MEETING OF THE BOARD OF GOVERNORS
Committee on Educational Planning, Policies, and Programs

April 17, 2024 at 1:15 p.m.
Via Videoconference and PBS North Carolina Livestream
University of North Carolina School of the Arts
A.C. Ewing Performance Place, Catawba Theatre
Winston-Salem, North Carolina

AGENDA

OPEN SESSION
A-1. Approval of the Open and Closed Session Minutes of February 28, 2024 and the
    Open Session Minutes of March 27, 2024 ................................................................. Kirk Bradley

A-2. Academic Affairs Update ....................................................................................... David English

A-3. UNC Systemwide Behavioral Health Updates,
    Discussion of Case Management Expansion ...................................... Bethany Meighen and Suzie Baker

A-4. North Carolina Area Health Education Centers (NC AHEC) Presentation............... Hugh Tilson

A-5. Nursing Workforce Shortage Presentation ............................................................... Katherine Martin

A-6. Proposed Revisions to Section 700.1.1 of the UNC Policy Manual,
    Policy on Minimum Eligibility Requirements for Undergraduate
    Admission to the University of North Carolina System ......................... Andrew Kelly and David English

A-7. Adjourn .................................................................................................................. Kirk Bradley

Additional Information Available:
Medical School Graduates”
DRAFT OPEN MINUTES

February 28, 2024, 1 p.m.
Via videoconference and PBS North Carolina Livestream
University of North Carolina System Office
223 S. West Street, Board Room (17th Floor)
Raleigh, North Carolina

This meeting of the Committee on Educational Planning, Policies, and Programs was presided over by Chair Kirk Bradley. The following committee members, constituting a quorum, were also present in person or by phone: Lee Barnes, Gene Davis, Estefany Gordillo-Rivas, Wendy Murphy, Art Pope, and Woody White.

Chancellors participating were Kimberly van Noort, Philip Rogers, and Aswani Volety. Wade Maki, chair of the UNC Faculty Assembly, also participated.

Staff members present included David English and others from the UNC System Office.

1. Call to Order and Approval of Open Session Minutes (Item A-1)

The chair called the meeting to order at 1:01 p.m. on Wednesday, February 28, 2024. The open and closed session minutes from the January 24, 2024, meeting were approved by unanimous consent.

2. Academic Affairs Update (Item A-2)

Dr. David English ceded his update to allow for a more lengthy discussion of other pending items. Update on Academic Affairs across the 17 UNC System institutions.

3. UNC System Academic Program Degree Actions (Item A-3)

The following requests for academic degree program establishments were put forth:

- Elizabeth City State University, Bachelor of Science in Health Wellness and Promotion
- Appalachian State University, Bachelor of Science in Health Sciences
- University of North Carolina at Chapel Hill
  - Bachelor of Arts in Data Science
  - Bachelor of Science in Data Science
  - Bachelor of Science in Public Health in Community and Global Public Health
  - Bachelor of Arts in Global Studies (Joint degree with National University of Singapore)
• University of North Carolina Wilmington, Doctor of Physical Therapy
• North Carolina Agricultural and Technical State University, Doctor of Nursing Practice
• NC State University, Doctor of Philosophy in Agricultural Education and Human Sciences.

Chair Bradley called for a motion to approve the requests for the academic degree program establishments discussed and for submission to the full Board through the consent agenda.

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs approve the requests for the academic degree program establishments as discussed and for submission to the full Board through the consent agenda.

Motion: Woody White
Motion carried

The following requests for academic degree program discontinuations/consolidations were put forth:

• Elizabeth City State University, Bachelor of Science in Chemistry
• North Carolina Agricultural and Technical State University, Bachelor of Science in Engineering Mathematics.

Chair Bradley called for a motion to approve the requests for the academic degree program discontinuations/consolidations as discussed and for submission to the full Board through the consent agenda.

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs approve the requests for the academic degree program discontinuations/consolidations as discussed and for submission to the full Board through the consent agenda.

Motion: Gene Davis
Motion carried

4. Proposed Revision to Section 400.1.5 of the UNC Policy Manual, Policy on Fostering Undergraduate Student Success (Item A-4)

The policy revision requires students to complete a course or courses containing two student learning objectives (SLO) in order to graduate. The first SLO would require students to evaluate key concepts, principles, arguments, and contexts in founding documents of the American Republic, including the United States Constitution, the Declaration of Independence, and a representative selection of the Federalist Papers. The second SLO would require students to evaluate key milestones in progress and challenges in the effort to form “a more perfect Union,” including the arguments and contexts surrounding the Gettysburg Address, the Emancipation Proclamation, and the “Letter from Birmingham Jail,” as well as other texts that reflect the breadth of American experiences.

Chair Bradley called for a motion to approve the proposed revision to UNC Policy Manual, Section 400.1.5 and for submission to the full Board through the consent agenda at the next meeting.

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs approve the proposed revision to Section 400.1.5 of the UNC Policy Manual and for submission to the full Board through
the consent agenda at the next meeting.

**Motion:** Gene Davis  
**Motion carried**

5. **Proposed Revision to Section 700.1.1 of the UNC Policy Manual, Policy on Minimum Eligibility Requirements for Undergraduate Admission to the University of North Carolina System (Item A-5)**

A possible revision to Section 700.1.1 of the UNC Policy Manual was discussed by the committee. This policy establishes the minimum academic standards that a student must satisfy to be considered for undergraduate admission at any UNC System institution. Committee members engaged in a robust discussion of the possible policy changes and impacts at the meeting. A revision reflecting collected feedback from board members and our institutions will be discussed at the next committee meeting with a potential vote being submitted to the board.

