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### Moving a Licensed Practical Nurse to a Registered Nurse in New Hampshire: A Health Policy Initiative

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**Moving a Licensed Practical Nurse to a Registered Nurse in New Hampshire:  
A Health Policy Initiative**

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**Table of Contents**

Abstract.....	3
Introduction.....	4
Available Knowledge.....	6
Rationale.....	9
Specific Aims.....	10
Methods.....	10
Ethical Consideration.....	23
Results.....	23
Discussion.....	24
Conclusion.....	26
References.....	27
Appendix A: CDC’s Health Policy Analysis and Evidence Policy Process.....	33
Appendix B: Proposed Fiscal Note.....	34
Appendix C: CDC’s Policy Analysis Table.....	35
Appendix D: LPN Survey.....	36
Appendix E: Demographic Results of the LPN Survey.....	39
Appendix F: OP-ED Piece.....	40
Appendix G: Fact Sheet for Legislators.....	42
Appendix H: State Legislative Process.....	44
Appendix I: Personal Testimony.....	45
Appendix J: Letter to Legislator .....	47
Appendix K: Letter to Governor Sununu.....	49

### **Abstract**

*Background:* The United States is expected to experience a shortage of Registered Nurses (RN) due to a demand for more nurses to care for an aging population. Not only is there a current deficit in the number of RNs, but there is also a lack of ethnic and racial diversity among RNs. Licensed Practical Nurse (LPN) transition programs increase workforce mobility and allow LPNs to build upon their education and clinical experience as they transition to the RN roles. Therefore, the aim of this DNP project was to implement a health policy change initiative that addresses the barriers of workforce mobility of LPNs to transition to RNs in New Hampshire.

*Methods:* The Center for Disease Control and Prevention's (CDC) Health Policy Analysis and Evidence process was the framework utilized for implementing the health policy initiative. The CDC framework was used to guide and evaluate the legislative proposal for this project. The legislative proposal was accomplished in collaboration with key New Hampshire stakeholders.

*Purpose/Implementation Plan:* The purpose of this DNP project was to implement a policy change that increases the number of diverse nurses working in New Hampshire by five percent within five years of implementation of the program. The policy initiative will address the need to have state funding for LPNs through a loan repayment program.

*Results:* The health policy proposal was presented to stakeholders, and a legislative service request was not pursued due to a 2020 budget deficit related to the impact of COVID-19.

*Conclusion:* Nurses with DNP education can be influential change agents and shape health policy. The author gained a greater understanding of the legislative process and how to build relationships with multiple stakeholders. The health policy proposal is a practical solution to decrease the nursing shortage and needs to be revisited in a more favorable time

*Key Words:* LPN, LVN, licensed practical nurses, transition program, bridge program.

## **Moving a Licensed Practical Nurse to a Registered Nurse in New Hampshire: A Health Policy Initiative**

### **Introduction**

In 2010, the Institute of Medicine (IOM) recommended transforming nursing education and increasing the diversity of the nursing workforce to meet the demands of the future healthcare system. Due to an increase in the number of aging patients with multiple comorbidities, there is an increasing need for a more educated nursing workforce. Many acute care settings are reducing or replacing licensed practical nurses (LPNs) for registered nurses (RNs) due to RNs' level of education giving them the ability to better care for these complex patients. Although, as the demand increases for RNs, there is a critical nursing workforce shortage. LPN-RN transition programs enable LPNs to further their education and help meet the need for RNs.

### **Problem Description**

The United States is expected to experience a shortage of RNs due to a demand for more nurses to care for an aging population and to replace baby-boomer nurses as they retire. By the year 2035, 13 million people will be over the age of 85 in the United States compared to 6.3 million in 2015 (United States Census Board, 2018). Furthermore, one million RNs are estimated to retire between 2017 and 2030 (Buerhaus, Skinner, Auerbauch & Staiger, 2017). The Bureau of Labor Statistics for 2016-2026 calculated that the United States needs 203,700 new RNs every year to meet the need of an aging population and to replace our retiring nurses (Rosseter, 2019). Workforce mobility is vital to increase the numbers of RNs to provide care for complex, diverse patients in the future.

Not only is there a current deficit in the number of RNs, but there is also a lack of ethnic and racial diversity among RNs. Typically RNs are primarily Caucasian females, and this does not represent the evolving demographics of the United States (Villarruel, Lecher, & Carver, 2015). By 2043, the United States Census Bureau forecast that minority groups will become the majority (US Census Bureau, 2012). As the diversity of the population increases, there is a need for a more diverse healthcare workforce. Increased diversity of the healthcare workforce is associated with increased access to care for ethnic and racial minorities and better patient-clinician communication. Patients have reported receiving a higher quality of care when the provider who cares for them is of their own racial or ethnic background (IOM, 2010). It is necessary to increase the diversity and number of RNs in the nursing workforce. Legislative and academic policy changes can facilitate the ability to meet the need for more RNs.

One solution to increase the number and diversity of RNs in the workforce is to look at current legislative and academic policies that address the transition of LPNs to RNs. LPNs have completed one year of condensed nursing education at a technical school or community college. LPNs are more racially diverse compared to registered nurses. In the 2017 National Nursing Workforce Survey, 29% of LPNs identified as racial minorities compared to 19.2% of RNs (National Council of State Boards of Nursing [NCSBN], 2020). LPNs work in various settings such as nursing homes, extended care facilities, physicians' offices, home care settings, and hospitals. In 2018, there were 728,900 LPNs employed in the United States (United States Bureau of Labor Statistics, 2020). As healthcare moves from providing care in the acute inpatient setting to outpatient and homecare settings, there is a need to increase the number of RNs in the non-hospital environment (Bauer & Bodenheimer, 2017). LPN transition programs

increase workforce mobility and allow LPNs to build upon their education and clinical experience as they transition to RNs.

### **Available Knowledge**

To assess the current available knowledge, a literature search was conducted. The individual search strategies used the keywords: “LPN”, “LVN”, “licensed practical nurses”, “transition program”, and “bridge program” which were entered into the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, PUBMED, and PsychoInfo from the years 1990-Present. These databases were selected since they are the largest healthcare databases. For each database, the filter for English Language was selected. Hand searches were also conducted on selected articles’ reference lists.

An academic transition or bridge program is when a student’s current knowledge, ability, and professional experience allows a student a faster academic pathway to a higher degree (Suva et al., 2015). An LPN-RN transition program enables the LPN to use their previous degree and clinical experiences to test out of a course or as an academic credit in their nursing education (Melrose & Wishart, 2013). LPN-RN transition programs are not uniform and vary from state to state. Even within each state, various academic institutions will differ from each other regarding their transition programs. Another challenge is that there are no national data systems that document LPNs who have transitioned to a RN (Jones, Toles, Knafl & Beeber, 2018). The majority of research identifies challenges that the LPN faces while transitioning to the RN role and what supports that academic institutions could implement to help the LPN to be successful in a nursing program.

