Giving Care: A Strategic Plan to Expand and Support
New Hampshire's Health Care Workforce

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ENDOWMENT
for Health

Forward Fund

Acknowledgments

Growing and Retaining
New Hampshire's Health Care Workforce; A State Plan with Actionable Strategies

Attracting and retaining a qualified and dedicated workforce to support our health and health care system is a high priority. It has serious implications for quality and access to care for all Granite Staters. The health care sector is the fastest growing industry in New Hampshire and while labor shortages are not unique to this sector, the workforce shortages are very acute. Right now, health care is the sector with the most unfilled positions in New Hampshire. While predating the pandemic, these workforce shortages became a crisis with the incredible increase in demand for patient care across the health care system due to COVID-19.

Giving Care presents New Hampshire solutions to New Hampshire's current health care workforce crisis. It is a plan that offers immediate, as well as longer-term strategies to expand and support our health care workforce. These solutions incorporate learning from previous successful workforce development efforts and provide specific actionable strategies to grow and retain the workforce, to ensure we have the data we need to prioritize investments, to improve the policy and regulatory environment, and – perhaps most importantly – to lead and coordinate implementation.

A dedicated coalition of New Hampshire experts in health care workforce saw the urgency of the moment and rose to the occasion to collaboratively develop this state action plan. Over 50 leaders representing voices from across our health care system worked virtually, carving out time they did not have. They include different types of providers, with perspectives from various roles and geography, and represent employers, higher education, government, and community-based organizations *(see Appendix A)*.

The Endowment for Health is honored to partner in the development of *Giving Care*, through our dedicated Forward Fund that focuses on the needs of New Hampshire's health care workforce. We want to thank and acknowledge the unwavering commitment of the Forward Fund's advisors who identified the need for this plan and took the lead in its development.

Whether you are an employer, a policymaker or government official, an institution of higher education or educator, or an advocate for the health care field, there is a role for you in implementing *Giving Care*. It will take all of us working together to implement this plan. It will also take brave and bold investments that match our collective will to ensure that care is available when New Hampshire people need it. Please join us in bringing this plan to life. The health of New Hampshire's people depends on it.

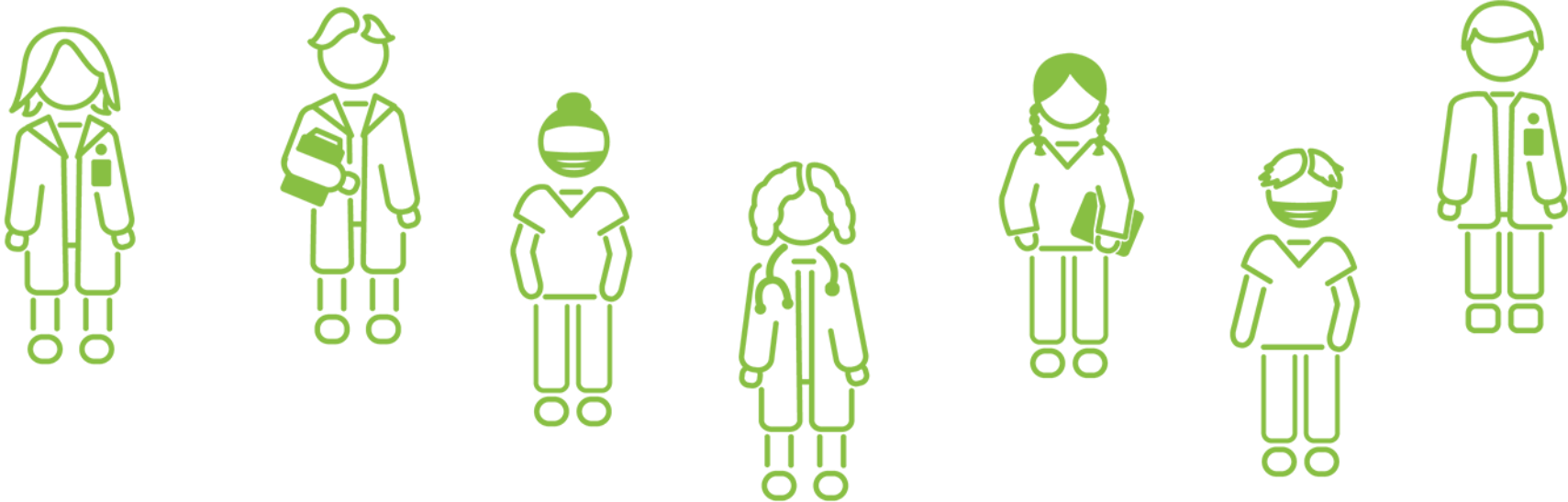Yvonne Goldsberry, PhD
President, Endowment for Health

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I. Introduction: The Challenges Facing New Hampshire

Prior to the pandemic, New Hampshire was second among states hardest hit by labor shortages overall.[1] In 2019, New Hampshire employed an average of 94,100 workers in its health care and social assistance industry.[2] The industry's average growth of 1.6 percent between 2017 and 2019 outpaced that of the state's workforce overall, which grew an average of one percent during the same time period.[2] In addition to being the fastest growing industry, the health care sector had the most unfilled jobs.[3]

In New Hampshire and across the country, the pandemic exacerbated both the need for and strain on health care personnel. In the Granite State, burnout led to staff losses across the health care spectrum, but especially in nursing homes, home health, and community care settings.[4] In its November 2021 letter to the Governor and Commissioners of the New Hampshire Departments of Health and Human Services and Business and Economic Affairs, the Health Care Workforce Coalition explained that "the difficulty to recruit, retain, and fully staff facilities and programs is seriously impinging on patients' access to care and deepening financial stress for our state's health care providers."[5] Complicating these challenges of recruitment and retention is the aging of the state's primary care provider workforce. While over half of the state's physician assistants are under age 40,[6] 24% of its nurse practitioners and 27% of its primary care providers are over age 60.[7,8] As well, New Hampshire is projected to be 10th among U.S. states with the most severe nursing shortages.[9] According to the Health Care Workforce Coalition, such shortages exist across the health care spectrum, including all provider types and those providing other vital support functions.[10] Ensuring an adequate supply of qualified workers is essential to meet the needs of the state's aging residents and its increasingly diverse population. Given its size and rate of growth, the strength of the health care sector is critical to New Hampshire's overall economy.[11]

Beginning in 2020, given the current and anticipated impact of workforce shortages on the health of the population and the state's economic well-being, the Forward Fund at the Endowment for Health prioritized the creation of an actionable statewide plan for health care workforce development. This report describes the assessment and planning processes, and offers a detailed and actionable agenda for strengthening New Hampshire's health care workforce.

1 Dean, Grace. (2021). Nebraska, New Hampshire, and Vermont are states struggling hardest to fill jobs in the US labor shortage, new research suggests. Business Insider (September 24). https://www.businessinsider.com/labor-shortage-dc-nebraska-new-hampshire-vermont-jobs-hawaii-employment-2021-9

2 New Hampshire Economic Conditions. (2021). Temporary Staffing in New Hampshire's Health Care Industry. (September). https://www.nhes.nh.gov/elmi/products/documents/ec-0921-article.pdf

3 Presentation by Brian Gottlob to the Foundation for Healthy Communities, Concord, NH, June 2021.

4 Wagner, E., Amin, K., Cox, C. & Hughes-Cromwick, P. (2021). Health Spending: What Impact has the Corona Virus had on Health Employment. Peterson/Kaiser Family Foundation Health System Tracker. (December 10). https://www.healthsystemtracker.org/chart-collection/what-impact-has-the-coronavirus-pandemic-had-on-healthcare-employment/

5 November 2021 Health care Workforce Coalition letter available at: http://dupontgroup.com/covid-19-resources/workforce-letter/

6 Physician Assistant data available at: https://dashboard.nh.gov/t/DHHS/views/2019PAWorkforceDataReport/Demographics?%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

7 Nurse Practitioner Data available at: https://dashboard.nh.gov/t/DHHS/views/2018-19APRNWorkforceDataReport/Demographics?%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