6. **Next NC Scholarship Discussion (Item A-6)**

An update was presented on the Next NC Scholarship—a financial aid program that helps North Carolinians from households making $80,000 or less pursue higher education by fully covering tuition and fees at any community college or more than half, if not all, of tuition and fees to attend any UNC System institution.

7. **Closed Session (Item A-7)**

The chair called for a motion to move into closed session.

**MOTION:** Resolved, that the Committee on Educational Planning, Policies, and Programs move into closed session to prevent the premature disclosure of an honorary award or scholarship pursuant to G.S. 143-318.

**Motion:** Art Pope  
**Motion carried**

THE MEETING MOVED INTO CLOSED SESSION at 2:02 p.m.

THE MEETING RESUMED IN OPEN SESSION at 2:14 p.m.

There being no further business and without objection, the meeting adjourned 2:15 p.m.

______________________________________________  
Art Pope, Secretary
DRAFT OPEN MINUTES

March 27, 2024, 1:30 p.m.
Via videoconference and PBS North Carolina Livestream

This meeting of the Committee on Educational Planning, Policies, and Programs was presided over by Chair Kirk Bradley. The following committee members, constituting a quorum, joined: Lee Barnes, Gene Davis, Estefany Gordillo-Rivas, Wendy Murphy, Art Pope, and Woody White.

Chancellors participating were Kimberly van Noort and Aswani Volety. Wade Maki, chair of the UNC Faculty Assembly, also participated.

Staff members present included David English and others from the UNC System Office.

The chair called the meeting to order at 1:30 p.m. on Wednesday, March 27, 2024.

1. Proposed Revisions to Section 700.1.1 of the UNC Policy Manual, Policy on Minimum Eligibility Requirements for Undergraduate Admission to the University of North Carolina System (Item A-1)

The committee continued the discussion of proposed revisions to Section 700.1.1 of the UNC Policy Manual, which establishes the minimum academic standards that a student must satisfy to be considered for undergraduate admission at any UNC System institution. The discussion included the review of questions, feedback, and input received from members of the Board and from the institutions since the last meeting. The meeting began with a presentation from Dr. Andrew Kelly and Dr. David English summarizing the research discussed at the February 28, 2024, meeting and responding to additional questions identified and collected. Following the presentation, members of the committee and other Board members provided their comments and questions.

Governor Art Pope offered two alternatives to the proposed revision to be further discussed prior to a committee vote at the April 17 meeting.

There being no further business and without objection, the meeting adjourned 2:33 p.m.

________________________________________
Art Pope, Secretary
AGENDA ITEM

A-2. Academic Affairs Update

The committee will hear an update on recent activities involving academic affairs.

The University of North Carolina System Office Division of Academic Affairs complements the UNC System’s core academic mission, supports faculty, and ensures success for research and sponsored and international programs. The division also aids with student affairs and other access and outreach activities.

Information will be provided to the committee on recent updates in academic affairs at the UNC System Office and across the 17 institutions.

This item is for information only.
AGENDA ITEM

A-3. UNC Systemwide Behavioral Health Initiatives,
Discussion of Case Management Expansion ............................................Bethany Meighen and Suzie Baker

Situation: The committee will hear a presentation about the implementation and outcomes of the case management expansion initiative, one of the behavioral health initiatives that aligns with recommendations from the 2021 University of North Carolina System Office report “Healthy Minds, Strong Universities: Charting a Course to More Sustainable Student Mental Health Care.” This initiative was supported by $7.7 million from the Governor’s Emergency Education Relief Fund that the UNC System was awarded in spring 2022 with a grant closing date of September 30, 2024.

Background: One of the recommendations from the “Healthy Minds, Strong Universities” report was to “increase investment in quality and coordination of student mental health care within and between institutions,” by providing sufficient staff, including case managers, to meet students’ needs. In spring 2022, the UNC System received an additional $7.7 million from the Governor’s Emergency Education Relief Fund to support the implementation of the recommendations of the report. The case management expansion initiative provided institutions with the opportunity to create or expand upon case management programs to support students in navigating and negotiating the UNC university system to address academic, personal, and social circumstances that could interfere with their academic progress.

Assessment: In this session, the committee will receive an update on the impact of the case management expansion initiative that funded 24 case manager positions across the UNC System.

Action: This item is for information only.
UNC SYSTEMWIDE BEHAVIORAL HEALTH UPDATES: DISCUSSION OF CASE MANAGEMENT

April 17, 2024
Healthy Minds, Strong Universities

• Recommendation: *Increase investment in quality and coordination of student mental health care within and between institutions.*
  
  A. Providing sufficient staff including case managers and social workers, to meet student needs.
  
  F. Make mental health and wellbeing part of institutional strategic planning and goal setting for student success outcomes. Offer student support and mental health programming at critical student transition points (e.g., first-year student experience, transfer student experience, graduation).
Background of Case Management

• Historically a practice used in community health and human services:
  • Term “case management” emerged in 1960’s but the practice has existed since the 1860’s.
  • Multiple case management models but mainstays are:
    • Assessment;
    • Planning;
    • Coordination of resources/services;
    • Skill-building (empowerment, self-advocacy);
    • Assistance;
    • Monitoring.
Case Management in Higher Education

• Comprehensive approach to address distressed and/or distressing students including threat assessment, behavioral intervention teams, critical incident response, crisis management.


• Creation of the Higher Education Case Managers Association in 2010.

• Non-clinical frequently housed in Dean of Students Office, clinical housed in Counseling Centers.

