



**Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**NURSE EDUCATION, PRACTICE, QUALITY AND  
RETENTION PROGRAMS  
Fiscal Year 2019**

## Executive Summary

This Report to Congress is required by provisions of sections 831 and 831A of Title VIII of the Public Health Service (PHS) Act that were in force during fiscal year (FY) 2019,<sup>1</sup> which state, in part:

*Sec. 831(f) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

*Sec. 831A(e) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

The Health Resources and Services Administration's (HRSA) Nurse Education, Practice, Quality and Retention (NEPQR) programs address national nursing needs and strengthen the capacity for basic nurse education and practice under three priority areas: education, practice, and retention. NEPQR programs support academic, service, and continuing education projects to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. Current NEPQR investments focus on preparing the current and future workforce in coordinated care delivery models; expanding nursing practice arrangements in non-institutional settings to improve access to primary health care; providing care for underserved populations and other high-risk groups, such as persons with substance use disorders; and increasing the enrollment of veterans in Bachelor of Science in Nursing degree programs.

This document serves as the annual report for FY 2019. The report provides a description of the nursing workforce priority areas, cooperative agreements, and contracts under the NEPQR authority.

In FY 2019, NEPQR supported 68 cooperative agreements and 3 contracts totaling \$39.3 million. In addition, 19 of the Interprofessional Collaborative Practice program awardees and 11 of the NEPQR-Veteran Bachelors of Science Degree in Nursing Program awardees received no cost extensions to conduct their program activities into FY 2019. Section 805 of the PHS Act requires preference in funding be given to projects designed to substantially benefit rural and/or underserved populations or to help meet the public health nursing needs in state or local health departments. HRSA also used appropriated funds to administer the program.

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<sup>1</sup> The Coronavirus Aid, Relief and Economic Security Act (CARES Act), Public Law No: 116-136, amended section 831 and eliminated section 831A. This Report references the prior versions of sections 831 and 831A throughout.

FY 2019 NEPQR funding supported cooperative agreements for the following programs:

- The Interprofessional Collaborative Practice: Behavioral Health Integration (IPCP:BHI) Program expands the data-driven practice of integrating behavioral health providers into nurse-led primary care teams and funds 19 cooperative agreements totaling \$8,879,370.
- The Veteran Nurses in Primary Care (VNPC) Training Program recruits and trains military veteran nursing students to practice at the full scope of their license in community-based primary care teams and provides professional development opportunities and educational support for practicing Registered Nurses/preceptors. VNPC funds seven cooperative agreements totaling \$3,204,015.
- The Registered Nurses in Primary Care (RNPC) Training Program recruits and trains nursing students and registered nurses to practice at the full scope of their license in community-based primary care teams and funds 42 cooperative agreements totaling \$26,757,772.

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## Acronym List

APRN	Advanced Practice Registered Nurse
BSN	Bachelor of Science in Nursing
BHW	Bureau of Health Workforce
CRHC	Capstone Rural Health Center
CMS	Centers for Medicare & Medicaid Services
CBAPC	Community-Based Ambulatory Primary Care
FQHC	Federally Qualified Health Center
FPL	Federal Poverty Level
FY	Fiscal Year
FTE	Full Time Equivalent
HRSA	Health Resources and Services Administration
HPSA	Health Professional Shortage Area
IPCP	Interprofessional Collaborative Practice
IPCP: BHI	Interprofessional Collaborative Practice: Behavioral Health Integration
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Queer/Questioning
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NEPQR	Nurse Education, Practice, Quality and Retention
PHS	Public Health Service
RN	Registered Nurse
RNPC	Registered Nurse in Primary Care
UDS	Uniform Data System
VA	Veterans Affairs
VBSN	Veterans Bachelor of Science Degree in Nursing
VNPC	Veteran Nurses in Primary Care

# I. Legislative Language

The Health Resources and Services Administration (HRSA) provides this report to Congress, as outlined by provisions in sections 831 and 831A of Title VIII of the Public Health Service (PHS) Act that were in force during fiscal year (FY) 2019,<sup>2</sup> which state in part:

*Sec. 831(f) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

*Sec. 831A(e) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

This document serves as the annual report for FY 2019 for the Nurse Education, Practice, Quality and Retention (NEPQR) programs. The report provides a description of the nursing workforce priority areas and the awards and contracts funded under the NEPQR authority.

## II. Introduction

HRSA's Bureau of Health Workforce (BHW) provides policy leadership and support for health professions workforce development to equip clinicians in the United States with appropriate skills and place them in areas of greatest need. Additional information about BHW and its programs is available at <http://www.hrsa.gov/about/organization/bureaus/bhw/>.

The NEPQR programs have broad statutory authority to address the development and advancement of the nursing workforce. NEPQR's authorizing statute specifies education, practice, and retention as priority areas. A full list of the original NEPQR priorities is below. Note that HRSA has integrated quality throughout all priority areas.

### Education Priority Areas

- (1) expanding the enrollment in baccalaureate nursing programs; and
- (2) providing education in new technologies, including distance learning methodologies.

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<sup>2</sup> The Coronavirus Aid, Relief and Economic Security Act (CARES Act), Public Law No: 116-136, amended section 831 and eliminated section 831A. This Report references the prior versions of sections 831 and 831A throughout.

### Practice Priority Areas

- (1) establishing or expanding nursing practice arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in medically underserved communities;
- (2) providing care for underserved populations and other high-risk groups, such as the elderly, individuals with HIV/AIDS, individuals with substance use disorders, the homeless, and victims of domestic violence;
- (3) providing coordinated care and other skills needed to practice in existing and emerging organized health care systems; and
- (4) developing cultural competencies among nurses.

### Retention Priority Areas

- (1) promoting career advancement for individual practitioners including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become either baccalaureate prepared registered nurses (RN) or advanced practice registered nurses (APRNs), in order to meet the needs of the nursing workforce;
- (2) developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties;
- (3) assisting individuals in obtaining the education and training required to enter the nursing profession and advance within the profession; and
- (4) improving the retention of nurses and enhancing patient care delivery systems that are directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision-making processes of a health care facility.

## III. Overview

NEPQR programs address national nursing needs and strengthen the capacity for basic nurse education and practice under three priority areas: education, practice, and retention. NEPQR programs support academic, service, and continuing education projects to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. NEPQR programs have a variety of goals and purposes that support the development, distribution, and retention of a health workforce that can adapt to changing health care needs and provide the highest quality of care. The table below includes funding amounts and awards for NEPQR cooperative agreements and contracts supported by HRSA in FY 2019. As required by section 805 of the PHS Act, projects designed to benefit rural and/or underserved populations or to help meet the public health nursing needs in state or local health departments received funding preference. HRSA expended appropriated funds for cooperative agreements and contracts, as well as to administer the program.

**Table 1 – FY 2019 NEPQR Funding and Awards****Fiscal Year & Programs/Contracts**

<b>FY 2019 Awards</b>	<b>Number of Awards</b>	<b>Award Amount</b>
Interprofessional Collaborative Practice: Behavioral Health Integration Cooperative Agreements	19	\$8,879,370
Interprofessional Collaborative Practice Program	19	\$0 <sup>1</sup>
Veteran Bachelor of Science in Nursing Program Cooperative Agreements	11	\$0 <sup>2</sup>
Veteran Nurses in Primary Care Training Program Cooperative Agreements	7	\$3,204,015
Registered Nurses in Primary Care Training Cooperative Agreements	42	\$26,757,772
<b>Total</b>	<b>98</b>	<b>\$38,841,157</b>
<b>FY 2019 Contracts</b>	<b>Number of Contracts</b>	<b>Contract Amount</b>
REI Systems, Inc. <sup>3</sup>	1	\$177,956
John Snow Incorporated <sup>4</sup>	1	\$297,768
Integrated Work <sup>5</sup>	1	\$17,332
<b>Total</b>	<b>3</b>	<b>\$493,056</b>
<b>Total FY 2019 Funding</b>		<b>\$39,334,213</b>

<sup>1</sup> Awards supported No-Cost Extensions with no allocation of funding for FY 2019.

<sup>2</sup> Awards supported No-Cost Extensions with no allocation of funding for FY 2019.

<sup>3</sup> Contract for information technology support and electronic management of NEPQR cooperative agreements.

<sup>4</sup> Contract to provide awardee support and training.

<sup>5</sup> Contract to support peer-learning initiatives to build awardee capacity and sustainability.

## **Interprofessional Collaborative Practice: Behavioral Health Integration Program**

The Interprofessional Collaborative Practice: Behavioral Health Integration (IPCP: BHI) Program was designed to expand the practice of integrating behavioral health providers into nurse-led primary care teams to increase access to care, enhance care coordination, and improve patient outcomes in underserved community-based settings. The program strengthens nursing's capacity to advance the health of patients, families, and communities. The program is consistent with the NEPQR practice priority three, as it provides quality coordinated care and other skills needed to practice in existing and emerging organized health systems. In FY 2019, HRSA awarded 10 cooperative agreement continuations and 9 separate 1-year cooperative agreement extensions for a total investment of \$8,879,370.



## **Interprofessional Collaborative Practice Program**

The Interprofessional Collaborative Practice (IPCP)<sup>3</sup> Program funding ended in FY 2018. Nineteen cooperative agreements received No-Cost extensions in FY 2019. HRSA designed the program to create or expand collaborative practice environments comprised of nurses and other types of health professionals. Interprofessional team-based care environments include high-functioning health professionals who collaborate and communicate to increase access to care and achieve high quality patient and population-centered outcomes. The program was consistent with the NEPQR practice priorities as it provides quality coordinated care to underserved populations.