8 Primary Care Physician Data available at: https://dashboard.nh.gov/t/DHHS/views/2019PhysicianWorkforceDataReport/Demographics?%3Aiid=1&%3AisGuestRedirectFromVizportal=y&%3Aembed=y

9 University of St. Augustine for Health Sciences. (2021). The 2021 American Nursing Shortage: A Data Study. Online Blog Post. (May). https://www.usa.edu/blog/nursing-shortage/

10 https://www.nhproviders.org/new-hampshire-health-care-workforce-coalition

11 Institute on Assets and Social Policy, The Heller School for Social Policy and Management, Brandeis University. (2014). Strengthening New Hampshire's Health Care Workforce: Strategies for Employers and Workforce Development Leaders. (December). https://heller.brandeis.edu/iere/pdfs/jobs/NH-health-care-workforce.pdf

> **The Vision**
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> **The New Hampshire health care workforce is strong and diverse due to factors that include competitive, equitable wages commensurate with experience, training, education and an environment that supports diversity, quality care and continuous professional growth. As a result, community outcomes are improved and patients, clients, and the workforce are engaged and healthy.**

II. Development of the State Plan: Assessment and Planning

The Assessment: In 2020 the Forward Fund advisors prioritized the development of a statewide health care workforce development plan. The work began with an initial assessment of health care workforce plans in other states, as well as efforts to strengthen the workforce in New Hampshire, including the work of the Integrated Delivery Networks. In the fall of 2020, a group of approximately 50 health care providers, agency administrators, educators and policy makers was convened to: (1) build relationships and focus energy to address health care workforce challenges; (2) learn about innovative approaches and build synergy among them; and (3) share lessons-learned and identify barriers to and gaps among existing workforce initiatives. The group reviewed and built upon the findings from the initial assessment, reflecting their experiences in hospitals and community health centers, mental health centers, state agencies, higher education, and in implementing workforce development initiatives. The assessment process created a shared understanding of workforce needs and activities across the state and served as a starting point for the next phase of work, the creation of a strategic plan to develop and sustain the New Hampshire workforce. The process culminated with a vision statement and goals and objectives for the strategic plan.

The Planning Process: The Endowment for Health engaged JSI Research & Training Institute/Community Health Institute (JSI/CHI) to facilitate the strategic planning process. Given the crisis situation in which the health care industry finds itself, the strategic plan was designed to be action-oriented and for immediate implementation (within two years) so that results could be realized as soon as possible. Beginning in the spring of 2021, a diverse group of 67 stakeholders was invited to join the planning process *(see Appendix A)*. Three workgroups were formed to address the critical needs identified in the assessment phase: Pipeline, recruitment, and retention (Pipeline); Policy and regulation (Policy); and Data. A fourth group (Governance) was added to provide oversight and coordination of workforce development efforts. Of those invited to participate, 61 joined the planning process. Between May and January, in a series of four facilitated meetings, each workgroup met to solidify its respective goals and objectives and identify the strategies, timeline, responsible parties, and resources needed to ensure the plan's vision can be realized. Between workgroup meetings, workgroup facilitators and an advisory group met to review progress to date, address any challenges that arose in the working groups, and ensure coordination of workgroup efforts.

III. Understanding and Meeting the Key Workforce Challenges

To ensure the state plan will effectively strengthen and build the state's health care workforce, planning group members detailed the challenges the plan must address. They recognized that staffing shortages across the state and across the health care sector are impacting service delivery and access to health, mental health, and oral health services, as well as long-term/congregate and in-home care. Such shortages create strain for existing staff, which in turn, leads to greater turnover and complicates succession planning. While the bench of health care workers is simply not deep enough to meet the state's needs, it also lacks sufficient diversity to address the needs of New Hampshire's increasingly diverse population. The health care workforce is impacted by several significant challenges, including:

Stress, mental health, and barriers to care: In the last two years, health care workers have endured heightened stress due to risks to their own health, caring for critically ill patients, too few resources, and a constantly evolving understanding of the virus, prevention measures, and treatment options. Workers experiencing depression, anxiety, or other mental health challenges also experienced the challenges that face the general population, namely stigma and problems accessing care.

Low wages and high costs to live in New Hampshire: Many health care workers in low-paid entry-level and support positions that put them at risk for exposure to COVID-19 were forced to work multiple jobs to make ends meet while others transferred to other industries for more money and less danger. Low wages also make it difficult for health care employers to compete with employers in other states and other professions. Health care workers struggle to afford a range of necessities to live in New Hampshire, including quality and affordable housing, transportation, and childcare, all issues that should be addressed by public policy.

A thin pipeline and barriers to post-secondary education and training: Too few potential workers have an interest in or adequate understanding of the range of roles available within health care. Investment in efforts to diversify the workforce, including outreach and marketing, have been insufficient. The high cost of education poses a barrier to entry and advancement in health care roles. Too few training and education opportunities exist (e.g., apprenticeships, post-secondary programs,

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clinical placements), as well as too few supervisors to train health care workers. There is poor alignment of the existing education/training programs with workforce shortages. Employers lack capacity to ensure an adequate pipeline of workers for their organizations. Competition among employers for employees creates a barrier to collaboration among health care organizations to share best practices and address their common workforce challenges.

Reimbursement issues: Low reimbursement rates; lack of reimbursement for critical services; and a lack of parity for mental health services affect the wages employers can offer and their ability to recruit and retain workers, as well as the ability of health care workers to make ends meet. By rewarding procedures and quantity over outcomes and quality, current reimbursement structures do not incentivize coordination and integration

of care, practices that are essential to quality outcomes. By pressuring providers to maximize the number of patients they see in the course of a day, the current structure adds to provider stress and discourages them from participating in professional development opportunities and providing clinical placements and supervision.

Regulatory barriers and constraints: Complying with burdensome regulations and documentation means providers have less time to spend with patients and presents additional barriers to attracting and retaining staff. Licensing and credentialing processes and requirements discourage qualified professionals from seeking employment in New Hampshire and cause major delays in being able to recruit, on-board, and bill for services provided by new employees, particularly those from other states.

Policy barriers: Multiple policy-related issues challenge the workforce. For example, insufficient funding for the state's community college and university systems, health care apprenticeship programs, and help to relieve students of education-related debt impede the ability to train an adequate number of workers. Government employment policies, such as prohibiting the filling of positions until vacancies exist, cause delays in hiring and create gaps in staffing. Temporary policy and regulatory changes that supported telehealth during the pandemic should be made permanent.

Siloed workforce development efforts: While many initiatives exist within the state to bolster the health care workforce, they are largely siloed and lack coordination.

Data: Data related to the health care workforce are collected by multiple entities in varying ways; no central repository exists. Therefore, it is difficult to know which data exist and where they can be found. Data can be hard to access, interpret, and use to understand workforce needs and inform policy and planning. There is a lack of common vocabulary/nomenclature/ definitions, an insufficient level of detail, and too few data scientists to assist with understanding and interpreting data.

In response to the key challenges affecting the health care workforce, each of the workgroups was tasked with a specific charge.

Pipeline

Identify the strategies needed to build the capacity of New Hampshire health care workforce by identifying those that support and advance the current workforce; help to recruit a diverse pool of workers; reduce regulatory barriers that hinder recruitment and retention; improve access to education, mentorship and career advancement; and enhance the use of technology in guiding the workforce.

Policy

Identify the critical policy tools and modifications needed to: build a diverse and effective health care workforce, reduce regulatory constraints, streamline licensing and credentialing, facilitate affordable education, allow the creation of career ladders, advance fair wages, and create a reimbursement structure that facilitates quality care and ensures workforce continuity.

Data

Identify the types and sources of data needed to measure New Hampshire health care workforce needs and capacity and develop a system to create, coordinate, and share data products to inform the creation and retention of a strong health care workforce.

Governance

Identify the governance structure/entity needed to study, coordinate, guide and oversee New Hampshire health care workforce development.