The LPN faces many challenges when transitioning to obtain a RN license. LPNs who decide to pursue a further education typically have limited financial resources and need to work

while in school. Also, many LPNs are family caregivers in addition to working full-time (Chachula, Smith & Hyndman, 2019; Melrose & Gordon, 2011; Porter-Wenzlaff & Froman, 2008; Suva et al., 2015). LPNs have described that furthering their education causes a strain on their finances due to paying for school and decreasing their work hours. LPNs reported that they need to make a lot of financial sacrifices while in school. LPNs have also reported feeling that they are missing out on family time or unable to adequately care for their family members (Chachula et al., 2019; Melrose & Gordon, 2011; Melrose & Wishart, 2013; Porter-Wenzlaff & Froman, 2008). The LPN not only faces financial and time constraints while in school but also now needs to adapt to the rigor of nursing school.

LPNs face many academic challenges while in a nursing program. LPNs are typically older and more racially/ethnically diverse compared to traditional nursing students. LPNs may come from a background where few relatives have a university degree, and English may be a second language (Porter-Wenzlaff & Froman, 2008). Undergraduate academic abilities such as writing and studying skills, maybe under developed (Melrose & Gordon, 2011; Porter-Wenzlaff & Froman, 2008). LPNs may underestimate the amount of classwork and study time that is required during nursing school. LPNs have reported feeling overwhelmed and having difficulty meeting the rigor of schoolwork (Cook, Dover, Dickson, & Engh, 2010; Hutchinson, Mitchell, & St. John, 2011). In addition to external barriers, many LPNs face a change to their mindset while transitioning to a RN role.

For an LPN to be successful in transitioning to an RN, LPNs need to open themselves to be ready to learn. The shift from LPN to student in an academic nursing program can be jarring, and LPNs need to process the loss of autonomy (Chachula et al., 2019). LPNs identify themselves as a nurse and do not recognize the difference between their experiences compared to

that of a registered nurse (Cook, et al, 2010; Hutchinson, et al., 2011; Janzen, Melrose, Gordon, & Miller, 2013; Melrose & Wishart, 2013). LPNs reported viewing nursing school as a “refresher” rather than learning more complex knowledge (Chachula et al., 2019; Cook et al., 2010; Showman 2012). To successfully transition to a RN role, LPNs need to go through a resocialization process and become empowered by their education (Janzen et al. 2013; Melrose & Wishart 2013).

LPNs face numerous external and internal challenges when returning to school. LPNs in transition programs are highly motivated to advance their careers and understand the importance of obtaining an academic nursing degree. LPNs report that they are motivated to earn a nursing degree because it will provide more career opportunities, increase their income, and gain professional recognition (Chachula et al., 2019). Academic institutions can implement various supports to assist the motivated LPN to adapt to the rigor of a nursing program. Peer mentoring groups have helped LPNs feel valued and connected to other students. A peer mentor can help increase social integration and self-confidence (Chachula et al., 2019; Sweet & Fusner, 2008). Faculty mentoring and support has also been found to decrease the LPNs’ stress levels and enhance coping while in school (Chachula et al., 2019). To help develop the LPNs’ critical thinking and leadership role, the LPN needs to be challenged in the care of patients in acute care settings (Porter-Wenzlaff & Froman, 2008). Suva et al. (2015) systematic review revealed that successful LPN transition programs implemented orientation to the program, academic study skills, and mentorship before the start of the program. The systematic review showed that schools that flexibly delivered curriculum enabled the LPN to balance work and school. Also, providing LPNs the ability to reflect on and review their personal goals helped LPNs maintain

their motivation. These adaptations will not only benefit an LPN but could provide support to all nursing students.

The literature supports that an inclusive bridge or transition course can help the LPN transition to a RN role, which increases the number of RNs in the workforce. In addition to changes at the academic level, legislative proposals are utilized to increase the number of RNs in the current workforce. The use of federal legislation to address funding for programs that increase the nursing workforce is a well-established practice. In 1944, Title VIII of the Public Health Services Act, and the Nurse Training Act of 1964 by President Lyndon B. Johnson were established to address nursing workforce mobility issues. Title IV of the Higher Education Act of 1965 (2008) and Nursing Workforce Development Programs under Title VIII of the Public Health Service Act of 1944 (2010) are the two primary federal funding sources for undergraduate nursing students (White, 2017). Also, the U.S. Department of Health and Human Services oversees the Bureau of Health Workforce (BHW), whose mission is “to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.” BHW provides scholarships, loans, and loan repayment programs to help communities recruit and retain health care providers (U.S. Department of Health and Human Services, 2020). Regulatory and federal funding is a well-established practice to help support students finance their nursing education.

### **Rationale**

Policy is a successful method to improve the health of populations. Healthcare policy influences the availability and accessibility of health services (Milstead & Short, 2019). The Center for Disease Control and Prevention’s [CDC] (2015) Health Policy Analysis and Evidence process was the framework utilized to establish the need to change current legislative policies

that address funding of LPNs transition programs. This initiative is part of an overarching health policy to address the shortage of nurses and increase workforce mobility and diversity in the state of New Hampshire.

### **Specific Aims**

The purpose of this project was to suggest legislative policies that address the barriers of workforce mobility of LPNs to transition to RNs in New Hampshire. The proposed policy changes addresses the need for fiscal state and federal support, which provides loan repayment for LPNs who complete the transition program and work as an RN in a home or long-term care setting in New Hampshire for three years. There were multiple objectives of the proposed policy. The first objective was to have state and federal funding for LPNs through loan repayment programs. The second objective was to increase by five percent in the number of diverse nurses working in New Hampshire within five years of implementation of the loan repayment program.

### **Methods**

#### **Context**

Nurses with Doctor of Nursing Practice (DNP) education are effective change agents based upon their practice experience and education. Nurses with DNP are qualified to act as change agents in the healthcare delivery system and public health policy (Milstead & Short, 2019). In this health policy change initiative, the CDC's Health Policy Analysis and Evidence process framework was used to outline the implementation of health policy change. The CDC created this theoretic model for evaluating healthcare policies and program effectiveness (Milstead & Short, 2019). The CDC's Health Policy Analysis and Evidence process (Appendix A) consists

of five domains: problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation.

### **First Domain**

The first domain of problem identification consists of framing the problem and the effect on public health (CDC, 2015). The nursing shortage is a public health issue for the state of New Hampshire. In the United States, there are about 12.8 nurses per 1,000 people, while in New Hampshire, there are only 9.2 nurses per 1,000 people. Thus there are only 12,288 nurses to care for the 1,330,608 residents in the state of New Hampshire (Rajala, 2017; United States Bureau of Labor Statistics, 2020). New Hampshire Hospital Association (2019) reported that there was a 7.5% vacancy rate for RNs in the hospital and a 7.8% vacancy of RNs in medical practice offices. LPN transition programs can help meet the need for RNs in New Hampshire. The success of LPN transition programs need policy support at the legislative level.

