

Granite State Partners Mid-Point Evaluation Report of Findings Executive Summary

I. Background and Methodology: In June of 2023, Elliot Health System received a Nursing Expansion Grant from the U.S. Department of Labor (DoL) to expand, diversify, and sustain the pipeline of nurses at all levels throughout New Hampshire by creating opportunities for individuals to either join or advance their career in the nursing workforce. The grant is being managed by Granite State P.A.R.T.N.E.R.S (People Aligning Resources Towards Nursing Expansion and Retention Strategies) or GSP, a collaboration of multiple state and community partners. Near the mid-point of the DoL grant period, in the summer of 2025, GSP engaged in an evaluation. With support from the Endowment for Health, the evaluation's dual purpose was to: (1) Assess the extent to which GSP has achieved its expected outcomes, and (2) Examine seven elements of process evaluation.

The mixed methods strategy used to evaluate GSP drew from three data sources: (1) GSP's internal administrative data, (2) key informant interviews with 25 GSP staff and partners and 14 program participants, and (3) online surveys with participants at the mid-point (n=38) and end-point (n=12) of their nursing education programs. Quantitative data were analyzed in Excel and qualitative data were analyzed for common and divergent themes.

II. Process Evaluation Findings: Below, findings about GSP's performance related to seven aspects of process evaluation are summarized. Details about each can be found in the full report.

Recruitment and maintenance: (a) *Participants:* The findings suggest the combination of GSP's outreach and marketing strategies have been effective for identifying and recruiting large numbers of applicants, and that GSP should continue these strategies while adding participant testimonials. It is important, however, to clearly communicate with partners and prospective participants about the target audience and eligibility requires to ensure proper referrals and avoid inappropriate ones. The effectiveness of GSP's supports and services have helped maintain participants in the program and enabled them to complete their education and training. (b) *Partners:* Despite scheduling conflicts, staffing shortages, and competing demands for their time, GSP has been successful in recruiting and retaining partners, growing the membership from 23 to 44 total organizations. The shared mission to grow and diversify the workforce, meaningful convenings (which employ collective problem-solving and sharing of success stories), and effective communications help attract and retain partners.

Initial and continued use: Participants applied to GSP for help in pursuit of a stable and meaningful nursing career with good pay. GSP's financial support, case management, and referrals were critical in helping them overcome multiple obstacles (e.g., financial barriers, competing demands for time and energy, lack of confidence, linguistic challenges). Within nursing education programs, measures to ensure the preparedness of nurses for high stakes work pose barriers. GSP hopes to collaborate with its education partners to address barriers posed by requirements related to pre-requisites and the heavy weighting of TEAS scores over other factors. GSP is also considering options for placing students out of state given that resource constraints limit the number nursing students in-state programs can accept.

Context: Factors that could threaten GSP's success include potential loss of federal funding, hesitation among immigrants to get involved in GSP given the current anti-immigrant climate, the

high cost of living that requires most to balance work and education, stricter requirements and cuts to programs for housing, food, childcare, etc., and lack of knowledge about GSP's resources.

Confounders and contamination: While other nursing workforce programs in the region tend to provide support to one another rather than compete for candidates, some potential participants may be lost because they prefer careers that are less stressful than nursing and/or careers that don't have the same rigorous education and credentialing requirements. So, while GSP does not have direct competition for nursing candidates per se, the attractiveness of other careers and training opportunities likely divert possible participants away from the GSP and the profession.

Fidelity: GSP's model was implemented as intended. However, its use of a continuous improvement framework and joint problem-solving with its partners has enabled the program to adapt as needed to address barriers faced by program participants. GSP secured funding and partnerships to cover participants' pre-requisites and to assist with participant needs related to food, housing, childcare, and transportation.

Resources: The staff were overwhelmingly described as key to GSP's success, specifically their mix of experience, skills, positive attitudes, and commitment to the program and participants. The funding from DoL and other donors, and the resources the partners bring to GSP have been sufficient to run the program. However, given the importance and intensity of the case management role, additional staffing may be needed.

Transition and sustainability: The greatest threat to GSP's sustainability is the challenge of securing adequate long-term funding. While some doubt GSP will be sustainable after the DoL grant ends, several find GSP's ability to attract resources to date bodes well for its continued fundraising. In addition to funding, GSP will also need a permanent home with adequate staffing to ensure its long-term viability.

III. Outcomes Evaluation Findings: The mid-point evaluation findings highlight several ways in which GSP has already demonstrated success in achieving its expected outcomes. Among the short-term outcomes, findings indicate that GSP has:

- Increased awareness among both incumbents and community members about nursing career and educational opportunities and associated resources to support nursing education and career advancement among members, and
- Acknowledgement among individuals in both target groups that they learned new and valuable information about nursing career and education/training opportunities.
- Multiple partners provided initial support to the project, and initial resources were identified or developed for the project.

Intermediate outcomes: With regard to its intermediate outcomes, the data show that GSP has exceeded its combined target¹ of enrolling at least 255 participants in the program.

¹ Initially GSP set targets for incumbents (93 of those working full-time at their skill or base level when entering a training program) and community members (162 un- or under-employed individuals; those not working at skill or base level even if working full time). Because people can move from one category to another, GSP combined their targets and aimed for enrollment of at least 255 participants.

With the exception of the TEAS/NACE study groups, GSP also achieved its expected outcomes of at least 75% of those who engaged in program activities expressing satisfaction with the education and job training activities and associated supports, and that supportive services are relevant to address their needs and to overcome obstacles to nursing education, training, and career advancement.

With an average of 30 partners at each partner meeting, the findings suggest that GSP has been successful in achieving its expected outcome of partners remaining engaged in the project over time. GSP raised \$172,000 in additional resources to pay for items not covered by the DoL grant in addition to roughly \$20,000 to fund the midpoint evaluation. It also increased the number of partners and the resources they contribute to GSP. Thus, GSP was successful in achieving its expected outcome of the number of project resources expanding over time.

With regard to the intermediate outcome associated with the preceptor course, data are not available at this time to assess whether at least 75% of those who complete the preceptor elective at Manchester Community College (and future expansion schools) express feeling motivated to serve as preceptors in the future. Work is ongoing to expand piloting and evaluate the course.

Long-term outcomes: With more than two years remaining in the grant period, it is too soon to assess whether several of GSP's long-term outcomes have been achieved or whether GSP is on track to meet them. However, having grown the number of partners from 23 at inception to 44 indicates that GSP has already demonstrated success at expanding the number of partners beyond the initial supporters.

The results, while limited to a small number of program completers (n=20), indicate that GSP has thus far achieved its long-term outcome of at least 75% of participants who complete education/job training activities acknowledging that the program's supports and services were essential to completing their education/job training and achieving a credential. And while only very limited data are available to assess whether 75% of those who obtain credentials acknowledge that the program's supports and services were essential to obtaining a credential, comments from participants who completed the end-point survey suggest that they were.

More time and data are necessary to determine whether GSP will meet its long-term outcomes of:

- At least 255 participants who've completed education/job training activities and earned credentials.
- At least 90% of participants who completed education/job training activities advance to positions on a nursing pathway with an increased rate of pay within three quarters of completing the program.
- At least 75% of those who advance on a nursing pathway with an increased rate of pay acknowledge that GSP's supports and services were essential to their career advancement.

GSP has also not yet achieved the long-term outcome of a plan for continued collaboration among partners (e.g., identified chair/co-chairs) and for sustaining the multiple resources created for the program after the grant period.

The executive summary concludes with testimonials that illustrate GSP's impact on both partners and participants.

Recommendations:

A. For GSP: As the findings suggest, GSP is an effective model and has had success related to multiple outcomes. Thus, the staff and partners should continue with the model and its current approach while considering a few recommendations for improvement.

- Add testimonials by program completers to GSP's marketing materials.
- Consider increasing case management support and identify a single effective case management system.
- Explore ways to further increase satisfaction and the utility of the TEAS/NACE study groups.
- Continue work with nursing programs to overcome barriers to admission and retention and identify additional nursing programs for those awaiting placement.
- Complete piloting, evaluation, an expansion of the preceptor course and ensure the evaluation measures whether those who complete the course feel motivated to serve as a preceptor in the future.
- Continue collecting data to inform an end-of-program evaluation of GSP's effectiveness related to all of its outcomes. Ensure measures exist related to GSP's role in helping participants get credentials and related to career advancement with three quarters of program completion.
- Develop a sustainability plan to ensure stable financial support, a permanent home for GSP, staffing for all program activities, and leadership for and continued collaboration among GSP partners.

B. For Those Interested in Replicating the GSP Model: Below are several early lessons learned about the GSP model to support the success of others interested in replicating the model.

- (1) Engage a variety of stakeholders (e.g., hospitals, academic nursing programs, workforce development/employment programs, professional associations, community/social service programs) in developing the mission and model to ensure their buy-in.
- (2) Invest in regular in-person and well facilitated partner meetings in a convenient location to support relationship building and fully focus on the program. Share participants success stories, actively engage partners in problem-solving, and allow time for partner sharing. Communicate regularly between meetings to retain engagement of those not in attendance.
- (3) Use multiple outreach and marketing strategies (e.g., through word of mouth recommendations; dissemination of written materials via partners and other stakeholders; over website and social media; via local media and partner newsletters; by attending job fairs and information sessions at partner institutions). Provide partners with materials that can be modified for their needs. Ensure materials clearly describe program supports and resources provided and the target audience/eligibility criteria. Provide education about different nursing roles, career opportunities, and requirements. Use participant testimonials when available.
- (4) Ensure ability to provide case management support; financial support for pre-requisites, tuition, and supplies; referrals and support for other costs of living; and skill-building opportunities (e.g., ESL classes, study groups). Identify and utilize an effective case management tracking system.

- (5) Employ staff with a mix of skills (e.g., program and grants management, organizational, communication and facilitation, interpersonal), experience in nursing and in the community with diverse populations, and passion for the mission and a positive attitude.
- (6) Plan early for sustainability. Identify stable funding and staffing to run the program, support participants, and maintain stakeholder engagement. Secure a permanent “neutral” administrative/fiscal home for the program with leadership that is committed to program success, provides staff freedom and flexibility to manage the program, and delivers support when needed (e.g., development, legal, risk management).
- (7) Be prepared to work closely with nursing education programs to address barriers to participant enrollment and success (e.g., regarding entrance requirements, timely access to required courses, enough spots to meet demand, flexible models for students who work, and supportive services to ensure their success). If reliant on time-limited funding, invest early to ensure pathways exist and that participants have time to complete their education. Collaborate to ensure enough clinical placements and preceptors exist and that they can provide a positive and supportive learning experience for culturally diverse nursing candidates.
- (8) Identify and coordinate with other nursing workforce programs to learn from one another and avoid competition.
- (9) Guard against external threats by diversifying funding and engaging community partners who have the trust of the target audience and that offer needed supports and services.
- (10) Employ an evaluation strategy and continuous improvement framework to address emerging needs, demonstrate value and effectiveness, and aid in marketing, attracting partners, and soliciting resources.