IV. The New Hampshire Health Care Workforce Plan Objectives and Stakeholder Roles

The plan is intended for multiple (sector) audiences, including **state government** (i.e., executive branch agencies), **legislators**, the **health care industry/employers** (e.g., service delivery organizations), health and behavioral health **professional associations**, **health insurance/ payers**, **educators and trainers** of health care personnel and those that contribute to the pipeline of health care workers (e.g., high schools, vocational/technical schools, community colleges, universities, employer-based training programs, Area Health Education Centers), **advocacy groups/organizations**, the **business community** (i.e., private industry, both associated with health care and not), and **philanthropy**. The table below lists the objectives associated with pipeline, recruitment, and retention; policy and regulatory changes; and data necessary to address the many factors constraining the state's health care workforce. The table also identifies the audience(s) for whom each objective is particularly relevant. Users of the state plan are encouraged to review the objectives to identify those in which their sector has a role and visit the identified pages to learn how they can play a role in implementing the New Hampshire Health Care Workforce State Plan. For more information about how you can become involved in implementing the plan, contact the Endowment for Health's Forward Fund at info@endowmentforhealth.org.

The planning group determined that a governance entity is required to provide leadership and oversight of the state plan and ensure coordination among the many stakeholders addressing the plan's objectives. An action plan was developed to establish the governance body, clarify its role, and ensure it has adequate resources for its work *(see page 30)*. The recommended structure is an interdisciplinary public/private governance entity (akin to a backbone organization) financed by a pool of state appropriations and agency budgets and private funding from individual organizations and networks. The governance entity will provide strategic leadership to organizations and networks working to address health care workforce issues across sectors in New Hampshire. It will also have authority to monitor the employment landscape and develop proactive recommendations for long-term planning and collaboration across organizations and networks.

1. Pipeline, recruitment, and retention	See Strategies on pages	State Gov.	Legisl-ators	Health care industry/ employers	Prof. Assoc.	Health insurance/ payers	Educ. & Trainers	Advocacy groups	Business community	Philanthropy
(1.1) Invest in the *current workforce* by creating job supports that build confidence, create resilience and support career advancement.	13–14	●	●	●	●	●	●		●	
(1.2) Invest in the *current and developing workforce* by providing financial supports for entry level and continuing workers (e.g., tuition, study time pay, increased wages, retention incentives, assistance with childcare and housing).	15–16	●	●	●	●	●	●	●	●	●
(1.3) Increase existing workforce satisfaction and retention by reducing work burden where possible.	16–17	●		●	●	●	●	●	●	●
(1.4) Expand recruitment efforts to attract a diverse pool of potential workers within the state, cultivating interest early and within diverse populations.	17–18	●		●	●		●	●	●	
(1.5) Create a comprehensive health care worker marketing strategy that attracts multiple groups inside and outside NH.	19	●	●	●	●		●	●	●	
(1.6) Create accessible and supportive training models for students in health care professions.	20–21	●		●	●		●	●	●	●
(1.7) Reduce and remove barriers to successful recruitment, retention and career advancement by streamlining or reducing academic, licensure and regulatory delays and barriers wherever possible.	21–22	●	●	●	●	●	●		●	

2. Policy and Regulation	See Strategies on pages	State Gov.	Legisl-ators	Health care industry/ employers	Prof. Assoc.	Health insurance/ payers	Educ. & Trainers	Advocacy groups	Business community	Philanthropy
(2.1) Re-align reimbursement/ compensation for all provider types/settings.	23–24	●	●	●	●	●	●	●	●	
(2.2) Address diversity and equity to expand racial/ethnic/linguistic/ cultural diversity and increase equity within the health care workforce.	24–25	●	●	●	●	●	●	●	●	●
(2.3) Identify and address the impact of state and federal policy on recruitment and retention of the health care workforce.	25–26	●	●	●	●	●	●	●	●	
(2.4) Reduce unnecessary barriers to licensure.	26	●	●	●	●			●		

3. Data	See Strategies on pages	State Gov.	Legisl-ators	Health care industry/ employers	Prof. Assoc.	Health insurance/ payers	Educ. & Trainers	Advocacy groups	Business community	Philanthropy
(3.1) Identify the types and sources of data needed to measure the NH health care workforce needs and capacity.	27	●		●	●	●	●	●		
(3.2) Ensure financial and technical resources to support the data system(s) for a minimum of 10 years.	28	●		●	●		●			
(3.3) Ensure the availability, coordination, and sharing of data products necessary for informing the creation and retention of a strong NH health care workforce.	28–29	●		●	●		●	●		

V. The Action Agendas

Across the four action plans, 107 strategies are identified as necessary to build and retain the state's health care workforce. The vast majority of these strategies will require additional resources for implementation. As an essential part of its work, the Interim Coordinating Body *(see page 30)* will, in conjunction with public and private sector partners, identify and secure funding to advance the plan's strategies *(see Governance Action Plan, Objective 5)*. While reviewing the action plans that follow, it is important for the reader to know that the identification of resources to support the plan's strategies is critical to the success of the plan.

1. The Pipeline, Recruitment, and Retention Action Agenda

Pipeline Goal: Ensure a current and future supply of qualified workers to meet the needs of New Hampshire's residents.

Seven key objectives are necessary to advance the pipeline, recruitment, and retention goal. Below, the strategies, timeline, responsible parties, and resource needs and relevant notes for each are detailed. When a responsible party is accompanied by an asterisk (*), the party has indicated it is poised to work on the strategy but requires additional resources.

The Pipeline Workgroup identified 11 strategies that are labeled in the tables below as **HIGH PRIORITY**. These strategies are: (1) currently underway but in need of expansion, (2) initiatives for which there is a partner poised to lead the work if/when resources become available, and/or (3) initiatives for which there is widespread interest and willingness among partners to collaborate. Thus, these high priority strategies could result in early wins and allow progress to be made toward the plan's pipeline objectives.

The Pipeline Workgroup was also clear that it is critical to prioritize strategies to retain the existing workforce. Although pipeline efforts are needed to build the workforce, it will take time for those to impact the size and composition of the workforce. Additionally, recruitment efforts should endeavor to build the workforce (e.g., by recruiting from outside New Hampshire) and not promote "poaching" of staff from one health care organization in the state to work at another.

Pipeline Objective 1. Invest in the *current workforce* by creating job supports that build confidence, create resilience and support career advancement			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
1.1.1. Provide employee retention training for health care employers to help them develop and sustain a healthy and engaged workforce.	Within first 6 months	Area Health Education Centers (AHEC); Health care Associations; Behavioral Health Association; Bi-State Primary Care; Professional Associations; Institute on Disability (IOD); Human Resources (HR) Professional Associations; Department of Labor (DOL)	Identify strategies that are evidence-based

Cross reference strategies with other employment sectors |
| 1.1.2. Encourage the adoption of evidence-based wellness programs that assist workers in avoiding burnout. | Within first 6 months | AHEC; Health care Associations; Behavioral Health Association; Bi-State Primary Care; Professional Associations; IOD; HR Professional Associations; DOL; Health care Employers | Research evidence-based strategies and tools and adapt to the organization. Select and scale activities based on organizational size and needs. House those in a resource center such as AHEC and Health care Affiliation Associations |
| 1.1.3. Encourage the adoption of staffing and workload models that allow health care workers to deliver high level care, interact with other professionals, accomplish their work within the scheduled time, and create a culture of collaboration and support. | By end of Year 1 | Health care Employers; Payers; Professional Associations; Health care Associations | Data on the impact of low staffing and burnout |