### **Second Domain**

The second domain of the CDC's Health Policy Analysis and Evidence process is policy analysis. The domain of policy analysis consists of three steps: 1) identify and describe policy options, 2) assess policy options, and 3) prioritize policy options. In this domain, the first step is to identify the problem, synthesize the data about the problem, the feasibility of the policy, and the budgetary impact of the policy (CDC, 2015). A literature review was conducted to gather demographic data on the current LPN workforce, obtain a greater understanding of the barriers that LPNs face when transitioning to RNs, and the characteristics of successful LPN transition programs. The literature review on the current LPN workforce supports that LPNs are experienced in caring for patients in the home and long-term care settings. LPNs are more

ethnically diverse compared to RNs at the federal level (NCSBN, 2020; United States Bureau of Labor Statistics, 2020).

The literature review demonstrated that successful LPN transition programs need to address the internal and external barriers that LPNs face when transitioning to a RN role (Chachula et al., 2019; Melrose & Gordon, 2011; Suva et al. 2015). Currently, in New Hampshire, there are five LPN transition programs offered at: Manchester Community College (MCC), NHTI Concord Community College, Rivier University, Saint Joseph School of Nursing, and White Mountains Community College. LPN transition programs are also offered in other neighboring states, such as the state of Massachusetts, where multiple LPN Transition Programs are offered. Through interviews conducted with various nursing program directors and admission coordinators in Massachusetts and New Hampshire, the majority of LPNs are successful in the transition programs and can complete the program in a year to year and a half. Also, the majority of LPNs pass the NCLEX on their first attempt. The first step of policy analysis provided substantial support that LPNs can successfully transition to a RN. Health policy that addresses workforce mobility of LPNs will alleviate the current and future critical nursing workforce shortage in the home and long-term care settings in New Hampshire.

Step one of the second domain needs to describe the economic and budgetary impact of the proposed policy. The proposed policy needs to include a cost-benefit analysis and if it is feasible to implement the strategy (CDC, 2015). A fiscal note in a proposed policy discusses the potential budgetary impact of passing the legislation and labeling it as having no fiscal implication (NFI) or not significant fiscal implication (NSFI) funding (New Hampshire Department of Revenue Administration, 2017). Reimbursement and financial support of the initiative will be through state and federal; grants, employer match, and Title VIII funding.

The state of New Hampshire will regulate the proposed policy; however, the policy will be reimbursed through grants, employer matches, and Title VIII funding. The New Hampshire State Loan Repayment Programs currently offers loan repayment to physicians, dentists, dental hygienists, and advance practice nurses. The New Hampshire State Loan Repayment program is funded through grants and an employer match. The employer match comes from an eligible practice site. The employer will match every dollar that the state provides in repayment (New Hampshire Department of Health and Human Services, 2020). Through legislative initiatives, the funding of loan repayment programs for LPN transition programs can mimic current loan repayment programs and Title VIII funding.

Title VIII funding has been used successfully in the past to increase the number of nurses in the workforce. In 2019, states were able to allocate \$325 million in Title VIII funding to support the following programs: Advanced Nursing Education Workforce (ANEW), Nursing Workforce Diversity (NWD), National Nurse Service Corps and Scholarship Programs, Nurse Education, Practice and Retention Grants, and Nurse Faculty Loan Programs (Health Resources & Services Administration, 2020). The House of Representatives approved Title VIII Nursing Workforce Reauthorization Act of 2019, and its companion bill, which is currently supported by Senator Jeff Merkley (D-OR) and Senator Richard Burr (R-NC). This policy focuses on federal programs to address the national shortage of RNs and reauthorize current federal programs until 2024. The legislation reauthorizes programs to provide loan repayment and scholarships for nurses; loans for nursing faculty development; advanced education nursing grants; grants for increasing nursing workforce diversity; and nurse education, practice, quality, and retention grants (American Hospital Association, 2019; Congress.gov, 2020). Title VIII Nursing Workforce Reauthorization Act of 2019 was waiting for approval in the Senate; however, it was

included as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act's package. On March 27, 2020, the CARES Act reauthorized Title VIII and funded it through 2024 to increase the number of RNs practicing in underserved communities (Stone, 2020). Federal funding and public subsidies for LPN transition programs would enable nursing schools to provide additional educational opportunities for LPNs.

To collect data for the budgetary impact of the proposed policy, the author spoke to admissions and program directors of the five LPN transition programs in New Hampshire to obtain admission data, cost of the program, and completion data for each program. Manchester Community College was currently not accepting any new students for their LPN transition program due to the impact of COVID-19; however, the program hopes to enroll students in the spring semester of 2021. The other four programs were currently accepting students, and Rivier University was receiving significantly more LPN applications for their transition program than in the past years due to offering the Project Advance Nursing Scholarship. This scholarship would provide an LPN employed at a long-term facility with a full scholarship to pay for tuition, fees, and books while in school (Rivier University 2020). Typically the five programs will enroll from four to eight LPNs annually. LPNs will complete the transition program within 12 to 18 months, and the cost of programs ranged from \$12,000 to \$18,000. Based on this data, it can be estimated that the annual cost of the LPN forgiveness program could range from \$240,000 to \$720,000. However, the real program cost to the state will be \$120,000 to \$360,000 if there is an employer match. The state may attempt to receive further federal funding to offset the cost of \$120,000 to \$360,000 through the allocation of the CARES Act and grants. See Appendix B, for the proposed fiscal note.

The second step of the policy analysis domain is to assess policy options. This process consisted of using the Policy Analysis Table for each part of the proposed policy. The Policy Analysis Table (Appendix C) is a guide where the criteria of health impact, feasibility, and economic and budgetary impacts are rated. The criteria of health impact and feasibility are measured on a “low to high” scale, while economic and budgetary impacts are measured from a “less favorable to more favorable” scale. This table is subjective to the rater and is to be used as an organization guide (CDC, 2015).

The proposed legislation consists of the use of state and federal funding to support a loan repayment for LPNs who transition to an RN and work for three years in a home or long-term care setting in New Hampshire. This policy was rated as having a medium public health impact, high feasibility, a more favorable economic impact, and favorable budgetary impact. Increasing the number of nurses by mobilizing the LPN workforce will have a small reach with a large effect. This policy may help increase the number of nurses in non-acute care areas and increase the diversity of the RN workforce. This process of loan repayment is highly feasible and is currently being practiced for other healthcare workers. New Hampshire provides loan repayment programs for primary care providers and APRNs who work three years caring for the underserved population (New Hampshire Department of Health and Human Services, 2020). The program will be supported through grants, employee match, and Title VIII funding; thus, the economic and budgetary impact is favorable. Title VIII Nursing Workforce Reauthorization Act of 2019 has budgetary appropriations for fiscal years 2020 through 2024. A report on the allocation of funds and programs will be offered every two years to the Senate for re-evaluation.

