



## **Turning Point Regional (TPR) Allied Health Roundtable Implementation Plan**

### **Part I: Defining the Partnership**

The Turning Point (TPR) Allied Health Roundtable was established to strengthen the allied health workforce pipeline in our service area with hopes of making a positive economical impact in the service area. The Turning Point Workforce Development Board and Area L AHEC share the same region which includes Edgecombe, Halifax, Nash, Northampton, and Wilson counties. The service region has a federal designation as a health professions shortage area (HPSA). In addition, a majority of the counties are located in rural, eastern N.C. and is medically underserved. Since 2004, over 39 industrial plants have closed while several have experienced large lay-offs. Lastly, the vacancy report for allied health professionals (April, 2007) reported that the allied health job vacancy was 4.4 per 10,000 population based on newspaper advertisements, which nearly doubles the overall state rate of 2.4.

TPR's goal is to expand the pool of applicants locally. This program will promote a *grow your own* model to recruit, prepare, and retain local talent for allied health job vacancies.

TPR Allied Health Roundtable will benefit employers by:

- 1) Impacting the expenses related to contract staff due to the tightening of the labor market
- 2) Impacting the expenses related to recruitment costs
- 3) Impacting the number of days to fill allied health vacancies
- 4) Impacting the turnover rates due to a limited supply of allied health workers
- 5) Expanding opportunities for clinical training sites

TPR Allied Health Roundtable will benefit allied health workers by:

- 1) Exposure to allied health careers
- 2) Preparation to become allied health professionals
- 3) Resources to fund academic training
- 4) Support to secure employment in the region
- 5) Expanding opportunities for clinical training sites
- 6) Opportunity to move up the allied career ladder with more education
- 7) Potential to earn beyond the livable wage in the region as an allied health professional

## VISION

The Turning Point Regional Allied Health Roundtable Partners' goal is to develop an allied health pipeline to address the workforce shortages, while redirecting the workforce in eastern N.C.

## MISSION

The TPR Allied Health Roundtable Partners will address the allied health workforce by promoting systems changes through realigning public and private resources, expanding integration of services, fostering support and leadership through the workforce intermediary, and supporting the development of strategies for career development (targeting dislocated workers, adults in the workforce, and high school students, traditional and non-traditional).

The Employment Security Commission/Job Link Centers defines the labor market regionally. There are centers servicing the entire region: Edgecombe/Nash; Halifax/Northampton; and Wilson.

## Workforce Intermediary (WI)

Area L Area Health Education Center (AHEC) is the workforce intermediary for the roundtable partnership. The Area L Area Health Education Center is a non-profit health education foundation which provides continuing education and training programs for health practitioners and students. The mission of Area L AHEC is to meet the needs of the healthcare workforce serving Edgecombe, Halifax, Nash, Northampton, and Wilson Counties by providing educational programs and services in partnerships with academic institutions, healthcare agencies, and other organizations committed to improving the health of the people of North Carolina.

The partners discussed and agreed that Area L AHEC is a neutral entity with a long history of organizing groups and communities to address health, health care, and workforce issues. Area L AHEC was unanimously approved as the Workforce Intermediary for the Turning Point

Regional (TPR) Allied Health Roundtable at the first partnership meeting on December 7, 2007, by a vote of partners in attendance.

### Partners

#### *Employers:*

Boice-Willis Clinic  
Halifax Regional Medical Center  
Heritage Hospital  
Nash Health Care Systems  
Rural Health Group  
Tarboro Clinic  
Wilson Medical Center

#### *Education:*

Edgecombe, Halifax, Nash, and Wilson Community Colleges  
Nash/Rocky Mount Schools  
Northampton County Schools  
Wilson County Schools

#### *Local Government:*

Edgecombe County  
Job Link Centers

#### *Workforce Development Board:*

Board Members  
Workforce Development Board Staff  
Workforce Development and Training Center