Pipeline Objective 1. Invest in the *current workforce* by creating job supports that build confidence, create resilience and support career advancement			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
1.1.4. Promote the creation of career counseling and coaching models for employees at all stages within settings to support them in career development.	Within 9 months	Health care Employers; Employee Assistance Programs (EAP); Dept of Employment Security (DES); AHEC; Vocational Rehab; College Counseling Centers; High School Counselors	Identify models that work and house guidance in an accessible resource center or centers.
1.1.5. Promote the creation of peer mentoring and staff/career development models within settings.	Within 6 months	Health care Employers; Professional Associations; Health care Associations; HR Professional Associations	Suggest using current students as a first resource.
1.1.6. Promote affordable mechanisms of building a career such as starting at the Community College level and expanding from that platform.	Already started at some schools; expand by end of Year 1	Community College System of NH (CCSNH) and state university system; Career Training Centers; employers of non-clinicians to support growth into a clinical professional pathway	Tracking by licensing bodies could provide information about how people were attracted to a field.
1.1.7. Promote the creation of career advancement ladders within organizations/ systems with clear guidance on how to enter and move forward.	Within 6 months	Health care Employers supported by Health care Associations; US Dept of Labor Office of Apprenticeship; AHEC Career Ladder*; Department of Education (DOE) Program*	
1.1.8. Promote the development of interdisciplinary team-based care systems to encourage cross discipline learning and engagement.	By end of Year 1	Health care Employers; AHEC; CCSNH; Colleges; Universities; other training programs	Identify models that work and promote through resource centers and provider training.
1.1.9. Promote the adoption of "retention interviews" that allow employees to share why they stay and assist employers in understanding what could improve.	Within 9 months	Health care Employers; AHEC; others who train HR professionals	Consult the literature for techniques; AHEC and others could develop a training on techniques that elicit meaningful input and protect employees.

Pipeline Objective 2. Invest in the *current and developing workforce* by providing financial supports for entry level and continuing workers.

Strategy	Timeline	Responsible party	Resources needed/notes
1.2.1. Create and promote an accessible, statewide financial support system for entry level and existing workers for educational development, including, but not limited to, stipends for students and up-front tuition payment for professional development.	Within 9 months	Legislature; Local and National funders; Local businesses; Chambers of Commerce; Philanthropy	Policies needed to support this development
1.2.2. Encourage employers to pay for a portion of education/class/study time - allowing student employees to meet academic demands.	Within 6 months	Health care employers; AHEC; Sector Partnership Initiative (SPI); DOL	Some models exist now and could be expanded; employers can consider this a supplement to continuing education funds.
1.2.3. Offer financial retention incentives to employees to reward continued service, especially under adverse conditions.	Within 6 months	Health care employers; Philanthropy	
1.2.4. Advocate for/fund increased wages for multiple levels of workers to a livable wage. (Set a minimum standard for certain roles and recognize that NH wages cannot compete with regional states.)	By end of Year 1	Health care employers; Professional Association; Payers; Legislators; Charitable & Government Funders	Policy/Legislative Issue Payment via Value Based payment must be adequate and based on actual costs.
1.2.5. Provide a childcare assistance allowance or on-site childcare wherever possible at extended hours to accommodate evening shifts.	Within 9 months	Employers; Healthcare Associations in partnership with Childcare Centers and Local Business Support	
1.2.6 Create a state funding pool to provide financial support for organizations who are willing to accept interns and apprenticeships to offset the cost of learning time and productivity impact.	By end of Year 1	Formalized clearinghouse TBD *(see Governance Objective 5)*; Licensure boards	Resources and information are needed related to productivity impact for individual professions Technical difference in internships vs. apprenticeships may alter compensation requirements

Pipeline Objective 2. Invest in the *current* and *developing workforce* by providing financial supports for entry level and continuing workers.

Strategy	Timeline	Responsible party	Resources needed/notes
1.2.7. Provide statewide tuition assistance for students educated in NH to stay in NH, or for students educated out of state to return to NH once their education is complete. example: *Stay In Maine* program	Beginning of Year 2	NH Health care Employers; State and Local Chambers of Commerce; Local Employers	This could be further supported by career coaching for students that helps to support them through their education and provides assistance to find a job in the state in their area of interest.
1.2.8. In areas of low housing availability/ high cost, provide a housing allowance to staff for the first year as incentive. **HIGH PRIORITY**	To begin immediately/ within first 3 months	Health care employers; State and local Chambers of Commerce; other local employers; State Bureau of Housing Support (SBHS); Community Action Programs (CAP); Southern NH Services	This strategy aligns with the Health Care Workforce Coalition's priorities. Note that subsidies are provided by travel nurse staffing agencies.

Pipeline Objective 3. Increase existing workforce satisfaction and retention by reducing work burden where possible.

Strategy	Timeline	Responsible party	Resources needed/notes
1.3.1. Support the adoption of staffing and scheduling models and systems that allow remote work when possible and recognize the need for work-life balance.	Within 9 months	Health care Employers; Health care Associations; AHEC	
1.3.2. Support the identification and deployment of tools that reduce the workforce documentation burden (e.g., speech to text, integrated IT systems that avoid duplication).	By end of Year 1	Department of Health and Human Services (DHHS); Center for Medicare and Medicaid Services (CMS); Regulatory bodies; Payers; Foundation for Healthy Communities	Payers and regulators should review & revise documentation requirements to standardize formats and avoid time consuming duplication
1.3.3. Health care entities should prioritize and increase availability of expert Health IT resources to better support clinicians providing care and to support a cultural shift that increases patient access to information.	By end of Year 1	Health care Employers supported by an entity such as a Health Information Exchange (Foundation for Healthy Communities)	Health IT Resources should have expertise in both the EHR system use and the facility in order to respond to provider and support personnel needs quickly and thoroughly.

Pipeline Objective 3. Increase existing workforce satisfaction and retention by reducing work burden where possible.

Strategy	Timeline	Responsible party	Resources needed/notes
1.3.4. Continue and expand telehealth opportunities, building an infrastructure and providing training that enables audio and visual capacity and supports both patient-to-provider and provider-to-provider communications.	Within first 6 months	CMS; NH DHHS; Health care Employers	
1.3.5. Expand broadband throughout the state to allow employees and patients to access telehealth and connect where needed.	Within Year 1	DHHS; Public Utilities Commission; Local Broadband Development Councils	
1.3.6. Encourage employers to modify and decrease provider productivity expectations where possible to permit participation in mentorship/internship roles that develop the workforce and assist in training new workers. *(see strategy 1.6.6)*	Within Year 1	Health care Employers	Will be dependent on payment structure that supports providers and health care systems.

Pipeline Objective 4. Expand recruitment efforts to attract a diverse pool of potential workers within the state, cultivating interest early and within diverse populations.

Strategy	Timeline	Responsible party	Resources needed/notes
1.4.1. Encourage schools to launch an introduction to health care careers beginning with the 5th grade. **HIGH PRIORITY**	Within 6 months	Stay Work Play NH; School Nurse Association; AHEC*; Career and Technical Education Centers	Need to build infrastructure support (for broad reach) as well as tuition support.
1.4.2. Support the existing system to provide health care career outreach to teenagers in high school through the development of internships, shadow days, career fairs, etc. **HIGH PRIORITY**	Within 6 months	Stay Work Play NH; School Nurse Association; AHEC; Career and Technical Education Centers; Social Service Agencies; Local Health care Agencies and Services; SPI; Extended Learning Opportunity (ELO) Coordinators	Additional Funding needed

Pipeline Objective 4. Expand recruitment efforts to attract a diverse pool of potential workers within the state, cultivating interest early and within diverse populations.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
1.4.3. Use health care career outreach workers who reflect the diversity of NH to reach out to minority, immigrant and refugee populations. **HIGH PRIORITY**	Within 6 months	Stay Work Play NH; NH Equity Agency; Division of Public Health Services (DPHS); Office of Health Equity (OHE); NH Equity Collective; Federally Qualified Health Centers (FQHCs) and rural health centers; NH Community Health Worker Coalition (NHCHWC)	
1.4.4. Engage parents in health care career outreach to teenagers to provide education, guidance and support. **HIGH PRIORITY**	Within 6 months	Stay Work Play NH; NH Equity Agency; DPHS OHE; NH Equity Collective; FQHCs; NHCHWC	
1.4.5. Collaborate with churches, mosques, and community centers to provide community-based outreach to a diverse pool of workers using trusted community liaisons.	Within 6 months	Stay Work Play NH; NH Equity Agency; DPHS OHE; NH Equity Collective; FQHCs; NHCHWC; NH Interfaith Collaborative	
1.4.6. Market health care fields as a "second career" choice for those seeking change.	Within 6 months	Stay Work Play NH; Atypical partners such as grocery stores, pharmacies, hotels and tourist venues – where people who seek a profession might already be working seasonally or part time.	
1.4.7. Launch a collaborative and supported "summer jobs programs" hiring teens (16+) for jobs in health care settings to influence their entry into health care careers. **HIGH PRIORITY**	Within 3 months	Health care employers and group collaboratives, supported by the state	
1.4.8. Explore methods to engage and leverage federal work service programs such as AmeriCorps and YouthBuild to introduce career opportunity in health care. **HIGH PRIORITY**	Within 3 months	Governance Entity; AmeriCorps; Job Corps; YouthBuild	
1.4.9. Test marketing strategies using common existing communications such as notices from towns, voting flyers, etc.	Within 9 months/as soon as marketing program launches	Stay Work Play; NH Division of Motor Vehicle (DMV); grocery stores and places where visitors congregate.	