The last step of the second domain is to prioritize policy options. The two options are either to stay with current practice or to pass the proposed legislation policy. The state of New

Hampshire rated tenth in the country as having the most overworked nurses (Rajala, 2017). In addition to being overworked, nurses in New Hampshire are compensated less than nurses in Massachusetts. In New Hampshire, a nurse's annual salary is \$68,630, while in Massachusetts, a nurse's annual salary is \$89,060 (Rajala, 2017). Currently, 6,230 RNs who live in New Hampshire have an active nursing license to practice in Massachusetts (Commonwealth of Massachusetts, 2020). As New Hampshire's aging population continues to grow, and more care is transitioned to a community setting, the need for action is imperative. If the state continues to remain on the current trajectory, the current nursing workforce shortage will continue to grow, and the residents of New Hampshire will not have access to safe and quality nursing care. The proposed legislation will implement a loan repayment program that will mobilize the advancement of LPNs to meet the need for more RNs.

Opponents may argue that the proposal is not feasible due to budgetary constraints. Opponents need to understand that inaction will cost the state of New Hampshire more due to the increase in healthcare costs related to an insufficient nursing workforce. The Center for Medicare and Medicaid Services (CMS) requires at least one RN to be present for at least eight hours a day and LPNs to be on-site at all other times for long-term care settings. In the United States, one in eight long-term care settings were cited for not having an RN on-site for at least eight hours a day (Rau, 2018). When a community or long-term healthcare organization does not have enough RNs, the result is poorer patient outcomes, leading to a rise in healthcare costs. Poor patient outcomes include an increase in medication errors, infections, pressure injuries, falls, and readmissions to hospitals (American Nurses Association, 2019). The cost of readmission for a patient who is over the age of 65 is 5.3% higher than the cost of the initial hospital visit. In New Hampshire, 16% of Medicare enrollees ages 65 and older were readmitted

within 30 days of hospital discharge (United Health Foundation, 2020). Community and long-term healthcare organizations' costs are increasing due to both not having enough RNs and their inability to retain nurses that they do have.

Opponents may argue that long-term care facilities will not participate in an employer match program. Long-term care facilities struggle to retain RNs due to lower salaries and higher levels of burn out due to inadequate staffing. (Rau, 2018). When there is a higher turnover of registered nurses, healthcare organizations will increase their agency staff use, increase the use of overtime, employ more inexperienced staff, which all can cause an increase of poor patient outcomes (Spilsbury, Hewitt, Stirk, & Bowman, 2011). When a nurse leaves an organization, the effect is widespread and impacts various cost centers of the organization. The average vacancy can take up to 85 days to fill due to a complicated onboarding and training process. An organization can lose up to \$40,000 when replacing an RN (Eubanks, 2015; Stokowski, 2014). Long-term care organizations will need to match the cost of one year of schooling for the LPN to transition to RN. The range of cost for an LPN Transition program is \$12,000-\$18,000, and employers would be responsible for paying \$6,000-\$9,000. This investment will ensure that the long-term care facility has an RN to care for its residents for three years and may attract more nurses due to their participation in the match program. This cost is significantly less than the \$40,000 that the long-term care facility is paying to onboard and train new RNs. The proposed policy provides a solution by mobilizing the LPN workforce to meet the need for more RNs in these at-risk settings and also helps retain experienced nurses for at least three years. By increasing the number of RNs, New Hampshire residents will have more access to quality healthcare.

### **Third Domain**

Strategy and policy development is the third domain of the CDC's Health Policy Analysis and Evidence process. During this process, the identification of key stakeholders is imperative. Stakeholders include subject matter experts, community members/ leaders, people who will be impacted by the policy, and people who understand the legislative process. Stakeholders can assist in networking, develop outreach material, and help navigate the legislative process (CDC, 2015).

Key stakeholders for this policy proposal consist of government and community leaders, such as state legislators, nurse leaders, CEOs of health organizations, and directors of nursing programs. Joan Widmer MS, MSBA, RN, CEN, New Hampshire's Nurses' Association (NHNA) Nurse Executive Director, was contacted to discuss the legislative proposal because of her extensive knowledge of nursing workforce issues in New Hampshire. The author was responsible for completing the literature search for LPN workforce mobility issues and identifying any current gaps. The primary gap that was identified was if LPNs were interested in transitioning to the RN role and if they were would they be more favorable to return to school if they received loan repayment. In cooperation with the NHNA, LPNs were surveyed to collect data that would fill this gap in understanding (Appendix D). The workforce data collected included LPNs' demographic data such as age, sex, and ethnicity. The survey asked about LPN's interest in professional growth opportunities such as transitioning to RN or joining a professional organization. Lastly, the survey collected data about current barriers to transition into a RN role. To address these barriers, LPNs were asked if they would be interested in becoming a RN if they were to receive academic credit for work experience or loan repayment/forgiveness.

The ten-item survey was distributed via email to 853 LPNs in New Hampshire. The survey was emailed on June 18, 2020, from the distribution list of LPNs with an active New Hampshire LPN license in January 2020. One hundred nine surveys were bounced back due to incorrect/inactive email, and 231 emails were opened. The survey was resent on June 22, 2020, to 513 LPNs who did not open the original email. The survey was closed on July 6, 2020, and a total of 116 LPNs completed the survey. Participants who completed the survey were primarily Caucasian women between the ages of 60-64 years old. Participants reported that they do not have plans to become a RN due to “not enough time between now and retirement to justify the investment in cost or time.” Participants reported that they would be more willing to attend nursing school if they were able to receive course credit for their work experience as a LPN. Also, LPNs reported that they would be more willing to attend nursing school if they were to receive loan forgiveness if they worked in a nursing home for five years as a registered nurse.

The results of the survey did not support the literature that LPNs were interested in transitioning into a RN role. Out of the 116 participants in the survey, only 50 LPNs (43.1%) reported that they had “future plans to be a RN,” and currently, ten LPNs (8.6%) were enrolled in a nursing program. Sixty-six LPNs (56.8%) reported that they do not have a plan to be an RN, and the majority of the LPNs who completed the survey were over the age of 50 (52%), and the largest age group that completed the survey was between the ages of 60-64 (17.2%). Four of the participants reported that they were currently retired. The demographic of the age of participants skewed the survey results regarding interest in transitioning to a RN role. Also, the participants who completed the survey were primarily Caucasian (84.4%). Four of the participants (3.4%) identified either as Black/African American or Hispanic/Latino, and nine (7.7%) preferred not to

answer. The demographic data of the survey does not support that LPNs are more diverse than RNs (Appendix E).