## **Veterans Bachelor of Science Degree in Nursing Program**

The Veterans Bachelor of Science Degree in Nursing (VBSN) Program funding ended in FY 2018. Eleven cooperative agreements received No-Cost Extensions in FY 2019. HRSA designed the program to increase enrollment, progression, and graduation of veterans from Bachelor of Science in Nursing (BSN) programs. The VBSN Program is consistent with the NEPQR education priority. The program prepares veterans to make the transition from their military role to that of a civilian nurse. These schools provide enhanced support services to veterans enabling their enrollment, retention, graduation, and successful passage of the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

## **Veteran Nurses in Primary Care Training Program**

HRSA designed the Veteran Nurses in Primary Care (VNPC) Training Program to recruit and train military veteran nursing students to practice at the full scope of their license in community-based primary care teams. In addition, the program provides professional development opportunities and educational support for practicing RNs/preceptors aimed at developing primary care expertise and skillsets to provide high-quality care that addresses the unique needs of veterans. The program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to deliver value-based primary care, improve the distribution of the nursing workforce, increase access to care, and improve population health outcomes by strengthening the capacity for basic nurse education and practice. The VNPC Training Program addresses all three NEPQR priorities. For FY 2019, HRSA awarded seven new cooperative agreements totaling \$3,204,015.

## **Registered Nurses in Primary Care Training Program**

HRSA designed the Registered Nurses in Primary Care (RNPC) Training Program to recruit and train nursing students and RNs to practice to the full scope of their license in community-based primary care teams. The goal of this program is to increase access to care with an emphasis on

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<sup>3</sup> The acronym IPCP refers to the NEPQR program, but the concept of interprofessional collaborative practice described in the program descriptions is spelled out.

chronic disease prevention and control including mental health and substance use disorder conditions. The program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to address pressing national public health issues. The program also seeks to broaden the distribution of the nursing workforce in areas of need, increase access to care, and improve population health outcomes by strengthening the capacity for basic nurse education and practice. The RNPC Training Program projects focus on all three NEPQR priorities. For FY 2019, HRSA awarded 42 continuing RNPC cooperative agreements totaling \$26,757,772.

## **Contracts**

In FY 2019, HRSA awarded contracts for three NEPQR programs. REI Systems, Inc. was awarded \$177,956 to provide information technology support to BHW's Division of Nursing and Public Health programs. This support includes enhancements to the Electronic Handbooks System used to manage awardee applications and reporting. HRSA awarded \$297,768 to John Snow, Inc. to provide awardee support and training, technical assistance, analytical support, data verification, and reporting-related materials. This contract also provides enhancements to support the integration of data and report generation into the Electronic Handbooks from the Uniform Data System (UDS).<sup>4</sup> Integrated Work was awarded \$17,332 to support topic-based learning collaboratives that facilitate peer learning and program sustainability between awardees.

## **IV. Uniform Data System (UDS) Data Points**

The UDS is a standardized reporting system that collects a core set of information for reviewing the operation and performance of NEPQR's nurse-led care teams. HRSA reviews the data to ensure compliance with legislative and regulatory requirements, to improve team performance and operations, and to report overall program accomplishments.

IPCP and IPCP:BHI awardees focus on enhancing patient care delivery directly related to nursing activities. In calendar year 2018, the combined programs provided patient care services to 29,115 patients with 83,609 visits. Tables 2-4 below reflects the UDS data related to patient populations and direct patient care services provided by 38 IPCP and IPCP:BHI awardees.

Table 2 includes the household income status of patients, collected in the UDS based on the current year's Federal Poverty Level (FPL) guidelines. In calendar year 2018, 92 percent of patients reported household incomes that were 200 percent or less of the FPL.<sup>5</sup>

In addition, Table 2 provides the insurance status of patients. The UDS defines insurance status as whether the patient had primary medical insurance as of their last visit of the reporting year. In 2018, 36 percent of patients served were uninsured, 41 percent had public insurance, defined

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<sup>4</sup> See section IV for more details.

<sup>5</sup> This is the percent of known household income reported, as the UDS includes an unknown category for patients who choose not to report this information.

as Medicaid, Medicare, or other public insurance. The remainder of patients (23 percent) had private primary medical insurance.

**Table 2 – Socioeconomic Data**

**Socioeconomic characteristics of patients seen and treated by NEQPR awardees**

<b>Characteristics</b>	<b>Percent of patients with characteristic</b>
Low Income*	92%
Uninsured	36%
Public Insurance**	41%
Private Insurance	23%

\* Income below 200 percent of FPL

\*\* Medicaid, Medicare, or other public insurance

Table 3 reflects the categories of services provided by the 38 awardees in 2018. Seven categories of services reported in the UDS count the number of visits and patients. These include primary care; dental; mental health; substance use disorder; and other professional, vision, and enabling services.<sup>6</sup> The majority of awardees provide primary care (84 percent), behavioral health (68 percent), and enabling (34 percent) services; with dental services provided by 8 percent.

**Table 3 – Service Provided Data**

**Services provided by NEQPR awardees**

<b>Types of Services</b>	<b>Percent of awardees providing services</b>
Primary Care	84%
Dental	8%
Behavioral Health	68%
Enabling*	34%

\*Enabling services include a wide range of services that support and assist primary care and facilitate patient access to care. Enabling services include case management, transportation, outreach, patient/community education, eligibility assistance, translation services and community health workers.

The UDS reports the number of unduplicated patients by each service category with total visits provided to these patients in each service category. Table 4 includes the average number of visits per patient during the year in primary care, mental health, substance use disorder, and enabling services. As noted multiple visits per patient per year reflects continuity of care. Mental health and enabling services account for the highest number of visits per patient per year with an average of three visits per patient per year in each of these service categories. Enabling services includes patients who had visits with case managers or health educators.

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<sup>6</sup> Behavioral health as listed in Table 3 includes awardees that reported either mental health or substance use disorder, as the UDS separates these categories of services.

**Table 4 – Continuous Care Data**

**Continuous care services provided by NEQPR awardees**

<b>Types of Services</b>	<b>Average number of visits per patient, per year</b>
Primary Care	2.16
Mental Health	3.14
Substance Use Disorder	1.64
Enabling	3.17

Staffing data as shown in Table 5 is reported in terms of Full Time Equivalents (FTEs). FTEs represent more individuals than the actual number of FTE. For example, a “one FTE” nurse practitioner may represent three individual nurse practitioners each working part-time. Non-clinical support staff includes administrative, financial, and front desk patient support staff. As noted in the table the majority of FTE staff are medical providers and medical support including nurses and other medical staff.

**Table 5 – Employment Data**

**FTEs of staff members and volunteers employed by NEPQR awardees**

<b>Staff type</b>	<b>Number of FTEs</b>
Physicians, certified nurse midwives, nurse practitioners and physician assistants	54
Nurses and other medical professionals	39
Behavioral health (mental and substance use disorder) professionals	38
Enabling	26
Non-clinical support	47
<b>Tenure</b>	<b>Years</b>
Average tenure of medical providers (including nurses) at NEPQR awardee	1.8 years

## **Quality of Care and Outcome Measures Indicators: Clinical Performance**

The UDS report collects clinical quality measures to align with the Centers for Medicare & Medicaid Services’ (CMS) electronic-specified clinical quality measures. As defined by CMS, quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

Quality of care can be compared with national benchmarks and quality standards. NEPQR awardees provide high quality care and their activities have led to outcomes that exceed Healthy People 2020 goals as noted in Table 6. Quality of care measures are process measures shown to correlate with, and serve as a proxy for, positive long-term health outcomes.

**Table 6 - Outcome Data**

<b>Quality of care and outcome measures</b>	<b>NEPQR performance rate</b>	<b>Healthy People 2020 goal</b>
<b>Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years or older screened for depression on the date of the visit using an age appropriate standardized depression-screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.	80%	2.3% - 2.4%*
<b>Use of Appropriate Medications for Asthma:</b> Percentage of patients five through 64 years of age identified as having persistent asthma and who were ordered appropriate medication.	95%	37%
<b>Early Entry into Prenatal Care:</b> Percentage of prenatal care patients who entered prenatal care during the first trimester.	80%	78%
<b>Low Birth Weight:</b> Percentage of babies of health center prenatal care patients born whose birthweight was below normal (<2500 grams).	5%	8%
<b>HIV Linkage to Care:</b> Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis.	100%	N/A

\*Data reflects goals for increase in screening not performance rate.

## **V. FY 2019 Project Summaries**

The following sections, which include language provided by grantees, summarize FY 2019 programs with both new and continuation funding. All applications for NEPQR funding underwent an objective peer-review process whereby a committee of experts determined the technical merit of applications based on review criteria and made funding recommendations. The availability of appropriated funds determined the number of applications funded of those approved by the peer-review committee. Funded applications were those that ranked highest and received a funding preference for projects substantially benefitting rural and/or underserved populations or helping to meet the public health nursing needs in state or local health departments. In FY 2019, HRSA funded seven new cooperative agreements within the VNPC Training Program and continued funding 61 ongoing cooperative agreements within the IPCP: BHI (19) and RNPC (42) Programs. HRSA also provided No-Cost Extensions to 19 of the 26 IPCP programs and 11 of the 26 VBSN programs to allow awardees time to continue the project for one additional year.

## **Interprofessional Collaborative Practice: Behavioral Health Integration Program**

### **Family Health Centers of San Diego, Inc., San Diego, California**

(Continuing) *Funding: \$500,000*

**Focus:** This project expands nurse-led primary care teams that provide universal screening for depression and serves as a primary care/behavioral health integrated practicum site for University of San Diego nursing students. Family Health Centers of San Diego is a federally qualified health center (FQHC) serving impoverished residents of San Diego County, California. The project addresses barriers to accessing behavioral health services including lack of affordable outpatient services, insufficient integration of behavioral health services into primary care, and stigma surrounding mental illness and drug use.

