

**MINUTES**  
**New Hampshire State Commission on Aging**  
**Monday, April 25, 2022 10:00 a.m.-noon**  
**NH Employment Security, 45 South Fruit Street, Concord, NH**

**Present in person:** Polly Campion, Chair; Roberta Berner, Clerk; Rep. Charles McMahon; Susan Buxton, Long-Term Care Ombudsman; Richard Lavers, NHES; Wendi Aultman, DHHS; Shelley Winters, DOT; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Appointed by the Governor: Doug McNutt, Kristi St. Laurent, Suzanne Demers, Susan Denopoulos Abrami, Beth Quarm Todgham Rebecca Sky, Executive Director

**Present via teleconference:** Carol Stamatakis, Vice Chair; Daniel Marcek, Susan Ruka, Laurie Duff

**Absent:** Sen. Ruth Ward; Rep. James MacKay; Janet Weeks, DOL; Michael Todd, DOS; Rev. Susan Nolan, Ken Gordon, Harry Viens, Susan Emerson

**Presenter:** Margaret Franckhauser, MS, MPH, RN, Director Aging Services, JSI/CHI

**Guests present via teleconference:** 16 members of the public (Jennifer Rabalais, Martha McLeod, Carole Boutin, Laura Davie, Cheryl O'Malley, John Wilson, Caitlin Sullivan, Bev Cotton, Marcia Garber, Darlene Cray, Jennifer Throwe, Richard Danford, Arnold Newman, Deborah Carter, two unidentified phone attendees)

**I. Welcome, Attendance, Review of Minutes**

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at NH Employment Security and via teleconference.

Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With 13 Commission members attending in person, a quorum was present.

Wendi Aultman made a motion, seconded by Lynn Lippitt, to approve the minutes of the February and March meetings of the Commission. The motion was approved unanimously with a roll-call vote.

**II. Giving Care: A Strategic Plan to Expand and Support NH's Health Care Workforce—Endowment for Health Report (*PowerPoint circulated with meeting materials*)**

**Margaret Franckhauser, MS, MPH, RN, Director Aging Services, JSI/CHI**

Chair Campion introduced the session, referring back to the November 15, 2021 and January 24, 2022 Commission meetings that featured speakers addressing workforce challenges in New Hampshire. She said that today's presentation in part serves as a continuation of the earlier program. Nationally, the projected gap in the direct care workforce is anticipated to total 8.2 million workers by 2028: 6.9 million workers to fill existing vacancies and 1.3 million to meet increased demand for direct care workers. The NH-DHHS Commissioner's Workforce

Roundtable held on April 18, 2022 began with an overview of the report being presented at this Commission meeting by the same presenter, Margaret Franckhauser. Commission members Polly Campion and Rich Lavers were among invited attendees to the Roundtable.

### **Report Summary**

Ms. Franckhauser explained that the Endowment for Health report also serves as a strategic plan with more than 100 recommended strategic actions identified. She said that pre-pandemic, New Hampshire rated second among the states as the hardest hit by labor shortages. In addition, among the states, New Hampshire's health care workforce was rated as the fastest growing. New Hampshire also is rated as the second or third oldest state in the country. The combination of workers reaching retirement age and a greater demand on the workforce that serves an aging population has exacerbated the issues, along with historically low wages and high costs (e.g., for child care, housing, transportation) in the state. Health care providers have tried to address the issues, but in a "siloes" way, resulting in the tendency for employers to poach from one another. In addition, workforce data are not defined and collected in a standard way across the health care sector, leading to some lack of clarity among those trying to identify and address the challenges.

Ms. Franckhauser provided some background about the Forward Fund – it is under the umbrella of the Endowment for Health solely focused on the healthcare workforce. In the spring of 2020, an assessment of the workforce was done engaging 50 stakeholders and reviewing activities in other states. JSI/CHI was hired in April 2021 to develop a two-year strategic plan to grow the workforce. Over seventy in-state stakeholders were engaged in 4 subgroups to flesh out goals, objectives, and strategies. The report was issued this week, beginning with the Commissioner's Roundtable. Key elements of the report's vision are:

- Retention of staff is critical;
- Policy must support change on a lasting basis;
- Data must begin from a common understanding; and
- A coordinating entity for accountability and sustainability should be developed.