Those interested in learning more about Granite State Partners should email Sarah Vlasich BSN, RN, CMSRN, Workforce Development Specialist & Granite State PARTNERS Project Manager, Elliot Health System at sarah.vlasich@elliott-hs.org.

Partner Testimonials

Because of GSP...

“The state of New Hampshire’s healthcare is in a much better position to face the challenges of the 21st century.”

“They are helping fill the gaps in the healthcare workforce and making what was impossible possible.”

“More students will have access to life changing education and will help the workforce needed in NH.”

“We are making a difference in people’s lives at an individual and family-level who will serve our patients and our organizations and further support our community by contributing to and helping to shape the economics of their communities.”

“Many individuals were given an opportunity for career advancement or to start a career that will sustain them for the rest of their lives.”

“I have gained a deep appreciation for what can be accomplished when different entities come together to better the community.”

“I have also appreciated the info I have gathered about what’s happening in the community and how the community is focused on bettering their situations. And, it has allowed me to foster some professional connections I would otherwise not have been exposed to.”

Participant Testimonials

Without the support of GSP...

"I would not be able to go for my RN debt free! I am so grateful and don't take it lightly. It fuels my efforts to show up ready to learn to every class and clinical, and to put my best effort forward when studying knowing that someone is willing to help me by financially easing the burden of school. Thank you isn't enough!"

"I would not have been able to chase my dreams of becoming a registered nurse. I would not have been able to focus on school as much as I needed to due to having to work in order to maintain financial stability. Granite State Partners is the only reason I am where I am today, and I am forever grateful."

"I would have had a mountain of worry weighing down on me during the school year because I would have to work and pay for school. Thanks to Granite State Partners, this worry has been immensely relieved and I am able to focus on my education."

"I would not be able to attend school and become a nurse. This program helped me more than I ever knew I needed."

Because of GSP...

"I was able to go to school, to obtain my degree, find a job, and be able to take care of my family and feel like a whole person again."

"I gained confidence in my abilities on my path to becoming a nurse and overcame obstacles that may have otherwise held me back from achieving my nursing goals."

"I am able to continue and finish my education at almost 40 years old and get a whole new career that will greatly improve my family life and financial situation."

"I am officially going to graduate in six weeks and it has allowed my family to get back on track and avoid eviction and being without a vehicle. I was also offered financial knowledge for after I graduate in order to budget and get through the aftermath."

Granite State Partners Mid-Point Evaluation Report of Findings

I. Background and Methodology

In June of 2023, Elliot Health System received a Nursing Expansion Grant from the U.S. Department of Labor (DoL) to create opportunities for individuals to either join or advance their career in the nursing workforce. The grant, managed by Granite State P.A.R.T.N.E.R.S (People Aligning Resources Towards Nursing Expansion and Retention Strategies), is a collaboration of multiple state and community partners (e.g., hospitals, higher education, workforce development, and community-based programs serving low-income and diverse communities). Its goal is to expand, diversify, and sustain the pipeline of nurses at all levels throughout New Hampshire. The program's recruitment emphasizes outreach to racially, ethnically, culturally, and linguistically diverse candidates, including those working in health care (who will enter into a nursing career or advance on the nursing track) and community members who are un- or under-employed. While its partners and activities are primarily located in Manchester and Nashua, the program is open to participants anywhere in New Hampshire who wish to pursue a nursing career.

In the summer of 2025, as the program approached the mid-point of the DoL grant period, Granite State Partners (GSP) engaged in a mid-point-evaluation. With support from the Endowment for Health, the evaluation's dual purpose was to: (1) Assess the extent to which GSP has achieved its expected outcomes (See GSP Logic Model); and (2) Examine seven process elements, specifically:

1. **Recruitment and maintenance:** Effectiveness of GSP's strategies for identifying, recruiting, and maintaining relevant partners and program participants.
2. **Initial and continued use:** Utilization of GSP's offerings by the target audience and any factors related to use.
3. **Context:** The larger social, political, and economic environment and how they influence GSP's implementation and success.
4. **Confounders and contamination:** Extent to which other interventions or factors influence GSP's outcomes.
5. **Fidelity:** Whether GSP was implemented as planned and what, if any, modifications occurred and whether and how changes are affecting GSP's outcomes.
6. **Resources:** Whether adequate funding, space, materials, staff, partners, roles, etc. are available to achieve GSP's expected outcomes.
7. **Transition and sustainability:** How prepared Elliot Hospital and/or partners are to continue GSP into the future and whether it is sustainable.

The mixed methods evaluation drew from the following data sources.

- **GSP's internal administrative data** provided the grant proposal, application data, the number and status of participants and partners engaged in the program, the amount of funding secured by the program, progress on the preceptor course, etc.
- **Key informant interviews** were conducted with 25 staff and partners and 14 program participants. Audience-specific semi-structured interview guides were used in phone interviews that lasted 30 to 60 minutes each. Participants were assured of anonymity. The data were analyzed for common and divergent themes and illustrative quotes.
- **Participant surveys** were self-administered online at the mid-point (n=38) and end-point (n=12) of participants' nursing education programs. Data were analyzed in Excel and open-ended feedback was reviewed for common and divergent themes.

Granite State Partners Logic Model			Expected outcomes & performance targets		
Inputs	Objectives	Strategies	Short-term	Intermediate	Long-term
Funding: U.S. DoL Funding; partner/ braided funding In-Kind: staffing, space, tech, program/ services, from partner orgs Partnerships: Employer, education, workforce dev., worker orgs, and community partners Project staff: Project Manager/ Career Advisory and Student Retention Specialist	1. Expand education and training opportunities to remove barriers and support diversity, inclusion, and equity; 2. Increase career development supports, including mentoring and preceptorship; 3. Increase financial supports such as tuition assistance, incentives, stipends, wage increases, and for support services; 4. Grow and diversify the pipeline of nurses through marketing, outreach, and recruitment of youth, minorities, immigrants and refugees, career changers, older or disable workers, and formerly incarcerated persons; and 5. Sustain the collaborative relationships and resources built during the grant period to grow and diversify the nursing pipeline beyond the life of the grant.	\$1.8m in tuition support enrollment in credential programs and leveraged funds to support other expenses (books, travel, child care) Creation of additional nurse education and training options to meet demand, which may include online and hybrid models, accelerated programs, flex-schedule programs, and apprenticeships Inclusion of pilot preceptor course at Manchester Community College during nursing education program and later expansion to other schools. Career advising & retention services (outreach, marketing, & recruitment; career awareness; training program identification and enrollment; proactive early intervention to address barriers; ongoing support, coaching, tutoring, support for social needs; job identification, and placement assistance; ESOL and other services, including those targeting TANF recipients, Veterans & their families, immigrants & refugees, disadvantaged youth, people of color, women/mothers experiencing homelessness, individuals with disabilities, and other underrepresented pops. Partner meetings and resource identification/development	(1) Increased awareness among potential participants about nursing career and educational opportunities and associated resources to support nursing education and career advancement among members (2) Acknowledgment among participants that they learned new and valuable information about nursing career and education/ training opportunities (3) Multiple partners provide initial support to the project (4) Initial resources identified or developed for the project	Increased engagement of members of the target groups in nursing education and job training activities: <ul style="list-style-type: none"> At least 255 participants (including incumbent staff and community members) in education and job training activities. At least 75% of participants who engaged in the program activities express satisfaction with the education and job training activities and associated supports. At least 75% of participants who are engaged will express that supportive services are relevant to address their needs and to overcome obstacles to nursing education, training, and career advancement At least 75% of participants who complete the preceptor elective at MCC (and future expansion schools) express feeling motivated to serve as preceptors in the future. Partners remain engaged in the project over time. Number of project resources expands over time. 	Increased completion of education/job training activities by participants: <ul style="list-style-type: none"> At least 255 participants complete education/job training activities. At least 75% of participants who complete education/job training activities acknowledge that the program's supports and services were essential to completing their education/job training Increased nursing credentialing among: <ul style="list-style-type: none"> At least 75% participants who completed education/job training obtain a credential. At least 75% of those who obtain credentials acknowledge that the program's supports and services were essential to obtaining a credential The majority of program participants will be employed on a nursing pathway with an increased rate of pay within three quarters of completing the program: <ul style="list-style-type: none"> At least 90% of participants who completed education/job training activities advance to positions on a nursing pathway with an increased rate of pay within three quarters of completing the program. At least 75% of participants who advance on a nursing pathway with an increased rate of pay acknowledge that the program's supports and services were essential to their career advancement Number of partners expands beyond initial supporters. A plan for continued collaboration among partners exists (e.g., identified chair/co-chairs) and for sustaining the multiple resources created for the program after the grant period.

II. Findings

The evaluation findings are organized in two sections below. Those related to the process evaluation are summarized first and are followed by findings related to the program's expected outcomes.

A. Process Evaluation Findings

1. Recruitment & Maintenance and Initial & Continued Use

This section explores the effectiveness of GSP's strategies for identifying, recruiting, and maintaining relevant partners and program participants and the utilization of the program's offerings by the target audience and any factors related to use.

a. Participants

GSP applicants (n=744) were asked to describe how and when they learned about GSP. Their responses indicate that program information has been disseminated through a variety of sources. Co-workers, several of whom were also engaged in GSP, and managers in healthcare institutions were a frequent source of information about GSP. Likewise, faculty, academic advisors, admissions representatives, and nursing program coordinators at various educational institutions (i.e., Rivier University, New England College, Lakes Region Community College, NHTI, Manchester Community College) were described as sharing information about GSP when discussing financial aid and career advancement opportunities. LNA Health Careers was also cited as an important source of information about and referrals to GSP. Mentors, case workers, and program specialists from a range of community and workforce development programs (e.g., MY TURN, WIOA, WorkNowNH, Catholic Charities) introduced GSP as a resource for career advancement and financial support for nursing education. Several individuals found the program through online research, including Google searches for nursing scholarships, grants, or healthcare career opportunities. They also learned about GSP from news articles, social media shares, and online advertisements media. Finally, several learned about GSP from friends, family, and mentors.

Without the support provided by GSP...

"Navigating financial aid and finding other resources available to me would have taken much longer."

"I would not have been able to afford to attend this [nursing] program. This grant literally made all the difference in me not being able to attend versus being able to attend. I'm so very grateful!"