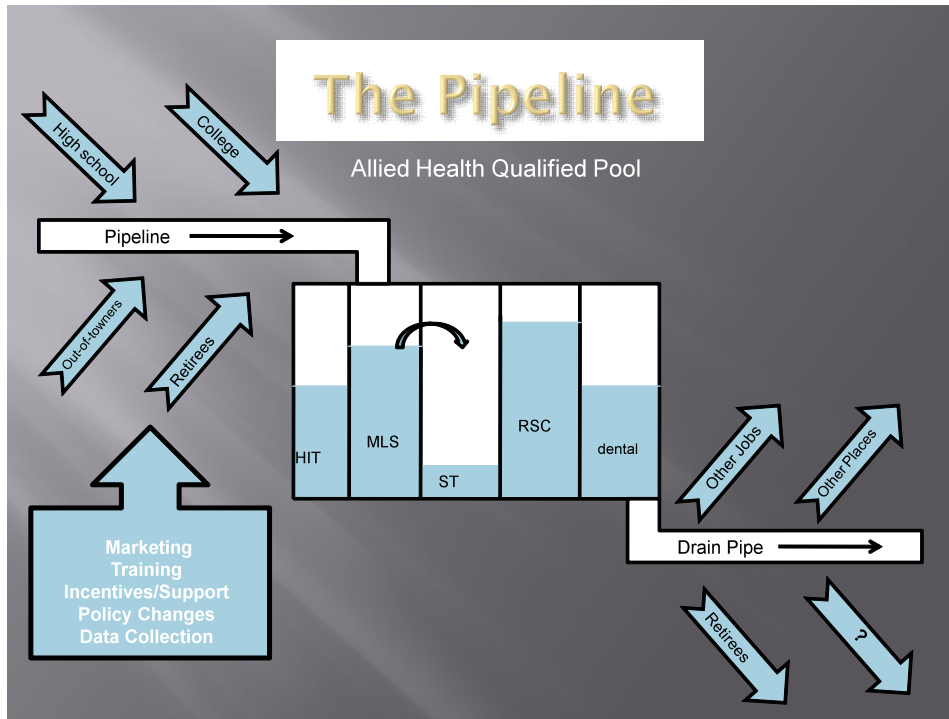
#### *Community Stake Holder:*

Retired Allied Health Professionals

#### *Health Care:*

NC AHEC Program  
NC Hospital Association  
NC Allied Health Council

The current and proposed customer base is comprised of dislocated workers, high school students (traditional and nontraditional), college students, potential residents relocating to this area, retirees, and current allied health professionals. Once the customers enter into the pipeline (allied health curriculum) and become qualified applicants for allied health jobs they will exit the pipeline by way of retirement, relocation, and other job opportunities.



All three Job Link Centers are chartered and serve as an integral part of the community's service structure.

## Part II: Governance and Structure

Area L AHEC, the workforce intermediary, manages the overall partnership by providing leadership, facilitation, and management of services and projects.

Each partner's role, whether an individual or organization, is to support the Roundtable goals by attending meetings, serving on committees, and identifying external funding (ie, grants).

A Memorandum of Agreement (MOA) has been developed to define each partner's role and responsibilities (see attached).

Organizational Structure:

The Board of Directors consists of seven (7) members and two ex-officio members. The Board of Directors' officers include a chair, vice-chair, and secretary. The board sets the guidelines and direction for the partners. In addition, the Board serves as the sustainability and marketing committee at this current time. There are four work groups: employee, employer, economic development, and stakeholder. The Roundtable partners are asked to serve on workgroups when appropriate and invite new ad-hoc members on a short term basis to serve on the workgroup.

Recommendations will be made by the Board of Directors. Final decisions are made by Roundtable partners who are voting members (see MOA to identify voting members). This document has been drafted and will be voted on by December 31, 2008. This document will be submitted with the final report to complete the planning grant.

Three staff persons would be needed to implement and operate the Roundtable's goals. By-laws will be adopted to serve as a guide to this organization.

A program director will manage the overall goals of the Roundtable by working closely with the board of directors and roundtable partners. This position is currently supported in-kind by the WI, Area L AHEC (.25FTE). Funding is needed to offset some of the administrative expenses incurred by the WI.