Resource identification is critical to successful implementation of the strategies. Chair Campion asked attendees to think about the mission of the State Commission on Aging and ways that the Commission might amplify the strategies outlined in the report.

Report Summary as follows:

### ***Pipeline, Recruitment and Retention*** (7 objectives and 53 strategies identified)

The report focuses on supporting career development, understanding that careers can be long and a that person may enter the health care profession at one point and retire at another. Strategies include financial supports, reducing the burdens (e.g., work-life balance, reduction of information technology demands), growing and diversifying the workforce pipeline, streamlining processes and reducing

regulatory burdens, and expanding options for home and community-based care and reimbursement.

***Policy and Regulatory*** (4 objectives, 19 strategies)

The report addresses workplace quality, salaries, educational training opportunities, administrative requirements, and more. Removing barriers to and supporting inclusion in education was highlighted. Also progressive wage increases, increasing credentialing options, and building career ladders that allows work experience to meet requirements of next step up were seen as important.

***Data*** (3 objectives, 6 strategies)

The report discusses assessment and identification, financial and technical resource development, and the development of a data portal/repository. One issue identified is that the number of licenses issued in New Hampshire does not equate to the number of licensed individuals practicing in New Hampshire. How many people work in multiple states and how many hours do they actually provide in NH?

***Governance*** (5 objectives, 29 strategies)

The report proposes development of a coordinating entity for accountability and sustainability but suggests that an interim entity be formed as soon as possible. A governance entity could also work to reduce competitive strategies between hiring organizations by ensuring a wholistic view and approach to the challenges.

Ms. Franckhauser said that it would be helpful to coordinate with the State Commission on Aging and other entities so that a coordinated group could present five or so actions to the Legislature rather than all 100-plus identified in the report.

**NH-DHHS Commissioner's Round-Table Summary**

On April 18, Commissioner Lori Shibinette brought together a cross-section of participants to review the new Endowment for Health report and discuss health care workforce challenges and potential ways to address them in the state. She asked the group to coalesce around three to six ideas that NH-DHHS could address directly that did not necessarily need legislative support.

Among the key take-aways identified by Ms. Franckhauser were:

- Address and reduce licensing and certification barriers, including the acceleration of cross-state compacts to recognize licenses.
- Expand tuition assistance and other supportive programs to assist a broad array of students, possibly with American Rescue Plan Act (ARPA) dollars used to develop a statewide health care workforce fund.
- Increase the diversity of the future workforce by providing systems earlier to support individuals' success, possibly by expanding apprenticeship and

mentorship opportunities by offering financial incentives to entities to encourage them to take students.

- Design, support, lead, and model a comprehensive strategic campaign to create a culture that values and supports health care workers.
- Support the creation of a centralized New Hampshire health care workforce organization.

In addition, the group recommended partnerships with other state departments to address issues around housing, childcare, and preceptorships which are foundational to supporting a healthy workforce.

### **Questions and Comments**

Rep. McMahon asked Ms. Franckhauser about the role of the oversight committee of the Legislature in addressing the concerns. She responded that it would be very helpful to align efforts, especially with regard to funding from the Centers for Medicare and Medicaid Services (CMS) and the state budget. She added that there is the potential for change at CMS, given the tremendous interest at the federal level in reworking nursing home structures and improving quality. Chair Campion asked Rep. McMahon about timing to impact the next state budget.

Doug McNutt noted that the nursing home model itself has created some of the difficulties regarding the pandemic, quality of care, and workforce. He asked if it might be time to consider different models, including support for smaller providers that are community-based. Ms. Franckhauser agreed but noted that in this report, there is nothing specific to the model itself. She asked if smaller pods could be developed within existing nursing homes aligned with the Greenhouse Model thinking instead of the way most nursing homes are currently structured which aligns with a hospital model. Is there something that could be developed between the existing model and the ideal? Mr. McNutt suggested legislation that could aim for a 10-year plan for building new facilities with the goal of striving for a different model. Chair Campion said that the Commission's Aging in Community Task Force is looking at these issues.

Susan Buxton said that the discussion is especially timely, given the Biden-Harris administration's initiative regarding nursing home quality improvement changes. She said that it would be helpful to raise the issues of workforce and quality of care in a way that is not punitive to providers, involving CMS in positive change, recognizing that nursing homes already operate in a challenging environment. She said it was imperative to give voice to the direct care workforce.

