As I sit at my desk, I have in front of me a folder full of clippings from national newspapers, journals, and magazines, which echo a similar theme: our country is in critical need of health care professionals both in the short term and for the long haul. In a day in which everything from public education to foreign policy to major league sports is reported to be in crisis, it can be said of health care in America that we have reached (in the words of a popular book) the “ tipping point,” that is, the point at which a crisis can become a disaster.

The tipping point is looming alarmingly in some disciplines, for example, nursing. It is well documented that over 700,000 positions will be vacant by 2014 (BLS, Department of Labor Statistics), but an even greater need exists in the allied health professions. However, as the Director of the Center for Health Professions at the University of California, San Francisco, points out, “...unlike nursing, workforce issues in the allied health professions remain hidden because they are understood in the context of one professional group at a time, not as a crisis for an entire professional community.”

This lack of awareness of the allied health workforce shortage by both policy makers and the public is exacerbated by several conditions coming together to form a “perfect storm” in health care:

- Increasing demands for new and expanded services due to advances in technology.
- Mounting needs of an aging population.
- Declining reenrollment of students in allied health programs.
- Aging and pending retirements of the current health care workforce.
- Decreasing supply of health care professionals to fill existing positions and meet the rising demands for new and growing services.

In addition to the lack of faculty to teach in classroom and clinical settings, shortages of those classrooms, laboratories, equipment, and clinical sites exist as well. Furthermore, severe cutbacks in state funding, upon which community colleges so heavily rely, decrease the possibilities for expansion of existing programs, much less the creation of new ones. The final blow is that the federal government directs most of its allied health funding to baccalaureate and graduate programs.

So, what are some solutions to these challenges? Considering that two-year colleges educate the majority of health care workers (60% of nurses and 63% of allied health professionals), it would seem reasonable that a more proportionate share of federal support be given to health science programs at the associate degree level. An increase in funding for the Public Health Service Act, Title VII is another imperative. According to the American Association of Community Colleges (AACC), in 2006, “…Congress appropriated 37 times more funding to nursing ($145.2 million) than to allied health ($4.0 million) education. Allied health funding fell by two thirds from 2005 to 2006 ($11.8 million to $4.0 million), while total Title VII funding fell by just over one half, from $299.6 million to $145.2 million.” Moreover, AACC is advocating that a Division of Allied Health Professions at the Health Resources and Services Administration (HRSA) be reinstalled to make allied health programs a greater and more visible priority within the federal government.

States can provide funding to two-year colleges to increase the number of graduates by expanding health care educators, and the prognosis is bleak. A chilling example was highlighted in a recent article published by The Chronicle of Higher Education: In radiology, a specialty that suffers one of the worst shortages in the health field, the average age of full-time professors is 54. It is anticipated that within the next couple of years, 27 percent of full-time and 80 percent of part-time positions will be vacant, in large part because of retirements—a trend not dissimilar to those in other health professions. The shortages in radiology are compounded, however, by the escalating reliance on (and consumer demand for) medical-imaging procedures and a decreasing number of programs for training those health professionals.

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ANNUAL MEETING OVERVIEW by Anne Locockan

The NN2 20th Annual Conference was held at the historic Hilton Netherland Plaza in Cincinnati, Ohio, October 10-13, 2007. The conference was hosted by Cincinnati State Technical and Community College Division of Health and Public Safety. The conference offered participants the opportunity to network, participate in the educational program and discussions, as well as to enjoy the beautiful riverfront city of Cincinnati.

The conference began on Wednesday evening with a lively reception at the Hilton where participants networked, met new colleagues and enjoyed a delicious repast. Wednesday morning, Dr. Ron Wright, president of Cincinnati State, welcomed the participants to Cincinnati and to the conference. Dr. Wright was followed by the Norman Clark National Issues keynote speaker, Dr. Mark Taylor, who provided an entertaining address about the "millenials," the newest generation of college students. The afternoon luncheon was sponsored by Educational Resources, Inc. NN2 is grateful to its vendors for their continuing support and support at the annual event. NN2 celebrated its 20th anniversary with dinner at the Royal Oak Country Club, in Amelia, Ohio. Following dinner, there was a retrospective slideshow presentation by Anne Locockan, followed by remarks from President Janell Lang, and reminiscences by the past presidents who were able to attend.