"I wouldn't be able to afford my mortgage and be in this [nursing] program."

I would be struggling to find ways to pay for school and accumulating debt."

"I would have had a mountain of worry weighing down on me during the school year because I would have to work and pay for school. Thanks to Granite State Partners, this worry has been immensely relieved and I am able to focus on my education."

"I wouldn't be able to pay tuition."

"I would be struggling financially to pay for school and support my child and my own needs."

GSP participants

The program participants interviewed for the evaluation learned about GSP in a variety of ways. Several heard about GSP at their educational institutions from instructors and staff (e.g., financial aid or career services), and school-wide emails. Incumbents often learned about GSP at their places of employment from managers and co-workers and via GSP's promotional activities.

"My boss at the pharmacy tech job told me about the grant program and recommended that I apply and go for it." (GSP participant)

Community members tended to learn about GSP from community organizations, including non-profits and training programs. Word-of-mouth marketing was particularly effective. Some also heard about GSP in group chats on social media and online searches. They also reported that GSP's marketing was effective at conveying to potential participants the resources GSP could offer to overcome barriers to a nursing education and career. The marketing efforts were also effective at informing potential participants, particularly community members, about nursing career possibilities.

"Yes [I learned about resources GSP could offer], such as financial aid for different things that are required during the nursing program, like uniforms and things like that." (GSP participant)."

"I had always seen nursing as just bedside nursing. They expanded my viewpoint on different types of nursing you could go into and all the different degrees." (GSP participant)

The staff and partners also described multiple ways in which the program was marketed to attract participants. They argued that word-of-mouth information and referrals made by education partners were particularly effective, as were flyers and other materials disseminated by partners in their organizations and in-person/group outreach sessions (e.g., at career fairs or information sessions at partner organizations). The partners and staff explained that reaching individuals in diverse communities who have never considered a nursing career is particularly challenging. They found that community partners such as Building Community NH, which works with and has the trust of immigrant communities, were instrumental in recruiting diverse candidates for GSP. Given existing inequities in digital access and fear and distrust of institutions in diverse communities, GSP's strategies of in-person meetings and recruiting via partners were especially important.

"Vanessa and Sarah going to meetings was so helpful. Face to face is important for many populations. Trust is so important. Trepidation has always been there, not just recently." (GSP partner)

"The webpage, person to person conversations, marketing materials, community partners, posters. They've all been so important. In some community centers and tables have been useful for reaching diverse populations. It's hard to reach people without digital access and smart phones, but we have done well here." (GSP staff member)

Partners described the GSP staff as responsive to their requests for marketing materials and in-person sessions.

“They are always giving out resources at meetings for organizations to give out too, which is great.” (GSP partner)

One person described customizing the materials for his institution.

“The materials are well done and readily available. They asked what I needed and I got them. I took some and made a one page fact sheet specific to our people describing what GSP is and isn’t, what you can and can’t do, and who to talk to here [at my institution] for more information and a pep talk.” (GSP partner)

A couple of partners indicated that efforts have focused heavily in Manchester and that there is a need for more outreach in Nashua and beyond.

“My concern is that it is really focused on Manchester and most of the partners are from there. I’m from Nashua and we [GSP] are trying to serve all of the state. There is an opportunity to involve partners from other cities.” (GSP partner)

One noted it could be helpful for marketing to clarify that employment at Elliot Health System is not a requirement for participation in GSP.

“The flyers given to partners, everything says Elliot, which causes some confusion for potential participants. They have questioned, ‘Does that mean I have to work there?’ I worry it may have deterred some from applying.” (GSP partner)

Another recounted that, at the start up, confusion about the target audience and eligibility may have impacted referrals to the program as well as championing of the program.

“Originally, as an employer participant, there was a lot of learning about the DoL grant and what’s allowed and what’s not. Across employers, there was a lot of confusion about goals and who can be part of it and not. Now that we are into it, there is more clarity about who the grant is trying to serve and better understanding across partners. I think it affected how many people were referred to and accepted into the program early on...Messaging to employees looked different than what partners were told. Yes, we take those into the nursing field vs. no, we don’t. And we want diversity. I think this deterred some of the early champions and made them feel a bit disconnected.” (GSP partner)

While most of the participants interviewed for the evaluation indicated that GSP’s current marketing strategies are effective, they offered a few suggestions to reach others like them should GSP need to recruit more participants. Their recommendations involved continuing and/or expanding upon GSP’s current marketing and outreach strategies rather than introducing new strategies to attract candidates to the program. They suggested:

- **Digital/online marketing:** Increase use of social media, online advertising, and partner listservs to reach individuals.
- **Via institutions:** Increase efforts to market GSP within academic programs, through student services/financial aid offices, and in career planning/workforce programs.
- **Workplaces:** To reach incumbents, post materials in breakrooms and clinics and include announcements in staff meetings.

- **Print materials:** Continue to disseminate flyers and post them on bulletin boards within health care settings, government offices, and community organizations.
- **Peer-to-peer marketing:** Encourage word of mouth marketing by GSP participants to their friends, family, and colleagues.

One partner suggested that, because low self-confidence can be a barrier to pursuit of a nursing career, GSP might consider using participants testimonials in their marketing.

“A video testimonial or handout with testimonial could be helpful, nothing too long. Just a quick few lines, ‘I didn’t think I could do it but GSP helped me.’” (GSP partner)

While consistent communication and clarity about the target audience and eligibility requirements is critical to appropriate recruitment, the findings suggest the combination of outreach and marketing strategies GSP has utilized have been effective at attracting large numbers of applicants to the program. If anything, the findings suggest that GSP should do more of the same with perhaps the addition of participant testimonials.

Participants were motivated to get involved with GSP and pursue a nursing degree by many factors, particularly the benefits a nursing career can provide. One partner explained.

“I think people have an understanding that a health care career can help advance their life and provide economic stability...”

Some GSP participants had not been working prior to their involvement with GSP. Others worked in healthcare, some with the intention of eventually becoming a nurse. Some participants made career changes from unrelated fields and/or less satisfying work. Some were newer to the U.S. Several were unsure how to break into the nursing field or thought it was out of reach for them.

“I am currently a medical assistant to get my foot in the door at the hospital to become an RN eventually.” (GSP participant)

“I was doing operation and project management stuff so this is a big career change. I just got bored of it and needed to do something different and nursing was already an interest.” (GSP participant)

“I am from the Philippines. I didn’t know where to start and was low on funds coming here.” (GSP participant)

Several partners argued that GSP is an “easy sell” given everything it has to offer.

“If I was interested in being a nurse, and if I understood all aspects that GSP could offer, it would offer a pretty appealing runway for me to pursue a nursing career. The skids are greased when you are ready.” (GSP partner)

Participants are motivated to join GSP primarily by the opportunity to pursue nursing careers that would otherwise be inaccessible due to financial, educational, or personal barriers.

“There are lots of people out there interested in the medical field, but never thought they would be able to do anything. It’s [GSP] helping people realize they truly can do it.” (GSP participant)

While no barriers to continued involvement with GSP were identified, several obstacles can prevent or disrupt the pursuit of nursing education. The primary barrier participants, staff, and partners described is financial, including the costs of tuition, books, and supplies; living expenses including housing, food, childcare, and transportation; existing debt; and ineligibility for sufficient financial aid to cover expenses. Another substantial barrier involves competing demands for the participants’ time. Many are parents and/or caregivers to other family members, balancing work and education, and dealing with their own health challenges. Such juggling is often accompanied by emotional “burnout” and/or physical exhaustion from managing so many roles and stressors.

“I hear from participants that we are changing lives and that is hugely impactful for me. I interviewed the most incredible person today. She had so much heartbreak and loss, I feel so blessed to work with her. She is all about love and caregiving.”

GSP staff member

“The financial barrier is the biggest, like putting things on a credit card you can’t afford. It’s an awful cycle of feeling like you can’t provide, which is a terrible feeling when you have children.” (GSP participant)

“Transportation, childcare, food...food is huge! These are very significant social needs and these could get in the way of being able to dedicate the time needed [to succeed in a nursing program].” (GSP partner)

“...I am a full-time mom so making time for everything has been really difficult.” (GSP participant).

“Many have to work full-time and they can’t cut back their hours because they need health insurance...The children always come first. They will come in sick as a dog but have to take a day if the kids are sick. My hat is off to non-traditional students. How they do it, I don’t know.” (GSP partner)

"They [the staff] are so good at sharing success stories! There was a young single mom and she went through the program. There are ESOL participants who get vocabulary and language skills and then go on for training. The WorkNow program for people enrolled in Medicaid, SNAP or TANF, we've had a number of people recently who have been co-enrolled and we can cover the training costs for them. There are so many people who didn't think they could be successful but then work with multiple partners to get into a field like healthcare. None of us do this work for the money. We do it because we love what we do and want people to success."

GSP partner

While in their programs, some participants experienced life crises such as death and illnesses in the family.

"One has her dad with her on hospice. Another, her mom became ill and family is first...one had serious family issues where mom was transferred to Boston."
(GSP staff member)

Several participants were described as having limited local support systems. Some were also dealing with relationship issues, including unsupportive partners and domestic violence.

"There are sometimes significant others who want to sabotage their success." *(GSP partner)*

"One of the biggest issues I have seen is domestic violence. Someone doesn't want them to succeed..."
(GSP staff member)

While GSP and its partners are working to diversify the nursing workforce to better reflect and respond to the needs of the population, they also recognize unique

barriers faced by diverse participants. Some had difficulty with exam preparation, including linguistic barriers and difficulty with organizational and study skills, and English language skills more generally.

"Language is a real barrier...Even if they are able to speak English, medical terminology is a systemic barrier and it is built into higher ed. It really works against people whose first language isn't English." *(GSP partner)*

"English is my second language which is sometimes a struggle, the language barrier." *(GSP participant)*

"Part of the problem is that the whole nursing pathway can be very complicated. If you are from outside the U.S. or English is your second language or you are not a strong student, it can be very hard to navigate." *(GSP partner)*

Implicit bias and insufficient cultural competency within the educational and clinical arenas were also described as barriers to GSP's efforts to diversify the workforce.

"I also think implicit bias is an issue, the lack of inclusion in the nursing profession. 'This is what a nurse looks like.' That could be a barrier at some schools and inhibit access for people who have English as a second language or persons of color or new Americans, even for males." (GSP partner)

"Another thing is cultural competency of the healthcare delivery program. For example, clinical placements and preceptors, how culturally competent are they and how welcome do non-White people feel?" (GSP partner)

"I think there are limited clinical opportunities for this population. I worry they may find themselves in not so supportive environments. We need preceptors and staff trained in how to support them. Unfortunately there isn't a Vanessa [the GSP case manager] at all of the clinical sites..." (GSP partner)

"The staff have shared so many success stories. I remember one who I think was a refugee who was trying to support her children. I believe she was housekeeper. By being able to join the program, she was able to start to get her pre-requisites. It's very uplifting that someone could begin to better her situation."