“Case Managers serve the University and individual students by arranging, coordinating, monitoring, evaluating, and advocating for students who are identified and in need of assistance.”

(Van Norman et al., 2010)
Case Management in Higher Education

• Focus is on building resiliency, problem-solving skills, self-advocacy, and empowerment.

• Advocates for and supports students in navigating and negotiating the university system to address academic, personal, or social circumstances that interfere with their academic progress (Adams et al., 2014).

• Case managers in higher education:
  o assess initial student needs;
  o help create connections and coordinate services;
  o generate and monitor action-plans;
  o and educate and empower students to become strong self-advocates to initiate change and solve problems (Adams et al., 2014).
Percent of U.S. Undergraduates Diagnosed with a Mental Illness

Anxiety
134% increase since 2010

Depression
106% increase since 2010

ADHD
72% increase since 2010

Bipolar (57% increase since 2010)
Anorexia (100% increase since 2010)
Substance Abuse or Addiction (33% increase since 2010)
Schizophrenia (67% increase since 2010)

SOURCE: American College Health Association (ACHA-NCHA II)
Jonathan Haidt, The Anxious Generation
## Impediments to Academic Performance

<table>
<thead>
<tr>
<th>Problems or Challenges</th>
<th>% of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procrastination</td>
<td>50.6</td>
</tr>
<tr>
<td>Finances</td>
<td>16.6</td>
</tr>
<tr>
<td>Career</td>
<td>12.6</td>
</tr>
<tr>
<td>Family</td>
<td>12.6</td>
</tr>
<tr>
<td>Intimate Relationships</td>
<td>12.3</td>
</tr>
<tr>
<td>Death of a family member, friend, or someone close to me</td>
<td>11.9</td>
</tr>
<tr>
<td>Health of someone close to me</td>
<td>11.3</td>
</tr>
<tr>
<td>Roommate/housemate</td>
<td>7.9</td>
</tr>
<tr>
<td>Personal appearance</td>
<td>7.4</td>
</tr>
<tr>
<td>Faculty</td>
<td>7.1</td>
</tr>
<tr>
<td>Peers</td>
<td>5.7</td>
</tr>
<tr>
<td>Microaggression</td>
<td>3</td>
</tr>
<tr>
<td>Discrimination</td>
<td>2.9</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>2.8</td>
</tr>
<tr>
<td>Bullying</td>
<td>2.2</td>
</tr>
<tr>
<td>Cyberbullying</td>
<td>1</td>
</tr>
<tr>
<td>Hazing</td>
<td>0.5</td>
</tr>
</tbody>
</table>

SOURCE: American College Health Association (ACHA-NCHA III)
UNC System Case Management Expansion

• Supported by Governor’s Emergency Education Relief (GEER) Fund.

• Creation and implementation of new case manager positions and programs that will support students with:
  o significant obstacles such as emotional, physical, personal, social, and academic concerns;
  o housing and food insecurity needs;
  o financial strains;
  o and other issues impacting student mental health and well-being.

• Funding requests could include support for new case manager positions, case management software, training, outreach and programming for the case management program.
UNC System Case Management Expansion

- **Goals:**
  - Increased capacity to serve more students or serve students more deeply
  - Increased coordination between departments
  - Increased knowledge of available resources
  - Innovative approaches to case management include residential case management

- **Progress:**
  - 24 FTE funded
    - 21 full-time positions and 6 part-time positions to support programming, outreach, and training.
  - Institutions with existing case management programs saw an average increase of 27% in the number of students they were able to serve.
  - Case management expanded to residence halls, student health centers, first year experience.
Individualized Care Model

“Case management, as a rule, is a very dynamic process that is pruned and shaped to form a model of care that is very specific to the needs of the individual organization that it represents.”

(Cowden, 2009)
New Case Management Programs

• Four brand new case management programs established
  • Fayetteville State University
  • North Carolina School of Science and Mathematics
  • North Carolina A&T State University
  • Winston-Salem State University

• 1,500+ students served as of March 1, 2024

• Initial student success outcomes and feedback are encouraging
Student Feedback

• 90% of students were very pleased with their visit to the Office of Case Management and would return for services in the future.
• 100% stated that services were very helpful, and they would recommend case management to a peer.

“Students appreciated the calls and follow up from our case managers. They commented that it was important that someone cared enough to not only send them a secure message, but that they received a personal call.”
– Brandy Baldwin, Business Officer

“Students have stated they have received resources and acquired essential knowledge on healthy coping mechanisms and more. With personalized guidance and assistance, students have not only received the necessary resources but have also gained invaluable skills to navigate challenges effectively, fostering resilience and well-being within the university community.”
– Dr. Jon Kapell, Assistant Dean of Students
UNC School of the Arts Case Management

• The Office of Student Assistance and Support provides one-on-one support, including interventions, advocacy, referrals and follow up for students who are experiencing difficulties related to mental health, physical health, personal and family emergencies, financial issues and/or other areas of concern.

• The Office seeks to:
  • Enhance students' and their family members' knowledge of various University policies, procedures and campus support resources
  • Facilitate the referral to and promote the use of campus resources
  • Empower students' sense of personal responsibility, self-advocacy and the ability to function autonomously
  • Promote students' help-seeking skills in crisis and experiencing challenging life events
Long-term Outcomes

• Seven-year longitudinal study at Colorado State University tracked the retention and graduation of students who connected with case management services.
  • Students who connect with case management are retained and graduate 79.95% of the time, significantly higher than overall graduation rate of 65%.