Both days of the conference included presentations about a variety of subjects including career pathways, distance learning, mobile technology, community partnerships, and a discussion about proprietary schools and their impact on the marketplace.

On Friday, the luncheon and NN2 Annual Business Meeting were held. The newly elected officers and board members were announced, and committee assignments were made. Friday’s luncheon was sponsored by METI. The day closed with a reception at Cincinnati State’s Midwest Culinary Institute, where attendees enjoyed beverages and delicious hors d’oeuvres, followed by a tour of the campus and health care laboratories, and finally, “dine-around” at Newport on the Levee just across the Ohio River in Newport, Kentucky.

The conference concluded Saturday with a full morning of talks on distance learning, the Spellings Report and hot topics, leaving attenders invigorated and ready for next year. The conference provided an opportunity for academic leaders from all over the United States to discuss common topics and learn new approaches to both old and new problems in community college health career education.

11. 15 contact hours per week/semester, 5 office hours in a 30-hour work week, with most teaching 18-20 hrs lecture/lab clinical combo. Some faculty teach 2-12 hour clinical rotations with an extra service contract for the extra hours. Program coordinators/directors receive 5 hrs per week release time for coordination or 3 hours extra service depending upon the choice of the faculty or needs of the program.

12. A.D.N. faculty have a 15-hour/week workload. PSAV, including CNA and PN, work a 24-hour/weekload. ADN faculty work a 12 hour/week/load and PSAV a 20 hour/week workload in summer semester.

13. ADN (credit program)

- Faculty in bargaining unit
- Faculty contracted 168 days—fall/spring
- Faculty teach minimum 15 hours/week
- Faculty receive overload for teaching more than 45 points per semester or total 90 for two semesters
- Faculty may teach in summer as “out-of-contract” at overload calculation
- Faculty serving as department chairs are released from teaching to perform specified duties

14. Faculty load is 18 contact hours/week/semester plus 5 office hours/week. The college pays an additional ½ hour prep time for a clinical day: Class 1 credit = 1 contact; Lab and clinical 1 credit = 3 contacts

15. This College’s ADN faculty teach 18 hours per week per student contact.

16. 18 contact hours, 4 hours of office hours, and 2 hours of mandatory meeting time per week. The load is based upon a 40 hour work load per week, with the remaining time for prep, research, assessment, committee work, etc.

17. PN and ASN programs now in one “umbrella” curriculum. Most nursing faculty (whether PN or ASN or both) is loaded on contact hours, and usually at the 18-20 hours per week level. If we exceed 24 contact hours per week, faculty get paid at the current adjunct rate for all hours above 24.

18. Nursing faculty (ADN and PN) have a 20 contact hours per week load.

19. ADN with PN Exit Programs have about 20-22 hours of contact time per week.

20. Faculty workload is an average of 15 contact hours per semesters if lab and clinical hours are involved, it equals approximately 20-24 contact hours. Our classroom is 1:1, lab 1:2, clinical 1:3, preceptor 1:4.

21. Nursing Faculty is primarily loaded on contact hours, although Program Chairs and Division Chairs are usually loaded on contact hours only. Full-time faculty have 20-24 contact hours/week for the Full and Spring semester OR 14-16 credit hours with 8 hours of office time which includes 3 hours of scheduled time for advising students. Full-time faculty has 24-28 contact hours in the ten week summer session with 5 office hours per week. If a faculty wishes to teach an extra class or clinical they are paid a course overload for that course.

Program Chairs teach 9-12 credit hours or 12-20 contact hours per week for the Fall and Spring semester and 6-9 credit hours in the ten week summer session. Division Chairs teach 6-8 credit hours or 4-8 contact hours per week for the Fall and Spring semester and no more than 3 credit hours in the ten week summer session.

