

**Legislative Commission on the Interdisciplinary Primary Care Workforce  
March 23, 2023 2:00-4:00pm – NH Hospital Association, 125 Airport Road, Concord  
03301 – Conference Room 1**

**Zoom and Call in information:**

Join Zoom Meeting

<https://nh-dhhs.zoom.us/j/86820853615?pwd=a1ZCSDdtOWxjVW1GeU5RNTVzM1NaZz09>

Meeting ID: 868 2085 3615

Passcode: 642063

Agenda

- 2:00 - 2:05     **Attendance & Introductions**
- 2:05 – 2:30     **Implementing an Experiential Learning Toolkit in Primary  
Care Settings** – Jennifer Gunderman, MPH. Maine AHEC  
Network/Workforce Development Lead
- 2:30 – 3:00     **Healthcare Sector Partnerships Initiative Data Project:  
What We Have Learned** – Roxie Severance, CNHA,  
FACHCA, RS Consulting, LLC and Healthcare Sector Advisor,  
Sector Partnerships Initiative; and, Lynn Naves Carpenter,  
DHA, MHA, NHA. Navlyn Resources, LLC
- 3:00 – 3:50     **The 2022 Medical Workforce Data Reports** – Danielle  
Hernandez, MPH, Health Professions Data Center Manager,  
Rural Health & Primary Care Section Division of Public  
Health Services, NH Department of Health and Human  
Services
- 3:50 - 4:00     **Legislative & Updates**– Group discussion
- 4:00             **Adjourn**

**Next meeting: Thursday April 27, 2023 2:00-4:00pm  
NH Hospital Association, 125 Airport Road, Concord 03301 – Conference Room**

**State of New Hampshire**  
**COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE**

DATE: March 23, 2023 TIME: 2:00 – 4:00pm

LOCATION: NH Hospital Association, 125 Airport Rd, Concord, NH 03301 – Conference  
Room 1 & Zoom Conferencing

**TO: Members of the Commission and Guests**

**FROM:** Amara Hartshorn

**MEETING DATE:** March 23, 2023

**Members of the Commission:**

Kristine Fjeld-Sparks, Director, NH Area Health Education Center– Vice-Chair  
Jason Aziz, NH Insurance Department  
Kristen Corazzini, Dean, UNH College of Health and Human Services  
Jeanne Ryer, Director, NH Citizens Health Initiative  
Pamela DiNapoli, Executive Director, NH Nurses Association  
Dianne Castrucci, NH Alcohol & Drug Abuse Counselors Association

**Guests:**

Danielle Hernandez, Program Manager, Health Profession Data Center  
Paula Smith, Southern NH Area Health Education Center  
Kris van Bergen-Buteau, Director of Workforce Dev. North Country Health Consortium  
Paula Minnehan, NH Hospital Association  
Tina Kenyon, NH Dartmouth Family Medicine Residency  
Geoff Vercauteren, Director of Workforce Development, Catholic Medical Center  
Katherine Shamel, Bi-State Primary Care  
Sergio Zulich, White Mountain Family Medicine Residency  
Peter Mason, Headrest  
William Gunn, Psychologist  
Amara Hartshorn, Program Assistant, Rural Health and Primary Care  
Erica Tenney, Clinical Services Program Administrator, Maternal & Child Health Services  
Don Kollisch, Geisel Medical School  
Delitha Watts, NH College of Health and Human Services  
Catrina Watson, NH Medical Society

**Meeting Discussion:**

2:00 – 2:05    **Attendance & Introductions**

2:05 – 2:30    **Implementing an Experiential Learning Toolkit in Primary Care**

**Settings** – Jennifer Gunderman, MPH. Maine AHEC  
Network/Workforce Development Lead

Refer to the attached presentation, “Implementing an Experiential Learning Toolkit in Primary Care Settings.”

2:30 – 3:00 **Healthcare Sector Partnerships Initiative Data Project: What We Have Learned** – Roxie Severance, CNHA, FACHCA, RS Consulting, LLC and Healthcare Sector Advisor, Sector Partnerships Initiative; and, Lynn Naves Carpenter, DHA, MHA, NHA. Navlyn Resources, LLC

Refer to the attached presentation, “Healthcare Sector Partnerships Initiative Data Project: What We Have Learned.”

