A report on regional strategic planning to improve healthcare workforce development, recruitment and retention capacity of New England stakeholders.

New England State Offices of Rural Health

and

New England Rural Health RoundTable

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For more information contact:

Marion Pawlek

Executive Director, New England Rural Health RoundTable

mjpawlek@joimail.com

This project was funded by:

National Organization of State Offices of Rural Health

This document was produced by:

Craig Stevens, MPH

JSI Research and Training Institute

cstevens@jsi.com

Table of Contents

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Denis Barton, MA, MBA
Director, Office of Rural Health
Vermont Department of Health

Patricia Bechkenhaupt
Director
Northeast Connecticut Health District

Barbara Berger
Director
Connecticut Office of Rural Health
Northwest Connecticut Community College

Elizabeth Beaudin
Director of Workforce Initiatives
Connecticut Hospital Association

Kathy Bizzaro
New Hampshire Hospital Association

Jay Bradshaw
Emergency Medical Services
State of Maine

Lisa Bujno, MSN, ARNP
Bureau Chief
New Hampshire DHHS, Division of Public Health

Carol Bridges
Connecticut Allied Health Policy Board

Susan Carll
New Hampshire Recruiter
Bi-State Primary Care Association

Elizabeth Cote
Program Director
University of Vermont AHEC Program Office

Linda Cragin
Director
Massachusetts AHEC Network

Karen Crowley
Substance Abuse Workforce Dev. Coordinator
Vermont Department of Health

John Dorrer
Director
Maine Department of Labor

Carolyn Dorrity, RN, BSN
Executive Director
Acadia, Maine Health Education Coalition

Jim Dowling
Maine Primary Care Association

Julia Dyck
Director, Massachusetts Primary Care Office

Charles Dwyer, Jr.
Director
Maine Rural Health & Primary Care

Mary Evans
Clinical Director
Rhode Island Health Center Association

Judy Feinstein
Director
Maine CDC, Oral Health Program

Dolly Flemming
Executive Director
Community of Vermont Elders

Anuj Goel
Senior Director, Regulations and Staff Counsel
Massachusetts Hospital Association

Jane Ham
Maine Hospital Association

Patricia Harrity
Executive Director
Northwestern Connecticut AHEC

Mick Huppert
Associate Dean
University of Massachusetts Medical School

Palmer Jones
Executive VP
New Hampshire Medical Society

Dayle Joseph, EdD, RN
Dean, University of Rhode Island College of Nursing

Carla Lundquist
Acting Chief
Rhode Island State Office of Rural Health

Karen Madden
President
National Org. of State Offices of Rural Health

Martha McLeod
Executive Director
Northern New Hampshire AHEC

Cathleen McElligott, MS, RD
Director
Massachusetts State Office of Rural Health

Tammy McKenzie
Vermont Recruiter
Bi-State Primary Care Association

Janet Monahan
Deputy VP
New Hampshire Medical Society

Stephanie Pagliuca, BA
Director NH/VT Recruitment Center
Bi-State Primary Care Association

Mary Val Palumbo, PhD
Office of Nursing and Allied Health Workforce
University of Vermont

Gail Patry, RN
Long Term Care Director
Quality Partners of Rhode Island

Marion Pawlek
Executive Director
NERHRT

Kim Pelletier
Primary Prevention
State of Connecticut Department of Public Health

Joan Pernice
Director of Clinical Health Affairs
Massachusetts League of Community Health Centers

Michael Power
New Hampshire Workforce Opportunity Council

Alice Pritchard
Executive Director
Connecticut Women's Education and Legal Fund

Ruth Ricciarelli
Executive Director
The Center for Health Professions, Rhode Island

David Roberts
Workforce Coordinator
New Hampshire DHHS - Bureau of Rural Health & Primary Care

Mark Ruggiero
Director, Maine AHEC Network

Elise Scala
Research Associate
Muskie School of Public Service
University of Southern Maine

Mary Shriver
Executive Director
Vermont Health Care Association

Tim Skinner
Executive Director
Rural Recruitment & Retention Network (3RNet)

Pamela Smith
Program Coordinator
Massachusetts DPH - Office of Rural Health

Joseph Stenger, MD
Director, University of Massachusetts
Medical School Rural Scholars Program

Craig Stevens
Workforce Project Staff
JSI Research and Training Inc.

Sally Sutton
Sr. Policy Analyst
Muskie School of Public Service
University of Southern Maine

Peter Taylor
Executive Director
Vermont Dental Society

Robert Trachtenberg
Associate Director
Brown University – Rhode Island AHEC
Program

Elizabeth Trenchard
Connecticut Office of Workforce
Competitiveness

Gregg Voorheis
Vermont Department of Labor

Catrina Watson
Legislative Aid - Executive Director
New Hampshire Medical Society

Rebecca Willis, MS
Program Manager
Community Health Center Association of
Connecticut

Oglesby Young, MD
President
New Hampshire Medical Society

Project Vision: ***Rural New England has an adequate supply and distribution of healthcare workforce.***

Project Mission: ***Identify strategies which improve the healthcare workforce development, recruitment and retention capacity of New England stakeholders through regional projects, partnerships and collaborations.***

SECTION I: INTRODUCTION

New England is a relatively small, six-state area generally perceived as being predominantly urban. In fact, according to a 2007 regional rural study authored by John Snow Inc., *"Rural Data for Action",* while only 20% of New England's residents are considered to live in rural areas, those rural areas cover 83% of New England's land area. One of the biggest challenges to health care access in rural areas is the ability to recruit and retain qualified health care professionals. Wages are lower, working conditions are more challenging, opportunities for continuing professional development are limited, and peer support can be minimal.