A limitation of the survey is the low sample size, and that survey was administered during COVID-19. The survey had a 13.5% response rate. In addition, the survey was sent via email during the COVID-19 pandemic, which could decrease participation due to healthcare workers being over-stressed from the effects of the pandemic. The author is not able to verify if the demographic data of participants in the survey is an actual representation of the current LPN workforce in New Hampshire. The Board of Nursing collects LPN's demographic data as part of the renewal of their health professions licensing. However, the Board of Nursing does not publish any of the demographic data of the current LPN or nursing workforce for New Hampshire (Office of Professional Licensure and Certification, 2017). In the Future of Nursing: Leading Change, Advancing Health report, the IOM (2010) reported that successful workforce policymaking requires better data collection and improved information infrastructure. The lack of data publication of the LPN workforce for New Hampshire is a barrier to formatting any solutions to address workforce mobility issues.

The survey results were consistent with the literature review that the two significant barriers for a LPN to transition to a RN are the "cost of the schooling/degree" (7.7%) and that "programs in my area do not offer classes at time(s) that fit my schedule" (8.6%). Furthermore, the survey showed that transition programs (77.5%) and loan forgiveness/repayment (49.1%) are incentives for LPNs to return to nursing school. Some of the participants made comments that five years was too long for eligibility of loan forgiveness/repayment. Based on this feedback, the author altered the health policy initiative for loan repayment to three years of service instead of five years of services. Participants could have rated transition programs and loan

forgiveness/repayment as more favorable because at the time the survey was released, Rivier University was promoting a full-tuition scholarship for LPNs who currently work in a long-term care facility. The reported increase number of applicants to this program does support the fact that financial incentives may increase enrollment in these transition programs. The literature does support the use of LPN transition programs and loan forgiveness/repayment as ways to overcome barriers to LPNs attending nursing school. The results of the survey and the literature support that loan repayment programs can help mobilize LPNs to go back to nursing school and transition to an RN.

In addition to collaborating with designing, administering, and analyzing the survey, Joan Widemer was able to identify other key stakeholders for this legislative proposal. Community and organization stakeholder engagement are vital for the success of the policy. The author was able to speak with Teresa Rosenberger, a New Hampshire registered lobbyist, to identify key stakeholders. The New Hampshire Health Care Association (NHHCA), which represents the 74 nursing homes in New Hampshire, would be a critical stakeholder. Organizations, such as the New Hampshire Hospital Association and The Foundation for Healthy Communities, would also be approached for their interest in the initiative that would increase the current nursing workforce. To help bring community awareness and support for the proposed legislation, the author would compose op-ed pieces for local papers (Appendix F). As support grows among organizations and local communities, the author would continue to work on identifying legislative support and work with legislators to support the purposed health policy legislation.

The author was able to identify various legislators who may be interested in sponsoring the bill. Senator Cindy Rosenwald (District 8) was identified as a vital legislative sponsor based on her experience in the House of Representatives and her advocacy of increasing access to

healthcare. Other congressional sponsors of the bill could be are Senator Jay Kahn (District 1), Senator Ruth Ward (District 13), Senator Bob Guida (District 2), Representative Erin Hennessey (Grafton, District 1), and Representative Gary Woods (Merrimack, District 23). The author would target these members due to their current sponsorship of Senate Bill 570 Reimbursement of Costs of Licensed Nursing Assistants (LNAs). Bill 570 was proposed to support the use of CMS funding to reimburse Medicare long-term care facilities for the training of licensed nursing assistants. The goal of this legislation is to use federal funding to mobilize the LNAs' workforce in long-term care facilities (LegiScan, 2020). To understand the impact of the policy it is proposed that legislators will receive a fact sheet of the proposal (Appendix G). The fact sheet includes the reason for legislative support for loan repayment to support LPNs to transition to RNs, and how the health policy can increase the number of RNs in long-term care settings. The fact sheet meets the criteria described by Milstead and Short (2019) on effective fact sheets. The fact sheet was provided to any stakeholders to increase their understanding of the purposed policy.

#### **Fourth Domain**

The fourth domain of the Health Policy Analysis and Evidence process would be policy enactment (Appendix H). Policy enactment consists of following the internal legislation process to help get the policy passed (CDC, 2015). In New Hampshire, House incumbents can file a complete legislative service request (LSR) on September 8 or September 18, 2020. LSRs are to be signed off on December 30, 2020 and presented as a bill in January. The bill number will replace the LSR number, and legislative bills will be listed on the NH.gov website (New Hampshire Department of Environmental Services, 2020). The Speaker of the House will assign a bill to appropriate committees where the bill can be amended after a public hearing. During

public hearing, the author would plan to offer a testimony to support the proposed bill (Appendix D). The bill will be sent to committees that address the subject matter of the legislation. The bill is then sent to the floor of the House with a recommendation of ought to pass (OTP), ought to pass as amended (OTPA), or inexpedient to legislate (ITL). The House votes to pass the bill then the legislation can move onto the Senate. The Senate can send the legislation back to the House if there are any amendments made to the bill. If the legislation is able to pass the Senate, then the bill is provided to the Governor for signature into law or vetoed (Milstead & Short, 2019; New Hampshire Right to Life, 2020).

### **Fifth Domain**

The fifth domain of policy implementation is the translation of the legislation into practice and assessing if the outcomes are met (CDC, 2015). The expected outcome of this policy would be to provide funding to support an employer-match loan repayment program for LPNs in New Hampshire. The future policy evaluation stage includes: assessing if nursing programs are seeing an increase in LPN admission in transition programs as a result of the legislation, assessing if participating long-term care facilities are having a decrease in nursing turnover, and assessing if New Hampshire's Board of Nursing reports an increase of diversity level of nurses within five years.

### **Ethical Consideration**

There was no risk to vulnerable populations by conducting this health policy initiative. The policy initiative did not require the University of New Hampshire (UNH) Internal Review Board (IRB) approval prior to initiating the DNP project. This author did not receive any specific funding for this health policy initiative.

### **Results**

The author contacted Senator Cindy Rosenwald via email on August 3, 2020. The email provided information about the health policy initiative, and a request for a meeting to discuss the proposal (Appendix J). The author met with Senator Cindy Rosenwald and Ms. Kristine Stoddard, NH Director of Public Policy at Bi-State Primary Care Association, via Zoom on August 24, 2020. The author presented information about the health policy proposal and provided the fact sheet to Senator Rosenwald and Ms. Stoddard. Senator Rosenwald expressed interest in the proposal; however, she reported that she would not pursue submitting an LSR because there is a hold on any new request for additional funding for New Hampshire's loan repayment program. Due to COVID-19, Governor Chris Sununu reallocated four million dollars from the current loan repayment program, and legislators were in the process of trying to reinstate those funds to support the current loan repayment program (DeWitt, 2020). Also, all NH state departments were being asked to cut their budgets by 20% to address the 2020 budgetary deficit, and Senator Rosenwald did not feel that any legislation that would require a fiscal increase (FN) would pass legislation. After the meeting was conducted, a letter was sent to Governor Sununu requesting that he reinstates the four million dollars to NH's loan repayment program (Appendix K). Reinstatement of the funds would increase the likelihood that this legislation could be introduced in subsequent legislative sessions.

