solutions
- Recommend policy and other actions to address current and future workforce for health needs
- Focus on progress toward implementing those solutions and provide regular updates
- Persistent, transparent, accountable and supportive to participants and others – make it as easy as possible to keep workforce for health as a priority





# What are we doing?

Examples of invited participants include:

- Educators (UNC System, private colleges and universities, Community College system, MyFutureNC, Public Instruction)
- Government/Boards (DHHS, Commerce, Public Safety, OSBM, Regulatory Boards)
- Employers (hospitals, nursing homes, community health centers, public health departments, home and hospice, assisted living, behavioral health, NC Chamber, pharmacies)
- Providers (doctors, PAs, nurses, dentists, dental hygienists, pharmacists, respiratory therapists, community health workers)

Plan to meet quarterly; beginning April 4, 2022 to get input into participants' needs, desired outcomes and processes



# FOR MORE INFORMATION

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