GSP partner

The education system itself creates barriers to success. Some participants reported confusion about admission requirements and processes, as well as educational requirements. Others reported difficulty planning, getting, and juggling courses (especially if working too), and delayed starts to their programs (e.g., waitlists, deferrals).

"We just had our new student orientation. There is so much paperwork for clinical clearance and picking classes. It can be confusing and over-whelming." (GSP partner)

"I am on a waitlist for an upcoming semester class." (GSP participant)

"My program doesn't accommodate the working adult very well." (GSP participant)

Some recalled difficulty getting or satisfying pre-requisites. Differing requirements related to pre-requisites, even among schools within the community college system, add to confusion and difficulty preparing for nursing programs. Paying for pre-requisites presented an additional challenge, as the DoL grant would not cover these costs.

"... I was in nursing school in 2012 so all of my pre reqs expired. I had them all but they had to be repeated now." (GSP participant)

"...The Department of Labor grant wouldn't cover pre-requisites. We brought it to our partners to discuss and one partner, Granite Edvance, stepped up. Citizens [Bank] is also focused on the workforce and Network4Health contributed some money. So, collectively, we overcame it, but it will be a barrier for replication." (GSP staff member)

"One [example] is in our employee health and she's an LPN. She moved into a full-time LPN position and then moved to clinical lead. She has drive. She works four days a week and does her clinical on Friday's. She has a child and fiancé and still juggles it all. She is setting a great example for her daughter who is two."

GSP partner

Some of the barriers along the nursing track were described as necessary to ensure readiness for such an important job, whereas others are seen as unnecessary.

"There are big barriers. We make it really hard to become a nurse because it is a profession where you are taking care of people and there is a level of responsibility with that. Any health care clinical position, you can have lives in your hands. That's why there are very strict rules around access to programs. In some cases, there are barriers that exist to protect people because of the nature of the work. But others are ridiculous. We should overcome some of the academic or institutional barriers that don't need to exist. Credit for prior learning, transfer credits, these should be easier. These are controllable. We need to get better at this..." (GSP partner).

The lack of nursing faculty was reported as a significant factor in slowing efforts to build the nursing pipeline, so much so that GSP is beginning to look at placing students in programs outside of New Hampshire.

"From the college and university side, there is a lack of faculty. They can't offer enough courses to meet the demand. If we [GSP] have a crop of 20 apply, there aren't enough resources at the universities. They are struggling to find faculty." (GSP staff member)

"I would agree there aren't enough slots in nursing programs. We get way more applications than we have spots due to instructors and space." (GSP partner)

One partner described the challenges of securing enough nursing faculty in this way:

"...Nursing education is a specialty in itself. Academia doesn't pay well so why would I teach when I can make more money in practice? We need to elevate the prestige of nursing education and elevate the salaries."

There was some disagreement about the importance of the TEAS exam score as a predictor of student success in nursing school. While some believe it is critical to ensuring that only qualified candidates enter the profession, others believe nursing schools should weigh other factors when considering candidates with lower TEAS scores.

"One [who got denied] was a medical assistant. She did her pre-requisites and got A's in all of her classes. She was enrolled in liberal arts; She got on the lower end of the TEAS scores. Another, also in liberal arts, made a 4.0 GPA and Dean's list. She had great recommendations, but she was denied based on TEAS scores!" (GSP staff member)

A few participants and partners argued that the focus on retention rates, which necessitates trying to predict who will be successful in nursing programs, creates barriers for non-traditional students.

“Not everyone has access to primary and secondary education that supports the rigor of nursing education. Schools must have resources to support these folks...” (GSP partner)

“There are always some structural things that don’t work for everyone, specifically the population they [GSP] are targeting, like course scheduling for single moms, for example. These are inherent issues in the educational system.” (GSP partner)

For some, it has been frustrating to see GSP participants denied access to educational programs when GSP provides wrap-around supports to help students be successful in their education and complete their degrees.

“They [the schools] really need to look at the reasons for attrition. Our folks have GSP to overcome those barriers.” (GSP staff)

Among the multiple supports GSP has implemented to address the barriers participants face, are its individualized case management, study groups, referrals for English language skill building, financial support for educational costs (e.g., for pre-requisites, tuition, equipment and supplies), and financial assistance and referrals to programs to address personal needs (e.g., transportation, rent, childcare, food insecurity). GSP’s ongoing support to participants is especially important given the obstacle that self-doubt, fear of failure, and lack of confidence can present. This is especially true for those from immigrant communities.

“For lots it’s confidence. Maybe they never felt ready or maybe they tried once and gave up.” (GSP staff member)

“Because of GSP, I gained confidence in my ability on my path to becoming a nurse and overcame obstacles that may have otherwise held me back from achieving my nursing goals.” (GSP participant)

“Confidence is another challenge for this particular audience [immigrants]. There may be heavy expectations from family and community for their success. This new world can be intimidating. People put a lot of pressure on themselves and then there is the unknown and health care is high stakes with people’s lives in your hands.” (GSP partner)

The desire to pursue a nursing career or advancement opportunities and benefits, particularly financial, are the primary motivators for continuing with nursing education and training, despite the barriers and hardships participants faced. Most of the participants who were interviewed received the resources they expected.

“I received exactly what I thought I would.” (GSP participant)

“Every expectation was met and then some.” (GSP participant)

It has been above and beyond what I expected.” (GSP participant)

However, one misunderstood how much financial support there would be for tuition and another is worried about how to pay for the remainder of her education.

“My initial understanding was that the grant would go through the whole program and not just until it hit a cap that I was designated for money.” (GSP participant)

“Since I have exhausted the funds at this point, making sure the second year is smooth without it is the situation [I am worried about].” (GSP participant)

Overwhelmingly, however, GSP’s resources were described by participants as critical to their success.

“I know GSP has my back and pays for my courses so I just focus on studying and passing.”

“[if not for GSP] I wouldn’t have been able to afford it, the schooling or the tools needed to be successful with it.”

“The strong financial and emotional support system [at GSP] was super huge to my success.”

“I am officially going to graduate in six weeks and it [GSP] has allowed my family to get back on track and avoid eviction and being without a vehicle. I was also offered financial knowledge for after I graduate in order to budget and get through the aftermath.”

GSP participants were motivated by the opportunity to earn a good living and have a stable, interesting, and meaningful career. The primary barriers they face in their pursuit of a nursing career are financial and competing demands for time and energy, especially for those with family commitments. Lack of confidence is also a challenge, especially for those whose previous attempts to pursue a nursing career or higher education failed. For some, barriers exist due to language, inadequate cultural competency within the healthcare and education systems, and implicit bias. Nursing education imposes its own barriers, some intended to ensure the preparedness of nurses for high stakes work and others that seem unnecessarily burdensome, especially regarding requirements related to pre-requisites and the weighting of TEAS scores over academic performance and recommendations. The lack of faculty and preceptors means that most nursing programs must limit the number of students they accept, which slows the flow of the nursing pipeline. GSP played a critical role in helping participants overcome the obstacles to a nursing career by providing financial support, case management, and referrals to other resources.

b. Partners

GSP has created and expanded its network of partners, including healthcare/employers, educational institutions, community organizations, and government entities. GSP began with 23 partners and, at the time of this evaluation, has grown to include 43 in addition to Elliot Hospital, GSP’s administrative/fiscal home. The partners were attracted to and remain with GSP due to a shared mission of increasing the size and

“I recall the story of a young man who was caring for his immigrant family. He had never had the opportunity for education and he was one that pushed hard and worked to get his degree. He sent a letter to our community partner group thanking us for boosting him. Tears were flowing in the room. All of his energy was there but he couldn’t do it alone. Now he’s flourishing in a nursing career. It sticks with you.

GSP staff member

diversity of nursing workforce through the engagement and support of those who may not otherwise be able to pursue and benefit from nursing education and career advancement.

“We are all at the table and we see the potential in the community. Some of the community members are doctors in their home countries and they have skills they can’t use here. There is such potential for better utilizing their skills. The healthcare workforce crisis is bringing people to the table. People are really concerned and feeling really committed. We are all really passionate about the mission.” (GSP partner)

However, the partners explained that GSP’s successful engagement and retention of partners is also supported by the program’s skilled staff who hold productive partner meetings, share resources and success stories, and communicate effectively between partner meetings.

“Communication and keeping people informed is huge and they do a great job of that.” (GSP partner)

“Engagement...people wouldn’t keep coming if GSP wasn’t engaging, communicating, and nurturing relationships. They [the staff] do very well at this. The door is always open for deeper engagement.” (GSP partner)

While scheduling conflicts, staffing shortages, competing demands, and the need to attend GSP meetings in-person can be challenging, most agree that GSP’s decision to hold in-person meetings has been important to building relationships among the partners. In-person meetings have allowed for regular engagement of partners in small group problem-solving, which most believe contributes to the success of the program while also enhancing the sense of purpose partners feel.

“The meetings and how they are run are so effective. We do group brainstorming and come up with strategies and ideas. There’s no time to get bored! People also have a forum for discussing challenges and how they can support each other. It’s a great place to provide information to 40 organizations all at once. Collaboration, resource sharing, people are there for the right reason and they want to be there.” (GSP partner)

“The breakouts keep engagement and demonstrate the value of attending [the meetings].” (GSP partner)

Travel and the time it takes to get to/from partner meetings is the primary barrier to partner engagement and participation, especially for those located outside of Manchester. While larger organizations often have the ability to send a designee when the GSP point person is unavailable, smaller organizations do not have the same option.

“The primary way to be involved is to come to meetings so if you can’t make it then you will have a hard time getting involved.” (GSP partner)

A few partners expressed a desire for a virtual/online option for the GSP meetings, but they also acknowledged that having to leave one’s office to attend partner meetings prevents workplace distractions, allows attendees to focus exclusively on GSP, fosters strong relationships with other partners, and allows for collaborative problem-solving.

“I think the approach to convening in person and meeting every month or every other month has worked very well. Also, the organizing is really good. There’s a thoughtful process. It brings a lot of people to the meetings. You know what you will get, presentation, updates, a chance to share. It is super organized and has really helped to build partnerships.” (GSP partner)

“They do a great job of communicating. There are always agendas and follow up after meetings. I would like a Zoom option [for partner meetings] but I understand why we don’t have that. It is more effective to have us all in one room. I respect that. The quality of relationships would suffer and the work we do in small groups would be prohibitive on Zoom.” (GSP partner)

“Sometimes it would be nice if we could be on Zoom, but once I’m there, the energy is so good that I’m glad I came. And I’ve been able to have side bar conversations with others because we are there in person. The only barrier is the time it takes me to drive there.” (GSP partner)

While in the beginning, it was important to meet more often, over time it became possible to extend the period between partner meetings, which provides some relief to partners for whom time and travel were obstacles to participation.

