Legislative Commission on Primary Care Workforce Issues

March 28, 2019 2:00-4:00pm at the NH Hospital Association, 125 Airport Road, Concord

Call in information:

(267) 930-4000
Participant Code: 564-395-475

Agenda

2:00 - 2:10  Welcome and Introductions

2:10 – 3:10  Update on the NH ASTHO (Association of State & Territorial Health Officers) Community Health Worker Learning Community – Trini Tellez, MD

3:10 – 3:35  How UNH is meeting the workforce needs and plans for the future - Mike Ferrara, PhD, ATC

3:35 - 4:00  Legislative Update

Next meeting: Thursday April 25, 2:00-4:00pm
Members of the Commission:
Laurie Harding – Chair
Alisa Drueza, Administrator, Rural Health and Primary Care Section – Vice-Chair
Rep. Polly Campion, NH House of Representatives
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Cathleen Morrow, MD, Dartmouth-Hitchcock Medical Center
Kristina Fjeld-Sparks, Deputy Director, NH AHEC
Jeanne Ryer, NH Citizens Health Initiative
Mike Ferrara, Dean, UNH College of Health and Human Services
Trinidad Tellez, M.D., Office of Minority Health & Refugee Affairs
Bill Gunn, NH Mental Health Coalition
Pamela Dinapoli, NH Nurses Association
Diane Castrucci, NH Alcohol & Drug Abuse Counselors Association

Guests:
Danielle Weiss, Program Manager, Rural Health and Primary Care Section
Leslie Melby, NH Medicaid
Paula Smith, SNH AHEC
Phil Heywood, Executive Director, Northeast Osteopathic Medical Education Network, UNE
Dwaynea Covey, Dartmouth-Geisel Medical School
Thomas Wold, Portsmouth Regional Hospital
Barbara Mahar, New London Hospital

Meeting Discussion:

2:00 - 2:10   Welcome and Introductions – Laurie Harding – Chair, NH Commission on Primary Care Workforce Issues

2:10 – 3:10   How UNH is meeting the workforce needs and plans for the future - Mike Ferrara, PhD, ATC
Refer to the presentation “UNH Health Care Workforce Programs.”

- Financial considerations
Cost is by credit hour
UNH graduates tend to pay off loans quicker than those from other universities

- Where do the nurses go?
  - Starting to collect data on that now
  - Mostly in hospital – acute care
  - Anecdotally they work here for 1 year and then go to Boston because they’re more competitive

- What percentage of students from UNH’s HHS are NH residents when they come in?
  - 50/50 between in-state and out-of-state
  - Just collecting data now to see who stays
  - Trying to better delineate care providers

- High demand; need the clinical sites and more seats at school
  - HPOP found there was a 2-yr waiting program for nursing graduates
  - Being a certified SIM lab can help towards clinical hours

3:10 – 3:35 Update on the NH ASTHO (Association of State & Territorial Health Officers) Community Health Worker Learning Community – Trini Tellez, MD

Refer to the presentation “CHW Learning Community Update.”

3:35 - 4:00 Legislative Update

  - SB308 - $250k for State Loan Repayment Program in Governor’s budget
  - SB308 has been tabled in Senate – doing it for large budget bills
  - Processing for loan repayment has stopped for the rest of the year because there are no additional funds
  - Those already contracted are prioritized
  - 26 providers to start 4/1 will not get funding
    - Unsure of how many were loaded for 7/1

Next meeting: Thursday April 25, 2:00-4:00pm
CHW Learning Community Update & CHW Certification Considerations
Presentation to the Legislative Commission on Primary Care Workforce

March 2019 – Trinidad Tellez, MD / Director, Office of Health Equity, NH DHHS
CHW Infrastructure-Building Activity in New Hampshire
NH CHW Infrastructure Timeline