3:00 – 3:50 **The 2022 Medical Workforce Data Reports** – Danielle Hernandez, MPH, Health Professions Data Center Manager, Rural Health & Primary Care Section Division of Public Health Services, NH Department of Health and Human Services

Access the reports using the following links:

- [2020 Physician Workforce Data Report](#)
- [2020 Physician Assistant Workforce Data Report](#)
- [2020 APRN Workforce Data Report](#)
  
- What has to be done to include RN workforce data
  - Intention to expand the Health Professions Data Center (HPDC) to include National Council of State Boards of Nursing (NCSBN) data
    - RN data is collected nationally
    - Current capacity does not allow for integration of RN data
    - Once the data analyst position is filled, the HPDC will be able to expand its capacity
    - May require a data agreement for the HPDC to access NCSBN data

3:50 – 4:00 **Legislative & Updates** – Group Discussion

- Paula Minnehan; [NH Hospital Association Legislative Updates](#)
  - [State Budget](#)
  - [NHHA; Resources & Reports for NH Legislation](#)
  - [Proposed licensure and regulatory reform as proposed in House Bill 2](#)
    - Licensing changes to remove barriers to licensure and to increase efficiency
    - Pressure on the Governor to keep licensed nursing assistants (LNAs) a licensed profession

- [Senate Bill 86](#)
  - Medicaid rate increase, Community Health Worker certification, appropriations for pipeline workforce programs
- [Senate Bill 36](#)
  - Systems of care for the healthy aging
- [NH Hospital Association; Legislative Newsletter](#)

4:00

**Adjourn**

# Implementing an Experiential Learning Toolkit in Primary Care Settings

Jennifer Gunderman, MPH Maine AHEC Director

Toho Soma, MPH, MS; Melanie Caldwell, MS; Micaela Maynard, MEd

University of New England

Center for Excellence in Public Health

March 23, 2023

We have no relationships to disclose.

This presentation is funded by HRSA  
Award T0BHP30025.

# Background

- Maine needs more rural primary care providers.
- UNE medical, PA, and pharmacy students rotated at 2 FQHCs from 2016 to 2022 as part of a HRSA grant.
  - Attended trainings on core toolkit competencies
  - Attended classroom-based learning activities and debriefing sessions while on rotation
  - **Completed experiential learning activities in clinical settings that reinforced core toolkit competencies**

# Core Competencies

- Health Literacy
- Interprofessional Education and Practice
- Oral Health in Primary Care
- Shared Decision-making
- Social Determinants of Health

Source: HHS Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD)



# The Experiential Learning Toolkit

1. Toolkit Competencies
2. Required Experiences
3. Clinical and Community Experiences, and Student Learning Outcomes

# Toolkit Competencies

## 1. TOOLKIT COMPETENCIES

Health professions students are **REQUIRED** to complete the following experiential activities with their clinical preceptors as they engage in patient care. (*Note: Seeing the same patient more than once will count as more than one patient encounter.*)

**1.1 Refer patients via warm hand-off to another professional within PCHC (e.g., PT, podiatry, psych med management, LCSW, dental, etc.) or the community.**

*Student Learning Outcome:* Demonstrates an understanding of other professions' roles/responsibilities and the skill of a "warm hand-off."

**1.2 Screen and link patients for needs related to social determinants of health (SDOH).**

- Examples: safe housing, socioeconomic conditions, transportation, education, WIC, SNAP/SNAP-Ed, RTP

*Student Learning Outcome:* Demonstrates an ability to identify and address SDOH-related needs and experiences in patient populations.

# of Patient Encounters	Preceptor Initial
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# Required Experiences

The following are REQUIRED clinical experiences students will complete with other professions while at PCHC. They will occur during Family Medicine rotations, Community Health Rotations, and APPEs.