### **George Mason University, Fairfax, Virginia**

(Continuing) *Funding: \$444,588*

**Focus:** This project expands existing nurse-led, interprofessional team-based care at nurse managed health centers for underserved communities and student populations in northern Virginia (Loudoun County and Fairfax County). Primary care/behavioral health/psychiatric providers, care managers, and nursing students form integrated care teams at the George Mason University Student Health Services clinic and Loudoun Free Clinic. Psychiatric consultation services are available either on site or with the use of telehealth.

### **Loyola University, Maywood, Illinois**

(Continuing) *Funding: \$494,898*

**Focus:** Through a collaboration between Loyola University Chicago School of Nursing and Loyola University Health System, this project integrates behavioral health providers into nurse-led primary care teams to increase access to care, enhance care coordination, and improve outcomes in underserved community-based settings. The project builds on existing interprofessional collaborative practice nurse-led teams in a school-based health center and family medicine clinic that provides primary care services in low-income communities. The target communities are located within Proviso Township in suburban Cook County, Illinois.

### **Piedmont Health Services, Inc., Carrboro, North Carolina**

(Continuing) *Funding: \$476,398*

**Focus:** This project expands access to high quality, integrated, behavioral health care services for underserved populations by adding a psychiatric-mental health nurse practitioner to family nurse practitioner-led primary care teams at two medically underserved and rural community health centers: Sylvan Community Health Center in Alamance County and Moncure Community Health Center in Chatham County. These sites serve a target population of low-income individuals and families facing significant financial, geographic, and cultural-linguistic barriers to accessing and receiving care. The project implements and assesses outcomes of service delivery, including access, quality, and cost, to appraise a sustainable model for training future health providers in integrated care delivery.

**Regents of the University of Colorado, Aurora, Colorado**

(Continuing) *Funding: \$498,081*

**Focus:** This project expands a nurse-led interprofessional collaborative primary care practice with fully integrated behavioral health services. The practice site is Sheridan Health Services, a nurse-managed FQHC and faculty practice site for the University of Colorado College of Nursing, which serves a low-income population in the Denver metropolitan area. Primary care and behavioral health providers develop an integrated care plan using the electronic health record system supporting the health center. Patient care management involves a case manager and a care coordinator to assess social determinants of health and create broad-reaching strategies to ensure that the patients from this urban underserved community receive comprehensive care.

**Resources for Human Development, Inc., Philadelphia, Pennsylvania**

(Continuing) *Funding: \$350,000*

**Focus:** This project expands and enhances the provision of integrated behavioral health services in nurse-led primary care teams at four health centers of the Family Practice and Counseling Network in underserved communities of Philadelphia and York, Pennsylvania. This network is the largest nurse-managed FQHC system in the country and serves a largely minority, low-income population residing in or adjacent to public housing sites in medically underserved areas. This project focuses specifically on the unique behavioral health needs and experiences of children and adolescents.

**Saginaw Valley State University, Bay City, Michigan**

(Continuing) *Funding: \$475,685*

**Focus:** Through the co-location and integration of physical and behavioral health care services in Bay and Arenac counties, this project adopts a collaborative care model to improve the well-being of Michigan residents. The University Clinic at Bay County Health Department is the practice site and collaborates with the Bay-Arenac Behavioral Health Authority to bring together primary care providers and behavioral health specialists to deliver high quality, holistic health care to the most at-risk within the community. The target population includes Michigan residents with chronic disease conditions (e.g., diabetes, hypertension) and untreated or undertreated mental health conditions or substance use disorders.

**St. Vincent Healthcare Foundation, Inc., Billings, Montana**

(Continuing) *Funding: \$500,000*

**Focus:** Five primary care clinics integrate onsite behavioral health providers into nurse-led primary care teams to increase access and improve outcomes for high-risk patients with both physical and behavioral health issues. The five selected clinics include three internal medicine clinics, a behavioral health physician practice, and a primary care practice, the Hardin Clinic. These clinics serve rural areas of Montana including two American Indian reservations. The population served is one of the most acute and at-risk for suicide in the nation. The integrated care team at each site includes an APRN, a licensed clinical social worker as a behavioral health provider, a care coordinator, and a consulting psychiatric provider available through a telehealth service.

**The Research Foundation of State University of New York, Buffalo, New York**

(Continuing) *Funding: \$499,999*

**Focus:** This project integrates behavioral health at the Lionel R. John Health Center, located on the Seneca Nation Allegany Indian Reservation in Salamanca, New York. The project provides access to and participation in substance use disorder and mental health care for minority groups, with a focus on American Indians and Alaska Natives. The integrated care team includes a family nurse practitioner, a physician assistant, a care coordinator, a licensed practical nurse, a psychiatric-mental health nurse practitioner, and social work graduate students. The project also includes a special educational and experiential emphasis on cultural sensitivity about American Indian and Alaska Native health care beliefs, customs, family dynamics, communication patterns, social determinants of health, and concepts of culturally appropriate care, which can affect access and adherence to mental health care.

**Trustees of Columbia University in the City of New York, New York, New York**

(Continuing) *Funding: \$488,062*

**Focus:** This project expands a nurse-led primary care practice to improve access to data-driven and culturally appropriate mental health and substance use disorder services for lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) adults, with an emphasis on the aging population. The project increases the number of primary care and behavioral health professionals able to provide LGBTQ individuals with culturally competent, team-based, integrated primary and behavioral health care. The practice site is Washington Heights, a federally-designated Health Professional Shortage Area (HPSA) located next to the main Columbia University Medical Center campus in northern Manhattan.

**University of Alabama at Birmingham, Birmingham, Alabama**

(Continuing) *Funding: \$499,770*

**Focus:** This project expands access to integrated behavioral health services in two nurse-led interprofessional collaborative practices providing community-based primary care and chronic disease management for uninsured patients in Birmingham, Alabama. The Providing Access to Healthcare Clinic and the Heart Failure Clinic are interprofessional clinics led by the University of Alabama at Birmingham School of Nursing. Both are located within Central Jefferson County, designated as a Medically Underserved Area/Medically Underserved Population and a HPSA for primary care, mental health, and dental health.

**University of Alabama, Tuscaloosa, Alabama**

(Continuing) *Funding: \$479,437*

**Focus:** This project integrates behavioral health into the services of a nurse-managed primary care health center, the Capstone Rural Health Center (CRHC), a FQHC designated as a patient-centered medical home. CRHC operates as a safety-net clinic, providing care to the uninsured population around Walker County. The project expands the APRN-led primary care team at CRHC to include a full-time behavioral healthcare provider and a part-time consulting psychiatric provider. The project also implements universal screenings of all CRHC patients for core behavioral health concerns and develops a clinical practicum site at CRHC for nursing students, providing training in interprofessional, integrated care in a nurse-managed primary care health center, in partnership with the University of Alabama.



**University of California, San Francisco, San Francisco, California**

(Continuing) *Funding: \$499,649*

**Focus:** This project establishes a new collaborative relationship with the Mission Neighborhood Health Center/Mission Neighborhood Resource Center, a nurse-managed Healthcare for the Homeless program clinic, which expands and enhances integrated behavioral health care services to residents of San Francisco's Mission District. The clinic provides integrated primary and behavioral health care services and social services to an adult, homeless, and predominantly Latino population with complex medical, psychiatric, and psychosocial needs. The project expands the clinic's capacity to provide onsite behavioral health services that include diagnostic evaluations and medical and psychotherapeutic management of behavioral health problems and increases training and consultation on identification and management of complex behavioral health issues.

**University of Detroit Mercy, Detroit, Michigan**

(Continuing) *Funding: \$346,482*

**Focus:** This nurse-led primary care team at the McAuley Health Center increases access to behavioral health and substance use disorder services for adults and children in Detroit by expanding the team to include an onsite psychiatric nurse practitioner, care coordinator, and collaborating psychiatrist. The project is a collaborative effort between nursing and addiction counseling via linkages with community-based organizations to increase the number of behavioral health professionals trained in integrated care models and to enhance care coordination. Participants also receive training to increase their knowledge of behavioral health and substance use disorder issues as well as training on how to combat the stigmatization of treatment. The goal is to improve overall health outcomes of adults, children, and their families with co-occurring addiction and/or behavioral health and primary care issues.

**University of Illinois, Chicago, Illinois**

(Continuing) *Funding: \$499,994*

**Focus:** This project expands a university-based, nurse-led integrated care model at a community-based health center located in Humboldt Park, Chicago. The project serves Chicago's Greater Humboldt Park community on the near northwest side, which includes the surrounding neighborhoods of Logan Square, Austin, Hermosa, Belmont-Cragin, and Avondale. Of all Chicago neighborhoods, three of the communities served, East Garfield Park, Austin, and Humboldt Park, have the first, second, and third, respectively, highest numbers of individuals re-entering the community post-incarceration. The project's goals are to increase access to behavioral health services, enhance care coordination, improve clinical outcomes, and strengthen collaborative/interdisciplinary partnerships through a care model that prioritizes behavioral health and treatment with universal behavioral health screenings.

**University of Mississippi Medical Center, Jackson, Mississippi**

(Continuing) *Funding: \$327,463*

**Focus:** This project establishes an interprofessional collaborative practice that supports the unique behavioral health needs of underserved adolescents at a school-based health clinic. The practice site is the Lanier High Teen Wellness Clinic in Jackson, Mississippi, a low-income, high-needs area that serves adolescents between the ages of 14 and 19 years. The model builds on the Health Disparities Collaborative Model developed by the Institute for Healthcare

Improvement. It also expands the comprehensive care currently offered at the clinic and develops the clinic as a training site for psychiatric-mental health nurse practitioner students, occupational therapy students, and social work residents in interprofessional practice.