- **CHW Assessment w/ NHMHC**
- **New England Regional CHW Summit**
- **SNHAHEC CHW Cohort 1** Dec 2013-Jan 2014
- **CHW Summit #1** June 2013
- **SNHAHEC CHW Cohort 2** Sept-Nov 2014
- **SNHAHEC CHW Cohort 3** Feb-March 2015
- **SNHAHEC CHW Cohort 4** April-June 2015
- **SNHAHEC CHW Cohort 5** Jan-March 2016
- **SNHAHEC CHW Cohort 6** June-July 2017
- **SNHAHEC CHW Cohort 7** June-July 2018
- **CHW Summit #2** June 2015
- **CHW Summit #3** April 19, 2017
- **CHW Summit #4** June 2019
- **ASTHO NH CHW Learning Community Kick-Off** March 2018
- **Site Visit** Oct 2018
- **NCHC CHW Training 1** Nov-Feb 2017
- **NCHC CHW Training 2** Mar-June 2017
- **NCHC CHW Training 3** Oct-Jan 2018
- **NCHC CHW Training 4** June 2019
- **NCHC CHW Training 5** June 2017
- **NCHC CHW Training 6** June 2018
- **NCHC CHW Training 7** June 2019
- **NH CHW Coalition Created** January 2015
- **NH CHW Infrastructure Timeline**
- **CHW Beginnings**
- **NH CHW Coalition**
- **CHW Summits**
- **SNHAHEC Trainings**
- **NCHC Trainings**
- **CHW Pilots**
- **CHW Curriculum TA from Central Mass AHEC**
- **NCHC CHW Training 8** Oct-Nov 2018
- **NCHC CHW Training 9** March 2019
- **NCHC CHW Training 10** June 2019
- **NCHC CHW Training 11** June 2019

**Events and Milestones**
- April 19, 2017: CHW Summit #3
- March 2018: ASTHO NH CHW Learning Community Kick-Off
- October 2018: Site Visit
- November 2014: CHW Summit #2
- June 2015: CHW Summit #1
- January 2015: NH CHW Coalition Created
- April 2012: CHW Pilots
- April 2017: CHW Summit #2
- January 2015: DPHS Provides CDC 1305 Funds to NCHC to Build CHW Capacity
- June 2019: CHW Summit #4
- June 2019: DPHS Provides CDC 1815 Funds to NCHC to Build CHW Capacity
- October 2018: Site Visit
- March 2018: ASTHO NH CHW Learning Community Kick-Off
- November 2014: CHW Summit #2
- January 2015: NH CHW Coalition Created
- April 2012: CHW Pilots
- April 2017: CHW Summit #2
- January 2015: DPHS Provides CDC 1305 Funds to NCHC to Build CHW Capacity

Ad hoc technical assistance, call facilitation, research on financing and certification, discussion across states

CHW resources and presentations available at: www.astho.org/community-health-workers
ASTHO CHW Learning Community

• Supported by HRSA Cooperative Agreement
• Washington, Kentucky, South Carolina and New Hampshire

• SME team:
  • Geoffrey Wilkinson, MSW, Clinical Associate Professor, Boston University School of Social Work
  • Terry Mason, PhD, Independent Policy Consultant, Boston, MA
  • Carl Rush, MRP, Research Affiliate, University of Texas at Houston Institute for Health Policy

• ASTHO:
  • Deb Fournier, Senior Director, Clinical to Community Connections
  • Emily Moore, Director, Clinical to Community Connections
  • Anna Bartels, Senior Analyst, Clinical to Community Connections
NH ASTHO CHW Learning Community Team Members

- 11 CHWs!
- DHHS: Division of Public Health Services / Medicaid / Behavioral Health & Human Services / Office of Health Equity
- Training Providers: SNHAHEC, NNHAHEC/NCHC
- Local Health Departments: Manchester HD, Nashua HD
- CHCs: MCHC, Bi-State Primary Care Association
- IDNs: IDN1, IDN4, IDN7, Myers and Staffer
- Insurers: Well Sense Health Plan, NH Healthy Families
- Hospitals: DHMC, Cheshire Medical Center, CMC
- Social Service / Comm Org: Ascentria Care Alliance
NH ASTHO CHW Learning Community Activity to Date