**2.1 (For COM & PA students only): Observe and participate in the clinical practice of a pharmacist. Assist in clinical evaluation and management of chronic disease conditions.**

- Minimum 4 Hours
- Pharmacist Name(s): \_\_\_\_\_

*Students will demonstrate understanding of:* Pharmacists' roles/responsibilities, benefit of additional interprofessional (IP) resources for patients with chronic diseases

# of Hours Spent	# of Patient Encounters
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**2.2 Observe and participate with a Care Manager at location of clinical preceptor.**

- Minimum 8 Hours
- Care Manager Name(s): \_\_\_\_\_

*Students will demonstrate understanding of:* Goals of care management, specific roles/responsibilities within Care Management teams, scope and breadth of Care Management Services, ways in which to link patients to community-based resources.

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# Required Experiences

**2.4 Participate in at least one Controlled Substance Stewardship (CSS) case review meeting. Prior to the meeting, student reviews EMR of patients being discussed.**

- Date Attended: \_\_\_\_\_
- Led By: \_\_\_\_\_

*Students will demonstrate understanding of:* The process of monitoring for safe and responsible opioid prescribing, goals of CSS team, specific roles/responsibilities within CSS team.

**2.5 Participate in at least one High Utilizer Group (HUG) case review meeting. Prior to the meeting, student reviews the EMR of patients being discussed.**

*Students will demonstrate understanding of:* Goals of HUG team, purpose of monitoring activities of patients with complex needs, specific roles/responsibilities within HUG team.



# Clinical and Community Experiences, and Student Learning Outcomes

## 3. CLINICAL AND COMMUNITY EXPERIENCES & STUDENT LEARNING OUTCOMES

The following are clinical and community experiences students will electively participate in with other professions while at PCHC. **(Minimum of 2 hours per experience)**

### 3.1 Engage with social worker utilizing a clinical interprofessional approach.

*Student Learning Outcome:* Demonstrates an understanding of social work roles/responsibilities through observation, discussion, and interaction with other team members.

# of Hours Spent	# of Patient Encounters
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<input type="text"/>	<input type="text"/>
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### 3.2 Engage with psychiatric medication manager utilizing a clinical interprofessional approach.

*Student Learning Outcome:* Demonstrates an understanding of the psychiatric medication manager's roles/responsibilities through observation, discussion, and interaction with other team members.

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# Clinical and Community Experiences, and Student Learning Outcomes

## 3.6 Engage with a community-based health or social service organization.

- e.g. in-home nursing, EMS provider, School-based clinic, Public Health Department, Nutrition agency, Substance Use agency, OR
- Student-directed experience (Discuss available community resources/organizations with your PCHC Preceptor)

*Student Learning Outcome:* Demonstrates an understanding of the roles/responsibilities of community-based organizations as they relate to patients' health-related needs.



# Benefits for Clinical Sites

- Organized way to track student participation in clinical and non-clinical experiences
- Can be modified as services expand and retract
- Allows multiple providers to oversee student, relieving clinical preceptor
- Gives students a more holistic view of the clinic and community

# Impact on Students

I really enjoyed the checklist because it helped me to connect to different health professionals.

I really enjoyed the interprofessional home visits. They gave me a much better sense of what other healthcare professionals contribute and think about in regards to patient care.

I really enjoyed the opportunity to shadow a variety of health care providers, as I will likely not have another opportunity to shadow a dental surgeon or a chiropractor.

I feel that my own skills in picking up on small social determinants of health aspects of a patient's health has grown considerably.



# Assessing for Readiness

- Does your clinic have the capacity to implement this?
  - *Do you take students?*
  - *Are you looking to enhance students' learning experiences with structured, self-directed learning?*
  - *Can you identify a site toolkit champion?*
- Does your clinic have enough existing services and community partnerships?
  - *Pharmacy, Physical Therapy, Dental, Social Worker, Community Health Worker*
  - *WIC, SNAP-Ed, EMS*
- How will you evaluate the toolkit?
- How will you use the student information gathered?