• Study conducted at Tarrant County College tracked the effect of a case management program on retention, degree completion, total credits earned, and cumulative GPAs over six semesters.
  • Students participating in the case management program were more than twice as likely to remain enrolled or complete a degree than those who did not receive services.
THE UNIVERSITY OF NORTH CAROLINA SYSTEM


Case Management Program Links

- Appalachian State University: https://casemanagement.appstate.edu/
- East Carolina University: https://counselingcenter.ecu.edu/our-services/case-management/
- Elizabeth City State University: https://www.ecsu.edu/student-life/dean.php
- North Carolina Central University: https://myeol.nccu.edu/node/13276
- North Carolina State University: https://prevention.dasa.ncsu.edu/nc-state-cares/about/
- UNC-Chapel Hill: https://www.med.unc.edu/psych/cecmh/services/community-services/unc-case-management/
- UNC Charlotte: https://cic.charlotte.edu/services/clinical-case-management
- UNC Greensboro: https://www.uncg.edu/campus-life-resources/student-support-services/counseling-psychological-services/
- UNC Pembroke: https://www.uncp.edu/campus-life/care-team
- UNC School of the Arts: https://www.uncsa.edu/student-affairs/saas.aspx
- UNC Wilmington: https://uncw.edu/about/university-administration/student-affairs/departments/dean-students/case-management
- Winston-Salem State University: https://www.wssu.edu/student-life/dean-of-students/ramassist.html
- North Carolina School of Science and Math:
  - Durham Campus: https://dur-counseling.ncssm.edu/
  - Morganton Campus: https://mor-counseling.ncssm.edu/
AGENDA ITEM

A-4. North Carolina Area Health Education Centers (NC AHEC) Presentation

Situation: North Carolina Area Health Education Centers (NC AHEC) presentation including the required annual NC AHEC report: “Outcomes of North Carolina Medical School Graduates.”

Background: The annual report responds to North Carolina General Assembly mandates, established in 1993, to expand the state’s pool of generalist physicians. The mandates require that each of the state’s schools of medicine develop a plan to expand the percentage of medical school graduates choosing primary care residency positions and that the data be monitored annually by the University of North Carolina Board of Governors.

Assessment: Hugh Tilson, director of NC AHEC, will update the committee on health care workforce initiatives in North Carolina, including efforts to increase the primary care workforce in rural North Carolina. The presentation will cover NC AHEC’s and North Carolina medical schools’ efforts to improve primary care outcomes, including in high needs areas at five years and 10 years post-graduation. The discussion will include ongoing efforts to establish the North Carolina Center on the Workforce for Health, which would engage health employers, workers, educators, government, and other partners to plan for and support the health care workforce needed for a healthy North Carolina. The discussion will also include ongoing efforts to develop a pilot Pathway to Primary Care in North Carolina, which is designed to build on known best practices to encourage a career in rural primary care.

Action: This item requires a vote by the committee, with a vote by the full Board of Governors through the consent agenda.
Overview

- **Context**
- **Actions**
  - Proposed Pathway to Primary Care
  - NC Center on the Workforce for Health
  - Preceptors
  - Primary Care Payment Reform Task Force

Attachment: Information from the Report
Context

- Training primary care physicians who work in rural North Carolina is one part of our medical schools’ goals – NC medical schools:
  - conduct life saving research and train researchers
  - train needed specialists who work throughout NC
  - train primary care physicians who work throughout NC

- Medical students choose their specialty weighing many factors
  - See Appendix A of the Report for approaches schools have adopted to encourage students to choose rural primary care
  - Next year: Will include reporting on NC residencies in addition to NC Medical Schools
Proposed Pathway to Rural Primary Care

- Students are more likely to choose rural primary care when they
  - are from rural communities
  - train in rural communities, especially residencies, and
  - are supported in practice

- UNC School of Medicine and ECU Brody School of Medicine are working to develop intentional programming to respond to these factors. Goals are
  - Produce more rural primary care doctors
  - Pilot and then expand to any willing NC medical school
  - Articulate opportunities for aligned investments (e.g., scholarships, residencies)
Proposed Pathway to Rural Primary Care

Rural Primary Care Pathway

Training Prior to Medical School
- Recruitment during Admissions
  - Linkage Program for Select Undergraduate Students
    - Enhanced Curriculum
    - Mentorship and Advising
    - Scholarship Support
  - Post Bac Program for Select Students
    - Tailored Masters Program Mentorship and Advising
    - Scholarship Support

Medical School Training
- Rural Tracks for Select Students
  - Tailored rural curriculum
  - Carefully selected and well-prepared rural clinical training sites
  - Engaged communities to welcome students
  - Community based housing where students live and learn together
  - Scholarship support to minimize or eliminate student debt
  - Student wrap around services that allow students to succeed

Residency Training and Beyond
- Facilitated Entry into and Support during Needed Residencies
  - Specialties of Need including
    - Family Medicine
    - Psychiatry
    - Pediatrics
    - General Internal Medicine
    - General Surgery
    - General Ob-Gyn

Support into Practice
- Practice Placement
- Fellowship Training
- Working with Learners in Select Teaching Practices Where Possible
- Loan Repayment

Support Across the Educational Continuum
- Curricular
- Mentorship
- Financial
- Wrap Around Support

Stronger primary care workforce to meet the need of rural communities in NC
NC Center on the Workforce for Health

- The place where stakeholders engage to plan, coordinate and persist to implement solutions to health workforce shortages
  - Builds on AHEC, Sheps and NCIOM strengths
  - Received philanthropy funding to start work including hiring staff
- Partnering with NC Chamber Foundation to deploy Talent Pipeline Management (TPM) throughout NC (all nine AHEC Regions)
  - a proven methodology to apply supply chain management principles to the development and support of the workforce.
  - engages employers to better define their workforce needs so they, educators and others in their community can more intentionally and persistently respond to those data-driven needs.
Preceptors