“We have and do meet regularly and these are important. Facilitation is a key resource. But now we are entrenched and underway. We don’t need to meet as often now as we did before. Our monthly meetings moved to every other month, but all meetings are productive.” (GSP staff member)

GSP has been successful in recruiting and retaining partners, growing the membership from 23 to 43 organizational partners in addition to its fiscal/administrative home at Elliot Hospital. The partners join and remain involved due to the shared mission of increasing and diversifying the nursing workforce by engaging and supporting those who may not otherwise be able to pursue and/or advance in a nursing career. While scheduling conflicts, staffing shortages, competing demands and travel time for in-person GSP meetings present challenges, most partners have remained actively involved. The convenings, which employ collective problem-solving and the sharing of success stories, feel meaningful to the partners. Between meeting communications are also effective as supporting ongoing partner engagement.

2. Context and Confounders & Contamination

This section explores the larger social, political, and economic environment in which GSP operates and how contextual factors influence the program’s implementation and success. Additionally, it explores the extent to which other interventions or factors are influencing GSP’s outcomes.

On his first day in office, President Trump issued an executive order that sought to withdraw government funding for programs promoting diversity, equity and inclusion (DEI), which would have led to the defunding of GSP. In response to a law suit filed by the city of Baltimore and higher education groups, a federal judge blocked the order, challenging its constitutionality. The order prevented the withdrawal of GSP’s funding, at least for now. With its focus on recruiting participants from under-represented and underserved communities, the threat to GSP’s federal

funding and the government's stand against DEI initiatives were described as the most significant contextual factors that could impact the program's success.

"I was worried about losing the grant given the focus on DEI. We adapted the language [we use to describe the program] and kept going. It would have been tragic. I'm so glad it didn't happen." (GSP partner)

"I worry about the survival of the program given the current political climate. I expect to have to write a letter of support at some point if the funding is further threatened. I consider it [GSP] to be outstanding. It would be criminal to allow this to fold up shop prematurely..." (GSP partner)

"Implementation went off well. There was nothing big in the beginning. With the change in federal administration, we received a freeze in funding and a cease and desist regarding DEI. But a judge put a freeze on these. We are hopeful we'll be funded going forward." (GSP staff member)

"There could still be cuts to the program from the current administration. The DEI language lookback is of great concern because we want this program and the employee workforce in the region to be reflective of communities we serve. DEI is significant and this is a lingering source of concern." (GSP partner)

The current anti-immigrant climate was also identified as a factor that may affect the ability to engage members of immigrant communities in GSP and nursing education programs.

"Immigration status or documentation concerns with populations GSP is serving could cause problems with their willingness to participate." (GSP partner)

"There are more people who could join but are worried since it's a federal grant that it will get taken away. They are nervous about giving their information out. There's an immigrant crackdown right now." (GSP partner)

While one person thought the economy might encourage individuals to pursue a nursing career as a route to a better paying job, most expressed concern about how the economy and cost of living could deter people from pursuing nursing education and threaten GSP's ability to achieve its outcomes.

"For good, the expensive economy, people want to make more money and improve their professional development." (GSP partner)

"The economy is a major thing. A couple we saw leave [their education programs], they couldn't balance full-time work and going to school." (GSP staff member)

"The cost of living is so high and that works against the program's success." (GSP partner)

The strength of partnerships among agencies and organizations was identified as a strength that supports GSP's success, however some interviewees also worry about their partners' funding and

how lost funding and stricter requirements will impact whether participants can get resources they need, resources that GSP can't provide on its own.

"In New Hampshire, compared to other states, we have strong partnerships and that is pretty unique to us. When someone needs help, we can alert them to what is available." (GSP partner)

"There is less braided funding available out there. Even program that look to us [GSP] to braid funding with us, they have so many eligibility requirements. We send people to them but then it's too hard for people to get in." (GSP staff member)

"External cuts to programs like SNAP will impact whether people can really study and invest in their [educational/training] program. If they are hungry, their energy will get diverted to meeting the basic needs of their families." (GSP partner)

As described in an earlier section, the competitiveness of nursing programs can be a barrier for some GSP participants. A couple of interviewees also described the state of nursing education more broadly as an external factor that could impact GSP's success. At the time of the mid-point evaluation, 70 GSP participants were awaiting placements in nursing programs. The surge in applicants to nursing programs, to which GSP has contributed, cannot be met by the nursing programs in New Hampshire.

"In terms of the capacity in nursing education programs, we just assumed there would be room and priority and acceptance of our students..." (GSP staff)

"I think because GSP depends upon education and they don't control it across the state, the ability to be successful depends upon their ability to get people these programs. That's an influence and GSP can't control this." (GSP partner)

The staff explained that too few slots in bachelor's level programs were going to impact how successful GSP could be in increasing the number of RNs within the grant's timeframe. By the time the program was ramped up and ready to enroll students in four-year programs, a year of the grant had passed. With so few slots available, only a small number of GSP participants will be supported by the DoL grant to get a four-year degree.

"There are not enough slots; that's the biggest barrier. It's frustrating for the employer partners. I feel for them. I think they knew in the beginning but they said, 'well, let's just keep going and we'll figure it out.' Well, now we are here and we don't have time left to figure it out. We needed to think about this in advance and figure out how to navigate. But I do feel for them. This is a conversation we've been having with [nursing] programs for years." (GSP staff)

While, in general, staff and partners acknowledge the need for more preceptors and clinical placements, finding placements for participants for whom English is a second language can be a limiting factor in their training.

“I do think they need some resources they don’t have. For ESL people, they struggle and probably need more resources and support to be successful. That’s not the fault of GSP. I think there are limited clinical opportunities for this population.” (GSP partner)

One partner added that the licensing process can be challenging and may create barriers for some. The partner questioned whether the process needs to be as complicated as it currently is.

Most interview participants argued that there are no other programs in the state that are in direct competition with GSP, in part because of GSP’s focus on diverse candidates and individuals who may not believe a nursing career is an option for them. Most described an environment of cooperation and collaboration, even among those focused on the building the nursing workforce.

“GSP is unique. There is no competition. We are really trying to recruit a particular type of student and I don’t see schools doing this form of outreach. Where the competition is, it is among nursing schools that are looking for more traditional students.” (GSP partner)

“There’s no competition. Historically there is competition when you have workforce development. Everyone is vying for the same people. That is the way it is designed. But with Granite State Partners, if they enroll someone who has eligibility in one of our [workforce] programs, we co-enroll them so they get the benefits from both of us.” (GSP partner)

“We have pulled together 20 or so organizations from Massachusetts to Vermont maybe quarterly to talk through what we are doing and to share models. Nobody is competing with us or causing drag. Dartmouth has their own money and team. MGB, BI Lahey, they all work together and we all share information with one another.” (GSP staff)

Health care employers who offer tuition support provide a resource that aligns with GSP’s mission and further supports participants.

However, a couple also thought that perhaps other careers, including those that are less stressful than nursing and which may have less arduous training requirements, could create competition for potential candidates. One explained how important it is to ensure people know about GSP as they consider career options and training programs.

“One of our partners said it, ‘You are competing with people doing X weeks of an aesthetics program.’ We do face competition from other industries. And, COVID had a significant impact on health careers. They may also choose something other than the frontline.” (GSP partner)

“You have to be mindful of the marketplace competition. The Governor, early in her tenure, she didn’t know about GSP and was talking about the community college system apprentice program. It’s important to raise the profile of the program in a competitive environment.” (GSP partner)

The external factors that threaten GSP’s success include potential loss of federal funding for DEI initiatives, an anti-immigrant climate that discourages program utilization by immigrants, the high cost of living and need to balance work with nursing education, and the tightening of

eligibility requirements and cuts to supportive programs that could help off-set the cost of living. Rather than creating competition, other nursing workforce programs in the region tend to provide support to one another. Possible candidates may be lost, however, because they don't know about GSP when considering career options. Further, they may opt for other careers that are less stressful than nursing and that don't have the same rigorous requirements.

3. Fidelity, Resources, and Transition & Sustainability

This section explores whether the program was implemented as planned and what, if any, modifications occurred and whether and how those changes are affecting GSP's outcomes. It also examines whether adequate funding, space, materials, staff, partners, roles, etc. are available to achieve program outcomes. Finally, it discusses how prepared the organization and/or partners are to continue the program into the future and whether it is sustainable.

In general, all stakeholders agree that the program is working as intended. GSP's use of a continuous improvement framework means that, as challenges arise, the staff and partners work together to identify and enact changes to improve the program.

"I have been in meetings where people have made suggestions that are readily adopted."
(GSP partner)

"Every time we meet, we provide them with feedback. They ask for it every meeting and they invite it. I think it's a very transparent culture, wanting to provide the best support for every student. They do a great job. The environment is very open and inviting." (GSP partner)

"I think the program has a powerful model. They have thought of everything and if they haven't, they are quick to respond." (GSP partner)

Initial funding constraints limited support for participants who required pre-requisite courses or who had needs related to transportation, childcare, etc. While the program model is consistent with that described in the proposal to DoL, GSP's openness to joint problem-solving has resulted in solutions to such obstacles and enhanced the experience of partners and participants. By sharing the struggles faced by program participants, GSP's partners have been able to identify and attract additional resources.

With regard to resources, overwhelmingly, evaluation participants described GSP's staff as key to the program's success, citing their complimentary mix of skills and experiences, their positive "can do" attitudes, and their commitment to the participants and program success.

"Becky, Sarah, and Vanessa are awesome. They are warm and inviting. Their meeting agendas are a good blending of information sharing from partners and staff. They are doing a really good job."(GSP partner)

"They are a great bunch and wonderful to work with. Their heart and souls are in this grant..." (GSP partner)

“Generally and overall, the management and roll out and thoughtfulness have been really well managed. It is a big project and scope. So much credit to Sarah, Vanessa, and Becky for their passion and ability to manage this work, especially through all the challenges. They have steered the ship really well.” (GSP partner)

“We always have Vanessa. You can call, text. She’s always there.” (GSP participant)

“The people working on this grant are exceptional...they are unique in their gifts.” (GSP partner)

The staff were described collectively as employing the “right mix” of skills to run and manage the program (i.e., administrative/program and grants management, organizational, communication and facilitation, interpersonal), experiences in nursing and in working with diverse populations, and a positive attitude and passion for GSP’s mission. Elliot Hospital’s leadership has a strong commitment to the program and its mission, affords the GSP freedom and flexibility to manage the program as needed, and provides support as needed from internal departments (e.g., development, legal, risk management, government relations).