Rebecca Sky noted that the Endowment for Health Report is inclusive of the entire health care workforce. She stated that while there are many strong advocates for acute care clinical workers, there are fewer focused on long-term care workforce, particularly the direct care workforce. She suggested the Commission consider concentrating its recommendations on the direct care workforce who needs are unique and perhaps the most foundational. Improvements that serve direct care workers could serve all healthcare workers,

while the reverse may not be as true. Ms. Franckhauser said there is interest in exploring resonance with the work of the Commission, and she said that it was time to make the Commission's priorities known to NH-DHHS Commissioner Shibinette. Chair Campion said that it seemed that it would be timely for the Commission to communicate directly to the Commissioner. There was no dissent.

### **III. Update on COA Activities at the Statehouse (Information sent with meeting materials prior to the meeting)**

Chair Campion thanked the group of Commission members who had agreed to be active in COA legislative concerns.

She then highlighted bills that reinforced specific topics of interest:

- Housing (SB 329 and SB 400)
- COVID-19 (noting that HB 1210 which provides exemption from vaccination for matters of conscience, in addition to religious and medical exemptions, could put federal funding at risk for New Hampshire)
- Long-term care and case management services (SB 277 extends emergency licensing for two years, leading to quality of care concerns. There may be changes forthcoming to this bill addressing concerns.)
- Financial exploitation (SB 385 soon to be voted on by the House)
- Respite care (SB 414 expands respite care services to those providing care for individuals with Alzheimer's-related dementias; the bill is going to the Governor after having passed the House and Senate)

### **IV. Update—Emerging Issues Task Force**

Task Force Chair Susan Buxton said that the group had been discussing potential nursing home reforms, given the Biden-Harris administration's interest in the topic. The Task Force is putting together articles for the *Aging Matters* newsletter on the Whitehouse Agenda for quality improvement in nursing homes.

Chair Campion acknowledged the great work that Commission member Beth Quarm Todgham is doing as newsletter editor.

Ms. Buxton said that the Task Force will be discussing senior meals program funding in addition to other programs under the Older Americans Act (OAA). The federal government recently put out a request for information to update the OAA which has not been updated since 1998. The Task Force will be following and contribution to support positive changes.

Suzanne Demers thanked Commission members for speaking at Belknap-Merrimack CAP senior centers during "Champions Week," traditionally a time in early spring for outreach to political leaders. It was a great opportunity for Commission members to talk about the Commission and listen to concerns from the community. She said that among the topics that came up during the talks were the need for transportation, CMS scams, the potential for COVID-related funding for home repairs (including mobile home repairs) and for broadband, computers, and greater connectivity. The Task Force has detailed notes on the community

feedback in their April 2022 meeting notes. Those interested in learning more should contact Rebecca.

Executive Director Sky shared that after these sessions, the Task Force discussed asking each Commission member to get out into their communities to talk with older adults and introduce them to the Commission and its work this summer. Assuming general agreement, Rebecca will work with the Task Force to develop supporting materials for Commission members to do this.

**V. Other Updates: Older Adult Volunteer Awards and New Hire Progress**

Executive Director Sky said that selection of award recipients is complete and that this year's group has a great diversity of experiences. She thanked the group of Commission members that helped with the selection process. The in-person awards ceremony will take place on Monday, May 16, at 2 p.m. in the Executive Council Chambers of the State Capitol. She said that help with logistics that day would be welcomed. A remote option is possible, but not on the same day as the in-person event.

A 20-hour position has been approved for the Commission and it is now posted on the state website. The position will assist with developing and implementing communications, supporting public policy work, producing the annual volunteer awards event, and providing administrative support. Commission members are asked to help disseminate information about the position.

Executive Director Sky noted that the Age-Friendly Task Force is continuing to pursue its request that an older adults' transportation needs assessment be included as part of the transportation Ten-Year Plan. There has been traction among other stakeholders to see this funded.

