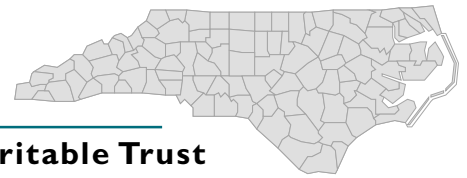


# OutReach



A Publication of the Kate B. Reynolds Charitable Trust

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## Seeking Solutions to Manpower Issues

In the mid-1970s when the North Carolina AHEC (Area Health Education Center) program was evolving, there were fewer than 15 physicians (specialty and primary care physicians) for every 10,000 residents statewide. Today there are more than 20. Perhaps even more important, the ratio of primary care physicians to population measures more than 8 per 10,000 — better than the national average.

The improvement can be attributed to many sources. National, state, and local agencies, a strong system of university and community college systems, active professional organizations, and generous public and private foundations have all played important roles. Working alongside each of these — often coordinating efforts and effecting joint initiatives — has been North Carolina AHEC.

The AHEC movement was established on a national level in response to concerns about the supply, distribution, retention, and quality of health professionals. This national focus coincided with a growing effort in North Carolina 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.

In 1972, three AHEC regions were established under a federal AHEC contract with the School of Medicine of the University of North Carolina at Chapel Hill. Two years later, the North Carolina General Assembly approved and funded a plan to create a statewide network of nine AHEC regions. Within a year, all nine AHECs were operational.

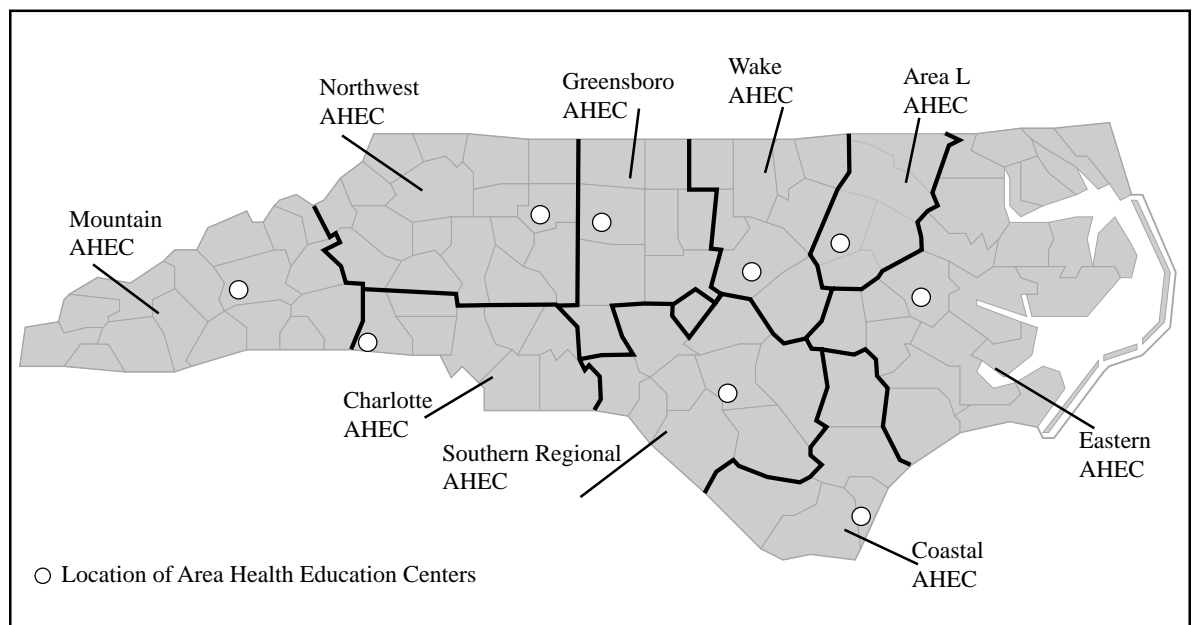
Although great strides have been made over the past quarter century, much work remains. Shortages exist in many fields: nurses and nurse assistants, allied health professionals, pharmacists, dentists and dental hygienists, and physicians.