Within each New England state, key organizations are making efforts to try to address rural workforce needs. Some of these efforts include loan repayment programs, recruitment centers, retention initiatives and pipeline development programs. While all of these efforts provide an element of improvement to workforce issues, there is an increasing awareness among these stakeholders that within the New England region, each state is in fact competing against the other states to recruit and retain health care professionals from the same limited pool of applicants.

In order to reduce the extent to which this competition occurs and improve New England's collective ability to develop, recruit and retain health care professionals, the New England Rural Health RoundTable and State Offices of Rural Health, with funding support from the National Organization of State Offices of Rural Health (NOSORH), engaged in a process to develop a regional plan which engages partners in developing strategies to this end.

The plan was developed in a process that had four main components which were completed during the summer of 2008:

1. Collect information on activities currently underway in the area of recruitment and retention in each of the states through the implementation of a survey to key stakeholders in the region.

2. Collect information on stakeholder priority professions, settings and activities through the implementation of a survey to key stakeholders

3. Interview stakeholders regarding their reported activities and promising opportunities for regional health care workforce development, recruitment and retention.

4. Convene an invitation only, day long meeting of regional stakeholders to facilitate discussion on regional workforce strategies.

5. Produce a final report and planning document.

Beyond the development of this plan, the State Offices of Rural Health in collaboration with the New England Rural Health RoundTable are raising awareness, convening partners and creating opportunities to improve programs supporting healthcare workforce development, recruitment and retention. The Plan of the New England Regional Workforce Collaborative which is summarized here provides a framework for the ongoing efforts of the State Offices and the RoundTable.

SECTION II: METHODOLOGY

TASK 1: CONVENE ADVISORY GROUP

Advisory group membership consisted of the State Office of Rural Health Directors from each of the six New England States or their designees and the Executive Director of the New England Rural Health RoundTable. These individuals included:

Denis Barton, VT
Barbara Berger, CT
Susan Carll, NH
Elizabeth Cote, VT
Charles Dwyer, ME
Carla Lundquist, RI
Tammy Mackenzie, VT
Cathleen McElligott, MA
Marion Pawlek, NERHRT

The Advisory Group was convened every 2-3 weeks throughout the project duration. The purpose of the Advisory group was to provide overall input to the project scope, identify key stakeholders for surveys, interviews and invitation to the day long meeting, review and approve materials (including all data collection materials), review preliminary findings and shape and finalize the content for the day long strategic planning meeting.

TASK 2: PERFORM LITERATURE REVIEW/SECONDARY SOURCE REVIEW

A review of existing healthcare workforce planning materials from New England states as well as comparable states (such as OR, ND etc.) was completed. The information gathered through this process helped define the parameters of the overall project as well as provided inputs into the development of the survey tool and key informant interview tool. In addition, through the survey process, additional workforce reports were identified. Below is a list of the literature, reports, briefs and other materials used through the development of this plan.

1. Eldercare in New Hampshire: Labor Market Trends and their Implications
NH Economic and Labor Market Information Bureau
March 2006

2. State workforce profiles
Center for Personal Assistance Services http://www.pascenter.org/state_based_stats/xml.php?state=newhampshire

3. Averting Crisis: Ensuring Healthcare for Future Generations in Connecticut
CT Hospital Association
http://www.chime.org/Advocacy/Workforce.html

4. IOM Recommendation on Health Care Workforce Diversity Already Being Pioneered in New York and Massachusetts
http://www.communitycatalyst.org/press_room?id=0003

5. A Study of the Direct Care Workforce in Vermont: Status Report
http://dail.vermont.gov/dail-publications/publications-legis-studies/direct-care-workforce-vt-status-report-final-jan-30-2007
January 31, 2007

6. Recruitment and Retention of a High-Quality Healthcare Workforce
Rand Health
http://rand.org/pubs/working_papers/2005/RAND_WR312.pdf
October 2005

7. North Dakota Health Care Workforce: Planning Together to Meet Future Health Care Needs
Center for Rural Health, University of North Dakota
http://ruralhealth.und.edu/projects/nursing/pdf/HealthCareWorkforcePolicyBrief2.pdf
April 2007

8. New report on healthcare workforce shows strong demand for skilled workers: Findings show more training needed to close skills gap
Commonwealth Corporation
http://www.commcorp.org/about/documents/healthcarechartbook112007.pdf
November 20, 2007

9. University of CT Health Center Focus On: Health Care Workforce Shortage
http://www.connecticuthealth.org/newsletters/pdfs/Issue5_Spring03.pdf

10. Health Workforce Issues in Massachusetts
The Massachusetts Health Policy Forum
http://www.forumsinstitute.org/publs/mass/GT-MHPF_workforce_issue_brief.pdf