Budget authorized and funded NC AHEC to

• Study the availability of community preceptors in North Carolina and nearby states and the demand for those preceptors, including factors that influence the supply and barriers that community-based outpatient clinicians face in teaching healthcare professional students.
• Coordinate the development and operation of up to five rural interprofessional teaching hubs and report on:
  ▪ The financial impact of providing these services on a community-based medical teaching practice.
  ▪ The impact of the teaching sites on the learning and success of students and the health and well-being of the respective service areas for each site.
Primary Care Payment Reform Task Force

- S595, Establish Primary Care Payment Reform Task Force, requires Medicaid to convene a task force to study the primary care payment landscape in other states, specifically considering states that have implemented a minimum primary care spend.
- One premise is that the current payment rates by insurers create a financial disincentive for medical students to choose primary care as their specialty.
- The Task Force recommended defining and measuring primary care spend in NC and gradually increasing “target” spend amounts.
Questions/Discussion
Annual Report Summary
(For Information, Not Discussion)
Who we are and what we do
• **Mission:** 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.

• **Vision:** 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.
Mission: to provide timely, objective data and analysis to inform health workforce policy in North Carolina and the United States

• Based at Cecil G. Sheps Center for Health Services within UNC-CH, but mission is statewide

• Independent of government and health care professionals

• Maintain the NC Health Professions Data System, a collaboration between the Sheps Center, NC AHEC and NC’s health professions licensing boards
Summary

• Relatively few grads (~2-3%) are retained in primary care in rural North Carolina

• But with Campbell opening, the pool of graduates has increased, resulting in greater numbers in rural primary care.

• Overall in-state retention continues to be highest for public medical schools.

• Next year, we plan to include a report on graduate medical education outcomes.

• We are taking action to improve health workforce planning in the state, including physician supply

• Appendices include information from medical schools and proposed pilot pathway to primary care
Many Counties in NC had more than 1500 people to 1 Primary Care Clinician between 2017 - 2021

Notes: Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31 of each year. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management (https://www.osbm.nc.gov/demog/county-projections).
Graduating Class of 2023 – Initial Matches to Primary Care* in NC

*Primary Care Residency Specialty includes Family Medicine, Internal Medicine, Pediatrics, Internal Medicine-Pediatrics, and Obstetrics/Gynecology.
Sources: Bowman Gray Center for Medical Education, Wake Forest University; Brody School of Medicine, East Carolina University; Duke University School of Medicine; Campbell University Jerry M. Wallace School of Osteopathic Medicine; and University of North Carolina School of Medicine.
2018 NC Medical School Graduates: Retention in Primary Care in NC’s Rural Areas 5 years later

Total number of 2018 NC medical school graduates

597 (100%)

Initial residency choice in primary care in 2018

314 (53%)

In primary care in NC in 2023

84 (14%)

In primary care in rural NC in 2023

14 (2.3%)
2013 NC Medical School Graduates: Retention in Primary Care in NC’s Rural Areas 10 years later

Total number of 2013 NC medical school graduates

445 (100%)

Initial residency choice in primary care in 2013

208 (47%)

In primary care in NC in 2023

45 (10%)

In primary care in rural NC in 2023

6 (1.3%)
NC Medical School Graduates: Retention in Primary Care in NC’s Rural Areas \textbf{5 & 10} years later

Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools 2023. Rural source: US Census Bureau and Office of Management and Budget, July 2023. “Core Based Statistical Area” (CBSA) is the OMB’s collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.
A greater percent of grads from public medical schools are retained in NC five years after graduating

Percent of NC Medical School Graduates in Training or Practice in North Carolina Five Years After Graduating, Graduating Classes of 2010-2018

Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools, 2023.
4.3% of 2013 graduates are practicing family medicine in North Carolina

Percentage of 2013 Medical School Graduates Practicing or Training in Primary Care in North Carolina by Area of Practice in 2023

- Other Area: 22% (98/445)
- Family Medicine: 4.3% (19/445)
- Pediatrics: 3.1% (14/445)
- General Internal Medicine: 1.3% (6/445)
- Ob/Gyn: 1.3% (6/445)
- General Surgery: 1.1% (5/445)
- Psychiatry: 2.0% (9/445)

Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools, 2023.
Over 5% (23/445) of NC’s 2013 med school grads worked in the most economically distressed NC neighborhoods in 2023.

Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board and the respective medical schools, 2023. ADI Score obtained from the University of Wisconsin School of Medicine Public Health. 2021 Area Deprivation Index v4.0.1. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/ October 5, 2023.
Practice In Safety Net Settings

• Safety net facilities (FQHCs, Critical Access Hospitals, etc.) provide health care to uninsured, Medicaid, and other vulnerable populations

• 14 graduates from the class of 2018 were in practice in NC DHHS safety net facilities in NC in 2023

• 5 graduates from the class of 2013 were practicing in NC DHHS safety net facilities in 2023
Next Year: Graduate Medical Education Outcomes

Table 3 (Condensed). Resident Retention Five Years After Graduation for Residents Graduating in 2008, 2009, 2010 or 2011