### **University of Wisconsin System, Milwaukee, Wisconsin**

(Continuing) *Funding: \$499,987*

**Focus:** This project develops a collaborative model of interprofessional nurse-led integrated care practice while educating health providers for future practice. The practice model integrates primary and behavioral health care to improve access to care, care coordination, and behavioral and physical health outcomes for an urban, low-income, underserved, and predominately black population in the Westlawn Community. The practice site is the University of Wisconsin-Milwaukee Silver Spring Community Nursing Center. The awardee tailors the primary care and behavioral health interventions to match the schedules, language challenges, safety issues, and limited resources of these families.

### **Vanderbilt University, Nashville, Tennessee**

(Continuing) *Funding: \$498,877*

**Focus:** This project integrates behavioral health providers into a nurse-led interprofessional collaborative practice team. The practice site is the Clinic at Mercury Courts, which serves one of the most medically underserved populations in the metropolitan Davidson county region of Nashville. The clinic is located within a public housing site where persons who were previously homeless, are transitioning from jail, are living with HIV, have hearing or vision impairments, and/or have existing medical or mental health illnesses reside. The project integrates health professions students trained at this site into the clinical workflow and includes psychiatric nurse practitioner students in the trainee groups that rotate through this primary care site.

### **Health Right 360, San Francisco, California**

(Continuing) *Funding: \$500,000*

**Focus:** This project expands access to integrated behavioral health services for Bay Area women and girls in a nurse-managed health center with a focus on training, quality improvement, team-based care delivery, and community collaboration. The practice site, Women's Community Clinic, offers primary care services, health education, and outreach to more than 6,000 low-income, uninsured, and underinsured patients annually. The clinic is located in the heart of San Francisco's Western Addition neighborhood, which has one of the city's highest concentrations of African-American residents experiencing extreme socioeconomic and health inequities.

## **Interprofessional Collaborative Practice (IPCP) Program<sup>7</sup>**

### **Altamed Health Services Corporation, Los Angeles, California**

**Focus:** Strengthens and expands a culturally competent, interprofessional practice environment in a community clinic setting, targeting a low-income, Latino safety-net population at the largest FQHC in California. An RN-level clinical care coordinator leads the interprofessional

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<sup>7</sup> The IPCP awardees did not receive FY2019 funding but received a 1-year extension to conduct their programs. Therefore, they are included in this report.

collaborative practice team, which consists of physicians, pharmacists, health educators, *promotoras* [a lay Hispanic/Latino community member who receives specialized training to provide basic health education in the community without being a professional health care worker], social workers, and transitional care coaches for patients requiring acute care. The model also includes the integration of an RN-level interprofessional practice coach who is responsible for building the capacity of the nursing staff and other care team members.

### **Community Health Center, Incorporated, Middletown, Connecticut**

**Focus:** Develops nurse leaders and improves patient outcomes by expanding nurse care coordination for approximately 1,500 medically and psychosocially complex patients per year. The interprofessional collaborative practice team is comprised of nurses, physicians, psychiatrists, nurse practitioners, social workers, clinical pharmacists, nutritionists, and self-management experts, along with access to care specialists. The program utilizes a model of knowledge transfer through case-based learning and discussion that develops the skills of clinicians to improve patient outcomes. Collaborations with Quinnipiac University and Middlesex Hospital Homecare strengthen the project, and facilitate interprofessional education opportunities with nursing, pharmacy, and medical students.

### **Community Health Network Foundation, Inc., Indianapolis, Indiana**

**Focus:** Tests an interprofessional collaborative care model at a nationally recognized patient-centered medical home and replicates the model throughout the network's four main hospitals and three affiliate hospitals in underserved service areas for patients with growing rates of chronic diseases. Strategies include improving quality and patient experiences and reducing the cost of care. The project promotes existing and emerging nurse leaders to foster a culture of interprofessional collaborative performance improvement. The workforce-wide strategy trains nurses on evidence-based performance improvement methodology by leveraging a practice-academic collaborative model with schools of nursing and family medicine residents to better prepare graduate nurses for practice in team-based care environments in the modern health care delivery environment.

### **Florida Atlantic University, Boca Raton, Florida**

**Focus:** Partners with the Diabetes Education and Research Center, a Nurse Managed Clinic, and two FQHCs via an innovative application of telehealth and in-person services to advance interprofessional team building in the delivery of diabetes and mental health care. The project strengthens interprofessional collaborative practice competencies through education across three counties in South Florida. The patient-centered project increases the number of nurse leaders, nursing students, and other student health professionals who are proficient in interprofessional care and increases access to diabetes management and mental health services for rural and urban at-risk populations through collaborative practice and education.

### **Florida International University, Miami, Florida**

**Focus:** Develops a school-based nurse-managed clinic at a high school in the Liberty City area of Miami, Florida, to increase access to primary care and enhance health outcomes for students

and families. Elementary and middle schools that are feeder schools focusing on preventive health and environmental issues receive additional outreach. The clinic provides healthcare to an underserved population. The interprofessional collaborative practice team includes nurses, athletic trainers, health services administrators, physical therapists, occupational therapists, speech therapists, dentists, and social workers. This project tests an interprofessional care delivery model that integrates faculty and student trainees in a variety of disciplines.

### **Idaho State University, Pocatello, Idaho**

**Focus:** Uses an interprofessional collaborative care model to provide health care services to the underserved refugee population in Idaho through the interprofessional education of nursing and students of other health disciplines. Undergraduate and graduate students from the nursing, pharmacology, dietetics, and audiology programs participated in the first year. The program then expanded to include students from physical therapy, occupational therapy, and public health. Additional collaboration with the Idaho Office for Refugees and the Saint Alphonsus Federal Way Clinic provides opportunities for comprehensive care delivery to this vulnerable, underserved population. Student and faculty teams model collaborative practice through the disciplines committed to this project and through community partnership with the Idaho Office for Refugees.

### **Lewis & Clark Community College, Godfrey, Illinois**

**Focus:** Provides primary care, health education, and preventive services to medically underserved populations in rural and urban areas of southwest Illinois. The team includes practitioners in nursing, dentistry, exercise science, occupational therapy, and mental health. The focus is on primary health care, disease prevention, and health education at a nurse managed center with outreach provided through a mobile health unit. A key feature of the practice model is the clinical care coordinator, who is responsible for interprofessional communication and activities among the health care professionals and patients. The utilization of students from the fields of nursing, dentistry, exercise science, and occupational therapy support the services.

### **Medical University of South Carolina, Charleston, South Carolina**

**Focus:** Improves patient and population health outcomes within a network of FQHCs in South Carolina. The team includes physicians, nurse practitioners, physician assistants, pharmacists, nurses, nurse case managers, community health workers, nutritionists, biomedical informaticists, and clerical staff. The project utilizes a coaching model for interprofessional collaboration, and a team-based quality improvement training program. The project includes an academic/FQHC partnership for student training in interprofessional collaborative practice and seeks to improve organizational infrastructure (personnel/IT) to support interprofessional collaborative practice.

### **National University, La Jolla, California**

**Focus:** Uses an interprofessional health care team (faculty-supervised nursing and health professional students) to deliver services onsite at designated locations throughout an underserved community, as well as community-based interventions, providing comprehensive direct care to patients served. The interprofessional collaborative practice team consists of a

project director, APRNs, a medical social worker, a project manager, a project coordinator, a medical director, an evaluator, a health educator, and an office secretary.

### **Northeastern University Boston, Massachusetts**

**Focus:** Increases access to coordinated primary care services for older adult dental patients and trains at least 120 nurse practitioner and dental student teams. The model consists of a multi-team structure including Core, Coordinating, and Contingency teams. The Core Team is composed of a nurse practitioner and dentist responsible for providing direct primary and dental care services. The Coordinating Team members include a practice manager and patient services liaison, responsible for care coordination, resource management, and support services. The Contingency Team includes dental assistants, registered dental hygienists, and dental specialists.

### **Regents of the University of Michigan, Ann Arbor, Michigan**

**Focus:** Improves the interprofessional collaborative practice environment at the Community Health and Social Services Center, which is a FQHC in Detroit, Michigan. The program is training RN chronic care coordinators to lead interprofessional teams to improve the quality of health care and health outcomes by improving shared decision making within the primary care practice team. The program is also improving the potential of the current electronic health records and developing an efficient systems-based work plan. The interprofessional collaborative practice team will consist of two RN chronic care coordinators, physicians, family nurse practitioners, social workers, support staff, and information technology.

### **Shepherd University, Shepherdstown, West Virginia**

**Focus:** Implements an enhanced interprofessional diabetic management program to provide health care to at least 210 diabetic patients. Additionally, the program provides practice opportunities for nursing, medical, social work, psychology, exercise physiology, and family and consumer science students. The interprofessional collaborative practice care team includes the patient and a physician, nurse practitioner, dentist, dental hygienists, interprofessional collaborative practice diabetic care coordinator, diabetic health educator, and a dietician/nutritionist. Depending on the individualized care plan, the team also includes a behavioral health therapist, enhancement services (transportation, free or low-cost medication assistance, or other social services), and social workers.

### **Southern Illinois University, Edwardsville, Illinois**

**Focus:** Integrates primary care in an existing clinic and provides public health interventions through community outreach to a diverse and underserved population in the Metro-East St. Louis area. The project creates an interprofessional primary care hub, integrating faculty and practitioners from the disciplines of nursing, pharmacy, dental, medicine, and social work. The interprofessional Nurse Patient Advocate model focuses on patient-centered care, maximizes the impact of the interprofessional team, and improves health care outcomes and access to care. The care environment provides opportunities for interprofessional care experiences, services, and research for undergraduate and graduate students.

### **Summa Health System, Akron, Ohio**

**Focus:** Establishes a nurse-led interprofessional collaborative practice patient center at the Falls Risk Reduction Clinic that improves processes for falls prevention with the aim of decreasing falls and decreasing costs to the health care system. The Falls Risk Reduction Clinic is located in the Center for Senior Health at Summa Health System and serves at-risk elders in a five-county radius from diverse referral sites. A geriatrics nurse practitioner manages the Falls Risk Reduction Clinic, which includes pharmacists, physical therapists, Area Agency on Aging and Emergency Medical Services staff, social workers, home care aides, and physicians from geriatrics, emergency medicine, and primary care.