**VI. Public Input**

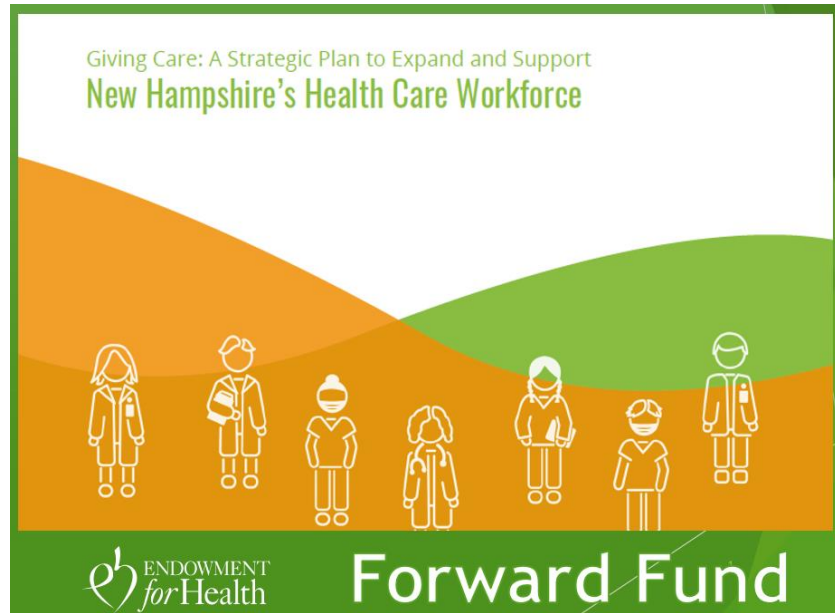
No member of the public asked to address the commission.

**VII. Adjournment**

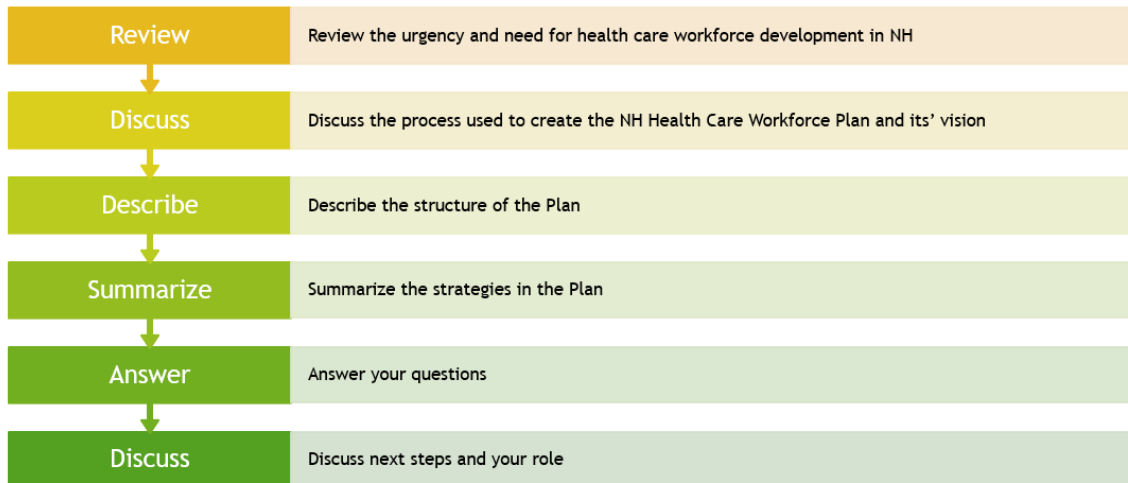
Chair Campion adjourned the meeting at 11:45 a.m. The next meeting of the Commission will take place on May 16, 2022

**Attached Items:**

- Power Point presentation by Margaret Franckhauser, MS, MPH, RN, Director Aging Services, JSI/CHI on Endowment for Health/Forward Fund report: "Giving Care: A Strategic Plan to Expand and Support NH's Health Care Workforce"
- Summary of Key Takeaways from DHHS Commissioner's Roundtable on Healthcare Workforce, April 18, 2022.



In this presentation, we will:



## Why The Urgency?

Prior to the pandemic, NH was second hardest hit state by labor shortages overall.

NH's health care workforce was fastest growing sector with most unfilled jobs between 2017 and 2019.

Aging of workforce and pandemic fuel departures.