Complicating the issue of across-the-board shortages are other demographic issues that create an uneven distribution of available manpower:

1) As large numbers of the current workforce nears retirement age, there are decreasing numbers of young health professionals to fill their positions.

2) The lack of diversity among health professionals contributes to the challenge of providing quality care to underserved populations. There is a great need for Spanish-speaking practitioners and caregivers.

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## Meet Marianne W. Cook



Marianne Cook is a Program Officer in the Health Care Division of the Kate B. Reynolds Charitable Trust.

Although her undergraduate education was not in the health care field, as she began working after graduation, she realized that ultimately she would like to work in health care philanthropy. Toward that end, she entered UNC-Chapel Hill and earned a master's degree in Health Care Administration.

Her interest in the field grew out of her travel and experiences with her parents, both of whom had careers in public health. Through their work, she saw firsthand how poverty and lack of adequate health care can devastate lives.

At the Trust, she now has an opportunity to work directly with agencies committed to serving needy and underserved populations. She meets with agency representatives, reviews applications, and does follow-up after grants are awarded. Her favorite part of the job is meeting the people who work every day in service delivery. She particularly enjoys making site visits to observe agencies at work. Marianne works primarily with grants made to agencies in the eastern part of the state.

## North Carolina Area Health Education Centers

*Dr. Tom Bacon, Director (919-966-0809)*

Attracting young people to enter the health professions has been a cornerstone of AHEC programming since it began. In 1990, NC AHEC broadened the reach of its recruitment program by printing a NC Health Careers reference manual. The Kate B. Reynolds Charitable Trust supported the project with grants of \$85,250 for the initial printing and \$32,546 to develop a marketing plan and compiling information for a second edition.

The manual was a comprehensive guide to 78 different health professions. It was distributed to junior and senior high school counselors, teachers, students, and parents as well as to community colleges and public libraries and at career fairs.

Students found it to be an easy-to-use source that included much information not routinely available to students, such as salary ranges, work environments, and areas of specialization within each field. It was a unique publication at the time of its early printings and helped to build awareness of job opportunities on all levels within health care. It is now in its sixth printing, and more than 175,000 copies have been distributed since it was first published.

Over the years, AHEC has greatly expanded its recruitment program to help offset the declining numbers of applicants to health education programs across the state. However, the Health Careers manual continues to play a central role in the program because of its appeal and its comprehensive overview of each career path.

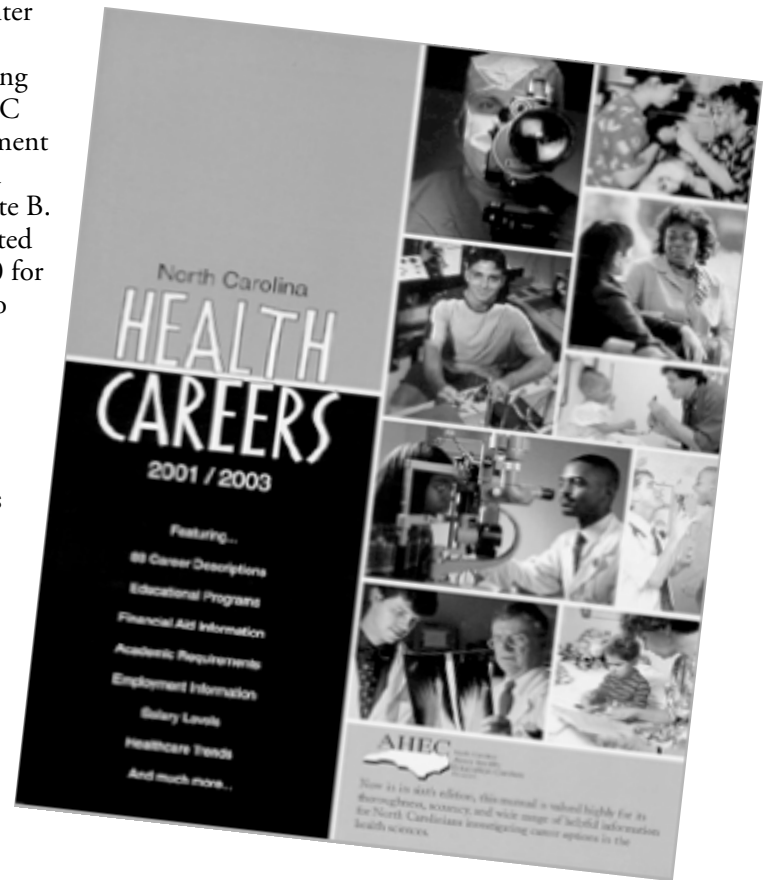
Although the Health Careers manual was developed primarily as a recruiting tool, it has other uses as well. Health care workers who hold entry level positions but look toward advancement can plot a career path using the information found in the manual. In addition to defining academic standards