<table>
<thead>
<tr>
<th>Residency Field</th>
<th>Total Number of Residents</th>
<th>Retention of Residents in North Carolina After Five Years</th>
<th>Retention of Residents in Rural North Carolina After Five Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>110</td>
<td>63 (% 57.3%)</td>
<td>12 (% 10.9%)</td>
</tr>
<tr>
<td>Internal Medicine/Pediatrics</td>
<td>62</td>
<td>33 (% 53.2%)</td>
<td>3 (% 4.8%)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>351</td>
<td>174 (% 49.6%)</td>
<td>17 (% 4.8%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>262</td>
<td>116 (% 44.3%)</td>
<td>3 (% 1.1%)</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>152</td>
<td>63 (% 41.4%)</td>
<td>5 (% 3.3%)</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>662</td>
<td>268 (% 40.5%)</td>
<td>9 (% 1.4%)</td>
</tr>
<tr>
<td>Neurology</td>
<td>46</td>
<td>17 (% 37.0%)</td>
<td>3 (% 6.5%)</td>
</tr>
<tr>
<td>Urology</td>
<td>26</td>
<td>9 (% 34.6%)</td>
<td>1 (% 3.8%)</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>145</td>
<td>50 (% 34.5%)</td>
<td>4 (% 2.8%)</td>
</tr>
<tr>
<td>Surgery</td>
<td>183</td>
<td>62 (% 33.9%)</td>
<td>8 (% 4.4%)</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>18</td>
<td>3 (% 16.7%)</td>
<td>0 (% 0.0%)</td>
</tr>
</tbody>
</table>

Notes: The values in this table are derived from aggregating the workforce outcomes of four cohorts of residents who completed training in 2008, 2009, 2010, or 2011. We used North Carolina Medical Board licensure data to determine the location and primary area of practice for each physician five years after graduation, e.g., for a resident who completed training in 2008, we used 2013 NC Medical Board data to determine his/her location and primary area of practice. Rural areas are based on 2015 Office of Management and Budget metropolitan status codes and 2010 US Census Bureau Rural-Urban Commuting Area (RUCA) codes. Rural areas are either a) in a nonmetropolitan county or b) in an area within a metropolitan county that has a RUCA code of 4 or greater.
AGENDA ITEM

A-5. Nursing Workforce Shortage Presentation..........................................................Katherine Martin

Situation: North Carolina is projected to face a nursing shortage of as much as 18,600 by 2033. This is largely due to increased patient demands from North Carolina’s aging population, a retirement wave across nursing faculty, and professional burnout.

Background: Katherine Martin, senior advisor for health affairs, will update the committee on the UNC System Office’s plan to address the nursing workforce shortage with $40 million in funding that has been appropriated by the General Assembly in the 2023 Appropriations Act.

Assessment: The presentation will review the process by which nursing schools will submit funding proposals on how they plan to expand their nursing programs and increase undergraduate and graduate nursing degree completions.

Allocating resources to nursing programs meets the UNC System’s vision to increase the number of allied health graduates, mitigate the health care workforce shortage, and address faculty recruitment and retention issues — all of which can help enhance patient access to health care. These funds support the legislature’s efforts to increase nursing degree completions by at least 50 percent.

Action: This item is for discussion only.
NURSING PROGRAM EXPANSION FUNDING OPPORTUNITY

Katherine Restrepo Martin
Senior Health Affairs Advisor
UNC System Office
April 11, 2024
Nursing Program Expansion Goals

• Significantly increase overall number of nursing graduates
• Mitigate faculty recruitment and retention issues
• Target nursing workforce shortage
North Carolina Nursing Shortage

Projection of Nurse Workforce, Supply - Demand
North Carolina, 2019 - 2033

# North Carolina Nursing Shortage

## Approximate Location of Nurses Retained In-State Two Years After Graduation (2015 - 2018)

Ellipses contain approximately 2/3 of each program’s graduates.

- [ ] Show only nurses working in a hospital.

![Map of North Carolina with nurses' approximate location](image)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Program Type</th>
<th>#</th>
<th>Hospital (％)</th>
<th>Ambulatory (％)</th>
<th>Home Health / Hospice (％)</th>
<th>Rural (％)</th>
<th>Mean Distance in Miles</th>
<th>Percent Retention in NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Carolina</td>
<td>RN-BSN</td>
<td>848</td>
<td>730 (86%)</td>
<td>22 (2.6%)</td>
<td>2 (0.24%)</td>
<td>79 (9.3%)</td>
<td>71</td>
<td>88%</td>
</tr>
</tbody>
</table>

General Assembly Intent to Address Nursing Shortage

• Section 8.3, SL 2022-74: Recommendations on Increasing Nursing Graduates
• Study was submitted by Board of Governors to HHS and Education JLOC in 2023
• Critical Resources Needed Across Nursing Programs:
  o Clinical partnerships, alternative setting clinical placements
  o Expanding simulation lab hours/staffing
  o Faculty
  o Nursing student support and pre-requisite student support
  o Preceptor Incentives
  o Technology upgrades
  o Start-up costs for new pre-licensure or graduate nursing degree pathways
Nursing Program Expansion: Source of Funds

- Medicaid Expansion incentive funds appropriated in FY 2023-25 Budget
  - $1.6 billion non-recurring
  - 5% of total NC Medicaid Costs
  - Deposited into American Rescue Plan Act (ARPA) Temporary Savings Fund

- $40 million non-recurring appropriated across FY 2023-25 Biennium
  - FY 2023-24: $15 million non-recurring
  - FY 2024-25: $25 million non-recurring
Nursing Program Expansion: RFP Overview

• Maximum funding proposal: $3 million
  o Schools may be awarded above or below $3 million
• UNC System Office will prioritize BSN expansion proposals
• Ideal proposals will demonstrate how one-time funds can be self-sustaining.
• Proposals are due May 15, 2024.
• Please submit to krmartin@northcarolina.edu
Nursing Program Expansion: Proposal Deliverables