11. HARI Announces legislation to address health care workforce shortage
Hospital Association of Rhode Island
http://www.hari.org/press/07workforceleg.pdf

12. Rhode Island Health Care Quality Performance Measurement and Reporting Program
Eighth Annual Report to the General Assembly
Rhode Island Department of Health
www.health.ri.gov/chic/performance/index.php
January 15, 2006

13. Report of the Vermont Healthcare Workforce Partnership: A study of the human resource needs of the healthcare industry
http://www.labor.vermont.gov/Portals/0/WF%20Development%20Council/Healthcare%20Workforce%20Report.pdf
2005

14. Immigrants make mark in healthcare work force
Boston Globe
http://www.boston.com/news/local/massachusetts/articles/2008/03/23/immigrants_make_mark_in_healthcare_work_force/

15. State Profiles
National Clearinghouse on the Direct Care Workforce
http://www.directcareclearinghouse.org/s_state_pfv.jsp?res_id=19

16. Healthcare Workforce Forum meeting held on October 13, 2005
Maine Society for Healthcare Human Resources Administration
http://www.mshhra.org/news/release.php?ID=20

17. One Coast, One Future
Southwest Connecticut Economic Integration Initiative Health Care Workforce Initiative
http://www.businessfairfield.com/webpdf/OCOF_Workforce_Report_123107.pdf
December 2007

18. The Health Care Workforce in Ten States: Education, Practice and Policy
National Conference of State Legislatures
http://www.ncsl.org/programs/health/forum/workforceprofiles/workforceprofiles.htm

19. Challenges and Opportunities for the Vermont Health Care Workforce
Vermont Association of Hospitals and Health Systems
http://www.vahhs.org/lucie/Publications/Workforce%20White%20Paper.htm

20. Health Care Workforce Leadership Council - *Final Report* – Prepared for the Joint Standing Committee on Health and Human Services 121st Maine Legislature 10/04 –
http://ccd.me.edu/HCWFLeadCouncilFinalRpt.pdf

21. Health Occupations Report
Maine Department of Labor January 2007
http://www.maine.gov/labor/lmis/pdf/HealthcareReport.pdf

22. Professional Growth of the Lewiston/Auburn Healthcare Workforce: Where They Are, Where They Want to Be, What's Keeping Them from Getting There
A report of the Health Care Action Team (HCAT),
http://www.une.edu/mainegec/pdf/usmreport.pdf

23. Report of the Maine Quality Forum Advisory Council – 2004
http://www.mainerealchoices.org/workforce_healthwfforum_materials/ME%20Quality%20Forum%20Report_LD%20616_2004.pdf

24. Solutions for Maine Health Careers Recruitment & Retention: *A Visionary Approach,* Advisory Committee of the Maine AHEC – January 2006 -
http://www.une.edu/mainegec/pdf/healthworkforce.pdf

25. Workforce Development: A New Frontier
Monograph Series Fall 2006
Massachusetts League of Community Health Centers

26. 2007 MMS Physician Workforce Study
Mass Medical Society
http://www.massmed.org/Content/NavigationMenu/NewsandPublications/ResearchReportsStudies/PhysicianWorkforceStudy/workforce07.htm

TASK 3: DATA COLLECTION

Based upon the literature and secondary source review a survey was developed to collect information on existing state healthcare workforce activities as well as to collect information regarding stakeholder priority professions, settings and workforce recruitment, retention and development activities (see appendix for survey instrument). In addition, the survey tool was used as a guide to interview stakeholders regarding their activities and priorities for a regional effort. Interviews provided an in depth understanding of stakeholder priorities and allowed the interviewer to prompt and clarify stakeholder responses. Each of the State Offices of Rural Health provided a list of key stakeholders to be interviewed and/or requested to fill out the survey. Of the 75 stakeholders recommended, which included the State Offices of Rural Health Directors, 60 of them or 80% either filled out the survey or participated in an interview. These stakeholders included representatives from:

- Academic Institutions
- Area Health Education Center Programs
- Community Health Centers
- Dental Society
- Department of Labor
- Emergency Medical Services
- Home Health
- Hospital Association
- Local Public Health Office
- Medical Society
- Nurse Practitioner Association
- Nursing Homes
- Physician Assistant Association
- Primary Care Association
- Primary Care Offices
- Rural Health Offices
- State Oral Health
- State Mental Health
- Workforce Development Organizations

These stakeholders who were surveyed or interviewed often had a dual role representing the organization as well as being a healthcare professional (such as physicians, nurses, etc). The results of the surveys and interviews provided direct input to the format of the day long, in person strategic planning meeting.

Task 4: Strategic planning meeting

The strategic planning session consisted of two phases. In the morning attendees were oriented to healthcare workforce issues, from a national perspective, by Tim Skinner Executive Director of the National Rural Recruitment and Retention Network (3RNet). Immediately following Mr. Skinner the attendees were provided an overview of the survey and interview findings and were broken into small groups to identify the priority thematic areas which would form the basis for strategic planning in the afternoon session.

Task 5: Develop recommendations and next steps

Throughout the data collection, priority setting and strategic planning process recommendations for action were developed. Each of the State Offices of Rural Health and the New England Rural Health RoundTable plan to convene at the commencement of the project to determine the necessary actions and activities to move forward on recommendations set forth in this document. It is expected that a workplan to accomplish recommendations will be completed in the fall of 2008.