Pipeline Objective 5. Create a comprehensive health care worker marketing strategy that attracts multiple groups inside and outside NH.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
1.5.1. Expand Stay, Work, Play NH specifically to include health care roles, emphasizing the livability of NH.	Within 3 months	Stay Work Play NH; Colleges, universities, and CCSNH; Office of Professional Licensure (OPLC); Department of Veteran Affairs (DVA); Vocational Rehab	
1.5.2. Geo target marketing campaigns to states and regions of the country where the cost of living is high or environmental issues are creating a drive for people to relocate.	Within 9 months	Stay Work Play NH; Health care Employers; Health care Associations; Southern New Hampshire University (SNHU) and Professional Schools working together	
1.5.3. Use NH health care worker success stories in a marketing campaign to attract new workers.	Within 3 months	Stay Work Play NH; Health care Employers; Health care Associations; DES; Professional Schools working together; SPI Health care Heroes; Apprenticeship NH; NH Needs Caregivers Stories; Bi-State Primary Care Association; Bureau of Economic Affairs (BEA)	
1.5.4. Develop sophisticated social media campaigns to highlight health care jobs in NH.	Begin in first 3 months	DES; Health care Employers	
1.5.5. Develop outreach to target an older workforce with a unique campaign targeting their interests and skills and highlighting success stories of older workers and employers of older workers.	Begin and launch in first 6 months	Health care Employers; Stay, Work, Play NH; American Association of Retired Persons (AARP) of NH; Bureau of Elderly and Adult Services; Service Link; Older Adult Retirement Communities; Alliance for Healthy Aging.	

Pipeline Objective 6. Create accessible and supportive training models for students in health care professions.

Strategy	Timeline	Responsible party	Resources needed/notes
1.6.1. Develop training programs that allow students to attend class and training that accommodates their existing work hours whenever possible and encourage flexibility among employers.	By end of Year 1	Schools and Institutions; Employers	
1.6.2. Create and maintain a central repository of internships, mentorships, and other field-based training opportunities throughout the state in multiple health care fields. **HIGH PRIORITY**	Within 6 months	AHEC; OPLC	OPLC may need to be involved to authorize training sites and programs for some specialties. School to work approved sites (NH DOL) Responsible entity needs funding
1.6.3. Formalize and maintain a centralized list of programs that offer interns and students jobs after the completion of internships that is accessible to schools and students. **HIGH PRIORITY**	Within 6 months	AHEC	New funding required to create and support/Responsible entity needs funding
1.6.4. Collaborate with professional health care associations to create training opportunities for mentors, preceptors, and internships to build their skills.	By end of Year 1	AHEC; Professional Associations; Health care Employers; American College of Health care Executives – NH Branch	To be most effective, there will need to be training for clinicians to become educators
1.6.5. Create and expand health care professions such as Community Health Workers and Personal Care Providers who can reach out to community members and provide essential care at home. Develop federal and 3rd party payment systems that reimburse those strategies.	By end of Year 1	Employers; CCSNH; Payers; AHEC	Suggest adoption of national Community Health Workers standards and develop Personal Care Providers standards.
1.6.6. Encourage employers to reduce the productivity requirements of those serving as mentors to allow them to accept students. *(see strategy 1.3.6)*	By end of Year 1	Health care Employers; Payers; DHHS; CMS	Reimbursement will need to take mentorship time into consideration.

Pipeline Objective 6. Create accessible and supportive training models for students in health care professions.

Strategy	Timeline	Responsible party	Resources needed/notes
1.6.7. Encourage training programs to embed preceptor mentor expectations in students so they can pay it forward throughout their future careers.	Within 6 months	Training Programs; colleges and universities; CCSNH	Develop curricula regarding mentorship best practices in health care to include in training path
1.6.8. Allow teaching and mentorship time to be considered valid continuing education hours for professions requiring continuing education hours.	Within 6 months	OPLC; National Accreditation Bodies; AHEC	

Pipeline Objective 7. Reduce and remove barriers to successful recruitment, retention and career advancement by streamlining or reducing academic, licensure and regulatory delays and barriers wherever possible.

Strategy	Timeline	Responsible party	Resources needed/notes
1.7.1. Support and enter interstate compacts for licensed health care professionals wherever possible.	By end of Year 1	Licensure Boards; OPLC; Legislature	OPLC may need to conduct a scan for opportunities in interstate compacts
1.7.2. Build alliances between community college programs and 4-year programs (public and private) to allow credits to fully transfer in all fields.	Begin immediately and expand fully by the end of the first 3 months in Year 2	CCSNH; State University System	
1.7.3. Reduce time to grant initial and reciprocal licensure by setting priorities for licensure and implementing a fast-track process. **HIGH PRIORITY**	Within 3 months	OPLC; Provider Associations	

Pipeline Objective 7. Reduce and remove barriers to successful recruitment, retention and career advancement by streamlining or reducing academic, licensure and regulatory delays and barriers wherever possible.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
1.7.4. Fast-track professional licensure renewal for lapsed licensees (including training and testing requirements), as existed during the pandemic. **HIGH PRIORITY**	Within 3 months	OPLC; Governor	
1.7.5. Continue advocacy to change NH background check requirements in order to streamline licensure and approval.	By end of Year 1	OPLC; Dept of Safety; Legislature	OPLC or the Governance Entity may need to conduct a study to see where duplicative efforts or other features delay reporting and make recommendations.
1.7.6. Reduce unnecessary regulatory requirements that are not evidence-based in protecting the public. *(see Policy Strategy 2.5.2)*	Within 6 months and continue to use data for change	OPLC; Health care Employers	Data is greatly needed on the utility of measures to identify employee risk.
1.7.7. Create a mechanism, such as a pathway to competency requirements, for select professions, to credential immigrants trained in health care fields so they can function at the top of their training.	Begin within 9 months	OPLC; Policy Makers; DOL	This will require research and creation of a cross-walk between US/NH requirements and common curricula
1.7.8. Consider cultivating interest from "overlooked" populations for select roles (e.g., people with a history of incarceration or those living with a disability).	Begin within 9 months	OPLC; Health care Employers	

2. Policy and Regulation Action Agenda

Policy Goal: Reduce the regulatory constraints and advance policies that support a workforce capable of meeting the health care needs of New Hampshire residents.

Four key objectives are necessary to advance the policy and regulation goal. Below, the strategies, timeline, responsible parties, and resource needs and relevant notes for each are detailed. The strategies associated with compensation were described as priorities by the policy workgroup as pay differentials (i.e., NH versus neighboring states or across organizations within NH) are a significant cause of "poaching" of health care workers. In addition to addressing compensation issues, one other strategy (i.e., related to licensure) is labeled as **HIGH PRIORITY** given the potential impact it could have on the health care workforce in the near-term.