• 5-page Narrative
• Budget Template
• Enrollment and Degree Completion Goals Template
• 2017-2023 Nursing Student Data Template
Nursing Program Expansion: Additional Allocations

- North Carolina AHEC (Area Health Education Center)
  - FY 2023-24: $500,000 NR
  - FY 2024-25: $500,000 NR
    - Funds are to expand upon existing programs offered by AHEC:
      - Clinical Instructor Partnership (CIP) Program
      - Clinical Site Development (CSD) Program

- North Carolina State Education Assistance Authority (SEAA)
  - FY 2023-24: $1,000,000 NR
    - Funds will be reserved for Forgivable Education Loans for Service Program (FELS) for nursing students.
    - Prior years data show demand is outstripping existing funding for BSN student applicants.
AGENDA ITEM

A-6. Proposed Revisions to Section 700.1.1 of the UNC Policy Manual, 
Policy on Minimum Eligibility Requirements for Undergraduate Admission to the University of North Carolina System .........................Andrew Kelly and David English

Situation: Section 700.1.1 of the UNC Policy Manual, Policy on Minimum Eligibility Requirements for Undergraduate Admission to the University of North Carolina System, establishes the minimum academic standards that a student must satisfy to be considered for undergraduate admission at a University of North Carolina System institution. These standards have historically included the requirement that students submit an ACT or SAT score to be eligible for admissions consideration, though that requirement has been temporarily waived since July 2020 in response to disruptions caused by the COVID-19 pandemic. Per guidance from the University of North Carolina Board of Governors, that waiver is set to expire after the 2024 admissions cycle (i.e., the incoming first-year class in the 2025-26 academic year would again be subject to the testing requirements in Section 700.1.1 of the UNC Policy Manual).

Background: The COVID-19 pandemic and its aftermath disrupted the administration of the ACT and SAT admissions exams in North Carolina and across the country. In response, the Board waived this policy requirement on July 23, 2020. The Board has subsequently voted two additional times to extend the waiver, with the most recent action expiring following the fall 2024 admissions cycle. At the special meeting of the Committee on Educational Planning, Policies, and Programs on March 27, revisions were further discussed, integrating additional input from board members and UNC System institutions.

Assessment: The committee will review and discuss proposed revisions to Section 700.1.1 of the UNC Policy Manual.

Action: This item requires a vote by the committee, with a vote by the full Board of Governors through the consent agenda at the next meeting.
Policy on Minimum Eligibility Requirements for Undergraduate Admission for the University of North Carolina System

I. Purpose. The University of North Carolina (UNC) Board of Governors has, since 1988, established minimum requirements for undergraduate admission to any constituent institution. These requirements serve to provide a common set of minimum standards to be considered for admission as an undergraduate student. Completion of these standards does not guarantee admission to any UNC System institution or program of study. Exceptions and special considerations to these minimum eligibility requirements are provided in Sections 700.1.1[R], 700.1.1.2[R], 700.7.1, and 700.7.1[R] of the UNC Policy Manual. Any constituent institution may set admissions requirements that exceed the minimums established in this policy upon the approval of their board of trustees.

II. High School Diploma. All students should hold a high school diploma or its equivalent.

III. Minimum Course Requirements. The following courses must be completed at the high school level, although those courses may be completed at an earlier time (e.g., middle school).

A. English: four course units emphasizing grammar, composition, and literature.

B. Mathematics: four course units in any of the following combinations:

1. Algebra I, algebra II, geometry, and one unit beyond algebra II; or
2. Algebra I, algebra II, and two units beyond algebra II; or
3. Common core math I, II, and III, and one unit beyond common core math III; or
4. Integrated math I, II, III, and one unit beyond integrated math III; or

footnote: Students applying to the University of North Carolina School of the Arts must only complete three mathematics courses in order to be eligible for admission.
5. NC Math 1, 2, 3, and one unit beyond NC Math 3 identified as meeting the 4th level mathematics requirement for admission to UNC System institutions.

C. Science: three course units, including at least:

1. One life science unit (e.g., biology, ecology, zoology); and

2. One non-life science unit (e.g., astronomy, chemistry, earth science, environmental science, physical science, physics); and

3. One laboratory science unit.

D. Social Studies: two course units, including one unit in U.S. history.

For students applying for first-time (freshman) admission to constituent institutions through the 2024 spring semester:

E. Two course units of a language other than English.

For students applying for first-time (freshman) admission to constituent institutions after the 2024 spring semester:

E. Two additional academic courses from English, mathematics, science, social studies, world languages, or computer science. (Note: these courses should be selected in alignment with a student’s academic and career objectives. Completion of two sequential world language courses is recommended.)

F. Applicants who require special consideration: Constituent institutions shall develop a policy for evaluating applications from students who have not completed all minimum course requirements and shall at least include provisions addressing students with a documented Individualized Education Plan (IEP) or 504 plan. The institutional policy shall be approved by the board of trustees in accordance with regulations promulgated by the president.

IV. Recommended Courses. While the minimum course requirements serve as the cornerstone of the UNC System admissions policy, students are encouraged to pursue a challenging and rigorous high school curriculum aligned with their academic and career objectives. Completion of the minimum course requirements does not guarantee admission to any individual UNC System institution. As such, students should consult with their high school counselor regarding additional courses recommended by individual UNC System institutions. Additionally, students should:

A. Consider taking the most rigorous courses available at their high school that they can successfully complete.

B. Ensure to complete an academically challenging course load in their senior year, even if they have completed the minimum course requirements.