The leadership of the program was also described as key to GSP’s success. Having GSP based at a hospital could be risky, some theorized, because of potential competition with other hospitals. And, from the community perspective, partners may fear that such a large institution would not take their opinions or needs seriously.

“Where the initiative lives is often a question...people will view that it’s at a hospital and have hard feelings. They have done a good job of overcoming biases that people might have about a hospital-based program. But that’s about good leadership of the program and about the hospital. It feels like a community program, not a hospital program. I think it is in how they are running it...” (GSP partner)

The case management component of the program is considered vital for ensuring participants are linked to the resources they need and that they have support to help them address any barriers they face throughout their journey.

“The case management is a huge part of the success [I’ve experienced].” (GSP participant)

Acknowledging the case manager’s role as critical and her workload as excessive, a few questioned whether adequate staffing resources exist for the role. They described the intensity of the work due to participants’ need for individualized support and the many difficult challenges they face while preparing for and engaging in nursing programs.

Having the “right partners,” a diverse and committed group of organizations engaged in the collaboration was described as essential to GSP’s success.

“You have to get the right players at the table, people who share your vision and have a mindset and passion and the smarts to overcome barriers. You need to engage people whose first answer won’t be ‘no, we can’t’...” (GSP staff member)

The partners identified a number of ways in which they support the collaboration. Some described their primary role as an “*employer partner*” that helps to share information about GSP and identify and recruit individuals for the program. These partners also offer nursing employment opportunities for program participants once they complete their education and training. Education partners have also identified individuals who may benefit from GSP resources (e.g., a student whose continued enrollment depends upon financial support for tuition or obtaining other resources). In addition to educating program participants, some hope that GSP will work with its education partners to address some of the barriers individuals face when trying to access nursing education (e.g., differing requirements for admissions and pre-requisites across institutions, too few slots to meet demand, more supports for ESL students and those without previous higher education experience) although progress on that front was described as slow. Community partners bring a range of resources to the partnership, including financial support for pre-requisites, tuition, and other resources, as well as skill-building opportunities (e.g., job searching, English language skills). Some community partners have expertise in working with and the trust of community members, including immigrants; these partners have been instrumental in GSP’s recruitment efforts. One partner, the Southern New Hampshire Area Health Education Center, has led the effort to develop the preceptor course to prepare and encourage nursing students to take on the role in the future.

Several expressed concern about GSP’s future funding prospects, particularly given the federal government’s recent attempts to defund efforts related to Diversity, Equity, and Inclusion (DEI) initiatives.

“GSP’s funding is targeted to newer Americans and the economically disadvantaged and all of that funding is being yanked.” (GSP partner)

“I am worried about this [possibility of losing federal funding]. Sustaining the program would have been difficult under any circumstances.” (GSP partner)

All are aware of the challenges in securing long-term funding for the program. Some are skeptical that GSP can continue once the federal money is no longer available.

“I don’t think it is [sustainable]. I’m not sure where the money would come from. Everyone wants LNAs but no one wants to invest in a program.” (GSP partner)

“If there were an opportunity for federal money to continue, there is a need. But after that goes away, I’m not sure there is a way to sustain it. I’m not sure who would pick it up...There is no one entity that will and I don’t think the employer partners will band together to fund it and the community partners won’t be able to.” (GSP staff member)

Several staff and partners, however, are hopeful about GSP’s future based on its success thus far in retaining partners and attracting additional funding. To date, GSP has secured \$172,000 in additional funds to cover pre-requisites and resources for participants (e.g. transportation, housing, food). Another \$20,000 was secured for program evaluation, which will, going forward, provide GSP with results to illustrate the program’s success; these data should be useful in supporting fundraising efforts.

“It [GSP] could be sustainable if the outcomes are good. I could see word getting out and that would help grow success. While funding could be a problem, if successful and they can show how they have helped people get into programs and excel, I think it is marketable.” (GSP partner)

Some suggested that, given the benefit of GSP to all hospitals, it would make sense for hospitals to divert some of the dollars they might otherwise devote to internal workforce development efforts to GSP.

“If all hospitals threw in some resources, I think we could fund it. It would probably need to be a statewide consortium that would probably sustain and maybe even grow GSP.” (GSP partner)

“I hope the hospitals and others will step up to fund it...Collaboration between the hospitals is so unique. It’s usually a gladiator type battle [for staff] because the need is so high and this is so unique in being so collaborative. I’m hoping that can be sustained even if the money goes away. Although government has a role, it’s more effective for the hospitals to do their own recruitment so I would love to see GSP expanded.” (GSP partner)

While some worry about the sustainability of GSP once the DoL grant period comes to an end, all indicated they would be willing to stay involved should GSP continue beyond 2028.

“I think the external money is a factor that could impact us at any time. But the outreach keeps us afloat. The success stories grow excitement. Interest is increasing. Money will be the key factor. Otherwise, we could go on forever.” (GSP staff)

“Yes, I will absolutely [stay involved] if the meetings continue. I am happy to be a part of it. It’s an excellent use of time and great connections.” (GSP partner)

“I hope it is sustainable. One year at a time is how to go right now. It is a wonderful model so I hope they can sustain it even if with grants from other places or donations. What they offer is incredible. Parts are definitely sustainable. To be honest, we all believe and are all nonprofits and we’d continue to meet.” (GSP partner)

The cost associated with tuition was identified as the biggest challenge to the program’s financial resources, but several staff and partners also recognized how critical staffing is to sustaining the model. They explained that GSP will need an institutional home that can provide the staffing support necessary to convene partners and support participants. A couple of participants argued that a neutral body, like a Nursing Workforce Center (which New Hampshire currently lacks) could be a good option for providing an institutional home and infrastructure to continue and grow the partnerships, raise money, address some of the impediments to nursing education, and expand the program to more partners.

“I think it is sustainable if we can find a home for it. The hard part is the tuition money...” (GSP partner)

“We are one of four states with no Nursing Workforce Center...If nothing else, by 2028, I hope we have a Nursing Workforce Center.” (GSP staff)

While GSP was implemented as intended, its use of a continuous improvement framework and joint problem-solving with its partners has meant the program has adapted when needed. As such, GSP has raised money to cover pre-requisites and brought in partners and resources to assist with other participant needs (e.g., support for food, housing, childcare, and transportation). The staff, with their experience, skills, positive attitudes, and determination, are key to the program's success. Given the intensity of the case management role, some question whether additional staffing is needed. The greatest threat to GSP's sustainability is the challenge of securing adequate long-term funding; some doubt GSP will be sustainable after the DoL grant ends, whereas others find the GSP's ability to attract resources to date bodes well for its continued fundraising. Ensuring a permanent home for the program is another concern for its long-term viability.

B. Outcomes Evaluation Findings

1. Short-term outcomes

Two of GSP's expected outcomes are related to how effective GSP's marketing materials are at increasing awareness of and knowledge about nursing career and educational opportunities.

Table 1 below shows the proportion of GSP applicants who attended a GSP information session, visited the GSP website, and/or read the GSP Guide to Career and Educational Resources. The most highly utilized of the three information sources was the GSP website (71.9%) and GSP's Guide to Career and Educational Resources (61.2%). Only 6.2% of applicants had attended a GSP information session. The majority of those who used the three information sources completely or somewhat agreed that they increased their knowledge of nursing career options (between 92.9% and 95.7%) and nursing education opportunities and available resources (95.7% to 96%). Most also offered agreement that the sources were valuable in making a decision to pursue a nursing career or expand on an existing nursing career (between 88.6% and 95.7%).

Because of GSP...

"NH will benefit from receiving some dedicated and wonderful new people into the nursing field."

"The state of New Hampshire's healthcare is in a much better position to face the challenges of the 21st century."

"We will be better off to support our aging population with our boost in nursing staff."

"Hundreds of diverse community members will enter to nursing pipeline."

GSP partners and staff

Table 1. Applicant (n=744) use and ratings of GSP information sources

	GSP Info session		GSP Website		GSP Guide*	
Utilized this source of information	46	6.2%	535	71.9%	455	61.2%
Completely/somewhat agree it increased my awareness of nursing career options	44	95.7%	497	92.9%	429	94.3%
Completely/somewhat agree it increased my awareness of nursing education opportunities and resources available to me	44	95.7%	512	95.7%	437	96.0%
Completely/somewhat agree it was valuable in making my decision to pursue a nursing career or expand on my nursing career	44	95.7%	469	87.7%	403	88.6%

*Guide to Career and Educational Resources

Among the interviewees, most participants, staff, and partners indicated that GSP's marketing strategies are effective. While some incumbents had pre-existing knowledge about nursing roles, most of the participants reported that GSP exposed them to new information about nursing roles, credentials, and career possibilities. The *GSP Guide to Education and Careers in Nursing* was described as particularly helpful.

Most of the incumbents and community members interviewed also learned about the resources GSP could offer to overcome barriers to a nursing education and career from GSP's marketing efforts. They learned that GSP could offer help navigating nursing programs and with the application process; assistance with tuition and financial aid; and resources for supplies (e.g., scrubs, textbooks, equipment) and other needs (e.g., transportation, legal help). Some learned such information from print materials, whereas others indicated that in-person communication (i.e., from GSP staff or partners) was the source of such information. A few participants argued that the number of applicants (744) and program participants (273) are evidence of how effective GSP's marketing efforts have been.

These data suggest that GSP was successful in achieving its short-term outcomes of:

- ***Increased awareness among target group members about nursing career and educational opportunities and associated resources to support nursing education and career advancement among members, and***
- ***Acknowledgement among target group members that they learned new and valuable information about nursing careers and education/training opportunities.***

Two additional short-term outcomes involved resources for the program, specifically community partners and the support they provide, as well as initial financial resources. Twenty-three partner organizations, including hospitals/employers, government entities, higher education, and community-based and workforce programs provided commitment letters for the grant proposal to the U.S. Department of Labor and committed \$1.8 million in leveraged resources, including (e.g., financial support, staffing, preceptor incentives, tuition assistance). They also agreed to market GSP and refer eligible participants to the program, including healthcare organizations that created a link between GSP and incumbent workers, and

INITIAL GSP PARTNERS

1. Elliot Hospital/Elliot Health System
2. Catholic Medical Center
3. Southern NH Health
4. NH Catholic Charities
5. Community College of NH (seven colleges and Apprenticeship NH)
6. Franklin Pierce University
7. New England College
8. NH Nurses Association
9. NH Department of Business and Economic Affairs, Office of Workforce Opportunity
10. Statewide Workforce Investment Board
11. NH Employment Security/NH Works
12. NH Department of Health and Human Services
13. International Institute of New England
14. Endowment for Health
15. MY TURN
16. Southern NH Area Health Education Center
17. Network4Health
18. Center for Life Management
19. The Mental Health Center of Greater Manchester
20. Families in Transition
21. Waypoint – Help Along the Way
22. The Upper Room
23. Building Community in NH

community, workforce, and educational programs that helped connect community members to GSP. Several of the partners were instrumental in shaping the program model and proposal content. As of June of 2023, the total funding of the Granite State PARTNERS Nursing Expansion Project was \$3.75M with 80% funded through the U.S. Department of Labor-Employment and Training, Nursing Expansion Grant (\$3M) and an additional 20% provided by non-Governmental resources.