### **The Research Foundation of State University of New York, Stony Brook, New York**

**Focus:** Launches the Program of All-Inclusive Care for the Elderly Center for Senior Health and Wellness, a partnership with the Stony Brook University Schools of Nursing, Dental Medicine, and Social Welfare, to increase access to health promotion, disease prevention, and social services for vulnerable older adults with multiple chronic conditions, their families, caregivers, and communities. Additionally, this project increases the number of nurses skilled in interprofessional collaborative practice by providing collaborative clinical training opportunities for 170 interprofessional student team triads consisting of adult-gerontology nurse practitioner students, dental students, and social welfare students.

### **University of Maryland, Baltimore, Maryland**

**Focus:** Expands front-door primary care, nurse care management, and entitlement program eligibility determination using a mobile unit for the medically underserved and ethnically diverse uninsured populations in Prince George's and Montgomery Counties. Expanded services add a family medicine physician, a clinical pharmacist, and a bilingual outreach worker and increase the capacity of the existing nurse-managed faculty practice that includes a family nurse practitioner, a nurse care manager, and a social worker. The overarching framework of this innovative project is aligning the Wellmobile with a Medical Neighborhood and a future attribution of the complex patient panel into a vertically integrated patient-centered medical home with access to its referral network furthering the goal of the Integrated Care model.

### **University of Texas-Rio Grande Valley, Edinburg, Texas**

**Focus:** Establishes a primary care clinic at the John A. Peña Primary Care and Substance Use Disorder Clinic to provide medical assistance and substance use disorder services to teens/adolescents and their entire families. Additionally, the clinic provides care using a mobile unit in a designated rural area (e.g., school gym) set up on a periodic basis with a full array of services that includes client assessments, health screenings, immunizations, primary care, and follow-ups, along with developmentally appropriate health education in rural and medically underserved communities. The interprofessional team consists of nurse practitioners, physician assistants, physicians, nurses, clinical lab personnel, dietitians, social workers, occupational therapists, speech therapists, and pharmacists.

## **University of Wisconsin System, Milwaukee, Wisconsin**

**Focus:** Develops a replicable community-centered health home model focused on immigrant and refugee health services that links an academic nurse-managed health center, a community-based social service organization, and a medical family health clinic in order to increase access to comprehensive, collaborative, coordinated, culturally relevant, community-focused primary health care. The interprofessional collaborative practice team includes nurses, physicians, community health workers, case managers, nursing students, medical students, and physicians-in-training (the awardee added students from allied health fields over the course of the project).

## **Xavier University, Cincinnati, Ohio**

**Focus:** Serves vulnerable and underserved pre-K through grade 12 students, families, and senior residents in retirement homes. The project includes the City of Cincinnati Primary Care health centers, Episcopal Retirement Homes (five residential settings), nine Cincinnati Health Department school-based health centers, and five Cincinnati Health Department health centers. The interprofessional collaborative practice team includes nurses, physicians, occupational therapists, social workers, psychologists, pharmacists, and dentists. Services provided include health services administration, mental health counseling, and special education.

## **Veterans Bachelors of Science Degree in Nursing Program<sup>8</sup>**

### **College of St. Scholastica, Duluth, Minnesota**

**Focus:** Initiates, develops, and evaluates a BSN program tailored for veterans living in rural areas using the Implementation of a Nursing Veterans' Initiative to Transform Education model. The BSN program provides three cohorts of military veteran nursing students with consistent interaction with veteran nursing faculty members, non-veteran nursing faculty who have received relevant training in military culture, veteran peers majoring in nursing, and practicing veteran RNs. This model provides customized support to promote the success of veterans in their educational experiences, taking the NCLEX-RN, and professional practice.

### **Florida State University, Tallahassee, Florida**

**Focus:** Builds upon the unique leadership skills, abilities, and training that military veterans possess in order to reduce their burden of transitioning into professional nursing careers. The project includes a BSN career ladder program that targets veterans who have served in non-medical specialties and those who were corpsman in the Navy or Coast Guard, or medics in the Army or Air Force. Veterans who served in non-medical specialties are eligible for the traditional program, while those who served in medical specialties are eligible for the 12-month accelerated course of study. The novel program awards advanced academic standing for prior health care experience/training.

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<sup>8</sup> The VBSN awardees did not receive FY2019 funding but received a 1-year extension to conduct their programs. Therefore, we have included the work conducted in FY 2019 in this report.

### **Jefferson College of Health Sciences (AKA Carillion Medical Center), Roanoke, Virginia**

**Focus:** Provides an innovative and flexible approach to an educational career ladder program that reduces the barriers faced by veterans desiring to transition into a nursing career. Key advantages offered to the veteran student by the Jefferson VBSN Program are flexibility in designing an individualized plan of study that recognizes the unique practice skill sets and medical skills the veteran has acquired through military service as well as strong personal and academic support services.

### **North Carolina Central University, Durham, North Carolina**

**Focus:** Creates a program for veteran students with the tools to facilitate timely completion of the baccalaureate nursing program. The project objectives are to design and implement a program of academic and social services on campus and in the wider community and to recruit, retain, and support the progress of veterans in the nursing program. This project has created an assessment strategy to facilitate the appropriate placement of veterans in the nursing program curriculum and organized ongoing faculty development activities to address instructional and advisory needs of veteran students. Additionally, this project includes the development of a career services coordination center that offers mental health services referrals and follow up, student success resources, and career development assistance.

### **Roseman University College of Health Sciences, Henderson, Nevada**

**Focus:** Uses a block system of curricula delivery and offers a summative assessment to grant academic credit to veterans for experience and education gained during active and reserve military service. Goals include increasing the number of veterans who are admitted to BSN programs by 15 percent by the end of the project period; developing a reliable tool to assess veteran competency and grant academic credit; and enhancing faculty's ability to provide an educational environment and culture of respect that addresses the physical, emotional, and environmental issues affecting veterans.

### **Samford University, Birmingham, Alabama**

**Focus:** Expands an existing program by adding a BSN degree option designed for military veterans. This option fulfills a need within the nursing profession by providing baccalaureate-prepared veterans who have the knowledge, skills, and attitudes necessary to improve the quality and safety of the healthcare system of the 21<sup>st</sup> Century. Graduates hold competencies that transcend those of other BSN-prepared nurses because of the integration of military training and experience in addition to the traditional curriculum.

### **Texas A&M University, Corpus Christi, Texas**

**Focus:** Develops and implements an innovative career ladder program to increase the enrollment, progression, and graduation of veterans in BSN programs. The program facilitates the transition of veterans into the field of professional nursing by building upon skills, knowledge, and training acquired during their military service in order to increase employment opportunities. The program works to ensure that health care providers receive the training to



provide high quality care that aligns culturally and linguistically with the communities they serve. The program reduces barriers for veterans transitioning into nursing careers through the employment of a caseworker and implements the proven Clinical Coach Mentoring Model.

### **Texas Tech University Health Sciences Center, Lubbock, Texas**

**Focus:** Provides an innovative, flexible educational program providing access for veterans to complete a BSN, pass the NCLEX-RN, and transition into the professional nursing workforce using a 12-month curriculum. The project awards academic credit for prior military medical training/experience and leadership skills, reduces barriers, and addresses the growing demand for BSN-prepared nurses. Innovative approaches include flipping the classroom, clinical simulation, and the Clinical Coach Model.

### **University of Texas Health Science Center, Houston, Texas**

**Focus:** Provides veterans who have military healthcare training and experience with the knowledge, skills, and support needed to complete a BSN degree. This helps veterans transition into professional nursing by providing an opportunity for 10 veterans per semester to receive academic credit for prior military training and experience while addressing the unique needs of veterans. A mentoring program provides structured support for veterans as they transition from military to civilian life.

### **Wayne State University, Detroit, Michigan**

**Focus:** Creates an accelerated VBSN educational model targeted to the unique needs of veterans to award academic credit towards their BSN degree for prior health care experience and training. The project staff identify and assess the academic, social, and emotional needs of veteran students and their families when building an individualized educational plan based on the veteran's training and experience in health care. Staff also facilitate mentoring to prepare for the NCLEX-RN, provide supportive services (both academic and personal) to veteran students to ensure smooth transition and success during the program and after graduation, and improve employment opportunities for veterans in the field of health care through numerous veteran and healthcare employer partners.

### **Wright State University, Dayton, Ohio**

**Focus:** Facilitates the transition of military members with healthcare experience to professional nurses through a program recognizing the unique needs of the veteran student. An Advisory Council, consisting of university representatives, veterans, and community members, supports this program and meets quarterly to review outcomes and develop strategies for program improvement. The awardee designs VBSN courses for adult learners with military health care experience. Existing clinical agreements with the local military medical center, Veterans Affairs Medical Center, public health departments, and the disaster-preparedness center prepare students to care for the underserved, elderly, rural, and military families.

## **Veteran Nurses in Primary Care Training Program**

### **Fayetteville State University, Fayetteville, North Carolina**

(New) *Funding: \$462,389*

**Focus:** This project recruits undergraduate military veteran nursing students into the BSN program, assists with their successful matriculation, and equips them with the skills and competencies necessary to deliver value-based, community-based primary care. In addition, this project increases access to care and improves population health outcomes in Cumberland County by establishing a Veterans in the Community Fellows Program for faculty and affiliated preceptors to learn primary care and veteran-centeredness competencies through community-based partnerships.