and prerequisites, it also defines licensing and certification requirements. Another useful resource is a listing of professional associations.

According to John H. Frank, Health Care Division Director of the Kate B. Reynolds Charitable Trust, the Health Careers manual is invaluable for agencies that plan or analyze health care programming needs. The health care trends section gives the reader up-to-date information on manpower needs in the state. It also promotes cooperative planning for educational programming.

"When we talk with agencies about proposals, we often refer to the manual in determining whether sufficient programming already exists within a region," Frank said.

"Or if there are needs that require collaboration among several agencies, we have a resource for identifying opportunities for partnerships, based on both location and the supplemental services that are available."



Organizations are eligible for grants from the Kate B. Reynolds Charitable Trust if they have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code and are not private foundations [as defined by Section 509(a) of the Code]; or are public instrumentalities. Grants are not awarded to individuals.

## Mountain AHEC Family Health Center

*Dr. Teck Penland, President and CEO (828-257-4400)*

Mountain AHEC (MAHEC) began its Family Medicine residency program in 1976 and by 1990 had graduated 91 physicians. More than two-thirds of the graduates had settled in western North Carolina, and half of those were practicing in small towns with fewer than 10,000 residents.

Although the results of its residency program had been exemplary, the demand for family physicians in the state continued to be critical. In response, MAHEC expanded its program and began a fund-raising campaign in support of a new health center to better accommodate the educational and service delivery needs of its program. The Kate B. Reynolds Charitable Trust awarded a grant of \$125,000 toward the construction of the center.

The 23,000-square-foot facility was completed in 1992. It has exceeded all expectations for enhancing the program. Teaching areas have been expanded and new precepting equipment makes it possible for

faculty to observe residents via closed circuit television while they work. Follow-up from instructors can be immediate and relevant.

The facility also includes a procedures room, space for expanded x-ray and laboratory services, and the addition of bone densitometry services.

The Center offers other advantages as well. Since the Center opened, patient visits have increased by 38 percent. In 2001, the number of visits recorded numbered 10,000 above the number seen at the previous Center facility. Because of its capacity, the facility can continue to see the high percentage of Medicare and Medicaid patients which account for approximately 50 percent of the practice.

MAHEC is now the leading practice in terms of patients served through Project Access, a local program for patients who cannot pay for medical care and are not eligible for insurance or any government programs. Faculty physician, Suzanne Landis, was instrumental in developing this health access program, which has become a model for the region and country.

## Cape Fear Community College (Southeastern Regional Allied Health Consortium)

*Dr. Paul Woodworth, Associate Director (910-343-0161)*

In 1991, Coastal AHEC and four community colleges joined together to form the Southeastern Regional Allied Health Consortium. Its purpose was to design a strategy for developing, funding, and implementing allied health education programs. At the time, none of the schools offered an accredited program in allied health education.