- March 2018 **4-state kick-off call**: Introduce teams and shared priorities
- May 8 **NH team call**: Establish priorities for NH team
- July 2018 **NH team call**: Site visit objectives updates on CHW engagement
- October 2018 **NH team call**: CHW skills and competencies, begin discussing current financing
- October 2018 **DHHS call**: CHW skills and competencies, state government roles in financing
- October 2018 **ASTHO Site Visit**:
  - Morning, **All-team**: Developing and Defining the CHW Workforce: Steps towards sustainable financing
  - Afternoon, **CHW Coalition**: CHW Workforce Development in NH: Workforce Voice, Value, and Credentialing Options
- February 2019 **DHHS call**: Begin discussion of DHHS’ capacity for a role in the CHW certification process
- February 2019 **4-state call**: Penn Center for CHWs, presented how they have demonstrated strong ROI from CHW interventions
NH ASTHO CHW Learning Community Future Activity

• Continuing to grow network of interested stakeholders!
• Spring 2019 **NH Team** call: Financing
• SAVE THE DATE: 4th NH CHW Summit 2019 - June 26, Grappone Center, Concord
  • Certification – overview, lessons from other states, national CHW perspectives
  • Highlights of current CHW initiatives/programs
  • And more!
• More TA calls and another site visit...
  • August 2019 learning community concludes
Community Health Worker (CHW) Skills and Competencies
Nationally Accepted Definition of CHWs

“... frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”
CHW SKILLS
The CHW Core Consensus (C3) Project describes the core skills of CHWs as:

1. Communication skills
2. Interpersonal and relationship-building skills
3. Services coordination and navigation
4. Capacity building
5. Advocacy
6. Education and facilitation
7. Individual and community assessments
8. Outreach
9. Professional skills and conduct
10. Evaluation and research
11. Knowledge base

CONNECTEDNESS
CHWs know the community and move freely within it.

CREDIBILITY
CHWs are known and trusted as leaders and “natural helpers.”

COMMITMENT
CHWs pursue their work out of a sincere commitment to the wellbeing of the community – because it is their community.
Introduction to CHW Certification: Overview and Considerations for Stakeholder Engagement
What Certification Is (and Is Not):

- **IS** a declaration by issuing authority that an individual has certain qualifications (e.g., training, skills)
- **IS NOT** necessarily regulation of practice
- **IS NOT** the same as an educational “certificate of completion” unless you deliberately choose to make it so as a matter of policy
- **IS NOT** automatically a state government function: Issuing authority MAY be government, educational, association or employer-based
### Developing Certification Policy: Process

- **Ongoing CHW leadership and inclusion!**
- **Stakeholder agreement on rationale and objectives**
- **Stakeholder agreement on meaning/definition of certification (includes airing preconceptions)**
- **Commitment to create responsive certification policies and procedures that respect the nature of the practice**

<table>
<thead>
<tr>
<th>CHWs</th>
<th>Payers &amp; employers</th>
</tr>
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<tbody>
<tr>
<td><strong>Anticipated benefits</strong></td>
<td><strong>Assumed negative impact</strong></td>
</tr>
<tr>
<td>Higher wages</td>
<td>New barriers to entry</td>
</tr>
<tr>
<td>Improved working conditions</td>
<td>Creation of a “class” system among CHWs and/or marginalization of volunteer CHWs</td>
</tr>
<tr>
<td>Increased respect from other professions</td>
<td>Making CHW practice more clinical and less connected to the community</td>
</tr>
<tr>
<td>Wider career opportunities</td>
<td>Regulations or restrictions on what CHWs are allowed to do</td>
</tr>
<tr>
<td>Stable employment</td>
<td>Employing people who attend a training but do not have strong community connections</td>
</tr>
<tr>
<td>Strengthened professional identity</td>
<td>Pressure to increase wages</td>
</tr>
<tr>
<td>Consistent standards for the field</td>
<td>New regulations or restrictions on their organizations</td>
</tr>
</tbody>
</table>

- **Clear scope of practice boundaries**
- **Consistent, reliable qualifications among CHWs**
- **Simplified recruitment**
- **Reduced on-the-job training costs**
- **A clearer rationale for integrating CHWs into care teams**
- **Pressure to increase wages**
- **New regulations or restrictions on their organizations**
- **Increased overall training costs**
- **CHWs losing touch with the community, thereby becoming less effective overall**
Major Certification Options

• Certify **individuals** who work as CHWs?
  • Voluntary v. Mandatory (Title v. Practice):
    • Will certification be required in order to use a title such as “Certified CHW?” *(best/most common practice)*
    • Will certification be required for anyone doing the work of a CHW?

• Accredit or certify CHW **training programs/curricula**?

