

# **NACNEP** : National Advisory Council on Nurse Education and Practice

## **Meeting Minutes: 145<sup>th</sup> NACNEP Meeting, March 9-10, 2021**

The 145<sup>th</sup> meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on March 9-10, 2021. The meeting was conducted via the Zoom teleconference platform, and hosted by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS). In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

### **Council Members in Attendance**

Chair: CAPT Sophia Russell  
Dr. Mary Ellen Biggerstaff  
Dr. Steven Brockman-Weber  
Ms. Christine DeWitt  
Dr. Rose Kearney-Nunnery

Dr. Luzviminda Miguel  
Dr. Janice Phillips  
Dr. Patricia Marie Selig  
Ms. LaDonna Selvidge

### **Others Present:**

Dr. Camillus Ezeike, Designated Federal Official, NACNEP  
Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA  
Ms. Kimberly Huffman, Advisory Council Operations, HRSA  
Ms. LaShawn Marks, Advisory Council Operations, HRSA  
Ms. Janet Robinson, Advisory Council Operations, HRSA

## **Tuesday, March 9, 2021**

### ***Welcome and Introduction***

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 145<sup>th</sup> meeting of NACNEP on Tuesday, March 9, 2021, at 9:00 a.m. ET. He conducted a roll call, and all eight current non-federal members were present to confirm the presence of a quorum, so the meeting proceeded. Dr. Ezeike described the purpose of the meeting as to provide the Council members with updates on HRSA programs, and allow the Council to continue planning for its future activities. Dr. Ezeike turned the meeting over to CAPT Sophia Russell, NACNEP chair and the Director of the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), HRSA.

CAPT Russell welcomed the Council members and reviewed the agenda for the day. She asked if any Council members had feedback or comments on the minutes of the December 2020 NACNEP meeting. No comments were offered, and CAPT Russell certified the December minutes.

## ***Presentation: Bureau of Health Workforce Updates***

### **Luis Padilla, MD**

Associate Administrator for Health Workforce, HRSA

CAPT Russell introduced the first speaker, Luis Padilla, MD, Associate Administrator for Health Workforce, HRSA, for an update on HRSA and BHW programs. Dr. Padilla noted that the Council had submitted to the HHS Secretary and Congress its latest report, *Preparing Nurse Faculty, and Addressing the Shortage of Nurse Faculty and Clinical Preceptors*. He thanked the members for the report and its accompanying recommendations.

Dr. Padilla stated that the current outlook anticipates a growing demand for health care services, countered by a shrinking supply and unequal distribution of the health workforce. While the full impact of the COVID-19 pandemic was not yet clear, the health workforce had been under considerable stress in managing the new and shifting demands it brought.

Dr. Padilla said that HRSA and BHW are uniquely positioned to address the challenges facing the health care workforce. He listed the four aims of the HRSA workforce programs:

- Promoting access to care,
- Balancing the supply of health workers with the demand for care,
- Improving the distribution of the health workforce, and
- Improving the quality of training and the quality of care.

He also described the main strategies that these programs employ, including:

- Training students in rural and underserved communities;
- Supporting community-based training in interprofessional, collaborative teams;
- Recruiting students from the communities that HRSA serves;
- Integrating behavioral health and oral health into primary care; and
- Leveraging scholarship and loan repayment programs to promote workforce distribution.

Dr. Padilla noted that BHW administers over 40 separate workforce programs, with a total fiscal year (FY) 2021 budget of \$1.67 billion. HRSA received an additional \$15 million in funds in FY 2020 through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to enhance the ability of the health workforce to address the pandemic and to broaden telehealth services. He outlined some of the forces impacting the health workforce, including the shift in the healthcare system to value-based care models, and racial inequities in care. He stated that BHW has shifted toward viewing its health workforce investments within a portfolio perspective, an initiative called *BHWise* – Bureau of Health Workforce Investments to Support Equity. This initiative would position the Bureau to better measure, respond to, and support unique community needs. He cited the COVID-19 crisis, which studies show has disproportionately affected minority populations and underserved communities. The resulting exacerbation of health disparities calls for increased efforts to bridge the gaps in health equity.