# Adapting the Toolkit

1. Decide in which competencies you would like your students to become proficient.
  - *Helpful to work with the school to identify mutually desired clinical competencies*
  - *A brief baseline assessment of the selected competencies can be helpful to inform developing experiences*
2. Identify the services in your clinic and community partnerships where a student would be able to apply these competencies.
3. Determine which experiences will be mandatory vs. elective.

# Implementing the Toolkit

1. Find providers and administrators who will champion the Toolkit.
2. Introduce the Toolkit as part of orientation for all new students and staff.
3. Revisit the list of activities periodically and revise accordingly
4. Plan for how the students will submit their toolkit, written or virtual?

# Thank You!

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Melanie Caldwell: [mcaldwell4@une.edu](mailto:mcaldwell4@une.edu)

Maine AHEC: [jgunderman@une.edu](mailto:jgunderman@une.edu)

# *Healthcare Sector Partnerships Initiative Data Project: What We Have Learned*



*Presented by:*

**Lynn Carpenter, Navlyn Resources, LLC**  
**Roxie Severance, Sector Partnerships Initiative**



The Sector Partnership Initiative or SPI is an industry-driven effort for NH businesses to convene and collaborate on solutions to upskill current workers, better prepare new worker and recruit new workers to health care. SPI is a proven approach to impact the current health care workforce shortages by developing Regional Health Care Collaboratives where employers, education, elected officials, and others work together regionally to create solutions to the health care workforce crisis. Goals are set, ideas shared, and programs developed. It is about growing workers, upskilling, and retaining talent. Employers can only be successful when work together and form partnerships with education and community organizations.

### **Evolution of Funding SPI:**

- February 4, 2022- Office of Workforce Opportunity funds/contract ends with NH Healthcare Association
- December 2021- Southern NH AHEC receives CDC Health Equity Grant Funds for continuation of SPI work. Funding through June 2023.

# Sector Partnerships Initiative Data Project

## 7 Facility/ Provider Types

- Assisted Living Residence/ Residential Care Facility
- Home Care Service Provider
- Home Health Agency Hospice
- Home Health Care Provider
- Hospital
- Nursing Home
- Supported Residential Care Facility

## 13 Jobs

- Advanced Practice Registered Nurse
- Emergency Medical Technician
- Environmental Services Supervisor
- Environmental Services Worker (Entry level)
- Food Service Supervisor/ Chef/ Cook
- Food Service Worker (Entry level)
- Home Health Aide/ Personal Care Attendant
- Licensed Nursing Assistant
- Licensed Practical Nurse
- Medical Assistant
- Medication Nursing Assistant
- Phlebotomy Technician
- Registered Nurse

# Data Collection and Analysis: Phase I

- Data collected April- August 2022 by Region
- Regional Response rates 29-39%

Facility Type	# Invited to Respond	# Of Responses	Response Rate (%)
Assisted Living/ Residential Care Facility He-P 804	32	9	28%
Home Care Service Provider He-P 822	55	14	26%
Home Health Agency Hospice He-P 823	19	9	47%
Home Health Care Provider He-P 809	61	12	20%
Hospital He-P 802	28	12	43%
Nursing Home He-P 803	74	29	39%
Supported Residential Care Facility He-P 805	72	20	28%
<b>Total</b>	<b>341</b>	<b>105</b>	<b>31%</b>



<b>Home Health Aide/ Personal Care Attendant</b>	<b>Concord/ Upper Valley</b>	<b>Lakes Region</b>	<b>Monadnock</b>	<b>North Country</b>	<b>Seacoast</b>	<b>Southern</b>
# Positions Filled	411	133	40	N/A	107	311
<b># Positions Vacant</b>	<b>74</b>	<b>45</b>	<b>11</b>	N/A	<b>27</b>	<b>156</b>
Total # Positions	485	178	51	N/A	134	467
<b>Vacancy %</b>	<b>15%</b>	<b>25%</b>	<b>22%</b>	N/A	<b>20%</b>	<b>33%</b>
Estimated Employment (NHES)	2,050	740	660	580	1,450	2,390
Percent Change/ Growth 2018-2028	39%/ 29%	45.4%/ 10.4%	17.8%/ 18.4%	40%/ 36.7%	n/ 38%	51.5%/ 40.6%