22. Full time, 10½ month faculty (includes summer) requires 36 credits per year. With our base to credit ratio, this works out to be about 22-24 direct contact hours per week for a semester. Ratios are: Lecture: 1 course contact hour to 1 credit, Lab and Clinical: Determined through contact hours - 9 hours a week x 0.75 = 6.75 credits awarded to the faculty.

23. For both PN or ADN and all College faculty - Program Directors: 19 teaching hours and 2 hours are allotted for advising which would make a total of 21/week. Faculty: 24 contact hours/week teaching load.

24. AD faculty: 30 credits / 40 contacts per year. PN faculty: 32 credits / 54 contacts per year. The ratios are: Lecture 1:1; Lab 1:2; clinical 1:3.
NURSING FACULTY WORKLOAD

Jefferson Community and Technical College was formed in 2005 through consolidation of a community college and a technical college. As a result of bringing these two very different cultures together, workload issues have been of great concern and little consensus at JCTC. Thanks to input from NN2 colleagues offered through the NN2 list-serve, I was able to gather some interesting information from twenty-five institutions about the nursing faculty workload issue. Although not a formal study, some of the information gathered may be of interest to my NN2 colleagues.

Most institutions reported a 15-18 course contact hour/week/semester faculty work load for RN faculty. The ratio of load for the clinical and laboratory hours varied. Required office hours varied from 3-10 per week. Further study is recommended.

EXHIBIT 1: Summary of contact hour/week/semester faculty workloads

<table>
<thead>
<tr>
<th>Faculty Load</th>
<th>Contact Hours/Week/Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;hour for hour&quot; workload, so the weight of theory, lab, clinical assignments is the same.</td>
<td></td>
</tr>
<tr>
<td>2. If a full-time nursing course load is not available - they teach a course in other areas (EMS, CPR, first aid, etc.) or multi-compency health (medical terminology, health and wellness, law and ethics, etc).</td>
<td></td>
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<tr>
<td>3. 15 credit hour approach - The exact amount of contact time is formulated by a number of factors including class size, inclusion of laboratories, etc. for all faculty – health care and others</td>
<td></td>
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<tr>
<td>4. 5-10 week terms with all full-time faculty with 16 contact hours/week – lecture, lab, and clinicals are 1:1. Faculty members are required to teach 10 office hours per week. Program chair is given release from teaching load based on number of FTE students in program and advising load. Our nursing program chair has release full-time.</td>
<td></td>
</tr>
<tr>
<td>5. 15 contact hours/week per semester. This does not include office hours, prep, advising, committee work, curriculum development, and etc, which total a 40-hour work week. Faculty are paid overloads for everything over the 15 contact hours/week/semester.</td>
<td></td>
</tr>
<tr>
<td>6. (This) College has the 15 hour load. No LPN program</td>
<td></td>
</tr>
<tr>
<td>7. 30 Equivalent Student Hours (ESH) load/year, with three (3) Office Hours/week. Faculty can accept up to 36 ESH (Overload) per year. Lecture, lab, discussion, and clinical hours are all at a 1:1 ratio.</td>
<td></td>
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<tr>
<td>8. 15 hours/week/year, or 30-32 hours per year (fall and spring) with 5 office hours a week in addition to their load. Overload is paid in excess of 32 hours.</td>
<td></td>
</tr>
<tr>
<td>9. 15+ hours/week because clinical contact with students is at a ratio of 1.5 hours clinical: 1 hour contact. Nurses work/teach for 37.5 hours/week - two full days of clinical, 4 office hours/week, and tram teaching, and some faculty with full day freshman labs.</td>
<td></td>
</tr>
<tr>
<td>10. 15-17 contact hours/week</td>
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NN2 held its annual business meeting on October 12, 2007 at Cincinnati, OH at the beautifully restored, historic Netherland Hilton Hotel. President Janell Lang convened the meeting and welcomed the current and new members to the meeting and reviewed the many accomplishments of the organization over the past year.