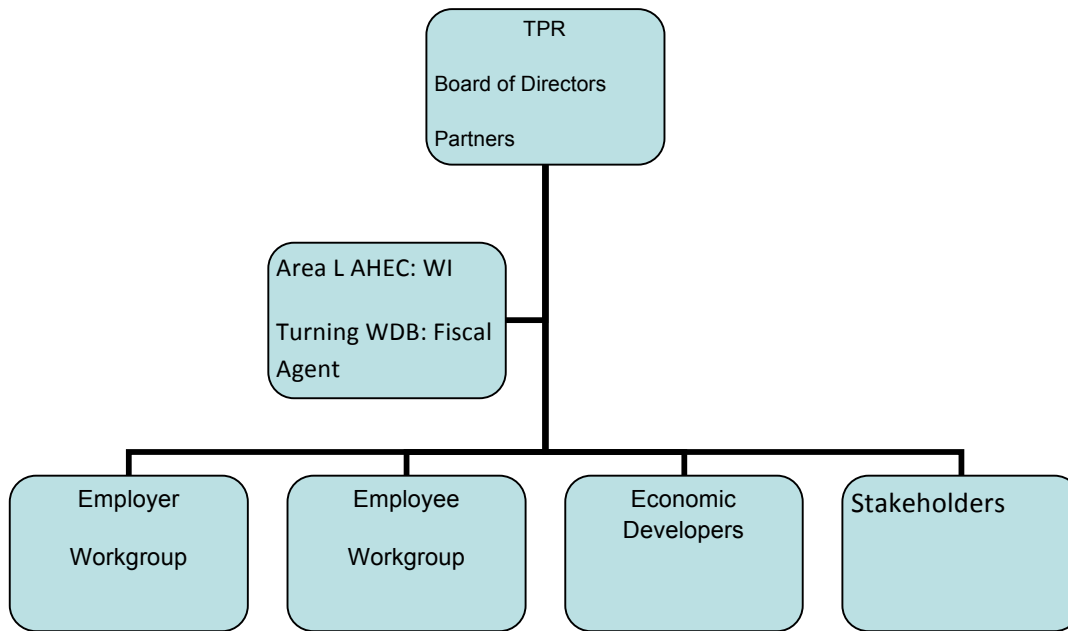
A program coordinator (.5FTE) is needed to develop and coordinate marketing in the community. This role would include community relations and recruitment efforts. This position should be filled as soon as possible to assist with the development and implementation of the marketing plan/campaign (Year One).

A retention counselor (.5FTE) is needed to provide support to health sciences students, specifically community college students. Some of the services offered would include tutoring, financial aid assistance, and social assistance (ie, childcare and transportation). The retention counselor would serve as a student navigator to assist students while they are enrolled in the curriculum program. This position would be filled by July 1, 2010 (Year Two).

A program assistant will plan logistics for events related to the partnership, provide accounting support, and process paperwork and transactions for all business. This position is currently supported in-kind by the WI (.25FTE).

Financial accountability will be managed by the fiscal agent, Turning Point Workforce Development Board, Program Director, and Area L AHEC's finance officer. This will include three layers of financial management and accounting.

**Turning Point Regional Allied Health Roundtable  
Organization Chart**



**Part III – Financial Plan (Sustainability)**

**Year One**

The planning grant award was \$50,000. This funding provided meeting structure, marketing development, sector strategy education, and consultant services.

**Year Two**

Funding support in the amount of \$200,000 is needed to support staff, implement marketing and recruitment plan, and to maintain meeting structure.

Staff	\$75,000
Consultant/Professional Fee	\$50,000
Marketing/Public Awareness	\$50,000
Travel	\$15,000
Material/Supplies	\$10,000
<i>Total</i>	<i>\$200,000</i>

### Year Three

Funding support in the amount of \$300,000 is needed to support staff, maintain marketing and recruitment plan, maintain meeting structure, expand academic resources, and provide support to students.

Staff	\$75,000
Consultant/Professional Fee	\$50,000
Marketing/Public Awareness	\$50,000
Travel	\$15,000
Material/Supplies	\$10,000
Student Support	\$50,000
Academic Expansions	\$50,000
<i>Total</i>	<i>\$300,000</i>

Plans to sustain the partnership after years two and three will include support from employers, economic developers, and grant funding.

Currently, the partnership will be able to implement goals (allied health exposure) without direct funding; but, will rely on partnership through the Nash, Edgecombe, and Wilson (N.E.W.) Project and the Health Careers and Workforce Diversity program at Area L AHEC. The N.E.W. project will evaluate the target disciplines for career readiness certificates. This will promote the career to potential employers. The Health Careers and Workforce Diversity Program will expand program services beyond school-age students to reach adults, specifically dislocated workers and nontraditional students (ie, GED students). There are recruitment models available for use through this program.

#### **Part IV – Partnership Operational Plan**

The Roundtable will apply for 501(c)3 status after year three. The Roundtable will function under the 501(c)3 status of the Workforce Intermediary, which is Area L AHEC, for the next three years. This will allow the acceptance and administration of federal, state and other funding to the organization for fulfillment of its mission and goals. The Roundtable will secure external funding for programming, training, and educational activities to increase the number of allied health professionals in the region through focused grant seeking activities, as well as partnership development with statewide associations and organizations with similar interests in healthcare workforce development.

The partnership will be fully operational by July 1, 2009. The next six months (January 1, 2009 thru June 30, 2009) will continue in a part two planning phase. The partnership will use a web-site for promotion, communication, and recruitment. This process should be primarily employer driven. Employees must see the value in participating and investing in this initiative. The return on the investment over the next two to three years is crucial to the employers' commitment to invest and continue in the partnership. Economic developers are a crucial part of this process also. It is important that they see the possibilities to strengthen the regional economy by investing into this sector strategy. Partners will need to share the information and promote the goals of the partnership in their venues to continue and grow the process.