SECTION III: PROJECT FINDINGS

Lessons learned

The breadth and volume of stakeholders is very large

Through the process of reviewing existing data, collecting new data and interviewing stakeholders it became increasingly clear that there are many people interested, engaged and invested in improving the status of healthcare workforce development. While a broad net was cast to engage a large number of people with diverse perspectives we need to recognize that there is much more data, much more input and many more perspectives that could be brought to bear.

Lack of opportunities to convene stakeholders moving forward

The process with which we engaged is but a starting point to connect and link all the necessary persons, organizations and resources in our efforts to develop regional strategies. There has been an overwhelming amount of enthusiasm for this work and this process but it will be difficult to continue the momentum and develop subsequent forums to bring stakeholders together in a coordinated manner.

The data collection tools need to be re-evaluated

While the review of existing healthcare workforce reports and data collection instruments assisted in the development of a very comprehensive and complete survey tool, the tool was still too onerous to be self administered. Significantly more key informant interviews were conducted to obtain the data than expected, which supports the idea that the tool was not user friendly.

Qualitative data

Qualitative analysis of the survey findings and interviews provided the project with important insight regarding the existing landscape of healthcare workforce development, recruitment and retention activities across the region as well as identified gaps and programmatic needs. Quantitative analysis of the top priority healthcare professions and the top healthcare settings about which stakeholders felt the most concern also give a snapshot into the profession-specific pressures experienced across New England. The following section reports the qualitative and quantitative findings as

well as describes the priority and goal setting process which was the basis for the day long strategic planning conference. For reference to state specific activities please see Appendix A.

State similarities and differences

- Pipeline K-12
  - States were engaged with many similar activities including enrichment programs, camps, awareness and shadowing experiences, most of which included the state Area Health Education Center (AHEC) Program as a major partner.
  - While each state was engaged in many similar K-12 pipeline activities, there were varying levels of capacity across states. All states felt that increasing the K-12 pipeline was important
- Pipeline: Higher Ed and Training
  - Similar issues with faculty and university capacity were discussed, particularly the lack of Dental Schools in the upper New England region and the lack of nursing faculty.
  - Many unique activities are occurring that are often state specific including: distance education for nursing students; electronic registries to manage inter and intrastate clinical nursing placements; specialized rural health scholars programs; assisting front line, low wage staff with GED, literacy and moving up the career ladder; New England Clinicians Forum to identify excellence among existing clinical providers in region working within public health setting, and health careers investigation course for undergraduates enrolled in a health careers track.
- Recruitment
  - Many, but not all, states had regional recruitment centers as well as scholarship and loan forgiveness programs.
  - The amount of resources for scholarships and loan forgiveness programs varied by state as did the extent to which states were: tapping foreign

trained professionals living in US; recruiting older workers/second career workers, and marketing to minority or underrepresented populations.

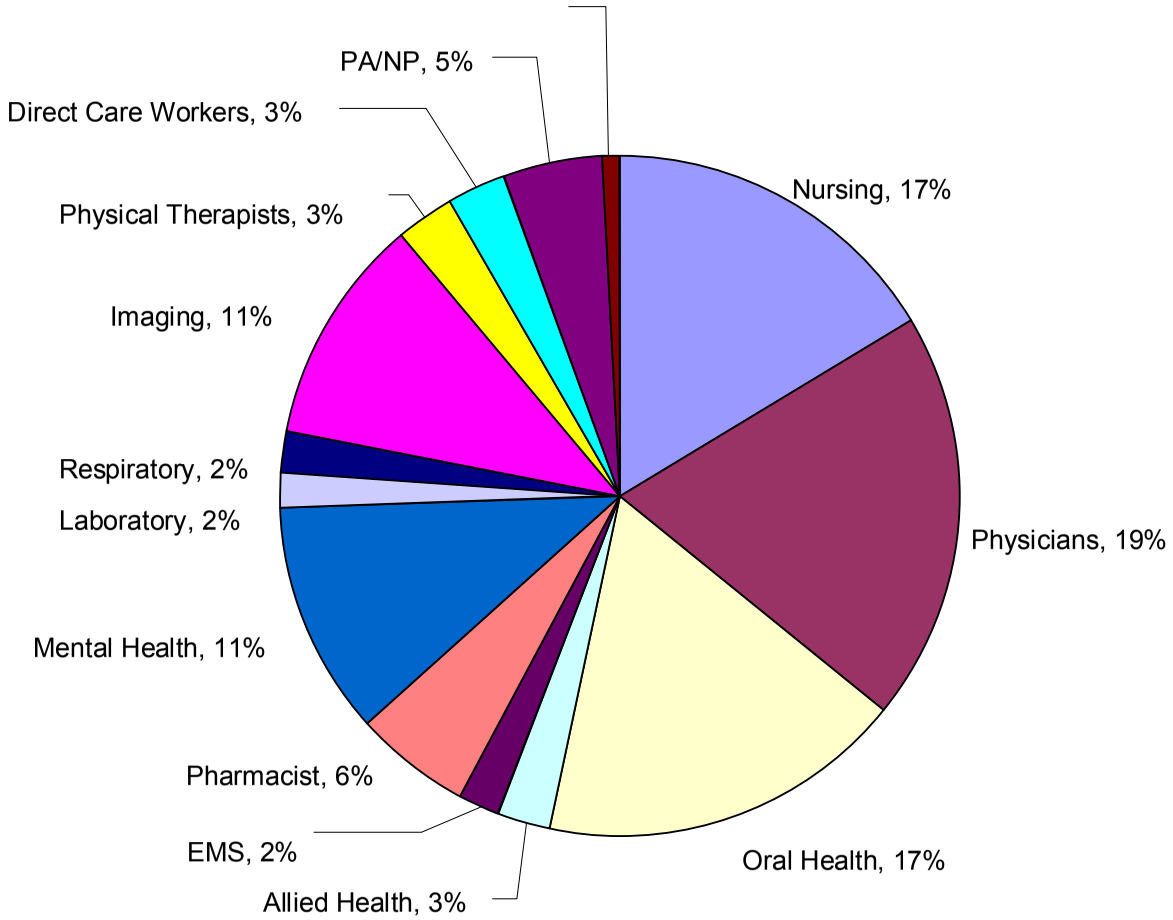
- Retention
  - Loan repayment to retain health professionals was a common practice across states, however no other commonalities were discussed.
  - Magnet hospitals; management training; culture change, and retraining older workers were programs or initiatives which varied more greatly across each state.
- Other state differences
  - Varying appropriations language for loan repayment/forgiveness
  - Forming new healthcare professional associations
  - Tax incentives/tax credits
  - Regional Nursing Compact
  - Varying levels of industry vs government driven resources and programs
  - Linking healthcare workforce development and economic development
  - Varying levels of data and reports
  - Model legislation for telehealth payment
  - Change in scope of practice PA and NP, independent practice of Dental Hygienists