### **Discussion**

To meet the future need of the number of RNs and increase the diversity of RNs in the community setting requires a legislative policy that mobilizes the current LPN workforce. The proposed policy advocated for providing state funding for a loan repayment program for a LPN who transitioned to a RN role and worked for three years in a long-term care facility or homecare

in NH. The proposed legislative policy would help meet the demand for more diverse RNs in community settings and improve the health delivery system for the residents of New Hampshire.

### **Summary**

The CDC's Health Policy Analysis and Evidence process was the theoretic framework that drove the project. The five domains of the framework provided a clear outline of how to implement new legislation and evaluate current health policies and program effectiveness. The circular framework demonstrated that the process is not linear, and the need to engage and educate stakeholders and assess the process of evaluation should occur in all five domains.

The five domains of the CDC's Health Policy Analysis and Evidence process consisted of problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation (CDC, 2015). The project consisted of domains one, two, and three, and the aim of the project did not occur due to a lack of legislative support. The first domain of problem identification entailed conducting a literature review that framed the problem and the effect on public health. The literature review supported that LPNs are more diverse and have experience in community settings. LPNs transition programs enable LPNs to obtain a nursing degree within one to two years and help fill the need for more RNs to care for complex patients in the community. The majority of the time devoted to the project was in domains two and three. Stakeholder engagement and education were essential during domains of policy analysis (domain two) and strategy and policy development (domain three). During this process, the author gained a greater understanding of the legislative process and how to build relationships with multiple stakeholders. Various stakeholders of this project included nurse leaders, nurse educators, leaders of special interest groups, and legislators. Senator Cindy Rosenwald was in favor of the proposal; however, she did not agree to pursue an LSR due to the timing of the project. For a

health policy proposal to successfully transition from an idea to a bill, it requires a clear plan, knowledge of the legislation process, stakeholder support and engagement, and a favorable political environment.

### **Limitations**

The most significant limitation of this project was the timing of the project. The project was implemented during the COVID-19 pandemic. Stakeholder engagement was impacted due to the effects of the need for social distancing. Face to face meetings was restricted; thus, all contact was via email, phone, or teleconferencing. Despite these limitations, stakeholders were interested and supported the need to use loan repayment to support LPNs transition to an RN. Legislators were not in favor of pursuing the proposal due to the current political environment and political disagreements about budgetary spending. COVID-19 not only impacted the ability to interact with stakeholders, but it also significantly impacted the ability to support any new legislative proposals fiscally.

### **Conclusion**

Nurses with Doctor of Nursing Practice (DNP) education can be influential change agents and shape health policy. An informed nurse has the expertise that non-clinicians do not have, and legislators need this viewpoint to understand the present healthcare system and the need for government programs that support healthy environments. The health policy proposal is a practical and doable solution to decrease the nursing shortage. This project illustrated that no effective proposal truly dies and that there is a need to introduce this policy in a more favorable political environment.

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### Appendix A

#### *CDC's Health Policy Analysis and Evidence Policy Process*



## Appendix B

### *Proposal Fiscal Note*

Annual Number of LPNs that complete LPN Transition Program	Range of Cost of the 5 Bridge Programs per LPN	Annual Total Cost	Employer Match	Cost to the State
20	\$12,000-\$18,000	\$240,000-\$360,000	\$120,000-180,000	\$120,000-180,000
40	\$12,000-\$18,000	\$480,000-720,000	\$240,000-\$360,000	\$240,000-\$360,000

*Note.* This table demonstrates the potential cost of the Loan Repayment Program for the LPN Transition Program for the state of New Hampshire. The five LPN Transition programs will enroll from four to eight LPNs annually. The cost of LPN transition programs ranged from \$12,000 to \$18,000. The author purposed that the annual cost of the LPN forgiveness program could range from \$240,000 to \$720,000. However, the program will cost the state \$120,000 to \$360,000 due to an employer match.

### Appendix C

#### CDC's Policy Analysis Table

Table 2. Policy Analysis Table				
Criteria	Public Health Impact	Feasibility	Economic and Budgetary Impact	
<b>Scoring Definitions</b>	<b>Low:</b> small reach, effect size, and impact on disparate populations <b>Medium:</b> small reach with large effect size <u>or</u> large reach with small effect size <b>High:</b> large reach, effect size, and impact on disparate populations	<b>Low:</b> No/small likelihood of being enacted <b>Medium:</b> Moderate likelihood of being enacted <b>High:</b> High likelihood of being enacted	<b>Less favorable:</b> High costs to implement <b>Favorable:</b> Moderate costs to implement <b>More favorable:</b> Low costs to implement	<b>Less favorable:</b> costs are high relative to benefits <b>Favorable:</b> costs are moderate relative to benefits (benefits justify costs) <b>More favorable:</b> costs are low relative to benefits
<b>Policy 1</b> Loan Repayment LPN	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High Concerns about the amount or quality of data? (Yes / <u>No</u> )	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High Concerns about the amount or quality of data? (Yes / <u>No</u> )	<b>Budget</b> <input type="checkbox"/> Less favorable <input checked="" type="checkbox"/> Favorable <input type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / <u>No</u> )	<b>Economic</b> <input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input checked="" type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / <u>No</u> )
<b>Policy 2</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / No)
<b>Policy 3</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / No)	<input type="checkbox"/> Less favorable <input type="checkbox"/> Favorable <input type="checkbox"/> More favorable Concerns about the amount or quality of data? (Yes / No)

**NOTE: Scoring is subjective and this table is intended to be used as an organizational guide.**

## Appendix D

### *LPN Survey*

The purpose of this survey is to collect demographic data of LPNs in NH and their interest in professional development. Your responses will be anonymous and will never be linked to you personally. Your participation is voluntary; please skip any questions you do not feel comfortable answering. This survey should take no more than 5-10 minutes to complete. Thank you for your cooperation and for participating in our survey.

#### **Do you have future plans to become a Registered Nurse?**

Yes

No

#### **Are you currently enrolled in a nursing program?**

Yes

No

#### **What are the barriers to enrolling in a nursing program? (Select all that apply)**

I do not want to be a registered nurse

Cost of schooling/degree

I do not have the time to be in school due to other obligations

Programs in my area do not offer classes at time(s) that fit my schedule

No programs in my area.