### **Florida Atlantic University, Boca Raton, Florida**

(New) *Funding: \$500,000*

**Focus:** This project aims to create healthier communities through partnerships with three veteran organizations and four academic-practice partners serving rural and underserved populations in Florida. Veteran student participants receive longitudinal clinical immersion experiential training in primary care and practicing RNs in primary care receive professional development in primary care resulting in a strengthened workforce that understands military culture and the unique needs of veterans.

### **Old Dominion Research University, Norfolk, Virginia**

(New) *Funding: \$461,553*

**Focus:** This project aims to develop, implement, and evaluate an academic-practice partnership model for providing longitudinal clinical experiences for veteran BSN students interested in primary care and continuing professional development for RNs in primary care settings. This is accomplished by leveraging existing and establishing new academic clinical partnerships and by using multiple educational modalities (e.g., interprofessional care, telehealth) to teach standards of care and social determinants of health, with a focus on the learning needs of student veterans and health care needs of veteran and underserved rural patient populations.

### **Rutgers, the State University of New Jersey-Camden, Camden, New Jersey**

(New) *Funding: \$497,464*

**Focus:** This program equips veteran students with the knowledge, skills, and attitudes to practice in community-based primary care. Using a public health nursing framework, the program addresses veterans' unique needs (e.g., post-traumatic stress disorder, physical injuries/amputations, chemical exposure, traumatic brain injury, substance use disorder, homelessness, and suicides) and teaches students to become patient advocates. The program's success is enhanced by the collaboration and support from southern New Jersey clinical partnerships, Rutgers-Camden's Office of Military & Veterans Affairs, mentors, and the campus Student Veterans Organization. The program also offers continuing professional development regarding veteran needs to RNs, faculty, and preceptors.

### **Southeastern Louisiana University, Hammond, Louisiana**

(New) *Funding: \$451,535*

**Focus:** This project provides opportunities for veteran/military undergraduate nursing students to develop primary care competencies and complete community-based clinical training experiences in FQHCs and state public health units located in rural and impoverished parishes (counties) with significant limitations on access to care. This project recruits and supports veteran/military undergraduate nursing students and provides curriculum enhancements and professional development training to students, nurses, and other healthcare professionals in primary care nursing competencies; understanding the needs of veterans (including chronic disease prevention and control, and mental health and substance use disorders); and military culture.

### **University of Nebraska-Omaha, Omaha, Nebraska**

(New) *Funding: \$438,228*

**Focus:** This project recruits and trains primary care-oriented veteran undergraduate nursing students to practice to the full scope of their license as members of primary health care teams. The College of Nursing facilitates partnerships within the University of Nebraska system and the Veterans Administration (VA) of Nebraska and Western Iowa Health Care System to develop dual admission programs and clinical opportunities that address issues unique to veterans. Curriculum enrichment consists of integrating primary care, population health, veterans' unique healthcare needs, interprofessional education, and telehealth. Clinical partnerships provide continuing education; longitudinal clinical training experiences in community-based primary care to address chronic disease prevention and management, including mental health and substance use disorders; and culturally competent care to promote optimal outcomes for veterans and their families.

### **University of New Mexico, Albuquerque, New Mexico**

(New) *Funding: \$392,846*

**Focus:** This project recruits and trains undergraduate veteran nursing students and practicing RNs to expand primary care expertise and RN role-development through academic clinical partnerships, enhancement of undergraduate curriculum, and professional development for RNs in rural community-based primary care clinics that serve veterans. In addition, the project creates continuing professional development sessions for faculty and practicing RNs to develop primary care team expertise in the following areas: aging populations, complex medical needs in community settings, interprofessional care, and unique needs in the care of veterans using TeleECHO™ technology.

## **Registered Nurses in Primary Care Training Program**

### **AltaMed Health Services Corporation, Los Angeles, California**

(Continuing) *Funding: \$698,123*

**Focus:** This project creates the infrastructure for training undergraduate nursing students and RNs to practice to the full scope of their licenses and serve as key care team members. The project provides training for approximately 420 undergraduate nursing students through an enhanced public health and community course requiring undergraduate nursing students to complete 150-hour clinical immersion trainings in community-based settings for underserved

populations. The project is also developing a continuing education program for 75 RNs and serves as a nursing workforce development pipeline at AltaMed.

### **Augusta University, Augusta, Georgia**

(Continuing) *Funding: \$553,462*

**Focus:** This project implements and enhances three academic-practice partnerships focused on preparing 172 nursing students to practice in community-based primary care team settings. The program is also dedicated to retaining practicing RNs in primary care through development efforts as well as through assessing and rebalancing the pre-licensure curricula to include more content on interprofessional community-based primary care strategies. The partnership creates a primary care immersion elective for the nursing students and integrates primary care content in the other courses. The project also includes an RN residency program for graduate nurses. The academic-practice partnership includes VA clinics that utilize nurses in their interdisciplinary team, the Georgia health department, and a healthcare network with over 30 members such as FQHCs, a behavioral health primary care clinic, and faith-based clinics in rural Augusta.

### **Case Western Reserve University, Cleveland, Ohio**

(Continuing) *Funding: \$521,373*

**Focus:** This project enhances an existing academic-clinical partnership between the Frances Payne Bolton School of Nursing and the community-based VA primary care provider, VA Transforming Outpatient Care Center of Excellence in Primary Care Education Program. This project creates a pathway to primary care for 32 undergraduate nursing students and enhances licensed RN competencies in primary care focusing on evidence-based best practices to address chronic health concerns in the community. Undergraduate nursing students complete over 150 hours of clinical training in community-based primary care teams. Additionally, this project enhances the existing BSN curriculum at the Frances Payne Bolton School of Nursing.

### **College of St. Scholastica, Inc., Duluth, Minnesota**

(Continuing) *Funding: \$696,758*

**Focus:** This project develops an academic-clinical partnership to address growing RN primary care workforce shortages in rural and underserved communities in Minnesota. The project prepares undergraduate nursing students for primary care practice, and facilitates their employment in primary care settings after graduation. The project also enhances professional development opportunities for practicing RNs and preceptors in primary care roles to improve their practices, facilitate preceptors' supervision, and mentors students' placements in 38 rural communities. All students are engaged in at least 24 hours of primary care clinical experiences and 30 percent are engaged in longitudinal primary care experiences of at least 150 hours.

### **Colorado Coalition for the Homeless, Denver, Colorado**

(Continuing) *Funding: \$699,040*

**Focus:** This project implements and measures longitudinal, multisite experiential training for 130 nursing students in an enhanced RN role that is developed and implemented in a community health clinic that serves people experiencing or at-risk of homelessness in Metropolitan Denver and in the rural, agricultural Arkansas Valley region of southeastern Colorado. The clinical sites include a fully integrated clinic, mobile health outreach vans, medical respite sites, and house shelter clinics. The clinics are working in partnership with three nursing schools to enhance their

curriculum, which includes a pilot in mobile telemedicine to enhance the role RNs play in the delivery of integrated primary care to patients in metropolitan Denver and agricultural, rural areas in southeast Colorado.

**Community Health Network Foundation, Inc., Indianapolis, Indiana**

(Continuing) *Funding: \$695,408*

**Focus:** This project collaborates with the University of Indianapolis to transform undergraduate nursing education and current nursing practice in primary care settings. All interprofessional primary care team members receive training to screen and identify patients with depression, anxiety, trauma, and substance use disorder. This project includes 90 undergraduate nursing students receiving 150 hours of training with a primary care RN preceptor.

**Davenport University, Grand Rapids, Michigan**

(Continuing) *Funding: \$616,018*

**Focus:** This project builds the workforce of primary care RNs by enhancing educational opportunities within BSN programs for 30 underrepresented nursing students to work in VA Community-Based Ambulatory Primary Care (CBAPC) settings. The project enhances the CBAPC and veteran care nursing skills of approximately 45 RN preceptors from a VA healthcare facility that serves veterans across 10 counties in West Michigan. The project sustains professional development for current nurses to affect patient care and transform healthcare by developing a scientific knowledge base for evidence-based standards, treatment guidelines, and best practices specific to CBAPC settings.

**Emory University, Atlanta, Georgia**

(Continuing) *Funding: \$692,339*

**Focus:** This project trains Nell Hodgson Woodruff School of Nursing undergraduate nursing students, Mercy Care RNs, and other RNs practicing in community-based primary care, as well as clinical instructors and Mercy Care RN preceptors. The project increases the number of undergraduate nursing students entering and working in community-based primary care and creates a professional development program for RNs working or desiring to work in community-based primary care settings. Additionally, this project creates a hybrid professional development program for clinical instructors and RN preceptors to optimize their skills as clinical educators.

**Florida Atlantic University, Boca Raton, Florida**

(Continuing) *Funding: \$700,000*

**Focus:** This project creates healthier communities in rural and underserved areas through the education and training of 80 undergraduate nursing students in the primary care workforce to be practice-ready and willing to serve veteran, rural, and underserved populations. The project collaborates with community-based primary care agencies and builds a value-based model and team to develop and implement strategies for connecting graduates to primary care employment with veteran, rural, and underserved populations.

**George Mason University, Fairfax, Virginia**

(Continuing) *Funding: \$687,140*

**Focus:** This project prepares all George Mason BSN students to care for patients in primary, public, and community care settings by enhancing what they learn in the classroom and

providing them with learning opportunities in community-based clinical sites (nurse-managed integrated primary care clinics, health department clinics, and supplementary community outreach sites). The project develops outreach initiatives focused on wellness and population health with a renewed focus on interprofessional patient-centered care, care coordination, data analytics, and quality improvement for practicing RNs, preceptors, and faculty. The project provides the students with the expanded skillset they need to function in the post-graduation workforce. The project also offers certification in telehealth, nutrition, chronic diseases, and health promotion to a select group of nursing students.