An extensive study identified severe local shortages in ten allied health disciplines: dental assisting, dental hygiene, medical assisting, medical laboratory technology, medical record technology, occupational therapy assisting, physical therapy assisting, phlebotomy, radiologic technology, and respiratory therapy technology. The four community colleges cooperated to offer certain disciplines on each campus and to coordinate clinical training in area hospitals. Students were allowed to meet pre-professional courses on their home campus before transferring to the institution offering their selected course of study.

The Kate B. Reynolds Charitable Trust awarded a two-year grant of \$922,400 to support the development and implementation of the initial four programs – dental assisting offered at Cape Fear Community College, health information technology at Brunswick County,

Cape Fear, and James Sprunt community colleges, medical assisting at James Sprunt Community College, and phlebotomy at Brunswick, Cape Fear, and Southeastern community colleges.

Within three years, these four programs became financially self sustaining, and programs in radiography and medical laboratory technology were established. Initial graduates of the programs began entering the workforce: all 15 graduates of the dental assisting program accepted employment in the area; 8 of 10 health information technology graduates began working locally; 10 of 11 medical assisting graduates accepted area employment; and 44 of 71 phlebotomy graduates began working locally.

The approach developed by the Consortium has become the required approach for all new educational programs offered by the Community College System. Much of its success has been evident in the number of graduates who elected to serve in the five-county region served by the schools. Dental Assisting continues to be the strongest allied health education program of the original four.

Following the establishment of these programs, the Consortium disbanded. However, the programs continue to be offered by the community colleges.

## Focus: NC AHEC Primary Care Residency Training

Through its Primary Care Residency Training, NC AHEC strives to improve the distribution and retention of primary care physicians in the state.

- Since 1973, 675 new primary care residency positions have been created in North Carolina. AHEC directly supports 339 of these.

- Of the AHEC-supported primary care residency positions, 220 are in family practice.

- During the past 20 years, 67% of the AHEC-trained family practice residents have remained in the state to practice.

- Over the past 28 years, North Carolina's 75 non-metropolitan counties have shown greater improvement in their physician/population ratios than comparable, non-metropolitan counties in the rest of the United States.

**Remember these Important Dates:**

The Fayetteville Satellite Office will be open December 2-6, 2002.

**Deadlines for Applications:**

Health Care Division – September 15, 2002

Poor and Needy Division – August 1, 2002

*(Continued from Page 1)*

3) The number of applicants for many health education programs is declining.

4) Some universities and community colleges are experiencing difficulty in recruiting qualified health education faculty.

5) With declining numbers of applicants and an increasing need for health professionals, maintaining high levels of competency is a challenge.

AHEC Director Tom Bacon and his staff have set strategic priorities for offsetting the worsening shortages expected over the next ten years. Programs are in place to recruit young people, support them while they pursue educational goals, and encourage them to remain in North Carolina when they begin their careers. AHEC sponsors language and

interpreter training for encouraging workforce diversity among all health professionals. Attracting young professionals from all segments of the population not only can help reduce shortages but can greatly improve the distribution of manpower as these professionals remain in their local areas when they begin working.

Through its Information Technology initiatives, AHEC now offers online continuing education and clinical resources that are important to health professionals on the job as well as to health education students, regardless of their location.

Because of AHEC's ongoing focus on strengthening efforts to address shortages among rural and other underserved populations, the Kate B. Reynolds Charitable Trust has awarded significant funds in support of AHEC programs over the years. Three of these grants are profiled in this issue of OutReach.

**Please Note:**

**Advance Consultations Are Now Required**

Since the beginning of 2002, advance consultations have been a prerequisite to submitting an application to the Kate B. Reynolds Charitable Trust. This preliminary step has always been recommended; however, it is now mandatory.

Many benefits may be derived from an advance consultation. It ensures that the program or project being proposed falls within the guidelines established by the Trust. For those that do fit the guidelines, the consultation facilitates the application process by clarifying terms, specifying supporting documents that must be included, and reviewing general instructions.

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