Barbara Jones was honored for her diligent work as Board President and Past President as well as continuing work as NN2 newsletter editor. Janell also recognized Anne Loochtan for her service in the restructuring and redesign of the NN2 website and her tireless coordination of the Annual Conference. Others honored were Elgene Doinidis for her service as Board Treasurer from 2005 – 2007, Dr. Richard Hernandez for his service as Board Member at Large and Board Liaison to the Marketing Committee from 2005 – 2007, and Dr. Jeff Watty, Beth Evans, Vivian Lilly, Richard Hernandez and Carolyn O’Daniel for 2 year terms as Members at Large. The results of the election were as follows: A. Loochtan – President Elect, L. Olson, Treasurer, R. Hernandez and C. O’Daniel, Members at Large (2year terms). J. Lang appointed D. Points as chair of the Nominating Committee for 2008.

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The second conference, tentatively planned for 6-9 months after the first conference, will focus on what level of education, curriculum, and types of competency testing will be needed for the preparation of respiratory therapists. A detailed white paper produced after the first conference. The third conference is tentatively planned a year after the first conference and will focus on what level of education, curriculum, and types of competency testing will be needed for the current respiratory therapist preparation to which it is projected to be in the future.

The first conference will include invited stakeholders representing respiratory care professionals, physicians, professional societies, and others. The first and second conference will include educators, employers, and others. The planning committee will issue a paper summarizing the proceedings of the conferences within six months of the conclusion of each conference.

What is the future role of associate degree programs in Respiratory Care Practitioner (RCPs), Registered Nurses (RN), and other healthcare providers? Many in the healthcare arena are concerned about the "degree creep" phenomenon. This ongoing dialogue has focused primarily on the baccalaureate-prepared therapists. The debate continues to trigger considerable discussion about the "degree creep" phenomenon.

The American Association for Respiratory Care (AARC) convened four committees to explore the future of respiratory care practitioners. The project is called the RT 2015 and Beyond. The plan is to hold four respiratory care practitioner-focused workshops, each with presenters on topics related to defining the role, responsibilities, and expectations for the future of respiratory therapists. Jolene Miller represents the NN2 on the planning committee.

The other members of the planning committee are: Sam Giordano (AARC Executive Director), Tom Kallstrom (AARC COO), Robert Kamacir (Massachusetts Committee, including Respiratory Care Practitioner), Tom Barnes (RT Professor, Emory University). This conference will focus on the identification of values added by respiratory therapists in health care delivery, the needs of respiratory care practitioners, identification of knowledge, skills, and attributes which are needed for respiratory therapists of the future. Letters have been sent to stakeholders to participate in this conference.

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The second conference, tentatively planned for 6-9 months after the first conference, will focus on what level of education, curriculum, and types of competency testing will be needed for the preparation of respiratory therapists. A detailed white paper produced after the first conference. The third conference is tentatively planned a year after the first conference and will focus on what level of education, curriculum, and types of competency testing will be needed for the current respiratory therapist preparation to which it is projected to be in the future.

The first conference will include invited stakeholders representing respiratory care professionals, physicians, professional societies, and others. The first and second conference will include educators, employers, and others. The planning committee will issue a paper summarizing the proceedings of the conferences within six months of the conclusion of each conference.

What is the future role of associate degree programs in Respiratory Care Practitioner (RCPs), Registered Nurses (RN), and other healthcare providers? Many in the healthcare arena are concerned about the "degree creep" phenomenon. This ongoing dialogue has focused primarily on the baccalaureate-prepared therapists. The debate continues to trigger considerable discussion about the "degree creep" phenomenon.

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The Association of Specialized and Professional Accreditors (ASAPA) held its fall meeting September 9-11 in Louisville, Kentucky. The conference focused on accreditation in the health professions, in particular, and higher education, in general, with the agenda devoted to the many facets of accountability.

Paul Gaston, Trustees Professor, Kent State University, and 2007-2008 ASAPA Chair, presented a comprehensive overview on ASAPA national efforts to reauthorize the Higher Education Act, recognition to the work performed by ASAPA Extensive Recognition Issues (ERI), chaired by Susan Zlotow, APA, Psychology, which has provided able and influential advocacy during negotiated rules making. “ERI has been working with a coalition of accreditors as well as a number of university membership organizations in crafting language for Congress that will ensure the importance of academic freedom in higher education, the real meaning of the standards, in determining curriculum and faculty issues, and in discussing student achievement and appropriate assessment. Further, these groups are seeking a way of protecting accrediting bodies by affirming them due process similar to that afforded to those we accredit” (Zlotow).