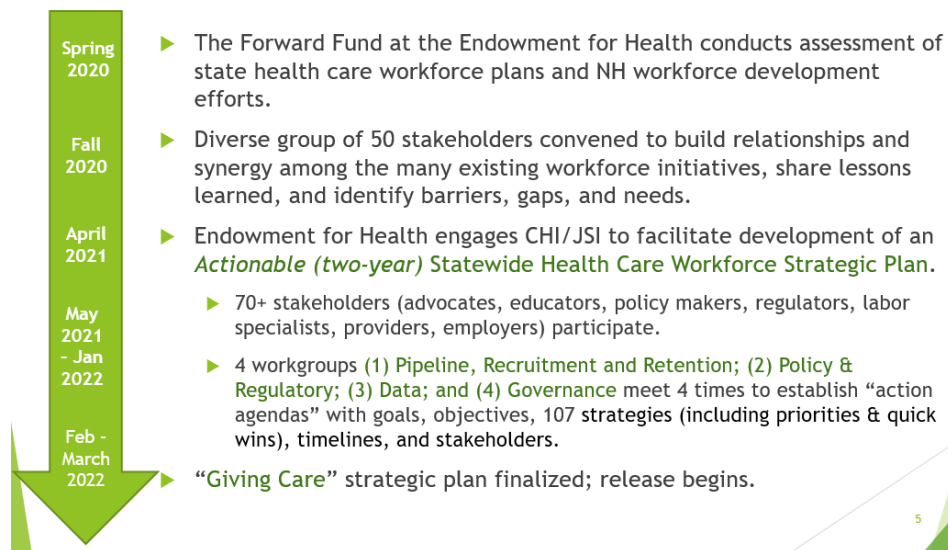
Given its size and rate of growth, the health care sector is critical to the state's overall economy.

Health care "bench" not deep enough and lacks diversity sufficient to meet needs of NH's increasingly diverse population.

- ▶ Stress, mental health challenges, and barriers to care
- ▶ Low wages and high costs to live in NH, including childcare, housing, and transportation
- ▶ Thin pipeline and barriers to post-secondary education and training
- ▶ Reimbursement issues
- ▶ Regulatory barriers and constraints
- ▶ Policy barriers
- ▶ Siloed workforce development efforts
- ▶ Data challenges



## The process



## The Giving Care Vision

The NH 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.





## Workgroup goals and key concerns:

- ▶ **Pipeline, recruitment, and retention:** Ensure a current and future supply of qualified workers to meet the needs of NH residents.
    - \* **Retention is critical.**
  - ▶ **Policy/regulatory:** Reduce the regulatory constraints and advance policies that support a workforce capable of meeting the health care needs of NH residents.
    - \* **Must support change on a lasting basis.**
  - ▶ **Data:** Ensure that sufficient data infrastructure, processes, and resources exist to identify and address workforce gaps and trends as well as issues affecting pipeline, recruitment and retention.
    - \* **Must begin from a common understanding.**
  - ▶ **Governance:** Ensure capacity for the study, coordination, and oversight of NH's health care workforce development.
    - \* **Must have a coordinating entity for accountability and sustainability.**
- \***Overall: Resource identification critical to successful plan implementation.**

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## Pipeline, Recruitment & Retention Action Agenda

7 objectives and 53 strategies that call for:

- ▶ **Career development supports** (career counseling, mentoring, interdisciplinary/cross-discipline learning models, retention interviews)
- ▶ **Financial supports** (stipends, incentives, tuition assistance, wage increases, housing and childcare allowances)
- ▶ **Reduced burden for staff/providers** (staffing models to support work/life balance and time/incentives for training and mentoring, tech/IT to reduce documentation burden & improve access to patient info, expanded telehealth and broadband)
- ▶ **Growing and diversifying the pipeline** (marketing, outreach, recruitment, career exposure and experiences for youth and their parents; minorities, immigrants, and refugees; career changers; older or disabled workers; formerly incarcerated; workers inside and outside of NH)
- ▶ **Streamlined processes and reduced regulatory burdens** (initial and reciprocal licensing, background checks, x-fer of community college credits to four year colleges/universities)
- ▶ **Expansion of home-and community-based care and reimbursement** (CHWs, personal care providers)

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## Policy and Regulatory Action Agenda

4 objectives and 19 strategies to understand and improve:

- ▶ **Workplace quality and salaries** (livable wages; alignment with neighboring states)
- ▶ **Coverage and reimbursement** (to support recruitment/retention, for mental health/behavioral health parity, for CHWs and case managers)
- ▶ **Educational & training opportunities** (to remove barriers/support diversity, inclusion, and equity; credentialing; and progressive wage gains)
- ▶ **Policy, regulations, and administrative requirements** (to expedite state contracts, remove barriers to recruitment/retention, achieve consistency in Medicaid and commercial reporting and contracting, remove licensing barriers)