Policy Objective 1. Realign reimbursement/compensation for all provider types/settings			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
2.1.1. Conduct a rapid regional comparison study of NH health care workforce compensation to inform alignment of compensation levels with neighboring states.	First 6 months	State government	Note that needs are urgent. There is concern that a study may take too much time and that money needs to be put (quickly) into recruitment & retention.
2.1.2. Conduct a study across sectors, provider types, and worker categories within NH to understand salary differences and workplace quality issues.	First 6 months	Appropriate vendor to be selected by Governance Entity; professional associations	
2.1.3. Align entry level wages to help promote self-sufficiency (i.e., livable wage) to workers and families in NH.	First 6 months	Professional associations; DHHS	Identify data on NH livable wage

Policy Objective 1. Realign reimbursement/compensation for all provider types/settings

Strategy	Timeline	Responsible party	Resources needed/notes
2.1.4. Engage private and public payer markets to expand payment to cover essential services such as case management and community health workers.	First 6 months and ongoing	Commissioner of Insurance	Important to link this work to federal policy (Medicare, Medicaid)
2.1.5. Align Medicaid rates to permit providers to pay providers to support recruitment and retention.	Begin in Year 1	State Government; Professional Associations	
2.1.6. Address payment differentials for mental and behavioral health services in both commercial and Medicaid contracts/parity.	Year 2	Professional associations; advocacy groups; DHHS; Department of Administrative Services; health care employers	
2.1.7. Propose and study payment models that support payment reform to support recruitment and retention.	Year 2	Community Health Centers; Hospitals	Identify national pilots; workgroup questioned whether it should just look at primary care

Policy Objective 2. Address diversity and equity to expand racial/ethnic/linguistic/cultural diversity and increase equity within the health care workforce.

Strategy	Timeline	Responsible party	Resources needed/notes
2.2.1. Identify barriers in education (all levels) to promote greater diversity in the workforce.	In first 6 months	DOE; CCSNH; colleges and universities; NH College and University Council; private industry	
2.2.2. Develop Workforce Apprenticeship models with critical health care occupations that allow for credentialing and progressive wage gains.	Year 1 – design and development; Year 2 – Implementation begins	CCSNH; Apprenticeship NH; health care employers; apprenticeship programs; AHEC	Model/Method for apprentices to be trained while earning an income and for foreign-trained physicians and nurses to gain licensure in NH.

Policy Objective 2. Address diversity and equity to expand racial/ethnic/linguistic/cultural diversity and increase equity within the health care workforce.

Strategy	Timeline	Responsible party	Resources needed/notes
2.2.3. Develop and share training systems and practices that address workforce equity.	Begin in first 6 months; Institutional templates/training begins in year 1 and continues throughout year 2	DHHS OHE; Professional Associations	Training models/templates need to be identified
2.2.4. Establish employee resource groups around diversity and inclusion.	First 3-6 months	DHHS OHE	Make templates available for education session and language
2.2.5. Identify and prioritize available state and private resources to allocate to workforce development. *(see Governance strategy 4.5.1)*	Begin immediately and ongoing	Governance Entity; Health care employers	

Policy Objective 3. Identify and address the impact of state and federal policy on recruitment and retention of the health care workforce.

Strategy	Timeline	Responsible party	Resources needed/notes
2.3.1. Use data regarding burnout and wellness to inform policy regarding recruitment and retention.	Begin immediately and ongoing	Professional Associations; Society for HR Management and HR Professional Associations	See Pipeline recommendations
2.3.2. Work with Governor's office to explore opportunities to expedite contractual agreements that support health care workforce development.	Within the next 6 months	Governor's office	Ensure DHHS has adequate resources for contracting
2.3.3. Explore impact of policy on health care workforce recruitment and retention (e.g., licensure compact, childcare and housing policies) to inform policymakers at the state and local levels.	Begin in first 6 months and ongoing	Town/municipal government; health care employers; state agencies/Governor; all health care associations; Business & Industry Association	Convening, access to planning boards, multi-year plans for communities.

Policy Objective 3. Identify and address the impact of state and federal policy on recruitment and retention of the health care workforce.

Strategy	Timeline	Responsible party	Resources needed/notes
2.3.4 Develop strategies to educate, mentor and activate health care professionals and their respective organizations in advancing policy and advocacy.	In the first month	Professional associations; higher education	Time, the ability to testify remotely. Academic faculty to tie policy and clinical together
2.3.5. Increase consistency in reporting on quality in both state Medicaid and commercial contracting.	Year 2	Governor and G&C; legislators; DHHS; individual health care organizations; commercial insurance	

Policy Objective 4. Reduce unnecessary barriers to licensure.

Strategy	Timeline	Responsible party	Resources needed/notes
2.4.1. Implement strategies to reduce/ eliminate redundancy and address barriers to licensure as identified by the workforce licensure report. **HIGH PRIORITY**	First 3 months	Professional associations; advocacy organizations; health care/community (hiring) health organizations	Meet with OPLC to find out what is already in process.
2.4.2. Conduct study of unique licensure requirements to explore their ability to create public safety to inform licensure requirements.	Begin immediately and continue	OPLC and Legislature	Fund a convening of professional associations and other appropriate individuals to review the workforce licensure report and decide on strategies for addressing some of the issues

3. The Data Action Agenda

Data Goal: Ensure sufficient data infrastructure, processes, and resources exist to identify and address workforce gaps and trends, as well as issues affecting pipeline, recruitment, and retention.

Three objectives are necessary to advance the data goal. Below, the strategies, timeline, responsible parties, and resource needs and relevant notes for each are detailed.

Regardless of the type of system implemented to ensure adequate data exist related to the health care workforce and its needs, the definition of workforce should be as inclusive as possible, using the HRSA workforce categories and classifications which include all service provider types, administrative positions, and support functions for all health, dental, social service, and behavioral health services.

Data Objective 1. Identify the types and sources of data needed to measure the New Hampshire health care workforce needs and capacity.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
3.1.1. Form Data Advisory Group of local, state, and regional data stewards and key partners from across health care domains.	Begin in 1st month	Governance Entity; DHHS; all relevant professional associations; AHEC; Bi-State Primary Care; DES	
3.1.2. Conduct a formal, comprehensive assessment of existing data available to support health care workforce planning, that: a) inventories existing, accessible data; b) identifies data gaps; and c) builds relationships and establishes data use agreements and memoranda of understanding for a future system.	Begin immediately after identifying advisory group to ensure results are available to develop data system at beginning of year 2	Governance Entity with support from Data Advisory Group	Define scope of assessment based on data workgroup recommendations; define terms clearly; keep scope wide to fullest breadth. In first 3 months, identify and access financial resources to fund assessment; Tap into available funding. In first 6 months, retain a vendor/consultant to conduct formal assessment; data advisory group to help bridge planning info and assessment. By end of year 1, identify an **assessment vendor** to publish and disseminate results, to include assessment of feasibility of data measures from planning group; categorize each planning phase measure as currently accessible or as data gap for each health care area. Beginning of year 2 – identify a **Data system vendor** to use results to develop data system. Prioritize health care area and data gaps for system phases.

Data Objective 2. Ensure financial and technical resources to support the data system(s) for a minimum of 10 years.

Strategy	Timeline	Responsible party	Resources needed/notes
3.2.1. Establish an administrative home for the health care workforce data system.	First 3 months	Professional associations; advocacy organizations; health care/community (hiring) health organizations	Meet with OPLC to find out what is already in process.
3.2.2. Establish long-term blended funding plan to support robust data system and data utilization.	Year 2	Governance Entity	Partners are likely to include DHHS, AHEC, large health care associations and employers

Data Objective 3. Ensure the availability, coordination, and sharing of data products necessary for informing the creation and retention of a strong New Hampshire Health Care Workforce.