Dr. Padilla discussed several BHW workforce development programs for nurses, behavioral health professionals and paraprofessionals, and public health workers. He also discussed programs to promote workforce diversity and improve workforce distribution, address shortage

areas, enhance access to workforce data, and facilitate training and preparedness for telehealth. With the crucial role nurses play in the health care system, he highlighted several BHW nursing workforce programs that encourage new nurse candidates, improve the education and training of those in the pipeline, and provide opportunities to enhance training for nurses currently in the workforce. The BHW programs increase nursing education opportunities for individuals who are from disadvantaged backgrounds, support advanced nursing education, and promote interprofessional training and practice, with the goal to strengthen and diversify the nursing workforce, improve nurse retention, and enhance access to high-quality patient care for all. He noted that over 40 percent of the more than 25,000 HRSA-supported nursing trainees in FY 2020 were from disadvantaged backgrounds, and 60 percent received training in areas designated as medically underserved communities (MUCs).

Dr. Padilla also discussed the BWH public health workforce development programs. These programs increase the number and quality of public health workers by funding 10 regional Public Health Training Centers (PHTCs) that provide graduate or specialized training. Most PHTCs operate within university-based schools of public health and similar programs, and offer training in technical, scientific, and leadership skills. Much of this training takes place in MUCs, and 68 percent of the 282 program graduates from the previous year indicated their intent to become employed or pursue further training in an MUC setting.

Dr. Padilla reviewed several other health workforce career development and diversity programs, which currently reach over 330,000 trainees. The programs focus on recruiting, retaining, and supporting health professions trainees from disadvantaged and underrepresented backgrounds and increasing the distribution of health professionals into high-need areas. He also noted several initiatives to increase public access to the health workforce data that HRSA collects.

Dr. Padilla presented several initiatives to bolster the rural health workforce. Rural inhabitants, approximately 18 percent of the U.S. population, have poorer health status compared to urban residents, in part due to gaps in the health care infrastructure. Rural areas also have borne the brunt of two epidemics: COVID-19 and the opioid crisis. To address these disparities, Dr. Padilla said that BHW would continue to invest in programs that bring more health professionals to rural communities. HRSA has also placed a strong emphasis on the transition to telehealth, with a focus on improving infrastructure, preparedness, and adoption, while also increasing access and overcoming regulatory barriers.

Dr. Padilla provided an overview of the HRSA response to the COVID-19 pandemic, including the distribution of additional funds provided through the 2020 CARES Act to bolster the health workforce, with a particular focus on reducing burnout and improving resilience among frontline health care workers. He noted that the BHW focus areas for 2021-2022 emphasize the response to the COVID-19 pandemic, in particular addressing the areas of community health, behavioral health, and health equity.

Lastly, Dr. Padilla thanked the NACNEP chair CAPT Russell and the chairs of the other HRSA advisory panels for the input they provided in the HRSA workforce strategic plan, as mandated by the 2020 CARES Act.

## Q and A

CAPT Russell noted that the Council had focused much of its attention in recent years to strengthening the wellness and resilience of the nursing workforce. She opened the floor to questions from the Council members.

Dr. Janice Phillips asked if there are opportunities for HRSA to partner with an agency such as the National Institute of Nursing Research (NINR) to gather more data on community needs assessments, as well as provider well-being and resilience. Dr. Padilla replied that he was not aware of any initiatives with NINR, but BHW has partnered with the HRSA Office of Policy and Evaluation to identify ways to help states increase their capacity to collect appropriate data. He noted that HRSA supports nine health workforce research centers at schools across the country.