## Data Action Agenda

3 objectives and 6 strategies to support:

- ▶ **Assessment/identification** (available data, sources, and gaps; common definitions)
- ▶ **Financial and technical resource development** (a data system home, blended funding, data use agreements, stewards/partners to advise on/provide data to the system)
- ▶ **Data portal/repository development and maintenance** (to ensure data for effective health care workforce planning)

## Governance Action Agenda

5 objectives and 29 strategies to ensure:

- ▶ **Immediate\* and long-term coordination of workforce development efforts**
- ▶ **Leadership and partner/stakeholder engagement**
- ▶ **Adequate resources for plan implementation and sustainability**
- ▶ **Ongoing understanding of workforce trends, emerging issues, needs, and gaps**
- ▶ **Effective communications, messaging, advocacy, and education**

\* An interim coordinating body will “stand up” a Governance entity and coordinate plan implementation in the meantime

## Why a state plan?

Break down siloes, improve communication/coordination, and build upon the many existing health care workforce development initiatives in NH.

Harness the energy, enthusiasm, and expertise of the multiple sectors and stakeholders across NH who have a role in health care workforce development.

Build synergy among health care workforce development, community/economic development, and broader/general workforce development efforts in NH.

## Next steps & Get involved!

- We hope you will absorb the plan and envision it as your organizations road map!
- For more information on the plan, email [info@endowmentforhealth.com](mailto:info@endowmentforhealth.com)
  - In the same email, let us know if you'd like a copy of the Executive Summary to circulate around
  - Request a Giving Care presentation
  - If you'd like to get involved in any way, let us know



Time for questions, comments and answers!



Thank you for your interest in the state plan and investment in New Hampshire's health care workforce.

# Commissioner's Roundtable on Healthcare Workforce

## April 18, 2022

### **Key Takeaway Ideas for DHHS: Recruitment and Retention:**

**1. Address and Reduce Licensing and Regulatory Barriers.** Potential candidates for NH healthcare positions encounter regulatory burdens and delays to licensure related to technical requirements. These delays may discourage candidates from applying or accepting positions while they await results.

*Recommendation:* Work in partnership with the Office of Professional Licensing and Certification to ensure that requirements are the least restrictive necessary to ensure public safety, accelerate the processing of licensure applications, seize opportunities for interstate compacts, and support across-state-line licensure for all categories. Potential idea: Create a single processing clearinghouse for background checks for all types and streamline the process to turn information around swiftly.

Crosswalk to Giving Care Report - Aligns with recommendations 1.7.1, 1.7.3, 1.7.4, 1.7.5, 1.7.6, 2.4.1, 2.4.2

**2. Expand Tuition Assistance and Support programs to assist a broad array of potential healthcare students and to support professionals continuing their education and expanding their career options.** Current opportunities for tuition assistance target select roles working in select settings (typically non-profits) and are not available to a broad range of healthcare roles.

*Recommendation:* DHHS could leverage available and emerging funds to promote a comprehensive statewide financial support system for entry level workers and continuing education development for existing workers. Examples include the expansion of up-front tuition assistance and loan forgiveness programs to encompass a broad array of health care roles and settings (not restricted to physicians and advance practice nursing). DHHS could also work with other state departments and partners to identify and encourage and pilot projects that count school study time as worked time and pay students to study and programs that provide financial incentives for students educated in NH to stay in NH.

Crosswalk to Giving Care Report - Aligns with recommendations: 1.2.1, 1.2.2, 1.2.7

**3. Increase Diversity of the Future Workforce and Provide Systems to Support Success.** As the nation and the state become more ethnically and racially diverse, the healthcare workforce must understand and reflect that diversity in order to promote and protect health for all. Diverse populations provide a rich resource of potential workers to meet health care demands, and careers in healthcare can greatly expand economic opportunities and improve equity within these populations.

*Recommendation:* Target recruitment efforts earlier in the career consideration process (reaching into middle and high school) and cultivate interest in healthcare careers among new and diverse communities using marketing strategies that are culturally relevant and address opportunities in the full array of healthcare roles including physical and behavioral health, acute care and community settings, and supportive roles such as laboratory support and dietary services. Develop and expand school and employer partnerships for summer and part time roles, support career counseling/coaching models,

and support career ladder opportunities so that career growth in diverse communities is supported within the state.