Strategy	Timeline	Responsible party	Resources needed/notes
3.3.1. Develop a comprehensive Data Collaborative of local, state and regional data stewards and key partners who will provide data to and use data from the data portal/repository *(see below)*.	Year 1	Governance Entity drawing from DHHS; licensing Boards; all relevant professional associations; health care institutions; Bi-State Primary Care; DES	Collaborative should be as comprehensive as possible, including but not limited to licensing boards

Data Objective 3. Ensure the availability, coordination, and sharing of data products necessary for informing the creation and retention of a strong New Hampshire Health Care Workforce.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
3.3.2. Develop and maintain a data portal/repository for data input and outputs to meet needs of health care workforce priorities, including but not limited to adequacy of workforce pipeline; employer/system workforce demand; workforce departures (where they go and why); and workforce retention, including data on job satisfaction, workplace morale, manager satisfaction, wages, benefits, and supports such as childcare, housing, and flexible schedules.	Begin in Year 1 and continue into Year 2	DHHS; DES; AHEC; Community Behavioral Health Association (CBHA)	In Year 1, DHHS and Employment Security should designate state agency or subcontract with vendor for system build and maintenance. Assessment findings may indicate that one comprehensive data repository is needed or that multiple -- for each data domain – is required (e.g. pipeline /education, current workforce capacity, satisfaction/ mobility/ support). In Years 1 and 2, the Data Collaborative and vendor will need to work with all health care domains and establish MOUs and data use agreements with key partners and data sources. Also in Years 1 and 2, the Coordinating/Governance Entity and Data Advisory Group should ensure data system(s) meets needs of strategic plan and current health care system and align system with priorities. It would be worthwhile to study feasibility of replicating another state's system (e.g. WA, CT) Year 2 (and on-going) the vendor with support from the Data Advisory Group should design and disseminate easily digestible data dashboards to multiple stakeholders and Governor's office. Data outputs must be easy to understand and consider and speak to multiple audiences, including policy makers Establish a dissemination plan approved by advisory group to ensure all info is public and user friendly for wide constituency use Include activities to market health care workforce benefits and needs.

4. The Governance Action Agenda

Governance Goal: Ensure capacity for the study, coordination, and oversight of New Hampshire's health care workforce development.

Five objectives are necessary to achieve the goal. Below, the strategies, timeline, responsible parties, and resource needs and relevant notes for each are detailed.

The recommended structure for achieving the goal is an interdisciplinary public/private Health Care Workforce Governance Entity (akin to a backbone organization), which would be financed by a pool of state appropriations and agency budgets and private funding from individual organizations and networks. The Governance Entity will provide strategic leadership to organizations and networks working to address health care workforce issues across sectors in New Hampshire. The Health Care Workforce Governance Entity (HWGE) will have authority to monitor the employment landscape and develop proactive recommendations for long-term planning and collaboration across organizations and networks.

It will take time to stand-up the HWGE; an Interim Coordinating Entity is proposed to allow implementation of strategies associated with Policy, Data, and Pipeline, Recruitment, and Retention Action Agendas while the HWGE is being developed. Thus, health care workforce development plan strategies implemented prior to the creation of the HWGE will be overseen by an Interim Coordinating Entity who will work with advisory groups associated with each Action Agenda. As staffing and resources are allocated for the HWGE, the responsibility for health care workforce development strategies will shift from the coordinating entity to the HWGE.

The first of the objectives supporting the Governance Action Agenda involves the creation of the HWGE and the remaining four objectives involve the work of a HWGE, although some of the work associated with these objectives will be carried out by the Interim Coordinating Entity until such time as the HGWE is stood up.

Governance Objective 1. Stand up an interdisciplinary public/private Health Care Workforce Governance Entity to address cross-sector workforce issues in New Hampshire.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
4.1.1. Identify a designated organization to coordinate formation activities and monitor ongoing priority activities identified by the data, pipeline, and policy workgroups.	First 3 months	Forward Fund Advisory Group	
4.1.2. Identify the short-term resources available to support work immediately ready to move forward.	First 4 months	Interim Coordinating Entity	
4.1.3. Identify the universe of workforce related initiatives to initiate partnership-building and begin action planning, including development of advisory groups to support the policy, data, and pipeline, recruitment, and retention action plans.	First 6 months	Interim Coordinating Entity	Partners focused on workforce issues across sectors, and those focused on addressing housing, transportation, and childcare issues.

Governance Objective 1. Stand up an interdisciplinary public/private Health Care Workforce Governance Entity to address cross-sector workforce issues in New Hampshire.			
Strategy	**Timeline**	**Responsible party**	**Resources needed/notes**
4.1.4. Develop a HWGE membership list that reflects the diversity in identity, sector, and discipline the HWGE aims to achieve in a health care workforce.	First 6 months	Interim Coordinating Entity	
4.1.5. Engage state agency leadership in designating entity liaisons to participate in the HWGE.	First 6 months	Interim Coordinating Entity	
4.1.6. Recruit other HWGE members.	First 6 months	Interim Coordinating Entity	
4.1.7. Define core principles and values.	First 9 months	Interim Coordinating Entity	Funding support for coordination/facilitation
4.1.8. Define decision-making process for HWGE as membership and purview grows and develops.	First 9 months	Interim Coordinating Entity	
4.1.9. Identify legislative needs to designate needed statutory authorities.	First 9 months	Interim Coordinating Entity	Legislative sponsor to file legislative services record
4.1.10. Develop a two-year growth, sustainability, and staffing plan to implement the work of the HWGE and strengthen its long-term viability, with an initial focus on privately-funded partners less vulnerable to legislative and other public funding shifts.	By end of first quarter, year 2	Interim Coordinating Entity	Funding support for coordination and facilitation

Governance Objective 2. Provide strategic leadership to organizations and networks working to address cross-sector workforce issues in New Hampshire.

Strategy	Timeline	Responsible party	Resources needed/notes
4.2.1. Monitor the various authorizations needed to provide adequate leadership and oversight, and access to predictive, actionable data, including other sectors.	Ongoing	HWGE	
4.2.2. Monitor workforce data across sectors, as feasible, to identify emerging challenges and opportunities for the HWGE to promote workforce development and retention.	Ongoing	HWGE	
4.2.3. Remain accountable for the HWGE outcomes over time.	Ongoing	HWGE	

Governance Objective 3. Monitor the health care landscape and develop proactive recommendations for long-term planning and collaboration across organizations and networks.

Strategy	Timeline	Responsible party	Resources needed/notes
4.3.1. Monitor ongoing health care trends and activities across the state, including workforce development initiatives across sectors.	Ongoing	HWGE	
4.3.2. Oversee the development of a long-term coordination plan, beyond the traditional two-year electoral cycle.	Ongoing	HWGE	
4.3.3. Monitor performance measures included in the long-term cross-sector workforce development plan.	Ongoing	HWGE	
4.3.4. Conduct a regular gap analysis - by sector - to maintain a current understanding of factors impacting need and capacity for HWGE in the state and within regions.	Ongoing	HWGE	
4.3.5. Monitor emerging issues, their potential (and realized) impacts, and apply lessons learned to the long-term strategic plan implementation.	Ongoing	HWGE	

Governance Objective 4. Promote health care workforce development activities through effective communication, advocacy, and education efforts.

Strategy	Timeline	Responsible party	Resources needed/notes
4.4.1. Identify audiences for the HWGE messaging.	First 6 months	HWGE	Communications / PR expertise
4.4.2. Develop key messages for various audiences, including initial recruitment of members/partners.	First 9 months	HWGE	Communications specialist
4.4.3. Establish communication channels for key audiences via face-to-face, video meeting, social media, etc.	First 9 months	HWGE	Communications specialist
4.4.4. Develop communication strategies and materials for each key audience.	Ongoing	HWGE	Communications specialist
4.4.5. Contribute to advocacy efforts of the HWGE members and stakeholders.	Ongoing	HWGE	Governmental affairs liaison
4.4.6. Work with partners to provide education to legislators and other policy makers.	Ongoing	HWGE	Governmental affairs liaison
4.4.7. Network with existing workforce organizations across sectors to provide a coordinated approach to growing and retaining a well-trained workforce.	Ongoing	HWGE	Governmental affairs liaison
4.4.8. Work with partners and stakeholders to streamline, integrate and strengthen positive communication for issues that impact workforce development and retention.	Ongoing	HWGE	Communications specialist

Governance Objective 5. Ensure the availability of monetary and other resources to support health care workforce development in New Hampshire.