### **Illinois State University, Normal, Illinois**

(Continuing) *Funding: \$667,528*

**Focus:** This project educates 72 nursing students and 12 practicing RNs in the care coordination transition management model and in community health nursing competencies. This increases their capacity to improve the health and well-being of patients outside the hospital; to prevent hospital admission via population health management; and to demonstrate cost reduction through care coordination and management of chronic illnesses, mental health, and substance use disorder issues. The project educates a minimum of 60 RNs and 30 other health care professionals on the role of the RN practicing at the full scope of their license in community-based primary care teams to increase the number of nurses working in primary care. Four RNs will be educated and embedded in the three clinical partners' sites to teach the nursing students during their 150 hours of clinical practice.

### **James Madison University, Harrisonburg, Virginia**

(Continuing) *Funding: \$666,780*

**Focus:** This project recruits, trains, and retains 32 BSN nursing students to provide integrated primary care in an immersive longitudinal rural health experience, educating them in cultural competency, poverty, and diversity simulation (role-playing), and addiction treatment strategies. The project includes a student learning exchange program with Virginia Commonwealth University for students to experience working in urban settings and provides continuing education in primary care for practicing nurses. The project implements the Community-Oriented Primary Care model, with elements of the Wagner Chronic Care Model, to address family and community-wide care in primary health settings to increase clinical expertise in culturally competent care, increase diversity in the nursing workforce, improve access to care, and decrease health disparities for underserved, rural residents.

### **County of King, Seattle, Washington**

(Continuing) *Funding: \$700,000*

**Focus:** The Ambulatory System Supported by the Education and Training Program created a partnership with the Seattle Pacific University nursing program to train baccalaureate nursing students in the provision of evidence-based, trauma-informed primary care to medically underserved populations. The program improves the knowledge and skills of nursing students to practice in primary care and expands an existing nurse residency program into a clinical mentoring program for new RNs and a dedicated education unit for nursing students.

**Loyola University of Chicago, Maywood, Illinois**

(Continuing) *Funding: \$698,612*

**Focus:** This project expands undergraduate nurses' primary health/ambulatory care content hours, clinical experiences, and access to clinical sites with a focus on primary care, community-based chronic disease prevention and treatment for underserved populations. It creates a Primary Care Community Nurse Scholar program for 24 nursing students per year, which focuses on evidence-based knowledge, skills and attitudes, and integrating care coordination particularly for the underserved population in the community primary care setting. Partners include the Veterans Health Administration Hospital System, a school-based health center, a community nursing center, and area FQHCs. The project creates and pilot-tests a primary care, module-based educational program for baccalaureate nursing education that can be replicated by other schools to address primary care and community-based chronic disease prevention and care coordination including integration of behavioral health and substance use disorder prevention and treatment into primary care.

**Mary Imogene Bassett Hospital, Cooperstown, New York**

(Continuing) *Funding: \$683,619*

**Focus:** This project increases the rural primary care RN workforce by recruiting licensed practical nurses and non-baccalaureate RNs who work in Bassett primary care settings to pursue associate or baccalaureate nursing degrees. In collaboration with 4 academic partners, the project recruits and trains 80 nursing students and practicing RNs within a network of 36 community-based regional health centers and 19 school-based health centers providing primary care in 8 counties in central New York state. The project provides patient-centered, value-based, innovative health care to the region, while utilizing the skills and expertise of RNs in meeting the needs of patients, increasing access to care, and improving population health outcomes.

**Mercy College of Health Sciences, Des Moines, Iowa**

(Continuing) *Funding: \$520,643*

**Focus:** The Community Advocacy Registered Nurse Education Program increases the number of undergraduate nursing students receiving clinical practical experience in community-based settings and RNs trained in primary care in a seven county region of Central Iowa. The program collaborates with community-based practice partnership sites including a free clinic system and six rural public health departments and health care organizations. The program improves the healthcare knowledge and competencies of primary care RNs working with vulnerable populations. This program also provides primary care continuing education to hundreds of RNs and connects graduates to primary care employers.

**Mercy College of Ohio, Toledo, Ohio**

(Continuing) *Funding: \$291,004*

**Focus:** This project develops a primary care nursing framework that supports the recruitment, placement, and retention of current and future RNs in primary care settings. It enrolls and trains 90 BSN students in a primary care focused elective course and provides a longitudinal practicum in community-based primary care settings to 60 BSN students. The project modifies three required courses to strengthen and enhance primary care and population health components and offers eight primary care-focused professional development trainings for 50 clinical preceptors and faculty/staff. It addresses the lack of primary care-focused didactic and clinical training, the

gaps in faculty knowledge, and the lack of job opportunities for RNs in primary care settings in partnership with 15 clinical partners.

### **Methodist Medical Center of Illinois, Peoria, Illinois**

(Continuing) *Funding: \$696,792*

**Focus:** This project develops an academic certificate in community-based primary care/population health for 50 nursing students and a 4-module online continuing education certificate in community-based primary care for 25 practicing RNs. The goal is to support the education, practice, and retention of RNs in the central Illinois region to advance a community-based primary care model that encourages RNs to practice to the full scope of their license in interprofessional teams. The project enhances 17 BSN courses with community-based primary care/population health concepts. The project reviews and revises Office Nurse and RN Navigator position descriptions to ensure they are practicing to the full extent of their license. It educates and employs RNs in office nurse and navigator roles to support delivery of optimal primary care.

### **Montana State University, Bozeman, Montana**

(Continuing) *Funding: \$698,273*

**Focus:** This project creates a system to recruit and train nursing students and RNs, including American Indian students, to deliver primary care services to American Indian, rural, and other underserved communities. The project improves the understanding and perception of the enhanced primary care role for nursing professionals, interprofessional practice, chronic disease prevention and control, adverse childhood experiences, trauma informed care, mental health, and substance use disorder. The project increases the number of American Indian nursing students succeeding in the program, increases access to culturally appropriate primary care for Montana's American Indian populations, and improves health outcomes for Montana's rural and underserved populations. Approximately 104 baccalaureate nursing students (15 American Indian), 20 preceptors/mentors, 40 practicing nurses, and 40 faculty will participate in education and training during the project period.

### **Ohio State University, Columbus, Ohio**

(Continuing) *Funding: \$687,207*

**Focus:** This project recruits and trains nursing students and current RNs to practice to the full scope of their license in community-based primary care teams by developing a residency for RNs in Primary Care for five students per year. The project also creates a workforce development Certificate of Completion for 100 community-based practicing RNs in Primary Care and a Primary Care Academic Certificate for 20 undergraduate baccalaureate nursing students per year. Additionally a redesigned undergraduate baccalaureate nursing curriculum enhances didactic and clinical education in FQHCs in inner city, urban, and rural areas. The project will enhance the role of the RN in episodic and preventative care, triage, documentation of health status, chronic disease management, mental health, substance use disorders, hospital transition management, delegated care for illness, health coaching, supervision of other staff, and quality improvement leadership.



### **Oregon Health & Science University, Portland, Oregon**

(Continuing) *Funding: \$629,570*

**Focus:** This project expands the primary care nursing workforce by recruiting and educating nursing students, nurses, and community partners on the role RNs play in community-based primary care. The program recruits and educates at least 126 undergraduate nursing students and demonstrates that community-based primary care nursing practice improves patient access, care coordination across systems, and health outcomes. This program also develops and expands academic-practice partnerships with nine community-based primary care clinics in five counties in Oregon.

### **Pittsburg State University, Pittsburg, Kansas**

(Continuing) *Funding: \$493,869*

**Focus:** This project provides a multi-state nursing program to at least 100 students from underserved areas in Kansas, Missouri, Oklahoma, and Arkansas. The project provides longitudinal clinical training in community-based primary care in rural and underserved areas with an integration of population health and interprofessional education emphasizing chronic disease prevention, mental health, and treatment of substance use disorder conditions. The project works to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to address rural and medically underserved populations' health needs. The academic-practice partnership includes FQHCs, a local health department, and a tribal health system located in Oklahoma, Missouri, and Kansas.

### **Rivier University, Nashua, New Hampshire**

(Continuing) *Funding: \$462,335*

**Focus:** This project builds the necessary regional infrastructure to transform nursing practice in primary care for baccalaureate-trained nurses. The program allows Rivier and community partners to respond to the escalating opioid crisis and the third fastest growing elderly population in the state. The program provides primary care training for undergraduate nursing students throughout New Hampshire, northeastern Massachusetts, southern Vermont, and southern Maine and develops ten academic-practice partnerships, while building awareness of and support for baccalaureate-prepared graduates in primary care.

### **Roseman University of Health Sciences, Henderson, Nevada**

(Continuing) *Funding: \$700,000*

**Focus:** This project recruits and trains nursing students at both the Nevada and Utah campuses and increases access to care and improves population health outcomes for rural and underserved populations. The project focuses on chronic disease prevention and control including mental health and substance use disorder conditions. The project increases the number of students committed to working in rural and underserved areas by 15 percent and enhances practicing RNs' abilities to address population health outcomes and public health needs of underserved populations.

### **South Dakota State University, Brookings, South Dakota**

(Continuing) *Funding: \$659,106*

**Focus:** This project educates and trains baccalaureate-trained nursing students and practicing RNs in 13 primary care settings in rural and underserved areas. The project provides an

expanded didactic curriculum, simulation curriculum, and clinical experience focused on the enhanced role of the RN in community-based primary care settings for senior-level nursing students and develops on-demand, online professional development modules to educate practicing RNs in community-based primary care settings. Additionally, this project will strengthen healthcare by providing education to baccalaureate-trained nursing students and practicing RNs regarding their role in addressing the opioid epidemic.

#### **Southern Illinois University, Edwardsville, Illinois**

(Continuing) *Funding: \$655,389*

**Focus:** This project redesigns the Southern Illinois University Edwardsville School of Nursing and WE CARE clinical partnership to address chronic illness prevention and control including mental health and substance use disorder conditions. The project expands clinical training of undergraduate nursing students, other healthcare professional students, and RNs through interprofessional collaborative health coach training and teamwork. This redesign also creates a practice environment in which nurse-led, interprofessional primary care teams work collaboratively to benefit individuals, families, and underserved populations.