Crosswalk to Giving Care report - Aligns with recommendations: 1.1.4, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.4.5, 1.4.6, 1.4.7, 2.2.1, 2.2.2, 2.2.3, 2.2.5

#### **4. Expand, train and market apprenticeship and mentorship opportunities.**

Healthcare skills are often developed through hands-on, place-based apprenticeship, clinical placement and mentorship opportunities, and many roles require these placements as an essential component of training and education.

*Recommendation:* Increase and support the creation of training opportunities by developing formal partnerships with employers and businesses, providing and supporting comprehensive training for mentors, incentivizing employers to take on apprentices, encouraging clinicians and others to serve as mentors, providing financial incentives to organizations that accept students, and providing or supporting ongoing training and technical support to mentors and teachers.

Crosswalk to Giving Care report - Aligns with recommendations: 1.2.6, 1.4.7, 1.6.2, 1.6.3, 1.6.4, 1.6.7, 2.2.2,

**5. Design, support, lead, and model a comprehensive strategic campaign to create a culture that values and supports Healthcare Workers.** The COVID-19 pandemic has created significant stress within the current healthcare community, and healthcare careers may be perceived as less desirable by incumbent workers and potential workers as a consequence.

*Recommendation:* DHHS could design, support, lead and model a culture that recognizes, values, and supports the contribution of healthcare work as essential to the wellbeing of the state and as a rewarding and positive career choice. Such a campaign could reframe the message from negative to positive, include voices from multiple generations, use the model to cultivate both support and interest from within and outside the state, and be adapted and promoted in healthcare organizations throughout the state. **[This idea is inspired in part by the stories of the two speakers]** The model could build on existing initiatives such as Stay, Work and Play and others to build healthcare as a lifelong career opportunity.

Crosswalk to Giving Care report – Aligns with recommendations: 1.4.6, 1.4.9, 1.5.1, 1.5.2, 1.5.3, 1.5.4, 1.5.5

**6. Support the creation of a centralized NH Healthcare Workforce Organization that is dedicated to coordinating a comprehensive strategy to recruit and retain a strong healthcare workforce.** Building a comprehensive and sustainable healthcare workforce strategy will encompass many activities, involve many individuals and organizations and unfold over a period of time. Identifying a central entity responsible for coordinating and communicating activities will be critical to assuring that promising ideas are launched, evaluated and shared.

*Recommendation:* DHHS could participate in the creation of a centralized NH Healthcare Workforce Organization whose activities include, but are not limited to: serve as a convener for the healthcare sector to study, share and expand best practices in recruitment and retention; work with educators, employers, advocates and others to

develop professional career ladders; conduct and maintain an inventory of apprenticeships, mentorships and other learning opportunities; provide a platform for early career entry and mid and late and career development opportunities; promote training opportunities; conduct a data inventory, standardize data needs & definitions and serve as a data resource for the healthcare workforce; and communicate the emergence of new opportunities within the state.

Crosswalk to Giving Care report – Aligns with recommendations: 1.6.2, 1.6.3, 3.1.2, 3.2.2, 3.3.1, 4.1.1, 4.1.4, 4.1.5, 4.2.2, 4.3.1, 4.3.4, 4.3.5, 4.4.7, 4.4.8, 4.5.2,

**Other Themes that Emerged from several of the Table Groups but were not selected by the groups as their top candidates for DHHS:**

**Housing:** DHHS could partner with Economic Development and other Departments and state initiatives to support the creation of housing opportunities. Options include education to communities about the ways in which the lack of housing impacts recruitment and retention among healthcare workers, aligning with state partners to support models of temporary and permanent housing to accommodate need, identifying pilot projects to test workforce housing models, and creating incentives for employers to support housing allowances.

**Childcare:** DHHS could work with other departments to encourage cross-sector partnerships to create, fund and sustain childcare opportunities for healthcare and other complementary workers. This might involve financial supports, assistance in grant/startup fund procurement, and the testing of other models.

**Supporting Preceptorships:** DHHS could assist in aligning the education sector and the healthcare sector to streamline the creation and support of work to learn preceptorships. Examples include models that allow high school students to receive credit for learning that leads to professional licensure or other “internship” models that allow students to earn money while they learn. This may also include providing financial incentives to funded programs to encourage preceptorships/internships/mentorship and other models that assist in supporting student growth and opportunity.