Dr. Luzviminda Miguel noted the challenge of getting adequate health services, and in particular mental health services, to rural and other remote or underserved areas. She said she would look forward to reviewing the HRSA initiatives in this area.

## ***CARES Act, Section 3402 Health Workforce Strategic Plan: Update***

**CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP**  
Chair, NACNEP

CAPT Sophia Russell reviewed the main provisions of the 2020 CARES Act, Section 3402, which required HHS to develop a health workforce strategic plan. HRSA was designated the lead HHS agency for this plan, and a workgroup had prepared an initial draft. She reminded the Council members that all five BHW advisory committees, including NACNEP, were provided the opportunity to review the draft framework. In response, the Council drafted a letter with the comments and feedback, which was finalized and submitted in November 2020. Also at that time, the chairs of the five committees met and expressed interest in exploring opportunities for collaboration on cross-cutting themes that impact the health workforce. She asked the Council members to attend other advisory committees meetings when they had the opportunity.

## ***Presentation: NACNEP Reports and Recommendations: An Overview***

**Camillus Ezeike, PhD, LLM, JD, RN, PMP**  
DFO, NACNEP

CAPT Russell turned the meeting over to Dr. Ezeike for a brief overview of recent Council report topics. He reminded the Council members of the NACNEP charge: to provide advice and recommendations concerning policy matters relating to the nurse workforce, nurse education, and practice improvement. He said that the Council's advice is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program development or allocated resources. Things to consider:

- Does the recommendation address legislation or policy?
- Does HHS have authority to make the recommended change?
- Who is the appropriate audience (i.e., HHS Secretary, Congress, or the general public)?
- What is the appropriate vehicle to share recommendations?

Dr. Ezeike provided some examples of past NACNEP recommendations, and how HRSA addressed them. In particular, he said that strong recommendations have a precise action that can be directly tied to a specific change, and asked the Council keep these considerations in mind while strategizing on potential topic areas and recommendations for its next report.

### Q and A

CAPT Russell commented on the opportunity for NACNEP to leverage some of the workforce data tools discussed by Dr. Padilla, as well as to identify and address data gaps.

Dr. Patricia Selig related that in her experience with the writing committee for the 17<sup>th</sup> Report, there were gaps in the data regarding nurse faculty. She noted that the 10<sup>th</sup> NACNEP report also focused on the nurse faculty shortage, and expressed the frustrations of the Council members on the lack of significant progress since that time. She said that the nurse faculty shortage restricts the entry of new students, contributing to the nursing shortage. The Council had recommended that development of a national database or center to help address the data gaps on nurse faculty as a public-private partnership. Dr. Ezeike replied that one issue is the dissemination of the NACNEP report and recommendations, and the support and involvement of private stakeholders.

Dr. Steven Brockman-Weber asked about the possibility of publishing the NACNEP report in a journal or some related venue to increase dissemination. CAPT Russell referred the question to the technical writer, Mr. Raymond Bingham, who replied that advisory council reports are in the public domain, and thus may not interest a journal for publication. However, one strategy is for Council members to write a commentary or brief article for journal publication, referring back to an advisory council report, to promote broader awareness and dissemination. Dr. Miguel shared that she shared the report to her school's administration, the deans and directors of nursing in various schools across Hawaii, and the Hawaii Board of Nursing.