Quantitative data

Data from the surveys regarding priority professions and priority settings was input to an Excel database and analyzed to create Charts 1-4 on the following pages. The data in the following charts represents the results of surveys returned by 60 stakeholders, while this does not represent a statistically significant sample of stakeholders currently involved in healthcare workforce development, recruitment and retention, it does provide important insight into the areas of highest concern and warrants further discussion and consideration as regional initiatives are developed.

Priority professions

Chart 1: Stakeholder-reported priority professions



During the interview and survey process stakeholders were asked:

"Please list, in order of priority, the **top five professions** with which you believe rural healthcare stakeholders in our region should develop strategies in order to address supply shortages and/or recruitment and retention needs? When thinking about your rankings please consider the **need** for developing specific professions; the **current efforts** or lack of current efforts focused on specific professions; and the **untapped opportunities** to advance our regional work in developing specific professions."

Chart 1 represents stakeholder responses based upon the frequency at which professions were listed regardless of how stakeholders ranked them in terms of priority.

Chart 2: Stakeholder-reported priority professions – break out of "Physician" category

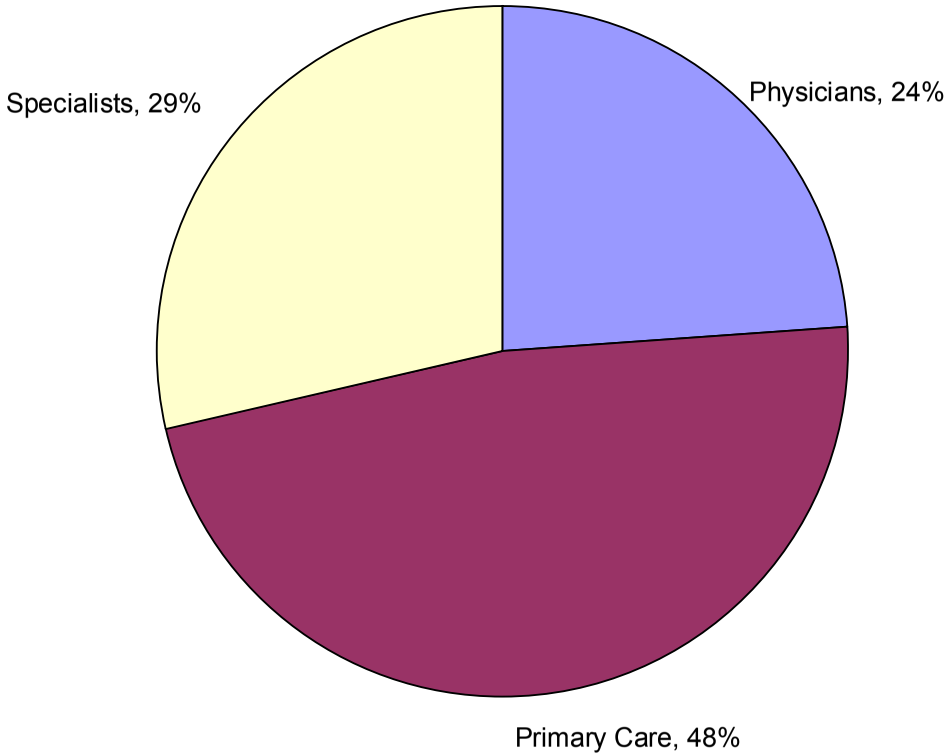


Chart 2 breaks out the "Physician" category from Chart 1. Nineteen percent of stakeholders mentioned physicians as a priority profession. Of those that mentioned physicians as a priority profession, 48% percent indicated primary care physicians as the priority physician group, 29% mentioned specialty physicians as the priority physician group and 24% mentioned all physicians as the priority.