<b>Licensed Nursing Assistant</b>	<b>Concord/ Upper Valley</b>	<b>Lakes Region</b>	<b>Monadnock</b>	<b>North Country</b>	<b>Seacoast</b>	<b>Southern</b>
# Positions Filled	416	157	182	97	423	586
<b># Positions Vacant</b>	<b>260</b>	<b>23</b>	<b>84</b>	<b>55</b>	<b>231</b>	<b>291</b>
Total # Positions	676	180	266	152	654	877
<b>Vacancy %</b>	<b>39%</b>	<b>13%</b>	<b>32%</b>	<b>36%</b>	<b>35%</b>	<b>33%</b>
Estimated Employment (NHES)	1,720	530	660	480	1,470	2,010
Percent Change/ Growth 2018-2028	9.4%	5.1%	7.9%	4.3%	7.7%	8.4%

<b>Licensed Practical Nurse</b>	<b>Concord/ Upper Valley</b>	<b>Lakes Region</b>	<b>Monadnock</b>	<b>North Country</b>	<b>Seacoast</b>	<b>Southern</b>
# Positions Filled	174	30	48	29	105	168
<b># Positions Vacant</b>	<b>81</b>	<b>11</b>	<b>15</b>	<b>12</b>	<b>54</b>	<b>93</b>
Total # Positions	255	41	63	41	159	261
<b>Vacancy %</b>	<b>32%</b>	<b>27%</b>	<b>24%</b>	<b>29%</b>	<b>34%</b>	<b>36%</b>
Estimated Employment (NHES)	380	140	220	100	460	760
Percent Change/ Growth 2018-2028	8.4%	3.2%	20.0%	4.6%	8.1%	12.3%

<b>Medical Assistant</b>	<b>Concord/ Upper Valley</b>	<b>Lakes Region</b>	<b>Monadnock</b>	<b>North Country</b>	<b>Seacoast</b>	<b>Southern</b>
# Positions Filled	278	23	27	90	N/A	166
<b># Positions Vacant</b>	<b>123</b>	<b>2</b>	<b>7</b>	<b>19</b>	N/A	<b>85</b>
Total # Positions	401	25	34	109	N/A	251
<b>Vacancy %</b>	<b>31%</b>	<b>8%</b>	<b>21%</b>	<b>17%</b>	N/A	<b>34%</b>
Estimated Employment (NHES)	500	150	170	230	740	1,040
Percent Change/ Growth 2018-2028	21%	17.7%	19.4%	15.5%	22.7%	23.4%

<b>Registered Nurse</b>	<b>Concord/ Upper Valley</b>	<b>Lakes Region</b>	<b>Monadnock</b>	<b>North Country</b>	<b>Seacoast</b>	<b>Southern</b>
# Positions Filled	1,671	124	89	273	498	1,084
<b># Positions Vacant</b>	<b>737</b>	<b>36</b>	<b>26</b>	<b>77</b>	<b>102</b>	<b>506</b>
Total # Positions	2,408	160	115	350	600	1,590
<b>Vacancy %</b>	<b>31%</b>	<b>23%</b>	<b>23%</b>	<b>22%</b>	<b>17%</b>	<b>32%</b>
Estimated Employment (NHES)	1,320*	660	770	780	2,611	4,360
Percent Change/ Growth 2018-2028	13%	3.7%	10.8%	7.1%	14.0%	15.4%

\*Estimated employment and/ or growth were unavailable for the Lake Sunapee Upper Valley Planning Region. Data are reported for the Central Planning Region only.