• Certify **instructors** in CHW training programs?

• Certify **employers**?
  • No state to date has taken this approach; would not provide CHWs with a “portable” proof of qualifications.
Basic Components of an Individual CHW Certification Program

- Authority and administrative home
- Certifying board or entity (composition, powers, operations)
- Definition of CHW
- Core competencies
- Scope of practice and practice standards
- Eligibility requirements
- Standards and protocols for assessing eligibility
- Continuing education requirements
- Procedures to apply, renew, revoke/expire, appeal, etc.

Can be the same or distinct entities
A Responsive Certification System Has:

- **Multiple paths to entry**, including path based on experience (“grand-parenting”)
- **User friendly application process** without unnecessary barriers of education, language, citizenship status
- Any required training available in **familiar, accessible settings**
- **Skills taught using appropriate methods** (e.g., adult/popular education; CHWs as trainers)
- **Easy access to CEUs**, distance learning
- **Respect for volunteer CHWs!**
Ever-changing picture: Wide variety of state approaches to CHW certification...

State-operated program
(NY for MCH navigators only)

Privately-operated program

Program under development

Program under consideration

Updated February 2019

No evidence-based best practice for determining where to house the program.

Will vary based on state context, resources, politics, etc.
**...BUT one consistent element: CHW leadership on certification boards**

<table>
<thead>
<tr>
<th>Arizona</th>
<th>Maryland</th>
<th>Massachusetts</th>
<th>New Mexico</th>
</tr>
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<tbody>
<tr>
<td>AZ CHW Association (AzCHOW) first piloted a certification process. Department of Health Services (DHS) managed a registry (passive function).</td>
<td><strong>SB 163</strong> passed in 2018 and directed the Department of Health (DOH) to adopt initial regulations for CHW certification, with additional regulations based on recommendations of a CHW Advisory Committee.</td>
<td>Department of Public Health (DPH) Division of Health Professions and Licensure has administrative responsibility.</td>
<td>Department of Health has administrative responsibility.</td>
</tr>
<tr>
<td><strong>HB 2324</strong> passed in 2018 and directed DHS to implement a certification program and establish a CHW Advisory Council</td>
<td></td>
<td>DPH Board of Certification of CHWs has certifying authority.</td>
<td>Board of Certification of CHWs has certifying authority.</td>
</tr>
<tr>
<td>Majority of 9-member CHW Advisory Council must be CHWs.</td>
<td>At least nine of the 19 members of the CHW Advisory Committee must be CHWs.</td>
<td>Board includes Department of Public Health Commissioner plus ten governor appointees; at least four must be CHWs.</td>
<td>Board includes the secretary of health and eight additional members, a minimum of three of which must be CHWs.</td>
</tr>
</tbody>
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**APHA Policy Statement: Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing**

...Encourages state governments and any other entities drafting new policies regarding CHW training standards and credentialing to include in the policies the creation of a governing board in which at least half of the members are CHWs. This board should, to the extent possible, minimize barriers to participation and ensure a representation of CHWs that is diverse in terms of language preference, disability status, volunteer versus paid status, source of training, and CHW roles.

Available at: https://bit.ly/2uv9RBY
It’s a Journey... Involving Many Stakeholders!

CHW resources and presentations available at: www.astho.org/community-health-workers
June 26, 2019
Fourth NH CHW Summit
Concord, NH

The Path Forward:
The Future Looks Bright!

All CHW stakeholders are invited!!
50th Celebration – 2019-2020
Factors Effecting College Enrollments

• Declining birth rates – particularly in NE
• Fierce Competition for Students
• Private College High Discount Rates
• Trend toward entry-level graduate education
  – Occupational Therapy Doctorate
  – Athletic Training Masters
• Changing Medical Landscape
Projected Growth of HHS Professions

Health Care programs are growing “faster than average” or “much faster than average”

Source: Bureau of Labor Statistics
Projected Growth of HHS Professions

Health Care programs are growing “faster than average” or “much faster than average”

• 1. Employment of healthcare occupations is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations, adding about 2.4 million new jobs.

• 2. Healthcare occupations are projected to add more jobs than any of the other occupational groups.