Chart 3: Stakeholder-reported priority professions – break out of "Oral health" category

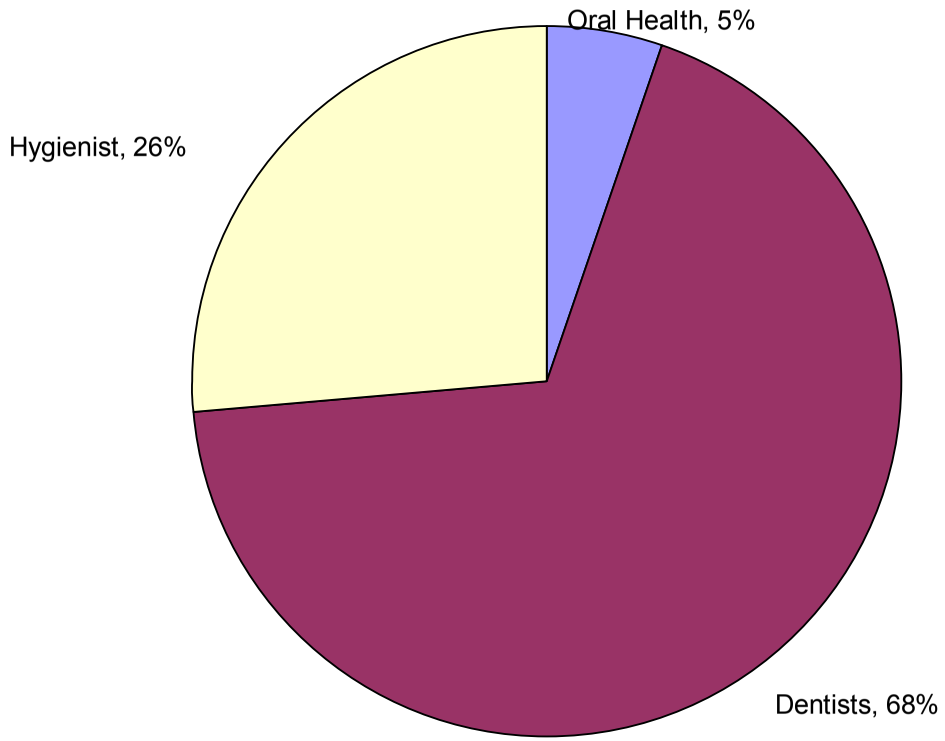
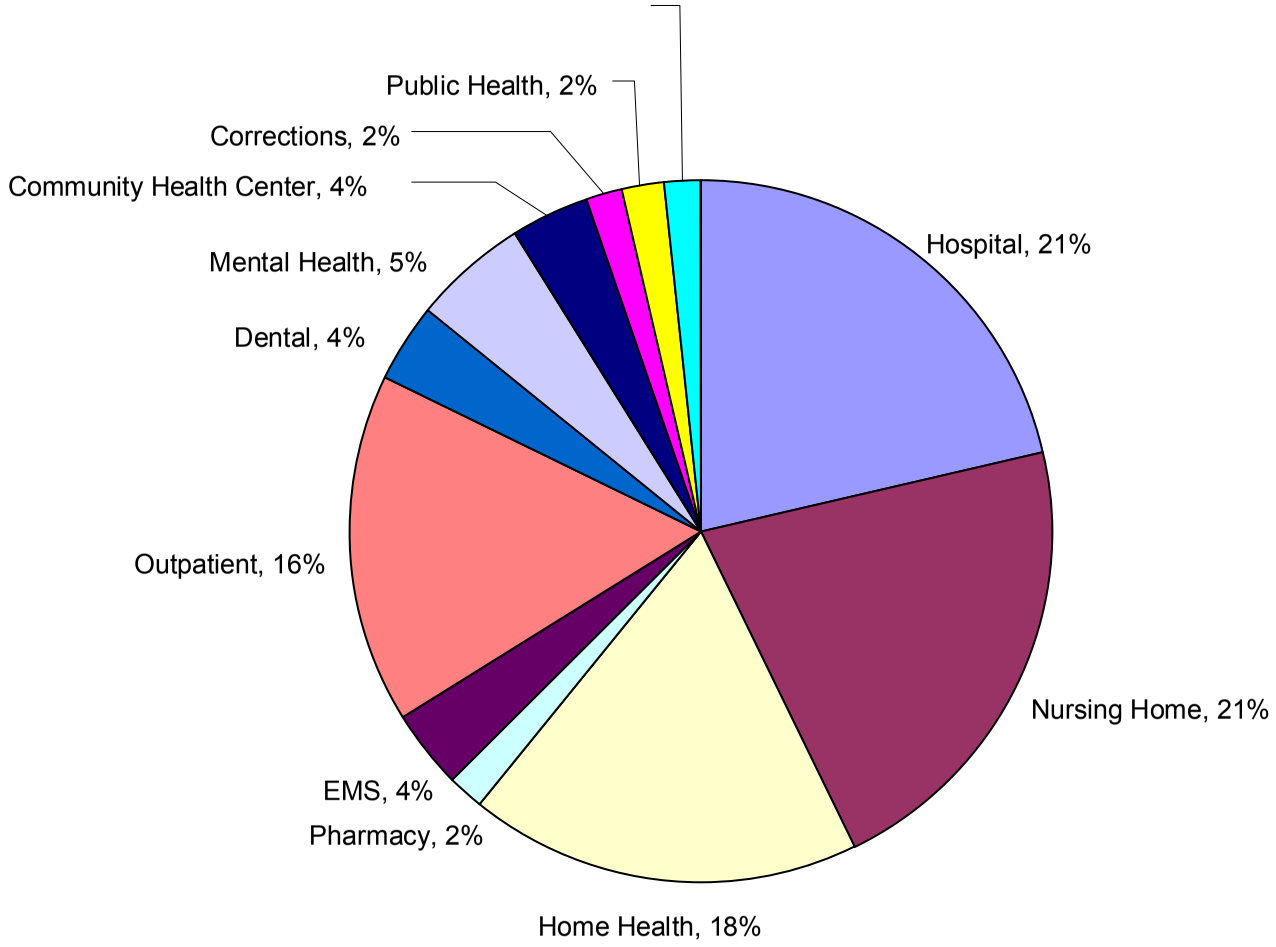