The ability to garner these early financial resources and commitments from varied partners to support the launch and operation of GSP indicate that ***GSP was successful in achieving its other short-term outcomes of multiple partners provide initial support to the project, and initial resources identified or developed for the project.***

2. Intermediate outcomes

Because of GSP...

“Underserved people in the community have a new avenue to pursue a career in healthcare and a chance to be successful when they might not have otherwise been able to and they are changing their lives and our community for the better.”

“Many individuals were given an opportunity for career advancement or to start a career that will sustain them for the rest of their lives.”

“We are making a difference in people’s lives at an individual and family level who will serve our patients and our organizations and further support our community by contributing to and helping shape the economics of their communities.”

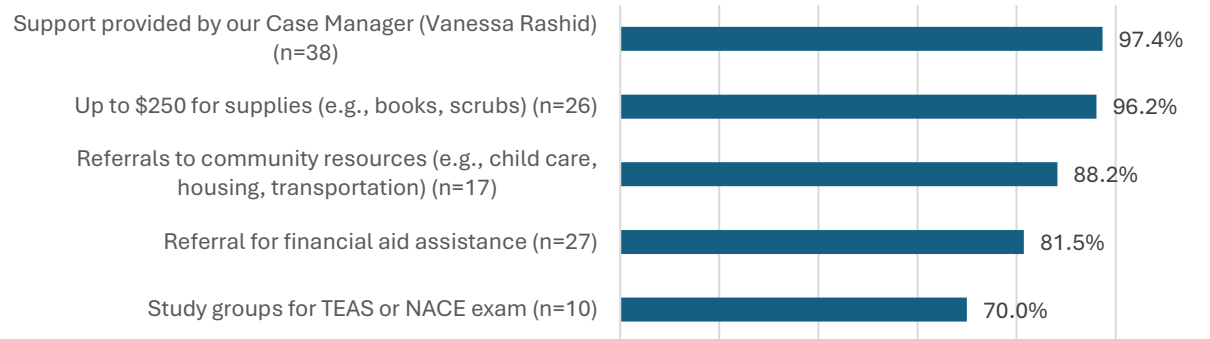
GSP partners and staff

Initially GSP set targets for incumbents (93 of those working full-time at their skill or base level when entering a training program) and community members (162 un- or under-employed individuals; those not working at skill or base level even if working full time). These categories have proven challenging because often a person enters the program as an incumbent (e.g., an LNA who is working full-time but who wishes to attend nursing school to become an RN), but then must reduce work hours or stop working in order to complete their nursing education (and thus no longer meets the definition of an incumbent). Therefore, the target numbers have been combined for a total target enrollment of at least 255 participants. As of the mid-point evaluation, GSP has engaged 273 participants in education and job training activities. Thus, ***the data show that GSP has exceeded its combined target of enrolling at least 255 participants in the program.***

Figure 1. below shows that the majority (greater than 75%) of those who completed the survey at the mid-point of their programs were somewhat or very satisfied with the financial support received for supplies, referrals to financial aid assistance, and referrals made to community resources to address needs such as childcare, housing, and transportation. Most (97.4%) indicated that they were satisfied with the support they

received from GSP’s case manager and that it has been easy to communicate with GSP’s case manager. While most (70%) were somewhat or very satisfied with the study groups for the TEAS or NACE exams, GSP fell a bit short of its 75% target for this program component. ***With the exception of the study groups, these findings indicate that GSP achieved its expected outcomes of at least 75% of those who engaged in program activities who expressed satisfaction with the education and job training activities and associated supports.***

Figure 1. Satisfaction (somewhat or very satisfied) with GSP supports/resources among those who used them by the mid-point of their programs



As shown in Figure 2 below, at the mid-point of their programs, the majority of participants who had worked with the Case Manager agreed (completely or somewhat) that GSP's Case Manager had been helpful and supportive to them (92.1%) and that, thanks to the Case Manager's help, they have gotten access to resources or assistance they needed (75%). The majority also indicated that other program resources were helpful to them, including the \$250 for supplies (96.2%), referrals to resources for housing, child care, transportation, etc. (88.2%), and help applying for or accessing financial aid (81.5%). While still a majority, only 70% of the mid-point survey respondents indicated that the study groups for TEAS or NACE were helpful to them. The end point data (see Table 2) show that between 91.7% to 100% of participants completely agreed that all of the GSP resources were helpful, including the study groups.

With the exception of the TEAS/NACE study groups among mid-point survey respondents, the data indicate that GSP achieved the outcome of at least 75% of participants expressing that supportive services are relevant to address their needs and to overcome obstacles to nursing education, training, and career advancement was met.

Because of GSP...

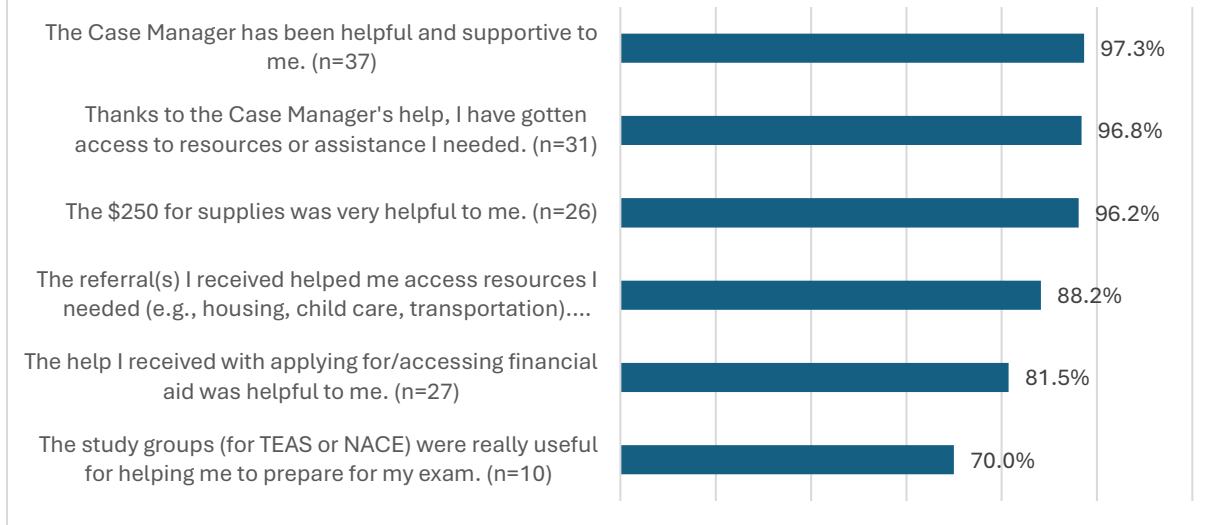
"I am more aware of the resources in my community and have the ability to develop new resources."

"I've made more connections within the community."

"I have gained a deep appreciation for what can be accomplished when different entities come together to better the community..."

GSP partners and staff

Figure 2. Agreement (completely or somewhat) with statements about GSP support/resources among those who used them by the mid-point of their programs



Participants expressed in their own words what GSP's resources have meant to them and their ability to pursue nursing education and training.

"The program was instrumental in [allowing me] to take the time to focus on school and not worry about things financially." (GSP participant)

"They offer anything you could possibly need to make sure you can complete your education and degree." (GSP participant)

"I was provided the most successful start that I could get going into nursing school for my first year, having those resources and benefits to make sure I could focus on school itself and not outside factors was crucial." (GSP participant)

The preceptor course is still in its pilot phase. Post-test results will not be available until after the mid-point evaluation is complete. Thus, **at this time, data are not available to demonstrate whether at least 75% of those who complete the preceptor elective at Manchester Community College (and future expansion schools) express feeling motivated to serve as preceptors in the future.**

Between 30 and 40 partners have attended each of the GSP partner meetings and the partners reported various ways in which they have supported the success of the project since its inception (e.g., promoting the program and sharing/posting marketing materials, conducting outreach and actively recommending GSP to potential participants; working on the preceptor course or GSP's Guide to Career and Educational Resources, contributing funding or identifying funding opportunities). **These findings suggest that GSP has been successful in achieving its intermediate outcome of partners remaining engaged in the project over time.**

In addition to the \$3.75 million in resources available at the time of GSP's inception, the program has attracted nearly \$192,000 in additional resources to support the mid-point evaluation (\$20,000), tuition costs associated with pre-requisites (\$61,800), and supports and resources for program participants (\$110,100). GSP was also invited to apply for an additional \$30,000 by Citizens bank; the proposal status is currently pending. The program's success in securing these additional resources indicates that ***GSP has been successful in achieving its intermediate outcome of expanding the number of project resources over time.***

3. Long-outcomes

At the time of the midpoint evaluation, GSP has attracted 744 applicants and engaged 273 participants in the program, but only a sub-set of those participants (n=20) have completed their education and job training activities. ***With more than two years remaining in the grant period, it is too soon to project with certainty whether GSP will meet its long-term outcome of at least 255 participants who've completed education/job training activities.*** All of the partners and staff interviewed for the evaluation believe GSP will be successful in supporting the majority of the 273 participants through their education and will ultimately meet or exceed the combined target of 255 who've completed education/job training activities.

To date, 12 of the 20 who've completed their education/training completed the end-point survey (requested of those who complete their education and training). Table 2 below shows that all participants completely agreed with statements that indicate they were satisfied with GSP's support and resources and found the resources to be relevant and helpful to them. All either completely (91.7%) or somewhat (8.3%) agreed that, thanks to GSP's Case Manager, they got access to the resources and assistance they needed and that, without the supports and services provided by GSP, they would not have been able to complete their nursing education.