• 3. This projected growth is mainly due to an aging population, leading to greater demand for healthcare services.
96% CHHS undergraduates pursue an internship
61% CHHS undergraduates who have a job in their field 6 months post graduation

35% CHHS undergraduates who are pursuing a graduate degree 6 months post graduation

=96% Placement Rate!
### Superior Results on National Licensure/Certification Tests

<table>
<thead>
<tr>
<th>Professional Exam</th>
<th>Pass Rates</th>
<th>CHHS vs. National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>96%</td>
<td>89%</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapy</td>
<td>100%</td>
<td>86%</td>
</tr>
<tr>
<td>Recreational Management &amp; Policy</td>
<td>92%</td>
<td>76%</td>
</tr>
<tr>
<td>Athletic Training</td>
<td>92%</td>
<td>78%</td>
</tr>
<tr>
<td>Communication Sciences &amp; Disorders</td>
<td>100%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>100%</td>
<td>98%</td>
</tr>
</tbody>
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Growth of Nursing
Growth of Nursing

<table>
<thead>
<tr>
<th>Program</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016 - 17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergrad BS</td>
<td>175</td>
<td>189</td>
<td>199</td>
<td>216</td>
</tr>
<tr>
<td>DEMN</td>
<td>22</td>
<td>21</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>MS CNL</td>
<td>6</td>
<td>10</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>MS EBN</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>MS NP</td>
<td>55</td>
<td>60</td>
<td>50</td>
<td>53</td>
</tr>
<tr>
<td>PM-NP</td>
<td>16</td>
<td>18</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>DNP</td>
<td>6</td>
<td>1</td>
<td>22</td>
<td>50</td>
</tr>
<tr>
<td>Total Students</td>
<td>283</td>
<td>302</td>
<td>332</td>
<td>380</td>
</tr>
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25% Growth in Entry Level Nursing

Increased 2018 Freshman Nursing Admissions by 32% (n=69 students)
CHHS Has 3 of Top 5 Masters Programs at UNH

Master of Social Work

Master of Occupational Therapy

Master in Nursing
Expanding Enrollments in Undergraduate Programs

• Nursing - BSN and DEMN
• Nursing – Masters and DNP
• Social Work
  – BSW & Advanced Standing
  – MSW Manchester moving to Hybrid
  – Online MSW
• Communications, Sciences and Disorders
• Therapeutic Recreation
New Programs

- Nurse Practitioner Programs – by 2020
  - Acute Care
  - Psych Mental Health
- Nursing as 2nd B.S. Degree
- Occupational Therapy Doctorate and OT Assistant – 2022
- Health Sciences Degree
  - Feed into athletic trainers masters program
- Speech and Language Pathology Doctorate (online) – equivalent to DMP
- SW- Advanced Standing (moving to online component)
- Continuing to align curriculum with workforce needs of the state now and in the future
College Initiatives

- Interprofessional Education
- Telehealth
- Behavioral Health
- Women’s Leadership
Allied Health Initiatives

Allied Health is an area of focused growth for Plymouth State University

- Students actively engage in internships, clinicals, and projects to support student professional development and support the health needs of the region
- Extensive Partnerships with regional schools and health organizations to provide professional development to in-service practitioners and to enhance health services to NH citizens
Workforce Initiatives

- Building a Cluster-based curriculum and focused programs in Life Sciences, Innovation and Entrepreneurship, and Health and Human Enrichment (Allied Heath)

- Develop a Center for Excellence in Health Sciences that will double the size of our Nursing program while developing tracks for a Nurse Practitioner program and a Nurse Educator program that will train medical professionals to work and stay in NH

- Counselor Education and School Psychology is in its 5th year of HRSA funding to support behavioral health workforce development through funded internships and partnerships with school districts and health organizations to provide professional development to in-service staff and enhance services to NH citizens. The recent HRSA Supplement award will focus on substance use, treatment, and education by partnering with 3 Federally Qualified Health Centers in NH. An estimated 8,000 individuals have been impacted by the numerous professional development opportunities sponsored with this funding. The HRSA grants allow us to support 196 School Psychology, School Counseling and Clinical Mental Health Counseling Interns with a $10,000 stipend over a seven-year period.
Child Welfare IV-E Tuition Partnerships have been developed to appropriately prepare a diverse group of social workers for careers with a special emphasis on child welfare. The NH Division of Children, Youth, and Families (DCYF) has provided funding through the grant process enabling four (4) social work majors per year to receive in-state scholarships plus a one-time stipend of $3,000 in exchange for a work commitment to the Division of 24 months for each year of tuition received. The aim of this grant is to ensure the preparedness and retention of the child welfare workforce.