Chart 3 breaks out the "Oral health" category from Chart 1. Seventeen percent of stakeholders mentioned oral health as a priority profession. Of those that mentioned oral health as a priority profession, 68% percent indicated dentists as the priority oral health group, 26% mentioned hygienists as the priority oral health group and 5% mentioned all oral health professionals as the priority.

Priority settings

Chart 4: Stakeholder-reported priority settings



During the interview and survey process stakeholders were asked:

"Please list the priority health-care **settings** (outpatient/ ambulatory, hospital, nursing home, home health etc) with which you believe rural stake-holders in our region should be concerned."

Chart 4 represents stakeholder responses based upon the fre-quency at which settings were listed regardless of how stake-holders ranked them in terms of priority.

Focus Areas and Priority Goal Development for Regional Action

Focus Areas were identified which stakeholders felt should be examined as part of a regional strategic planning process. Focus Areas and their respective activities include:

Pipeline Expansion

- Improve guidance counselors understanding of high school classes and the necessary preparation for health careers
- Develop post high school, preparatory classes
- Develop post career ladders (entry level CNA)
- Develop regional dental school or develop/improve reciprocal agreements
- Expand rural residency programs, across state placements
- Increase faculty capacity
- Promote collaboration among hospitals and universities to develop joint appointment of staff/faculty
- Regional marketing for students to enter health careers

Improve Recruitment and Retention

- Improve cross state licensing and credentialing
- Promote culture change to improve workplace environment
- Improve reimbursement
- Develop shared training opportunities
- Engage in group purchasing with headhunter firms
- Develop regional marketing for health professionals to come to New England
- Explore job redesign to keep older staff (nursing)
- Engage hospitals to support recruitment for rural practices
- Promote successful models such as recruitable communities
- Maintain Federal designations for J-1,NHSC etc

Coordinate Workforce Activities

- Assist with state coordination of workforce activities
- Assist with regional coordination of workforce activities– governors, New
- England Board of Higher Education, regional medical society meetings, AHECs, PCOs etc
- Develop regional website, locus of information regarding New England development, recruitment and retention activities including best practices.

- US Dept of Labor WIRED initiatives want to fund multistate activities, develop cross state proposals

Improve Data

- Development of regional reports (comparison of workforce data, resources across regions)
- Development of communication tools regarding healthcare workforce, promoting models like Rural Health Works to help states communicate issues and related data
- Understand demand and production

Examine Scope of Practice

- Hold forums regarding the design of health care professions and service delivery to recommend changes in scopes of practice
- Models for use of PAs and NPs

Participants were broken into small groups, each representing a thematic area. These thematic areas were reviewed by conference attendees, revised or clarified as necessary and 3-5 goal statements for the Focus Areas were developed. Through a priority setting process, attendees of the day long strategic planning meeting identified the most important areas to develop a regional workforce initiative. Each of the thematic areas had at least one goal statement identified as a high priority, with the exception of the Scope of Practice thematic area which as a result was not considered in the strategic planning section of the meeting. During the lunch session, group leaders presented their Focus Area to the entire group and "defended" their rationale for the Focus Area as a high priority issue. At the end of the lunch session attendees were engaged in a voting process which further prioritized and narrowed the content of the Focus Areas. The results of the voting process provided a greatly shortened list of goal statements for which participants would develop strategic plans for the remainder of the day.

Strategic Planning Process

During the remainder of the conference, participants were guided through a strategic planning process in small groups. The high priority thematic areas and their respective priority goal statements were again reviewed by small groups, who then were

responsible for developing a strategic plan outlining (to the extent possible) the activities, timeframes, partners and resources necessary to successfully reach the goal statement. Below is an overview of the strategic plans by Focus Area.

Data

Data Goal #1: Identify workforce indicator reporting standards that support the quality, utility, ease of use and communication of workforce data by and for stakeholders.