# Data Collection and Analysis: Phase II

- Data collected February-March 2023
- Final analysis and reports available April 2023
- Academic and Training Programs
  - Part of Phase II
  - Initial data analysis available



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# Lakes Region: Vacancy Rate Comparison

## 31% Response Rate

No responses Assisted Living,  
Hospital, Home Health Care  
Provider

	June/ July 2022 Vacancy %	Feb/ March 2023 Vacancy %	% Change (-/+)
Advanced Practice Registered Nurse	25%	<b>33%</b>	8%
Emergency Medical Technician	N/A	<b>N/A</b>	N/A
Environmental Services Supervisor/ Director	0%	<b>0</b>	0
Environmental Service Worker	16%	<b>23%</b>	7%
Food Services Supervisor	0%	<b>5%</b>	5%
Food Service Worker	30%	<b>8%</b>	-22%
Home Health Aide/ Personal Care Attendant	25%	<b>42%</b>	17%
Licensed Nursing Assistant	13%	<b>23%</b>	10%
Licensed Practical Nurse	27%	<b>22%</b>	-5%
Medical Assistant	8%	<b>0%</b>	-8%
Phlebotomy Technician	25%	<b>0%</b>	N/A
Registered Nurse	23%	<b>21%</b>	-2%

# Lakes Region: Top 3 Barriers to Filling Vacant Positions

- Lack of Applicants
- Lack of Affordable Housing in the Area
- Lack of Childcare



# Lakes Region: Top 3 Incentives to Recruit Staff

- Sign on Bonus
- Employee Referral Bonus
- Higher Wages and/ or Benefits Package than Competitors

# Lakes Region: Top 3 Factors Influencing Retention of Current Staff

- Competitive Wages
- Flexible Scheduling
- Paid Time Off

# Monadnock Region

- 70% Response Rate

	Vacancy Rate: April/ May 2022	Vacancy Rate: Feb/ March 2023	% Change (-/+)
Advanced Practice Registered Nurse	50%	<b>24%</b>	-26%
Emergency Medical Technician	N/A	<b>100%</b>	100%
Environmental Services Supervisor/ Director	14%	<b>0</b>	-14%
Environmental Service Worker	49%	<b>15%</b>	-34%
Food Services Supervisor	20%	<b>9%</b>	-11%
Food Service Worker	39%	<b>13%</b>	-26%
Home Health Aide/ Personal Care Attendant	22%	<b>27%</b>	5%
Licensed Nursing Assistant	31%	<b>17%</b>	-14%
Licensed Practical Nurse	22%	<b>16%</b>	-6%
Medical Assistant	21%	<b>13%</b>	-8%
Phlebotomy Technician	18%	<b>10%</b>	-8%
Registered Nurse	23%	<b>20%</b>	-3%

# Monadnock Region: Top 3 Barriers to Filling Vacant Positions

- Lack of Applicants
- Schedule requirements (nights, weekends, holidays)
- Lack of Lack of licensed applicants for positions requiring a license
  - Registered Nurse, Licensed Practical Nurse, Licensed Nursing Assistant, Advanced Practice Registered Nurse

# Monadnock Region: Top 3 Incentives to Recruit Staff

- Employee Referral Bonus
- Benefits package
- Higher Wages and/ or Benefits Package than Competitors

# Monadnock Region: Top 3 Factors Influencing Retention of Current Staff

- Competitive Wages
- Consistent Assignments (staff care for the same patients/ residents each time they work)
- Low staff to patient ratios

# North Country Region

- 62% Response Rate

	May 2022 Vacancy %	Feb/ March 2023 Vacancy %	% Change (-/+)
Advanced Practice Registered Nurse	20%	<b>11%</b>	-9%
Emergency Medical Technician	14%	<b>50%</b>	36%
Environmental Services Supervisor/ Director	11%	<b>12%</b>	1%
Environmental Service Worker	15%	<b>10%</b>	-5%
Food Services Supervisor	13%	<b>7%</b>	-6%
Food Service Worker	16%	<b>11%</b>	-5%
Home Health Aide/ Personal Care Attendant	N/A	<b>0%</b>	0%
Licensed Nursing Assistant	36%	<b>37%</b>	1%
Licensed Practical Nurse	29%	<b>40%</b>	11%
Medical Assistant	17%	<b>16%</b>	-1%
Phlebotomy Technician	29%	<b>0%</b>	-29%
Registered Nurse	22%	<b>25%</b>	3%

