

**Proposed Eastern Indiana Area Health Education Center  
Stakeholder Meeting  
October 24, 2008**

**Attendees:** Jay Howard, Ph. D.; Caroline Sims; Peter V. Resnick; Diane McKinney; Dan Roach; Tom Hunter; Sharon Hollowell; Gary A. Meyer; Davis W. Ellis, MD; Pam Rennekamp; Cheryll Obendorf; Debra Harmon; Debra Gloyd; Sue Sharp; Jessica Schwipps; Steve Hilpipre; Shannon Walden

**Indiana AHEC Program Office Staff:** Dr. Richard Kiovsky, Jonathan Barclay and Angela Holloway.

Dr. Richard Kiovsky, Program Director for the Indiana AHEC Program shared the mission of AHEC with the stakeholders in attendance. See Attachment A for Power Point presentation slides.

Jonathan Barclay, Associate Director for Programming for the Indiana AHEC Program, shared the needs that AHEC is designed to address. See Attachment B for Needs Documents.

Angela Holloway, Associate Director for Development for the Indiana AHEC Program, facilitated a “Birds of a Feather” Roundtable discussion session.

The results of the roundtable discussions are presented here by AHEC goal area:

## **DISTRIBUTION**

**The Goals for the DISTRIBUTION work group were to:**

1. Identify and prioritize potential needs and solutions related to the **Distribution** of the health workforce in your region.

**DISTRIBUTION** means all of the right kinds of health workers (from CNA's to physicians) in all of the places they are needed.

2. Reflect on what gaps the EI-AHEC could fill to improve the **Distribution** of the health workforce in your region.

### **What do we know about the problem?**

A couple ways to ask this question:

1. When we look at the **Needs: Health Professional Distribution** sheet, do these needs match what we know about our regional needs?
2. What do we know about our regional needs for health workforce distribution (the right kinds of health care workers in all the right places) that is not reflected on this sheet?
  - Difficult for our bet students to get into in-state universities
  - Local High School need info from universities (re: Admission criteria) to prepare students
  - Review specialty referral issues: length of time, retention in rural communities

- Barriers seem to be at the university level:
  - Nursing students “program shop” to get into nursing
  - Good students not getting into programs (evaluate criteria?)
  - Nurse educator requirements
- Health Careers expensive for universities

### **What are we currently doing in our region?**

A few ways to ask this question:

1. What are we currently doing in our region to help improve the **Distribution** of the health workforce?
2. How are we currently attempting to get more of our own population training in health professions programs?
3. How are we currently attempting to keep our own population training in our communities or coming back to our communities for part of their training?
4. How are we currently attempting to recruit our own people who’ve trained elsewhere to return to our community to practice?

- Biomed curriculum in high school
- Awareness – know the types of careers
- Career exploration collaboration between high school and hospitals
- Preceptorships for pre-professional students
- Education assistance

### **What gaps still need to be filled?**

A couple ways to ask this question:

1. If there are the things that are already in place, can you identify some remaining gaps that must be filled if we are to make more progress in solving this problem?
2. Given the resources that are available to us, what else should be done to help address the **Distribution** of the health workforce in this region?
3. In an ideal world, what would be in place (that isn’t already), that would help fix the problem?

- OT
- Mental Health
- Dentists
- Primary Care MDs
- Specialists

## **DIVERSITY**

### **The Goals for the DIVERSITY work group were to:**

1. Identify and prioritize potential needs and solutions related to the **Diversity** of the health workforce in your region.

**Diversity** means the health workforce resembles the population in *socio-economic* and/or *racial/ethnic* background.

2. Reflect on what gaps the EI-AHEC could fill to improve the *racial and/or socioeconomic diversity* of the health workforce in your region.