Not enough time between now and retirement to justify the investment in cost or time

#### **Would you be more willing to attend nursing school if you were able to receive course credit for your work experience as an LPN?**

Yes

No

**Would you be willing to attend nursing school if you could receive loan forgiveness by working in a nursing home for five years as a registered nurse?**

Yes

No

**Would you consider joining a professional organization for LPNs if one was available in NH?**

Yes

No

Not Sure

**What services would you want an LPN Professional Organization to provide? (Select all that apply)**

Continuing education programs

Nursing advocacy Advancing the profession

Networking

Mentoring

Social events

Leadership experience

**Please select your age bracket**

18-29 years of age

30-34 years of age

35-39 years of age

40-44 years of age

45-49 years of age

50-54 years of age

55-59 years of age

60-64 years of age

65 or older

Prefer not to answer

**Please identify your gender**

Female

Male

Gender Variant/Non-confirming

Prefer not to answer

**Please identify your ethnicity**

Black/African American

Caucasian

Hispanic/Latino

Hmong

Japanese

Korean

Filipino

Chinese

Indian

Prefer not to answer

## Appendix E

### *Demographics Results of the LPN Survey*

Factor	Total Sample	Per Centage of Sample
<b>Age</b>		
n	116	100
18-29	2	1.7
30-34	4	3.4
35-39	10	8.6
40-44	16	13.7
45-49	19	16.3
50-54	17	14.6
55-59	12	10.3
60-64	20	17.2
65 or older	14	12
<b>Ethnicity</b>		
n	116	100
Black/African American	2	1.7
Caucasian	98	84
Hispanic/Latino	2	1.7
Hmong	0	0
Japanese	0	0
Korean	0	0
Filipino	0	0
Chinese	0	0
Indian	0	0
Prefer not to answer	9	0
<b>Gender</b>		
n	116	100
Female	110	94.8
Male	3	2.5

## Appendix F

### *OP-ED Piece*

#### **A Proposal to Increase the Number of Registered Nurses in New Hampshire**

As a registered nurse (RN), I see the effects of not having enough nurses to care for patients. Patients are not provided the safe care that they deserve, which leads to poor outcomes for patients. These poor outcomes include an increase in medication errors, increase risk of infections, increase risk of falls, and readmissions to hospitals. Lack of nurses increases the rate of burn out for RNs and cause more nurses to leave healthcare. Poor staffing is a nationwide problem; however, it is more so in New Hampshire. There are only 12,288 RNs to care for the 1,330,608 residents in the state of New Hampshire. New Hampshire was rated tenth in the country as having the most overworked nurses. Thus, there is a need to take action now to increase the number of RNs in New Hampshire.

New Hampshire is well known for its population consisting of a higher number of older adults compared to other states. As New Hampshire's aging population continues to grow, their medical needs also increase. There is a movement to move medical care from acute care settings (hospitals) to community settings. As more healthcare is transferred to a community setting, there is a need to increase RNs in community settings. One way to increase the number of RNs in the community setting is to use loan repayment programs to incentivize LPNs to go back to school to become an RN. Through this proposed health policy, LPNs who transition to an RN and work in a home care or long-term care setting for three years can receive loan repayment. Not only does this policy increase the number of RNs in New Hampshire, but it also encourages them to continue to work in New Hampshire instead of working in other states where pay is higher.

Opponents may argue that the proposal is not feasible due to budgetary constraints. However, the use of state and federal funding for programs to increase the nursing workforce has been used since the 1940s. State and federal funding is a well-established practice to help support students finance their nursing education. What is not feasible is not taking any action and not providing access to quality care for New Hampshire's residents.

Access to a registered nurse is linked to more positive patient outcomes. As an RN, I feel that every patient deserves to receive safe and individualized care. We know that the patients we are caring for are someone's parent, child, and loved one. We want to provide safe care, and that is why we must support incentives to mobilize the nursing workforce.

## Appendix G

### *Fact Sheet for Legislators*

### ***Fact Sheet: Mobilizing the LPN Workforce in New Hampshire***

#### **Asking That You:**

- ✚ Support the use of loan repayment programs to incentivize LPNs to return to school and work in long-term care and outpatients settings for three years in New Hampshire as an RN

#### **Current Nursing Shortage in New Hampshire:**

- ✚ In the US, there are about 12.8 nurses per 1,000 people, while in NH, there are only 9.2 nurses per 1,000 people. In NH, there are only *12,288 nurses to care for the 1,330,608 residents*
- ✚ NH Hospital Association reported a 7.5% vacancy rate for RNs in the hospital & a 7.8% vacancy of RNs in medical practice offices
- ✚ Lack of access to an RN increases patients' risk for medication errors, infections, falls, and readmissions to hospitals-these Poor Outcomes all Increases Healthcare Costs!

#### **LPNs Can Meet the Need for More RNs:**

- ✚ LPNs are more ethnically diverse than RNs and commonly work in nursing homes, extended care facilities, physicians' offices, & home care settings
- ✚ LPN Transition Programs allows an LPN to become an RN within 1 to 1.5 years
- ✚ LPNs who transition to RN will increase the diversity of the nursing workforce while meeting the need for more RNs in outpatient and home care settings

#### **How Does this Proposal Meet the Need for more RNs?**

- ✚ The cost of schooling is the most significant barrier to further education, and loan forgiveness programs are a well-established policy
  - Loan repayment supported by grants, employer match, CMS and Title VIII will mobilize LPNs to further their education and encourage RNs to continue to work in NH