#### **Texas A&M University-Corpus Christi, Corpus Christi, Texas**

(Continuing) *Funding: \$628,609*

**Focus:** This project develops a new accelerated BSN curriculum focused on interprofessional community-based primary care that is entirely paperless to reduce the carbon footprint. This project focuses on the perception of the patient and the patient's needs for both the BSN students and RNs. The accelerated curriculum leverages iPad technology to enhance education and incorporates nine graduate nursing semester hours to support seamless academic progression. The project immerses 90 BSN students in longitudinal community-based primary care clinical training with primary care clinics, provides continuing education for practicing RNs, and facilitates a systemic change from acute care to community-based primary health care delivery in South Texas.

#### **University of Alabama at Birmingham, Birmingham, Alabama**

(Continuing) *Funding: \$700,000*

**Focus:** This project builds a resilient primary care RN workforce for chronic disease prevention and control to enhance access to care, reduce cost of services, and improve the health outcomes of medically underserved individuals in communities across Alabama. The program implements a model in which undergraduate nursing students and RNs are prepared to practice to the full scope of their license. This program also develops and implements a statewide continuing professional development program and network in community-based, team-focused primary care for practicing RNs, clinical RN mentors, faculty, and nursing students.

#### **University of Kentucky, Lexington, Kentucky**

(Continuing) *Funding: \$436,645*

**Focus:** This project creates a primary care enrichment program for 40 BSN students in which the students complete a 220-hour primary care clinical rotation. The rotation allows students to assume leadership and practice roles in primary care that enhance rural health primary care teams' management of populations with chronic health problems and improve population outcomes in primary care settings. The project enhances the knowledge and skills of practicing

RNs, clinical preceptors, and faculty and improves the screening and management of patients with chronic health problems including mental health and substance use disorder conditions.

**University of Nebraska, Omaha, Nebraska**

(Continuing) *Funding: \$663,339*

**Focus:** This project develops three nurse-led rural primary care clinics in south central Nebraska and one community clinic serving minority populations of north Omaha. The clinics focus on care provision for patients who are at risk of poor outcomes because of chronic health problems. This project develops and implements a professional development and pre-licensure curriculum at five college of nursing campuses partnering with multiple FQHCs across the state to prepare nurses and nursing students. This project also develops a statewide pool of nurses who have enhanced competencies in primary care practice using an accredited fellowship format.

**University of North Carolina at Chapel Hill, Chapel Hill, North Carolina**

(Continuing) *Funding: \$659,010*

**Focus:** This project develops a sustainable primary care nursing workforce to practice in community-based primary care teams in rural and underserved settings. The project focuses on recruitment, education, and training of a diverse body of nursing students, RNs, and faculty to implement evidence-based models at Piedmont Health Services. This project also redesigns the baccalaureate nursing program to include innovative primary care training environments and develop RNs to serve as teachers and leaders in primary care.

**University of Southern Indiana, Evansville, Indiana**

(Continuing) *Funding: \$522,531*

**Focus:** This project creates four academic-practice partnerships with two rural hospitals and two county public health departments along with the Southwest Indiana Area Health Education Center to increase the number of undergraduate nursing students and current RNs trained in primary care. The project expands primary care opportunities through longitudinal clinical experiences for 155 undergraduate nursing students and creates a facilitation model by using an academic-practice partnership coordinator as a practice liaison with the two rural hospitals and two county public health departments. This project also implements programs to recruit and educate RNs to increase the number of RNs employed to practice in primary care.

**University of Tennessee, Knoxville, Tennessee**

(Continuing) *Funding: \$671,697*

**Focus:** This project expands the University of Tennessee Knoxville, College of Nursing and Cherokee Health System academic-practice partnership. The program provides community-based integrated primary care team clinical experiences for BSN students serving culturally diverse rural and underserved populations in east Tennessee. The program builds and implements an innovative BSN model emphasizing chronic disease prevention and control, recovery-based mental health and substance use disorder treatment, and childhood obesity prevention.

**University of Texas Health Science Center of San Antonio, San Antonio, Texas**

(Continuing) *Funding: \$627,964*

**Focus:** This project establishes new and expands existing academic-practice partnerships including a primary care office serving the elderly, Veterans Healthcare System, a student-run LGBTQ health center, and a refugee clinic. The project educates and provides team-based primary care clinical training in medically underserved areas to 50 senior nursing students annually. The project teaches students the importance of prevention, health promotion, service navigation, and health education in partnership with the community, family, and individual served. The students work together with the partnership staff to provide safe, efficient, effective, and equitable healthcare services. The project provides interprofessional development workshops and opportunities focusing on primary care to practicing nurses, clinical preceptors, and nursing faculty.

**University of the Incarnate Word, San Antonio, Texas**

(Continuing) *Funding: \$672,939*

**Focus:** This project recruits and prepares primary care nursing students and RNs to practice primary care at the full scope of their licenses within team-based clinical settings. The program sponsors four clinical training sites to measurably improve health outcomes, provide better health care, and lower costs. This program integrates interprofessional teamwork and provides pre-licensure BSN students and RNs with knowledge and skills to facilitate a career in primary care.

**University of Utah, Salt Lake City, Utah**

(Continuing) *Funding: \$700,000*

**Focus:** This project addresses the challenges of the primary care nursing workforce and enhances the capacity of the University of Utah, College of Nursing to recruit and educate nurses from rural and underserved areas. The program includes a recruitment and training program for undergraduate nursing students integrating primary care, population health, and interprofessional education into coursework and provides RNs with assessable and professional development opportunities in primary care nursing.

**University of Washington, Seattle, Washington**

(Continuing) *Funding: \$699,690*

**Focus:** This project establishes an innovative academic-practice partnership between the University of Washington School of Nursing and Kaiser-Permanente Washington. The program recruits and trains nursing students and current RNs emphasizing chronic disease prevention and management, including mental health and substance use disorder, in medically underserved areas. The program enhances the BSN curriculum, develops and implements continuing education activities for current RNs and implements clinical training experiences for students.

**Valley Wide Health Systems, Inc., Alamosa, Colorado**

(Continuing) *Funding: \$699,952*

**Focus:** This project improves the training, clinical, and employment practices of educational and clinical organizations related to nurses and primary care. The program implements a longitudinal clinical training for nursing students serving medically underserved communities in HPSAs. The program also supports an academic-practice partnership for nursing students

committed to primary care careers and provides primary-care focused continuing education for RNs and preceptors.

### **Virginia Commonwealth University, Richmond, Virginia**

(Continuing) *Funding: \$682,656*

**Focus:** This project recruits and trains at least 60 undergraduate nursing students in a summer program with both didactic and clinical content in primary care nursing. These students complete a 180-hour senior clinical course with clinical partners. The training includes a student learning exchange program with James Madison University for students to experience working in rural settings. The project supports and educates practicing nurses in an enhanced role and in a patient-centered practice in primary care settings serving vulnerable and underserved populations. The project focuses on education, clinical experience for senior nursing students, professional workforce development for current RNs, and support for the clinical partners to transform their practices to align with the findings of the Learning from Effective Ambulatory Practices project.

### **Washburn University of Topeka, Topeka, Kansas**

(Continuing) *Funding: \$595,118*

**Focus:** This project expands an existing academic-practice partnership model to recruit and educate 48 undergraduate RN students and licensed RNs. The program teaches students the skills needed to practice at the full scope of their license in community-based primary care teams. The program increases the length of time for clinical immersion training in rural and underserved areas and improves the quality of training in those areas. The academic-practice partnerships demonstrate a holistic interprofessional education health care delivery model. The program serves as the mainspring for creating and sustaining a culture of health in rural and underserved communities. The partners include two rural health systems and a primary care clinic located in a public housing community.

### **Wayne State University, Detroit, Michigan**

(Continuing) *Funding: \$650,662*

**Focus:** This project creates a replicable longitudinal clinical experience in primary care and enhances training for 56 senior-level BSN students. The project provides professional development in primary care and public health content such as chronic care management, care transitions, team care, and transformation of the primary care delivery systems. The project trains 90 RNs currently employed in primary care/public health sites and 20 faculty members in the use of the full scope of their license. The result is a sustainable training program that enhances the quality and quantity of the workforce of RNs working in primary care and public health.

### **Western Carolina University, Cullowhee, North Carolina**

(Continuing) *Funding: \$676,572*

**Focus:** This project improves the supply of BSN nurses with competencies in primary care and ambulatory care practice settings. The program immerses 12 students per year in an intensive community-based practicum and embeds didactic content into the BSN curriculum emphasizing interdisciplinary team roles and behavioral health. The project also develops continuing education programs for faculty and preceptors and a residency and fellowship program for new

BSN RN graduates and practicing RNs who seek to transition from acute care into primary care (6 residents and 10 fellows). The project conducts market research and provides technical support to partner agencies including the regional Area Health Education Center, FQHCs, a VA clinic, Cherokee Indian Hospital, and Mission Health identifying cost-effective solutions for incorporating RNs working to their fully licensed scope of practice.

## **VI. Summary and Conclusions**

As discussed above, the NEPQR programs support the needs of the nursing workforce by funding academic, service delivery, and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. In FY 2019, NEPQR awards supported the preparation of the current and future workforce in coordinated care delivery models, expanded nursing practice arrangements in non-institutional settings to improve access to primary health care, provided care for underserved populations and other high-risk groups such as individuals with substance use disorders, and expanded the enrollment of veterans in baccalaureate nursing programs. These investments support the essential development of the nursing profession, and align nursing education and practice with new and emerging models of effective health care to move the nation's populace toward better health.