Strategy	Timeline	Responsible party	Resources needed/notes
4.5.1. Identify short-term and long-term resources needed to sustain the HWGE.	Ongoing	HWGE	Grant and funding monitoring; grant writing
4.5.2. Collaborate with partners to ensure the field has access to consistent funds and other necessary resources, including workforce development initiatives across sectors.	Ongoing	HWGE	Ability to monitor funding needs over time
4.5.3. Coordinate responses to budgetary and funding opportunities.	Ongoing	HWGE	

Appendix A. Health Care Workforce Planning Partners

The Endowment for Health

The Endowment for Health is a statewide, private, nonprofit foundation dedicated to improving the health of New Hampshire's people, especially those who are vulnerable and underserved. We envision a culture that supports the physical, mental, and social wellbeing of all people -- through every stage of life.

Since 2001, the Endowment has awarded more than 1500 grants, totaling $57.5 million to support a wide range of health-related programs and projects in New Hampshire. The Endowment also uses its voice and influence to lead others toward health-related policy change. We often act as a catalyst and convener to help move important issues forward - especially when others are unable to speak out.

The Endowment for Health is unbiased and nonpartisan. We connect organizations and communities while supporting strong advocacy. We work to ensure that the needs of communities and vulnerable populations are represented when health policies are shaped in New Hampshire. In partnership with others, we work to increase access to quality care and services.

The Endowment for Health continues to shine the light on problems, bringing people together to plan and supporting their collective action to solve those problems. We are part of a community of organizations and individuals working together towards common goals, and using a set of common approaches to achieve those goals.

The Forward Fund

In early 2019, the Endowment received more than $1.9 million from the New Hampshire Medical Malpractice Joint Underwriting Association. These funds are held as part of the Endowment's permanent corpus, and the earnings from their investment used to support health care providers serving medically underserved populations through the Forward Fund. Launched in the summer of 2019, the Forward Fund is advised by a stakeholder group that includes representatives from the Legislative Commission on Primary Care Workforce, Bi-State Primary Care Association, New Hampshire Hospital Association, New Hampshire Area Health Education Centers, University of New Hampshire, the New Hampshire Department of Health and Human Services and Integrated Delivery Networks. The advisory group's input helped the Endowment to set a focus for the Forward Fund in its first three to five years. The focus of grantmaking within the Forward Fund will be responsive to workforce issues over time.

Invited Stakeholders for the New Hampshire Health Care Workforce Planning Group
(Green shading indicates those who are Forward Fund Advisors and/or Strategic Plan Advisors)

First	Last	Organization
Peter	Ames	Foundation for Healthy Communities
Janet	Arnett	NH Jobs for Americas Graduates (NH JAG)
Will	Arvelo	Department Business & Economic Affairs
Anne	Banks	Community College System of NH
Mary	Bidgwood-Wilson	Retired APRN/Nurse Midwife
Kathy	Bizarro-Thunberg	NH Hospital Association
Christine	Brennan	NH Department of Education
Chris	Callahan	Exeter Health Resources
Lynn	Carpenter	NH Needs Caregivers
Heather	Carroll	Alzheimer's Association MA/NH Chapter
Patricia	Carty	Mental Health Center of Greater Manchester
Jeff	Casey	Community College System of NH
Theresa	Champagne	Concord Hospital Laconia/Concord Hospital Franklin
Sara	Colson	NH Business & Industry Association
George	Copadis	NH Department of Employment Security
Jaime	Corwin	Riverbend Community Mental Health
Lindsey	Courtney	NH Office Professional Licensure and Certification
Michele	Craig	Southern NH Health Services
Laura	Davie	UNH Institute for Health Policy and Practice Center on Aging and Community Living
Beth	Doiron	Community College System of NH
Joseph	Doiron	Office of Workforce Opportunity, Department of Business & Economic Affairs
Marcy	Doyle	UNH College Health & Human Services, Institute for Health Policy and Practice
Alisa	Druzba	NH Department of Health & Human Services
Kristine	Dudley	Manchester Community College Workforce Development

First	Last	Organization
Mike	Ferrara	College Health & Human Services University of New Hampshire
Kim	Firth	Endowment for Health
Kristina	Fjeld-Sparks	NH Area Health Education Center
Eric	Frauwirth	NH Department for Education
Rachael	French	Granite State College
Alex	Fries	NH Governor's Office
Tracey	Frye	NH Department of Education
Mandi	Gingras	Bistate Primary Care
Yvonne	Goldsberry	Endowment for Health
Audrey	Goudie	Central Winnipesaukee Public Health Region
Cathy	Gray	Cedarcrest Center for Children with Disabilities
William	Gunn	IDN 6
Laurie	Harding	Upper Valley Community Nursing Project
Gene	Harkless	UNH
Susan	Huard	Community College System of NH
Peter	Janelle	Greater Manchester CMHC
Allison	Joseph	MY TURN
Kelly	Keefe	DHHS - Clinical supervisor on adult licensing team
Hope	Kenefick	HWK Consulting, LLC
Mark	Laliberte	NH Division of Economic Development
Tina	Legere	The Moore Center (formerly of Catholic Medical Center)
Jessica	Leandri	Dartmouth Hitchcock
Nicole	Levesque	NH Department of Education
Jenny	Macaulay	Dartmouth Hitchcock
Lisa	Madden	Riverbend Community Mental Health
Jocelyn	Mahoney	MY TURN
JoAnne	Malloy	UNH Institute on Disability
April	Mottram	NH Public Health Association
Ken	Norton	(Retired) NAMI NH

First	Last	Organization
Stephanie	Pagliuca	Bi-State Primary Care Association
Susan	Paschell	Dupont Group
Gene	Patnode	Division of Economic & Housing Stability (TANF/DFA)
Michele	Petersen	Bi-State PCA, NH VT Recruitment Center
Jennifer	Rabalais	UNH Center for Health Policy & Practice, Center on Aging & Community Living
Mark	Rubinstein	New Hampshire Community College System
Nancy	Ruddy	Antioch University
Natalie	Ryckman	Bi-State Primary Care Association
Jeanne	Ryer	Citizens Health Initiative
Melissa	Seccareccio	Southern NH Health Services
Roxie	Severance	Sector Partnerships Initiative
Doreen	Shockley	NH DHHS Bureau of Licensing and Certification Manager
Lauren	Smith	US Department of Labor
Paula	Smith	Southern NH AHEC/Lamprey Health
Will	Stewart	Stay Work Play NH
Kristine	Stoddard	Bi-State Primary Care Association
Pamela	Szacik	NH Employment Security
Nick	Toumpas	IDN 6
Kris	van Bergen-Buteau	North Country Health Consortium
Geoffrey	Vercauteren	Network4Health / Catholic Medical Center
Emily	Zeien	Community College System of NH

Appendix B: List of abbreviations/acronyms

Abbreviation/acronym	Description	Abbreviation/acronym	Description
AARP	American Association of Retired Persons	EAP	Employee Assistance Programs
AHEC	Area Health Education Centers	ELO	Extended Learning Opportunities
BEA	Bureau of Economic Affairs	FQHC	Federally Qualified Health Center
CAP	Community Action Programs	HR	Human Resources
CBHA	Community Behavioral Health Association	HWGE	Health care Workforce Governance Entity
CCSNH	Community College System of New Hampshire	IOD	Institute on Disability
CMS	Center for Medicare and Medicaid Services	NHCHWC	New Hampshire Community Health Worker Coalition
DES	Department of Employee Security	OHE	Office of Health Equity
DHHS	Department of Health and Human Services	OPLC	Office of Professional Licensure
DMV	New Hampshire Division of Motor Vehicles	SBHS	State Bureau of Housing Support
DOE	Department of Education	SLRP	Student Loan Repayment Program
DOL	Department of Labor	SNHU	Southern New Hampshire University
DPHS	Division of Public Health Services	SPI	Sector Partnership Initiative
DVA	Department of Veterans Affairs		