Table 2. Agreement with statements about GSP by program completers (n=12)	n	Completely agree	Somewhat agree
It was easy to communicate with our Case Manager (Vanessa Rashid).	12	100.0%	0.0%
The Case Manager was helpful and supportive to me.	12	100.0%	0.0%
The study groups (for TEAS or NACE) were really useful for helping me to prepare for my exam.	3	100.0%	0.0%
The referral(s) I received helped me access resources I needed (e.g., housing, child care, transportation).	4	100.0%	0.0%
The help I received with applying for/accessing financial aid for my pre-requisites and/or my program was helpful to me.	10	100.0%	0.0%
The help I received with applying for/accessing financial aid for my nursing program was helpful to me.	10	100.0%	0.0%
The \$250 for supplies for very helpful to me.	11	100.0%	0.0%
Thanks to the Case Manager's help, I got access to resources or assistance I needed.	12	91.7%	8.3%
Without the supports and services provided to me by Granite State Partners, I wouldn't have been able to complete my nursing education program.	12	91.7%	8.3%

While the number of participants who completed the survey is small, ***the results indicate that GSP has thus far achieved its long-term outcome of at least 75% of participants who complete education/job training activities acknowledging that the program's supports and services were essential to completing their education/job training and achieving a credential.***

Among the interview and survey participants who attributed their success to GSP were those who said the following.

“[Because of GSP] I was able to fulfill my education in order to pursue my calling as a nurse and I am very grateful for all the help.”

“[Without GSP] I wouldn’t have been able to continue my education and get this degree.”

“[Without GSP] I would not have been able to pursue this degree.”

Quantitative survey data from program completers are not available to indicate whether 75% of those who obtain credentials acknowledge that GSP’s supports and services were essential to obtaining them. However, some survey responded offered the following open-ended feedback.

Without the support provided by GSP, I would not have been able to complete my goal of being a licensed LNA.”

“I would not have been able to obtain my certification and license. This has put me in a better position to become gainfully employed.”

At the end of the DoL grant period, GSP expects that the majority of program participants will be employed on a nursing pathway; and, within three quarters of completing their education/training, they will have an increased rate of pay. At this time, however, **it is too early to assess the extent to which the following outcomes were met: (1) At least 90% of participants who complete education/job training activities advance to positions on a nursing pathway with an increased rate of pay within three quarters of completing the program.; (2) At least 75% of participants who advance on a nursing pathway with an increased rate of pay will acknowledge that GSP’s supports and services were essential to their career advancement.** These outcomes will be evaluated at the end of the DoL grant period, when GSP hopes to conduct another round of evaluation.

GSP has added 22 new partners since its inception. Network4Health was dissolved, however its former leadership is still active in GSP and facilitated engagement of other organizations. In addition to Elliot Hospital, GSP has 43 partners. As such, **GSP has been successful in achieving its long-term objective of expanding the number of partners beyond the initial supporters.**

GSP PARTNERS ADDED SINCE INCEPTION

1. Amoskeag Health
2. ApprenticeshipNH
3. Community Action Partnership Hillsborough and Rockingham Counties/Southern NH Services
4. Easterseals
5. Foundation for Healthy Families
6. Granite Edvance
7. Great Bay Community College
8. HealthforceNH
9. JAG NH
10. LNA Health Careers
11. Nashua Community College
12. New Hampshire Hospital
13. NH Business Connect
14. NH Songa
15. Rivier University
16. Southern NH University
17. St. Anselm's College
18. St. Joseph School of Nursing
19. University of NH
20. Virtual Learning Academy Charter School
21. Vocational Rehabilitation NH
22. Welcoming NH

GSP is approaching the half way point of the DoL grant period. While developing a plan for sustainability is on the agenda for the second half of the grant period, ***GSP has not yet achieved the long-term outcome of a plan for continued collaboration among partners (e.g., identified chair/co-chairs) and for sustaining the multiple resources created for the program after the grant period.***

III. Conclusions

With regard to the process evaluation, GSP was implemented with ***fidelity*** and has been effective at adapting, most notably securing resources to meet barriers to participant success. GSP has employed effective strategies for ***recruitment and maintenance*** of both participants and its partners. GSP's offerings are viewed as valuable and effective at overcoming multiple obstacles to nursing education. While its strategies related to ***initial and continued use*** are effective, GSP should work with its education partners to address barriers to program enrollment and completion within the nursing education system. GSP has been successful in overcoming multiple barriers, although the current ***context*** in which it operates does threaten GSP's financial sustainability, and its ability to engage and retain immigrants and lower-income individuals in the program. Because other nursing workforce programs tend to work in cooperation rather than competition with GSP, there are no major ***confounders or contaminants*** impacting GSP's ability to achieve its outcomes. However, some potential participants may be lost to other career fields with less demanding educational and licensing requirements. Although continued funding is a concern related to GSP's ***transition and sustainability***, the partners are motivated to continue the collaboration should funding be available after the DoL grant period.

As of the mid-point, ***GSP has performed well in relation to its outcomes.***

- In the short-term, GSP has been successful at increasing awareness of the program, its resources, and nursing career and educational opportunities, and in attracting multiple partners and initial resources to the project.
- Among its intermediate outcomes, GSP has exceeded its target for program participation and over 75% of participants found most of the program resources satisfying and relevant to their needs. The partners have remained engaged and the number of project resources has grown. Data related to the preceptor elective is not yet available to assess GSP's success related to success of the course in improving participants' motivation to serve as preceptors in the future.
- More time is needed to fully evaluate GSP's ability to achieve its long-term outcomes related to program completion and credentialing, career advancement. However, among those who've completed the program to date, GSP has demonstrated its importance to the completion of one's education and ability to obtain a credential. GSP has not yet developed its plan for sustaining the program and collaboration among its partners.

IV. Recommendations

A. For GSP

Because, as the evaluation indicates, GSP has been an effective model and successful with regard to multiple outcomes, the staff and partners should continue with the model and its current approach. However, the evaluation offered a few insights that may improve GSP's success.

- Now that multiple participants have completed their education, add their testimonials to GSP's marketing materials.
- Given the importance of the supports and demands on the role, consider increasing case management support and identify a single effective case management system.
- While still a majority, GSP fell short of its 75% targets related to satisfaction with and the relevance of its TEAS/NACE study groups. Thus, the program staff may want to explore ways of further increasing satisfaction and the utility of the groups.
- Continue to work with nursing programs to overcome barriers to admission and retention and identify additional nursing programs for those awaiting placement.
- Complete piloting, evaluation, an expansion of the preceptor course; ensure the course evaluation includes measures related to GSP's intermediate outcome (i.e., whether those who complete the course feel motivated to serve as a preceptor in the future).
- Continue collecting data to inform an end-of-program evaluation of GSP's effectiveness related to all of its outcomes. To that end, ensure measures exist related to GSP's role in helping participants get credentials (on the end of program survey) and related to career advancement (via a follow up assessment with program completers at least 9 months after their program completion)
- Develop a plan for sustaining the program, including stable financial support, a permanent home for GSP, staffing to support all program activities, and to ensure leadership for and continued collaboration among GSP partners.

B. For Those Interested in Replicating the GSP Model

The evaluation identified several early lessons learned about the GSP model. Below are recommendations related to the many elements of GSP that work well, a few that have been improved along the way, and a couple that still require attention.

- (1) Engage diverse stakeholders (hospitals, academic nursing programs, workforce development/employment programs, professional associations, community/social service programs) in developing the mission and model to ensure their buy-in to the program,.
- (2) Invest in regular in-person and well facilitated partner meetings in a convenient location to support relationship building and fully focus on the program. At those meetings, share participants success stories, actively engage partners in problem-solving to improve the program, and allow time for partner sharing about events, opportunities, and challenges to ensure their involvement feels meaningful. Communicate regularly with partners between meetings to retain engagement of those who are unable to attend meetings.
- (3) Use multiple outreach and marketing strategies, including word of mouth recommendations and dissemination of written materials via partners, managers and human resources personnel in hospitals, faculty and administrators in nursing programs, and at workforce development and community programs. Maintain an online presence with

a program website and use of social media; and publicize the program in local and online media and partner newsletters. Attend job fairs and staff information sessions at partner institutions. Provide partners with marketing materials that can be easily adapted, posted, and disseminated in their institutions and to their constituents. Ensure materials clearly articulate the supports and resources provided by the program and the target audience/eligibility criteria, and provide education about the different roles, career opportunities, and requirements involved in each. Add testimonials from program participants once they become available.

- (4) Be prepared to provide an array of supports to participants to attract and maintain them in the program, including financial support for pre-requisites, tuition, and supplies; referrals and support for other costs of living (e.g., rent, transportation, childcare, food); and skill-building opportunities including ESL classes and study groups. Invest in robust case management capacity to ensure participants' needs are addressed, support is readily available when obstacles arise, and encouragement and emotional support are provided to participants throughout. Identify and utilize an effective case management tracking system to support the services, ensure timely follow-up, and support reporting and evaluation.
- (5) Employ staff with a complimentary mix of skills (e.g., administrative/program and grants management, organizational, communication and facilitation, interpersonal), experience in nursing and in the community working with diverse populations, and a positive attitude and passion for the program mission.
- (6) Begin planning early for the program's sustainability by identifying stable sources of financial support. Secure staffing to successfully run the program, effectively support participants, and maintain meaningful stakeholder engagement. Secure a permanent "neutral" administrative/fiscal home for the program that can support collaboration among health care organizations who naturally compete for qualified nursing staff. Ensure the home organization's senior leadership is committed to the program's success, allows staff the freedom and flexibility to manage the program as needed, and provides support when necessary (e.g., development, legal, risk management, government relations).
- (7) Be prepared to work closely with multiple nursing education programs to address potential barriers to participant enrollment and success, including unclear/inconsistent entrance requirements, availability of required courses and an adequate number of spots to meet demand, flexible models for students who work, and collaborative support of participants to ensure their success. If reliant on time-limited funding, invest early in ensuring pathways to nursing programs are established and that participants will have time to complete their education during the grant period. Collaborate to ensure enough clinical placements and preceptors are available to meet the need and that preceptors are prepared to provide a positive and supportive learning experience for culturally diverse nursing candidates.
- (8) Identify and work collaboratively with other nursing workforce programs in the region to learn from one another and avoid competition.
- (9) As much as possible, guard against external threats by diversifying funding and engaging multiple community programs who have the trust of the program's target communities and that offer the supports and services participants need.
- (10) Employ an evaluation strategy and continuous improvement framework to address needs as they arise, demonstrate the value and effectiveness of the program, and aid in marketing the program, attracting partners, and soliciting additional resources.

Those interested in learning more about Granite State Partners should email Sarah Vlasich BSN, RN, CMSRN, Workforce Development Specialist & Granite State PARTNERS Project Manager, Elliot Health System at sarah.vlasich@elliott-hs.org