### ***Presentation: National Practitioner Data Bank: Overview***

**Carolyn Nganga-Good, DrPH, RN, CPH**

Policy and Disputes Branch Chief, Division of Practitioner Data Bank, HRSA

**David Loewenstein**

Director, Division of Practitioner Data Bank, HRSA

CAPT Russell turned the meeting over to Dr. Carolyn Nganga-Good, Policy and Disputes Branch Chief, Division of Practitioner Data Bank (DPDB), and David Loewenstein, Director of the DPDB, for an overview of the National Practitioner Data Base (NPDB) and its role in supporting the effective oversight of health provider credentials. Dr. Nganga-Good stated that the mission of the NPDB was to improve health care quality, enhance professional review efforts, reduce health care fraud and abuse, and protect the public. She briefly reviewed how the NPDB collected information and provided reports in response to queries from health care entities, such as hospitals, state licensing boards, health plans, and malpractice insurers. She listed several types of information that the NPDB collects, including: medical malpractice judgments, adverse licensing or professional society actions, exclusions from government programs, and healthcare-related civil or criminal judgments. Dr. Nganga-Good said that in 2020, NPDB received over 65,000 reports and responded to over 10 million queries. She added that NPDB reports are confidential and only available to registered entities.

In relation to NACNEP, Dr. Nganga-Good noted there are opportunities to use the NPDB data to inform nursing education, identify common issues and problems in nursing practice, and pinpoint areas where nursing leadership can support the nursing and healthcare workforce to improve healthcare quality and patient safety.

Mr. Lowenstein reviewed the data on nursing-specific reports to the NPDB over the previous 10 years. He noted that almost all reports on nurses involve licensure actions. Other actions might include Medicare or Medicaid fraud. He provided links to NPDB resources, including a guidebook, public use data files, and data analysis tools.

### Q and A

Dr. Russell asked about the rise in reports on nurses that started around 2012. Mr. Loewenstein replied that NPDB is covered by three legislative statues that determine what actions are reportable. Prior to 2012, guidance on reportable actions was lacking in relation to nursing, and thus the data collection was poor. Around that time, NPDB issued new guidance related to nurses and increased its efforts on reporting compliance, which led to a rise in reports to the NPDB concerning nurses.

### ***Presentation: Enhancing and Expanding the Behavioral Health Workforce through Education, Training, and Practice***

**Patsy Cunningham, MA, NCC, LCPC**  
Branch Chief, Behavioral and Public Health  
Division of Nursing and Public Health, HRSA

CAPT Russell introduced Patsy Cunningham, MA, NCC, LCPC, Chief, Behavioral and Public Health (BPH) Branch, DNPH. Ms. Cunningham provided a brief overview of the BHW behavioral health workforce development programs, including:

- Behavioral Health Workforce Education and Training (BHWET);
- Graduate Psychology Education (GPE);
- Opioid Workforce Expansion Programs (OWEPs), Professional and Paraprofessional;
- Opioid-Impacted Family Support Program (OIFSP); and
- Addiction Medicine Fellowship (AMF).

Ms. Cunningham said that BHWET supported the education and training of a range of behavioral health professional and paraprofessionals, including social workers, therapists, psychiatrists, and mental health nurse practitioners. It serves to increase the behavioral health workforce and improve its distribution, promote the integration of behavioral health into primary care, and support the preparation of faculty. She added that BHWET has supported the training of over 26,000 professionals and paraprofessionals, and is projected to eliminate over 40 percent of the projected shortfall of behavioral health providers by 2025.

Ms. Cunningham noted that GPE is the longest-standing program within DNPH, and aims to increase the number of trained doctoral health psychology students, interns, and post-doctoral residents; foster an integrated and interprofessional approach; and support faculty development in health psychology.

Ms. Cunningham detailed the OWEPs, begun in 2019 to address the nation’s opioid epidemic. These programs fund training of professionals and paraprofessionals to address opioid use disorders (OUD), and other substance use disorders (SUDs), especially in high-need, high-demand areas. The programs have a broad focus to address prevention, treatment, and recovery. She further discussed the OIFSP, which provides training for paraprofessionals to work with families impacted by OUD. Some of the training programs involve an apprenticeship model, which allows trainees to earn an income while they are learning. Many of the trainees are recruited from the local communities, or have lived experience dealing with OUDs.

Ms. Cunningham said that AMF works to expand the number of medical and psychiatric fellows training as addiction medicine specialists. It also promotes the integration of mental health and SUD prevention and treatment within primary care, and emphasizes community-based training.

