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WESTERN NORTH DAKOTA AHEC

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## **North Dakota Area Health Education Center Testimony on HB 1142**

### **House Appropriations Human Services Committee**

**Room: Sakakawea**

**Senator Lee**

#### **Denise Andress – Director, Western Area Health Education Center**

Chairwoman and members of the committee, my name is Denise Andress. I am a registered nurse and Director of the Western North Dakota Area Health Education Center.

The North Dakota Area Health Education Centers (ND AHEC), based on federal guidelines, must be housed in rural areas, where citizens served by the ND AHEC reside. The regional centers based in Mayville, ND and Hettinger, ND provide the rural opportunities at the grass roots level separated from the major urban areas of ND (Bismarck, Minot, Fargo, and Grand Forks). The ND AHEC has leveraged dollars from Federal, state and private funds for rural health care programs. The ND AHEC has three core focus areas: Kindergarten through college, rural clinical rotations for health profession students, and continuing education for health care professionals. Each of these core areas is vital for meeting the health care workforce needs of rural North Dakota.

I am excited to share the accomplishments since the last biennium, ND AHEC has:

- Reached over 23,256 participants and in every county in ND;
- Supported \$103,111 in health occupation activities for students;
- Assisted 144 students in rural clinical rotations;
- Contributed towards continuing education for health professionals; and
- Increased the number of HOSA-Future Health Professionals student led high school organization chapters to 16; with 584 student members and since 2012 have had 2084 non duplicate HOSA members.

In the last three biennium our funding for the ND AHEC has been placed in the Department of Commerce, Workforce Division (NDDOC). In these years, we have met the contractual requirements of the program requests. Within the Workforce Division of the NDDOC, ND AHEC has been the healthcare component identifying the workforce needs in rural areas. The following is a list of the biennium with financial state contributions as follow to provide health care development, employment and recruitment:

- 2013-2015 Biennium: \$400,000
- 2015-2017 Biennium: \$200,000
- 2017-2019 Biennium: \$0 allocated from the legislature; \$300,000 provided from North Dakota Department of Commerce - Commissioners Discretionary funds

- 2019-2021 Biennium: \$0 allocated from legislature; \$200,000 provided from North Dakota Department of Commerce-Commissioners Discretionary funds

We are very proud of our accomplishments because of the funding we have received.

I will highlight three key programs:

HOSA-Future Health Professionals is a student led high school organization. It is the ONLY health care specific student organization in the state. As I previously mentioned, we currently are working with 584 students and have begun tracking them as they participate in HOSA activities. Currently, in the 164 public high schools in the state, only 46 offer a health career course; with only 28 health career instructors; 22 of which are in our four large or urban communities and only 6 serving rural. HOSA-Future Health Professionals program fills the gap in rural communities by utilizing rural health care professionals to mentor students. Through this program we are working to grow the pipeline of students who become health care providers in the state of North Dakota.

ND AHEC also supports health profession students in existing rural experiences and also assists with arranging new rural clinical rotations. More importantly, we work directly with these students to engage them in local activities outside of work. Recruitment of health care providers is easier if they have had the opportunity to 'live local' and get to know the people and the community environment. We are also tracking these students in an effort to identify what health care related activities they participated in and where they put roots down. This program is becoming more critical to the healthcare organizations in our state. We have had several critical access hospitals requesting housing and travel support for healthcare students. Because of an increase of locum travel support, increase demands on preceptors and unavailability of housing for students, some students are having to pay to live in these areas. As you can imagine, this has become more so during Covid. Housing for our students has not been the option for students that have normally stayed with an elderly couple or in a room at the hospital. These students are now looking into hotels so they can complete their rural rotation.

A new program AHEC has is the AHEC Scholars program. Requirements for this program include the last 2 years of the health care program (or last one year if a technical program), each year complete 40 hours of a rural clinical rotation and complete 40 hours of didactics directly related to rural and underserved populations. This program currently has 45 students we are tracking, not surprising, there has been 20 students in the last 2 months that have been recruited for this program. As this program grows to 50 students, we will have to cap the number of students participating. We will not have the funding to add other students which will limit the opportunity to recruit health care students to rural ND. With legislative support, the ND AHEC could expand this program to support students going to rural areas where the healthcare professionals are in critical need.

The nursing shortage that we are experiencing is much more crucial in our rural areas than in our urban counterparts. The ND AHEC is working with our rural healthcare facilities to consider implementing a rural nursing program. We work with the facilities and make connections with academic institutions to bring the rural nursing program to their community. We are making that link. Watford City and Hettinger are adding to the list of community based technical nursing programs to "grow their own". We are working with these facilities to plan ahead and solve this nursing shortage. We help them to identify community resource and local talent so our rural students can continue to work for their facility, make an income and be with their families. We are asking too much of them to travel miles from their

home for an education when we can bring it right to their home town. Programs like the Dakota Nursing program can assist these communities in development of the rural nursing program. It is imperative that we are out there to work with these communities.

With all our additional programs, we are continuously evaluating them to ensure effectiveness in achieving our mission. We need to improve evaluation with students in high school and college to identify what health care career path they are pursuing, and whether they would like to work in primary care or in a rural and/or an underserved community. Just recently we identified the 2094 no duplicate students that have participated in HOSA since 2012. To receive federal funds, we are obligated to report specific program data; however, we need to expand our data collection efforts to better identify the reach of the AHEC and to best meet the needs of our rural communities.

A sincere thank you, for your support in the last legislative session. To continue the successful work of North Dakota AHEC, and on behalf of our rural communities, please support House Bill 1142.

If you have questions at this time, I would be more than happy to discuss them with you.

Thank you,

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