---

2 An applicant who does not have the unit in U.S. history may be admitted on the condition that at least three semester hours in that subject be passed by the end of the sophomore (second) year.
V. High School Grade Point Average and Standardized Test Scores. Students must meet either the minimum high school grade point average (GPA) or standardized test score in order to be considered for admission. All applicants for admission, except those exempted by current UNC policy or regulation, must submit a standardized test score, even if they satisfy the minimum eligibility requirement through the high school GPA. All applicants for admission, except those exempted by UNC Policy or regulation, must meet the following criteria for admission.

A. For students entering in the Fall 2024 or Spring 2025 semesters:

1. High School GPA: A minimum weighted GPA of 2.5; or

2. Standardized Test Scores: Students are not required to submit a standardized test score. If a student does not meet the minimum High School GPA requirement, they may gain admission eligibility with a composite ACT score of 19, or combined SAT (mathematics and evidence-based reading and writing) of 1010.

B. For students entering in the Fall 2025 or Spring 2026 semesters:

1. High School GPA: A minimum weighted GPA of 2.5.

2. Standardized Test Scores: Students with a weighted High School GPA greater than or equal to 2.50 and less than 2.80 are required to submit a standardized test score (ACT or SAT).

C. For students entering in the Fall 2026 semester and beyond:

1. High School GPA: A minimum weighted GPA of 2.5.

2. Standardized Test Scores: Students with a weighted High School GPA greater than or equal to 2.50 and less than 2.80 are required to submit a standardized test score of a 17 or higher on the ACT or a 930 or higher on the SAT.

The chancellor of each respective constituent institution may, subject to the approval of the president and the Board of Governors, require all students with a weighted High School GPA of 2.80 or greater to also submit a standardized test score. The Board of Governors must grant any such approval before December 1, two academic years prior to the implementation of the requirement.

D. Chancellor’s Exceptions: Chancellors shall develop a policy for evaluating applications from students who have not met the school grade point average and/or standardized test score requirements. The maximum number of chancellor’s exceptions is limited to one percent of the total number of applicants accepted as first-time undergraduates each year, or 75 students, whichever is greater. A chancellor’s exception may be applied to the SAT/ACT minimum requirement or the high school GPA minimum requirement. The institutional policy shall be approved by the board of trustees in accordance with regulations promulgated by the president.

VI. Additional Admissions Requirements. Chancellors may identify standards for admission that exceed the minimums identified in this policy, including but not limited to, essays, letters of recommendation, and higher high school GPAs or standardized test scores. These requirements shall be approved by the board of trustees in
VII. Graduates of Cooperative Innovative High Schools (Early College). Each UNC constituent institution must offer to any student who graduated from a cooperative innovative high school program with an associate degree and who applies for admission to a constituent institution the option of being considered for admission as a first-time (freshman) or as a transfer student.

   A. The constituent institution shall also provide written information to the student regarding the consequences that accompany each option and any other relevant information that may be helpful to the student when considering which option to select.

   B. **Beginning March 1, 2017,** the Board of Governors shall report annually regarding the number of students who graduated from a cooperative innovative high school program with an associate degree and which option was chosen by those students when applying for admission to a constituent institution.

VIII. Graduates of North Carolina School of Science and Mathematics (NCSSM). Each UNC constituent institution must offer first-time (freshman) admission to any applicant attending the residential program at NCSSM. Such offer of admission shall be contingent upon the applicant:

   A. Successfully completing all NCSSM graduation requirements and remaining enrolled and in good standing at NCSSM through the time of the student’s graduation. For the purposes of this policy, “in good standing” shall mean with no pending disciplinary charges or pending academic violations that could lead to dismissal as of the date of graduation;

   B. Meeting the academic program requirements as outlined in Section 700.1.1.3[R] of the UNC Policy Manual;

   C. Completing all application requirements established by the constituent institution by a standard public deadline; and

   D. Satisfying the provisions of Section 700.5.1[R] of the UNC Policy Manual.

This guaranteed offer of admission shall apply only to acceptance to the respective constituent institutions, and shall not apply to any specific school, major, or program of study within the constituent institutions.

This section VI., shall be effective for all NCSSM students applying for first-time (freshman) admission to constituent institutions beginning with the 2022 fall semester.

IXVII. Notification of Stakeholders and Educational Policymakers. The president is directed to develop plans and further recommendations to inform key stakeholders and education policymakers of the changes in requirements.

XVIII. Other Matters

   A. **Effective Date.** With the exception of section VI., above, the requirements of this policy shall be effective for all first-time students applying for admission at a constituent institution for any semester beginning with the 2024 fall semester through the 2025
on the date of adoption by the Board of Governors, as defined in the various sections herein. Reference to the fall semester shall (including students who attended the institution for the first time in the prior summer term).

A-B. Report on Implementation. The president shall provide a report to the Committee on Educational Planning, Policies, and Programs at the February 2025 Board meeting and annually thereafter. The report shall include an analysis of admissions policies in place at other public universities along with available data on the impact of the policy on the constituent institutions.

B-C. Relation to Federal and State Laws. The foregoing policy as adopted by the Board of Governors is meant to supplement, and does not purport to supplant or modify, those statutory enactments which may govern or relate to the subject matter of this policy.

C-D. Regulations and Guidelines. This policy shall be implemented and applied in accordance with such regulations and guidelines as may be adopted from time to time by the president.

\footnote{In accordance with the unique mission and undergraduate admissions process employed at the University of North Carolina School of the Arts, it is exempted from this provision.}