Recent Program Innovations

- Second year of successful launch of our Doctor of Physical Therapy Program (90 students at full enrollment)
- Revamped our Health Education and Health Promotion into an UG program in Public Health
- Created undergraduate major in Allied Health as a pathway to graduate programs across the Health Spectrum
- Launching a STEM Educator Preparation 1-year intensive program in collaboration with P-12 district partnerships to support enhanced competencies in math and sciences.
Keene State College has an established and expanding commitment to preparing workforce-ready graduates for entry into critical need areas of health and primary care.

Programs address historic needs as well as those marked as priorities in the Governor’s 2019 Budget.
Established Programs:

• BS in Nursing that has produced graduates placed in primary care facilities New Hampshire, Vermont, and Massachusetts as well as home health and hospice positions

• BS in Exercise Science that prepares students to work in
  • Sports medicine
  • Pre-physical or occupational therapy
  • Personal training
  • Cardiac rehabilitation
Established Programs:

• Single or combined tracks in our Public Health program with training in population health, nutrition, and addiction that produce graduates ready for work as
  • Dietitians and nutritionists
  • Community health workers
  • Drug and alcohol recovery specialists
  • Patient advocates
Established Programs:

• A program in Safety and Occupational Health and Applied Sciences with multiple tracks to prepare students for professional work in
  • Accident prevention and response
  • Environmental health and safety
• A Psychology program that produces majors who work in
  • Counseling
  • Human resources
  • Health care
Addressing the NH Health Care Workforce Shortage
Addressing the NH Health Care Workforce Shortage

*Seamless Progress and Integration*

- Clinical and Non-clinical needs
  - Recognition Health Care is an Ecosystem needing diverse needs
  - Licensed and non-licensed needs
    - Insert non-licensed roles where appropriate to maximize work of licensed professionals
- Partnerships-Medical centers to Community based organizations
  - Inform current offerings
  - Assist with future programmatic offerings
Addressing the NH Health Care Workforce Shortage

• Respect Non-collegiate Learning (Prior Learning Assessment-PLA)
  o Evaluation of DHMC Surgical Technology program for college credit to apply to Associate and/or Bachelors degree
  o College credit for specialty area nursing certification

• Instructional Approach
  o Interprofessional education collaborative team
  o Leadership based
  o Career ladder
  o Competency aligned
Addressing the NH Health Care Workforce Shortage

• Programmatic offerings
  o Degree Programs- Professional Development, Associates, Bachelors, Minors, Masters, Micro-credentials
     CCSNH Pathway for RN-BSN to MSN
     Bachelors- Behavioral Health/Human Services/Health and Wellness/Allied Health
     Masters- Health Care Management, Project Management, Leadership, Management
     Addiction Studies, Prevention Studies- minors
      ❖ Address current issues and proactive public health approach
Addressing the NH Health Care Workforce Shortage

• Majority of students are NH Residents
  o Alumni have understanding of social determinates of health for their region/community thereby having greater impact
House Bill 2
Strategic Investments
Capital Infrastructure Revitalization Fund
Additional Prioritized Needs
One-Time Strategic State Support
UNH
UNH: Nursing and Health Sciences Initiative

UNH Nursing and Health Sciences Initiative $12.3 million

- Investment from State $9M
- Investment from UNH $3.3M
- Total Investment in Health Sciences Initiative $12.3M

Return on Investment

- Expansion of Nursing facilities to accommodate a total of 125 new students per year across Health Sciences programs including renovation of 20,000-30,000 sq ft of space on or near the Durham campus.
  - Expand B.S. Nursing, Direct Entry Master's in Nursing (DEMN), and explore adding nursing as a 2nd degree.
  - Create 2 additional nurse practitioner (NP) programs in Psychiatric NP and Acute Care NP.
  - Develop state-of-the-art nursing simulation laboratory.

This initiative will double the number of students graduating in Health Sciences occupations including Nursing in 4 years.