### What do we know about the problem?

A couple ways to ask this question:

1. When we look at the **Needs: Health Professional Diversity** sheet, do these needs match what we know about our regional needs?
  2. What else do we know that's not on this sheet?
- Students from some communities are not academically prepared
  - Not all students receive proper guidance
  - Students not polished to really show professional side
  - Only those perceived as smartest get groomed
  - Some students have non-academic concerns that affect gpa
  - Workforce aging more rapidly than other areas
  - Large gap between high and low socioeconomic pop

### What are we currently doing in our region?

A few ways to ask this question:

1. What are we currently doing in our region to help improve the *racial/ethnic and socio-economic diversity* of the health workforce?
  2. How are we currently attempting to *identify* more of our own population for training in health professions programs?
  3. How are we currently attempting to *cultivate* our own population into:
    - a. Primary care locally? (MDs/DOs, DDS, NPs, PAs)
    - b. Allied health locally?
- Scholarships (and return to work)
  - Boy Scouts Explorers
  - Nursing 2000
  - Hospital HR
  - Clinical training sites for allied health
  - HME (med. Students)
  - Mentoring Program for students

### What gaps still need to be filled?

A couple ways to ask this question:

1. So some things are already in place. What remaining gaps must be filled if we are to make more progress in solving this problem?
2. Given the resources that are available to us, what else we do to improve the *racial/ethnic and socio-economic diversity* of the health workforce in this region?

3. In an ideal world, what would be in place (that isn't already), that would help fix the problem?
- Traditional BSN Program
  - Baccalaureate Programs in general
  - Associate Degree Programs
  - Decimation of best practices among communities
  - Lack of knowledge of array of health professions
  - Job shadowing and mentoring
  - Contingency planning for options
  - Faculty/salaries
  - Faculty prerequisites
  - Compliance training
    - OSHA
    - Universal precautions
    - HIPAA

## **QUALITY**

### **The Goals for the QUALITY work group were to:**

1. Identify and prioritize needs and possible solutions related to the **Quality** of health and health care in your region.  

**QUALITY** means the best care, in the best way, at the best time, resulting in optimal quality of life and health outcomes for each and every citizen.
2. Reflect on what gaps the EI-AHEC could fill to improve the **QUALITY** of health

### **☐ What do we know about the problem?**

**10 minutes**

A couple ways to ask this question:

1. When we look at the **Needs: Quality of Health Care** sheet, do these needs match what we know about our regional needs?
2. What do we know about our regional needs related to health quality and health care quality that is not reflected on this sheet?
  - Continued education for professionals (MD, Pharm, Nursing)
  - How do we keep them up-to-date on practices
  - Scholarships directly for med school students, recruitment based on assisting med student for primary care md

### **☐ What are we currently doing in our region?**

A few ways to ask this question:

1. What are we currently doing in our region to help improve the **Quality** of health and health care?

2. What systems-level (government, public health, large health care providers, private-public partnerships) efforts are underway?
3. What personal-level efforts or activities are occurring (at the level of the individual patient, provider, administrator, or stakeholder)?
  - Externships
  - Clinical sites for nursing, rad tech
  - Following scholarship students (birthday cards, Christmas cards) let student know we want them back
  - Offering scholarships as insurance policy – you work for us, if we don't have a need – debt free of scholarship
  - HR coordinates tutoring, hire high school students to assist mentoring (hospital budgets for salary)
  - Recruit internationally

**□ What gaps still need to be filled?**

A couple ways to ask this question:

1. So some things are already in place. What remaining gaps must be filled if we are to make more progress in solving this problem?
2. In an ideal world, what would be in place (that isn't already), that would help fix the problem?
3. Are health care providers at systems and individual levels engaged in quality efforts?
  - Provide dental care for school systems
  - Medicaid
  - Vision care in schools
  - Medical care in schools

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Assist with learning

  
  - COPD issues
    - Dust from farms
    - Quarry
    - Smokers
  - Education lacking for COPD push for D/C
  - Preventative health
  - Lack of medical home
    - Immediate care
    - ER's being used (reimbursement pay is better for ER fees)