She also introduced new programs for 2021:

- Integrated Substance Use Disorder Training, and
- Substance Use Disorder Treatment and Recovery Loan Repayment.

### Q and A

Given the stresses brought by the COVID-19 pandemic, Dr. Brockman-Weber asked about any programs to promote the wellness and resilience of frontline healthcare staff. Ms. Cunningham replied that several DNP grantees are incorporating opportunities to address clinician stress and burnout, in confronting both the opioid epidemic and the COVID-19.

Dr. Selig asked about regulatory barriers to the placement of behavioral health care providers in primary care practices. Dr. Cunningham said that HRSA tracks post-graduate employment for trainees, and noted that many program graduates must receive additional training under supervision to become independently licensed professionals. She added that regulatory barriers differ from state to state.

CAPT Russell asked about challenges faced in integrating behavioral health services into primary care. Ms. Cunningham replied that the focus on integration had been in place for several years, and that clinical and community health sites have been creative in finding ways to bring in behavioral health services, while HRSA has maintained flexibility in defining integrated care.

### ***Council Discussion: Planning for the 18<sup>th</sup> Report***

**Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP**  
Chair, NACNEP

CAPT Russell moderated a discussion on the future work of the Council and the selection of a topic area for its next report, due to the HHS Secretary and Congress by the end of FY 2022. She asked the Council members to reflect on their own experiences, as well as how the presentations from various HRSA programs at the recent Council meetings aligned with their thoughts in exploring potential topics.

There was discussion on the issue of health equity, including initiatives to help achieve health equity in underserved or at-risk communities, and to better prepare nurses and other healthcare providers to address health equity and the social determinants of health. There was further discussion in addressing the nursing shortage and maldistribution of the nursing workforce, as well as the current gaps in workforce data. Several Council members raised the issue of supporting the mental health and well-being of nurses and other frontline workers, particularly those involved in the COVID-19 pandemic response. Dr. Janice Phillips noted that her current research involves interviewing nurses about their experiences on the front line of the pandemic response, noting that some are exiting the profession because of the mental stresses.

Dr. Patricia Selig referenced a presentation from the December 2020 NACNEP meeting provided by the HRSA Maternal and Child Health Bureau (MCHB), and discussing HRSA's efforts to address maternal mortality and at-risk women. The Council also reviewed the list of topic areas generated during the December 2020 NACNEP meeting. At the end of the discussion session, the Council members identified five main topics with related subtopics:

### **The impact of the COVID-19 pandemic**

- The long-term residuals of the disease and impact on the health care system, including:
  - The current workforce – practice, education, retention.
  - Behavioral and mental health, clinician resilience and well-being.
  - Post-COVID nursing school enrollment, and faculty retention/retirements.
- Preparing the workforce for future public health crises – What are the lessons learned?
- Faculty preparedness and student support in addressing the pandemic.

### **Issues of technology: What are the competencies needed for the nurse of the future?**

- Use and adoption of telehealth, distance learning, and remote patient monitoring.
- Infrastructure and training needs and investment, simulation for clinical training.
- Preparing the workforce for the use of smart technology.
- Telehealth competencies, access to technology, and microcredentialing.

### **Interprofessional education and practice**

- How to leverage doctor of nursing practice-prepared nurses.
- Behavioral health integration into primary care.
- Barriers to collaboration, scope of practice, accreditation, and reimbursement.
- Need for data-driven information:
  - Health workforce data gaps.
  - Nurse faculty data gaps.

### **Health equity and health literacy, addressing the digital divide**

- The education and training of nurses in the social determinants of health, and in health equity, including rural health equity.
- Integration of community preparedness in nursing curricula.
- Health workforce distribution and at-risk populations.
- Environmental equity, including environmental toxins, climate change.
- Digital literacy in underserved areas and populations.