 **Contact Information:**

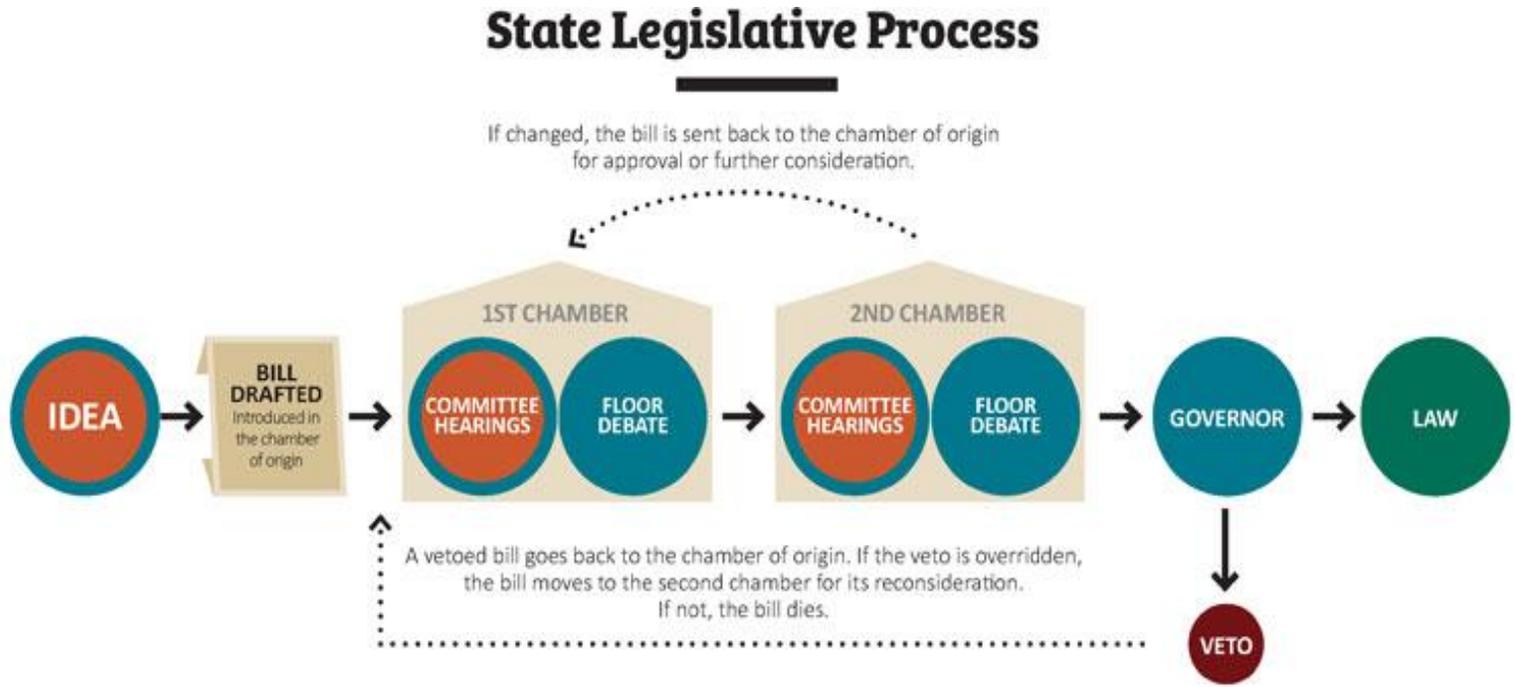
**Vicki Gamez MSN RN**

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**603-887-7273**

## Appendix H

### State Legislative Process



## Appendix I

### *Personal Testimony*

Dear Sir and Madams, thank you for this opportunity to speak with you about the need to increase the number of registered nurses in the state of New Hampshire. I have studied this issue extensively in my Doctor of Nursing Practice program at the University of New Hampshire and in my position as the director of the nursing program at Lawrence Memorial Regis College. I would like to discuss Bill #####, a health policy which will mobilize the current LPN workforce to meet the need of registered nurses. We need policy initiatives that encourage LPNs to enter LPN transition programs, in which an LPN can obtain their nursing degree within one year. LPNs are traditionally more diverse and have current nursing experience in community settings. By mobilizing LPNs to obtain their nursing degree, this initiative will help fill the need of more registered nurses to care for complex patients in the communities of New Hampshire.

One way to increase the number of registered nurses in the community setting is to use loan repayment programs to incentivize LPNs to go back to school to become a registered nurse. Through this proposed health policy, LPNs who transition to a registered nurse and work in a home care or long-term care setting for three years can receive loan repayment. Not only does this policy increase the number of registered nurses in New Hampshire, but it also encourages them to continue to work in New Hampshire instead of working in other states where pay is higher. The loan repayment program would mimic current advanced clinician practice repayment programs. This program would include an employer match that would contribute to the funding of this program.

As a registered nurse, I see the effects of not having enough nurses to care for patients. Patients are not provided the safe care that they deserve, and lack of access to a registered nurse leads to poor patient outcomes. These poor outcomes include an increase in medication errors,

increase risk of infections, increase risk of falls, and readmissions to hospitals. Lack of nurses increases the rate of burn out for other nurses and cause more nurses to leave healthcare. Poor staffing is a nationwide problem; however, it is more so in New Hampshire. In the US, there are about 12.8 nurses per 1,000 people, while in New Hampshire, there are only 9.2 nurses per 1,000 people. Thus, there are only 12,288 nurses to care for the 1,330,608 residents. New Hampshire Hospital Association reported a 7.5% vacancy rate for registered nurses in the hospital & a 7.8% vacancy of registered nurses in medical practice offices. Furthermore, New Hampshire was rated tenth in the country as having the most overworked nurses. These statistics and facts support that there is a need to take action now to increase the number of registered nurses in New Hampshire. The proposed bill will help meet the demand for more diverse registered nurses in community settings and improve the health delivery system for the residents of New Hampshire. Thank you for your time and attention. I am happy to answer any questions that you may have about my testimony.

## Appendix J

### *Letter to a Legislator*

August 3, 2020

Dear Senator Rosenwald,

My name is Vicki Gamez, and I am currently enrolled in the Doctor of Nursing Practice at the University of New Hampshire. An issue that I am passionate about is increasing the number of registered nurses (RNs) in healthcare. I would like to schedule an appointment to discuss a health policy initiative that I think would increase the number of RNs in a non-hospital environment in New Hampshire.

As healthcare moves from providing care in the acute inpatient setting to outpatient and home care settings, there is a need to increase the number of registered nurses in the non-hospital environment. LPN transition programs increase workforce mobility and allow LPNs to build upon their education and clinical experience as they transition to RNs. One of the most significant barriers for an LPNs to transition to RNs is the cost of an education. My proposed health policy address the need for fiscal state support for an employer match loan repayment program for LPNs who complete the transition program and works as an RN in a home or long-term care setting in New Hampshire for three years.

I have been working as a registered nurse for 15 years and have been a nurse educator for the last five years. As a recipient of a Nurse Faculty Loan, I know first-hand the impact these programs have on the education of nurses. The loan allowed me to pursue my dream of educating the next generation of nurses at an AD program. I have worked with many LPNs as they transitioned to registered nurses and seen the impact that they have on their community.

Thank you for your attention to my request, and I am happy to serve as a resource to you and your staff on any nursing issues. I look forward to hearing from you or your staff about this proposal.

Sincerely,

*Vicki Gamez*

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**Appendix K**

*Letter to Governor Sununu*

Dear Governor Sununu,

I am writing to you as a constituent and a registered nurse about the need to reinstate funding for New Hampshire's loan repayment program. The state loan repayment programs provide New Hampshire residents the ability to decrease student loan debt while providing a service to the residents of New Hampshire. The state loan repayment program is essential because it encourages healthcare workers (MD, NP, dentists, mental health workers, etc.) to work and service vulnerable populations of New Hampshire. I have been working as a registered nurse for 15 years and have been a nurse educator for the last five years. As a recipient of a Nurse Faculty Loan, I know first-hand the impact these programs have on people. The Nurse Faculty Loan allowed me to pursue my dream of educating the next generation of nurses and help increase the number of RNs in the workforce.

I understand the need to access funding during the spring to purchase PPE equipment; however, please use funding from the CARES act to reinstate the money that was reallocated in the state loan repayment program. The loan repayment program enables healthcare workers the ability to practice in NH and provide an essential service. Thank you for your time and attention to this matter.

Sincerely,

*Vicki Gamez*

Sandown, NH