### **Part V – Action Plan**

The action plan includes marketing, training, incentives, support, policy changes, and data collection.

Year one of the implementation phase will consist of targeted marketing of the allied health careers (six target disciplines). The marketing efforts will include traditional and nontraditional high school students, community colleges, existing allied health employees, dislocated workers, and the business community. The first six months of year one will include additional planning to launch the public awareness campaign and gain more employer support.

Additional goals for year one includes collecting more data to determine what the employer current needs. Data collection will become on-going from this point. Policy changes will be identified during this time as well. The planning grant generated discussions related to policy changes and resources that should be considered regionally.

The target disciplines were proposed to Roundtable members at the meeting held on February 8, 2008. They were unanimously approved at the Roundtable meeting held on August 15, 2008. The target occupations include: health information technology, dental hygiene, medical assisting, medical laboratory science, surgical technology, and respiratory care. Each occupation provides a career ladder that can begin with six months to two years of training. The earning potential exceeds the livable wages in this region and training can be done at one of the four community colleges in the region.

Year Two will focus on training (academic readiness and support). Students will enroll in a course curriculum, and a retention counselor will be hired to support student navigation at the community college. Year Two will also focus on leveraging resources to support training.

Year Three will focus on employment security such as incentivizing new employees. By year three of the implementation phase, employers should be fully invested by in the Roundtable initiative and will have access to a qualified pool of allied health workers. Year three will also

continue with public awareness, training, data collection, and addressing policy changes as needed.

See goals for years one and two in the excel spreadsheet (attachment electronically).

#### **Part VI – Services Provided by the Partnership**

The Roundtable services will be prioritized by the Board of Directors and members, coordinated by staff, and implemented by members, staff, and volunteers (speaker's bureau). The following services will be provided:

- 1) Allied health careers exposure, preparation, and resources.
- 2) Training support in academic programs (instructional and clinical support)
- 3) Employment security and incentives
- 4) Promotion of systemic changes to advocate for target population to include nontraditional students
- 5) Real time data for employers to track return on investment

Primary services will include allied health career exposure to the target population. The career exposure will be developed as a marketing plan to the traditional and non-traditional high school students, community colleges, existing allied health employees, dislocated workers, and the business community. The Board of Directors, partners, and staff will review and approve all public awareness information prior to release. The information will be shared by way of the web-site, marketing brochures, seminars, career fairs, and media. The dislocated workers' job counselors and Job Link Centers will also share information with customers.

#### **Part VII – Measuring Success**

The Roundtable has been successful in building an infrastructure from the healthcare community, workforce development board, community colleges, and community stakeholders during this planning grant. There are several ways to consider evaluating and measuring effectiveness to determine success level. An evaluation tool will be developed for collecting data to track participants and measure success. The goals and objectives discussed will be implemented and measured over the next three years. However, some of the efforts will not be measurable until five years (2014) after the implementation phase begins which is July 1, 2009 (operational date).

Success will be measured by the:

- number of students and dislocated workers exposed
- number of employees invested in the process identified

- number of economic developers invested in the process identified
- number of students enrolled in an allied health curriculum (from target disciplines)
- number of professionals graduated from the allied health curriculum
- number of graduates from the six disciplines
- number of graduates employed full time
- number of graduates employed full time in the region

## **Part VIII – Marketing/Branding Plan**

The current and proposed customer base is comprised of dislocated workers, high school students (traditional and nontraditional), college students, potential residents relocating to this area, retirees, and current allied health professionals. Nontraditional students will include GED students while traditional will include public and private high schools students. Students enrolled in health sciences academies will also be included. Once the customers enter into the pipeline (allied health curriculum) and become qualified applicants for allied health jobs they will exit the pipeline by way of retirement, relocation, and other job opportunities.

The market will be saturated by way of the Workforce Development and Training Center, Job Link Centers, schools, community colleges, and employers. All entities are currently serving as a Roundtable member. The customers and partners will be able to access services and intervention by way of the Turning Point Workforce Development Board and TPR Staff. The services of TPR will include total support through the entire allied health workforce pipeline. This includes allied health careers awareness, exposure, preparation, training, and employment.

Some of the ideas being considered for media includes: television, radio, internet, and podcasting.

The Turning Point Regional Allied Health Roundtable will be known as TPR. The abbreviation of the Roundtable's formal name will allow for ease in name recognition by identifying its regional scope (five-county region), its focus (Allied Health) and the collective and collaborative nature of the organization (Roundtable).

A logo and other associated supporting materials (brochures, letterhead, etc.) will be developed to promote the Roundtable in its funding, recruitment, and business activities.