Potential Activities:

- Select priority target occupations and stakeholders
- Define success of workforce outcomes and definitions of progress for end users/ funders
    - Identify specific long term indicators
    - Identify dashboard indicators
- Define set of common definitions and measures for defined indicators (such as common definition of FTE)
- Establish data parameters supporting definitions and measures
- Design data collection tools
- Field test and implement, conduct analysis, write reports

Recommended Action:

- Identify funding sources

Pipeline

Pipeline Goal #1: Increase health careers awareness, understanding and interest in entering a health career through the development and implementation of a regional marketing campaign.

Potential Activities:

- Form steering committee which will include but not be limited to:

- NERHRT
- AHECS within each state
- Office of Rural Health within each state

- Identify available resources in each state to support project
- Hire marketing firm
- By 2009 a region-wide campaign is designed
- By 2013 larger efforts which expand the campaign are obtained from foundation resources

Recommended Action:

- NERHRT convenes stakeholder meeting within 3 months
- At stakeholder meeting, identify leadership/point organization to carry forward
- Engage in planning process to identify scope of initiative, necessary resources and funding opportunities

Pipeline Goal #2: Develop regional health profession advisors in primary, secondary and university environments who help provide health career information, resources and mentoring.

Potential Activities:

- States share "tools" to support health professional advisor program.
- Share best practices among states including materials, training and other resources which will assist health professional advisors in the following areas:
  - Health care vernacular/culture
  - Educational resources
  - Promotion of entry into primary care
  - Workforce diversity
  - Rural health focus
  - Matching student needs with career opportunities
  - Disseminate information regarding educational loan repayment, admission, interviews etc

Recommended Action:

- NERHRT convenes regional AHEC programs to discuss these issues and see if there is a coordinated response based on these issues
- Identify leadership/point organization to carry forward
- Engage in planning
- Explore the possibility of the NERHRT symposium to discuss and disseminate

Coordination

Coordination Goal #1: Inventory, analyze and report healthcare workforce recruitment, retention and development activities across the New England region.

Potential Activities:

- Identify representatives from each state and convene regional meeting
- Design a data collection and reporting template
- Collect and organize relevant healthcare workforce recruitment, retention and development information
- Provide healthcare workforce recruitment, retention and development in accessible format (print, website etc)
- Through an analysis of this information, identify the ten most common issues, activities, gaps and opportunities for regional activities, program replication and collaboration.

Recommended Action:

- NERHRT convene state representatives
- Identify leadership/point organization to carry forward
- Develop and review template
- Ongoing review of the flow of information and its value – evaluation of what is useful to the group/website

Coordination Goal #2: Raise visibility of rural healthcare workforce as a priority policy issue.

Potential Activities:

- Refer workforce issues to RoundTable policy committee, augmenting committee with new membership
- Identify audiences and champions for forwarding awareness of workforce issues
- Identify opportunities to disseminate information in front of regional audiences using a variety of formats
- Identify and communicate specific activities stakeholders and policymakers can be engaged with which will impact healthcare workforce issues
- Develop position papers for presentation based on regional healthcare workforce issues identified by six-state gap analysis (as completed in Coordination Goal #1).

Recommended Action:

  - Recruit additional membership for the policy committee
  - Recruit from this group to participate in the planning of a symposium which will disseminate information and raise regional awareness regarding healthcare workforce
  - Integrate information and awareness content and activities into symposium
  - Participants in this committee are engaged to participate in planning group for the NERHRT rural leadership development program

Recruitment and Retention

Recruitment and Retention Goal #1: Develop programs to assist newly recruited healthcare professionals to adjust to rural areas. Post degree completion.

Potential Activities:

- Identify best practices
- Develop and disseminate toolkit to support implementation of best practices
- Develop training for volunteer mentors for new recruits

Recommended Action:

- Collaborate with Primary Care Associations to identify funding sources and other resources to accomplish activities.

Recruitment and Retention Goal #2: Increase rural rotations and other onsite clinical programs in rural areas.

Potential Activities:

- Organize regional meeting with New England medical schools to strategize increasing rural experiences.
- Convene conference with New England medical schools to help transfer skills, tools and share best practices.

Recommended Action:

- NERHRT engages Rural Scholars Programs as leaders to convene regional meeting of medical schools.
- Rural Scholars Programs engage medical schools and convene meeting.

Recruitment and Retention Goal #3: Develop regional continuing education programs which are accessible to all medical professionals (tele/distance education).

Potential Activities:

- Convene regional AHECs for strategic planning session
- Develop accessible continuing education programs

Recommended Action:

- NERHRT convenes AHEC programs in conjunction with planning activities for Pipeline Goal #2.
- AHECs engage in planning process to identify scope of continuing education initiative, necessary resources and funding opportunities

Recruitment and Retention Goal #4: Increase the number of health care professionals indicating an interest in relocation to rural New England.

Potential Activities:

- Develop regional marketing to recruit and retain physicians and other medical and health professionals to New England.
- Convene regional advisory committee
- Identify the resources necessary to engage in regional campaign
- Hire marketing consultants

Recommended Action:

- Recruitment Centers convene regional partners and stakeholders
- Partners engage in planning process to identify scope of marketing, necessary resources and funding opportunities.