# North Country Region: Top 3 Barriers to Filling Vacant Positions

- Lack of licensed applicants for positions requiring a license (Registered Nurse, Licensed Practical Nurse, Licensed Nursing Assistant, Advanced Practice Registered Nurse)
- Lack of Affordable Housing in the Area
- Lack of Applicants



# North Country Region: Top 3 Incentives to Recruit Staff

- Sign on bonus
- Loan repayment
- Benefits package

# North Country Region: Top 3 Factors Influencing Retention of Current Staff

- Competitive wages
- Opportunities for growth
- Flexible scheduling

# Academic and Training Programs: Responses

	# Invited to Participate	# of Responses	Response Rate
Licensed Nursing Assistant Programs	11	6	55%
Medication Nursing Assistant Programs	7	5	71%
Licensed Practical Nursing Programs	3	2	67%
Registered Nurse (RN)- Associate Degree (ADN) Programs	9	7	78%
Registered Nurse (RN): Bachelor Degree (BSN) Programs	7	2	29%

- 2 Career & Technical Education Programs
- 1 Private University/ College
- 5 Community Colleges
- 5 'Other'
  - Facilities with LNA/MNA Programs
  - Trade or Private School(s)

# Academic and Training Programs: Faculty

	# Faculty Positions Filled	# Faculty Positions Open	# Faculty Positions Total	Vacancy %
Advanced Practice Registered Nurse	13	0	13	<b>0%</b>
Emergency Medical Technician	1	0	1	<b>0%</b>
Licensed Nursing Assistant	29	12	41	<b>29%</b>
Licensed Practical Nurse	40	3	43	<b>7%</b>
Medical Assistant	8	1	9	<b>13%</b>
Medication Nursing Assistant	21	1	22	<b>5%</b>
Phlebotomy Technician	8	3	11	<b>27%</b>
Registered Nurse (RN)- Associate Degree (ADN)	78	4	82	<b>5%</b>
Registered Nurse (RN)- Bachelor Degree (BSN)	22	1	23	<b>4%</b>
Radiologic Technologist	10	20+*	30	<b>67%</b>
Respiratory Care Practitioner	2	0	2	<b>0%</b>

\*Clinical Faculty to supervise students at medical sites

# Academic and Training Programs

	# of Applications Received	# of Students Accepted	# of Students Completing Program	# of Positions Needed*
Advanced Practice Registered Nurse	120	444	<b>131</b>	<b>110</b>
Emergency Medical Technician	9	9	<b>9</b>	<b>2</b>
Licensed Nursing Assistant	1613	1095	<b>734</b>	<b>944</b>
Licensed Practical Nurse	610	169	<b>76</b>	<b>266</b>
Medical Assistant	120	71	<b>65</b>	<b>236</b>
Medication Nursing Assistant	172	100	<b>100</b>	<b>30</b>
Phlebotomy Technician	215	103	<b>95</b>	<b>42</b>
Registered Nurse (RN)- Associate Degree (ADN)	1353	469	<b>353</b>	<b>1,484</b>
Registered Nurse (RN)- Bachelor Degree (BSN)	130	432	<b>83</b>	
Radiologic Technologist	329	63	<b>39</b>	
Respiratory Care Practitioner	79	15	<b>7</b>	

Number of applications received, students accepted, and students completing program between Jan-Dec 2022

\*Number of vacant positions reported in Phase I of data project (April-August 2022)

# Academic and Training Programs

**9 of 13 respondents indicated plans for program growth**

- LNA and MNA
- LPN to RN
- Medical Assisting
- APRN
- Radiation Technologist
- Respiratory Therapist
- LPN



# Academic and Training Programs

***What supports do you need from healthcare organizations to achieve your goal(s) to grow or expand?***

- Increased number of applicants
- Clinical placements in a variety of settings/days/shifts
- Masters prepared educators and pay
- Preceptors
- Infrastructure: limited facilities and equipment on campus and limited clinical capacity at hospitals
- Aid in recruiting
- Financial aid
- Tuition reimbursement programs
- Clinical placement locations
- Clinical faculty
- Advertising and marketing

# Thank you!

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