Dr. Gaston concluded his presentation by asking members of the audience to 1) indulge in a hope for completing reauthorization of the HEA, maintain vigilance within the near term, offer assistance with the imminent reauthorization process, and 2) respond to NCLB stunts, and prepare now to develop positive influences on the tenor of the discussion when HEA comes up for reauthorization. The meeting gave special attention to the measurable outcomes this partnership can develop. With national emphasis being placed on outcomes and accountability for all accreditation activities, each of the members should be able to report to its respective boards what strategies are planned to maximize the effectiveness of specialized health professions accreditation. It was an open-ended agenda with important implications that can benefit the professions as a whole, their schools and their students as well as the public.

Jandl Lang, NN2 President, Barbara Jones, Immediate Past-President, and Callen Johnson, Executive Director attended the Health Professions Network (HPN) Fall Conference, “Crowning Your Profession,” held September 26-28 in beautiful Orange County, California. The conference provided informative presentations on healthcare issues, opportunities to plan in the business and committee meetings, and time to enjoy the sites, cuisine, and networking. The participants even had the opportunity to enjoy the “Southern California attraction” before dinner in Disneyland.

The keynote presentation, “Discrimination in Healthcare: A Business Imperative” was presented by Martha Caja, Managing Director, Services, Bernard Hodes Group. Her presentation provided insight into the changing demographics in the general population and the healthcare workforce, as well as cultural disparities in healthcare. Ms. Caja presented best practices around diversity as: 1) provide culturally proficient patient care, 2) reflect the community you serve, 3) expand your network of your leadership team, 4) keep your finger on the pulse of stakeholder perceptions, 5) build relationships with your community, 5) build a pipeline.

Patricia Clark, Communications, Media, Speech, & Message Specialist, presented “How to Communicate Effectively in the Media and Public.” Ms. Clark gave and don't view for television appearances and reporter interviews. The most important tip? 1) Communicate: Speak out, when appropriate and by Call and Board of Directors elected. The committee meets twice a year, in person, at the HPN Fall Meeting in California.

The Health Professions and Nursing Educators Coalition (HPNEC) Updates

The Health Professions and Nursing Educators Coalition Annual Fall Hill Day event was held in Washington, D.C. on September 12. NN2 was represented by Lois Simmons, member of the NN2 Board of Directors. Hill Day is designed as a lobbying opportunity for healthcare providers and educators to request support for the funding for Titles VII and VIII of the Public Health Service Act.

After a brief orientation meeting at the Association of American Medical Colleges office building, the attendees met with Senator Mikulski’s office and Senate office buildings to meet with Mona Shah, a legislative aide for Senator Barbara Mikulski. Lois accompanied a group of two female legislators from Johns Hopkins Medical Institution, their director, and the lobbyist for the American Academy of Pediatrics. Of course, the pediatricians were most concerned with renewed interest in funding for the National Health Service Corps, to convey to Senator Mikulski the thanks of the entire NN2 membership, and to request support for Title VII and VIII funding for healthcare and health education legislation.

Lois pointed out several other pieces of the VII and VIII legislation that directly affect the two programs, the Health Care Opportunities Program (HCOP), the provision for faculty loans for all programs, and especially the faculty loans to address the nursing program faculty shortages. In addition, VII and VIII programs are a major way to increase minority representation among our healthcare professionals and to provide healthcare to underserved areas of the country.

The present administration has not looked kindly on the VII and VIII funding. Between 2005 and 2007 there was a 30% decrease in spending for both programs of 34.5%. For example, the fellowship program, which supports students who attended Hill Day was entirely eliminated. Some VII and VIII funding was restored for 2007, but will be below the 2005 levels. The HPNEC has asked all members of Congress to help restore these programs. At Hill Day, the HPNEC also asked Congress members to contact your congressional members from your state, please remind them of the importance of full restoration of the funding for both Titles VII and VIII and ask for their support when reauthorization is proposed.