**Shift from acute care to ambulatory care, community care settings**

- Nurse-led community health centers, Federally Qualified Health Centers (FQHCs).
- Integration of mental and behavioral health into primary care.
- MCHB innovative models, e.g., mobile health clinics.
- How to collaborate with the local community to find shared solutions.
- Training in place in community settings, to promote interest in public health.
- Shifting from acute care to community-based care and the importance of public health.

***Meeting Adjourn***

Dr. Ezeike adjourned the first day of the meeting at 3:00 p.m.

**Wednesday, March 10, 2021**

***Welcome and Roll Call***

Dr. Ezeike opened the second day of the meeting at 9 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed, and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

***Presentation: HRSA Federal Office of Rural Health Policy/Office for the Advancement of Telehealth***

**Kristi Martinsen**

Director, Hospital State Division  
Federal Office of Rural Health Policy, HRSA

**Michael McNeely**

Director, Office for the Advancement of Telehealth  
Federal Office of Rural Health Policy, HRSA

CAPT Russell introduced the next speakers, Kristi Martinsen, Director of the Hospital State Division in the Federal Office of Rural Health Policy (FORHP), and Michael McNeely, Director, Office for the Advancement of Telehealth, FORHP.

Ms. Martinsen outlined some of the major rural health concerns. Compared to urban residents, rural residents have a higher incidence of obesity, diabetes, and high blood pressure, and higher rates of death from heart disease and stroke. Rural women face higher maternal mortality rates. Rural residents generally have to travel farther to receive health services, and are more likely to lack health insurance. The COVID-19 pandemic has further exacerbated these disparities.

Ms. Martinsen offered an overview of FORHP and its major programs, noting that FORHP:

- Supports health services research, policy analysis, and information dissemination related to rural health;
- Funds the Rural Health Research Center program;
- Maintains a clearinghouse for rural health policy and program information; and
- Staffs the National Advisory Council on Rural Health and Human Services.

Ms. Martinsen highlighted a pilot program in development to improve rural access to obstetric care, Rural Maternity and Obstetric Management Strategies (RMOMS), with a projected start date of September 1, 2021. RMOMS grantees will be required to develop a network of services to include rural hospitals, at least one FQHC, home visiting and Healthy Start programs, and the state Medicaid program. She also summarized the HRSA response to the national opioid epidemic and the global COVID-19 pandemic for rural areas in the United States.

Mr. McNeely, Director of the Office for the Advancement of Telehealth, FORHP, offered the HRSA definition of telehealth. He listed several benefits that telehealth can offer. For healthcare providers, telehealth can improve care delivery and workforce development, and allow them to serve more patients. Telehealth can also contribute to reduced costs for transport. For patients, telehealth care increase access to care, while reducing travel and wait times. He also discussed

some of the barriers, including limited access to broadband internet connections, varying reimbursement rates for telehealth services, and licensure and regulatory barriers to providing care and prescribing medications across state lines. He added that the COVID-19 pandemic public health emergency had prompted several telehealth policy changes to increase flexibility to licensure and prescribing restrictions, privacy concerns, and reimbursement rates.

Mr. McNeeley outlined the HRSA Telehealth Initiative, which serves as a resource for rural and underserved communities on telehealth technology. He also highlighted HRSA investments in telehealth in response to the COVID-19 pandemic, including the web site telehealth.HHS.gov, which serves as a trusted, timely, and current telehealth resource for both patients and providers. Other investments include programs to provide telehealth training for providers, expand maternal and child health services, and develop Telehealth Resource Centers. Mr. McNeeley concluded by saying that telehealth has played a key role in reducing the disruption to health care services, while expanding access to care beyond rural areas and across a range of specialties.

***Presentation: Improving the Response to Sexual Violence through Innovative Approaches: The HRSA Advanced Nursing Education-Sexual Assault Nurse Examiner (ANE-SANE) Program***

**Deitra Scott, MSN, RN**

Project Officer, Advanced Nursing Education Branch  
Division of Nursing and Public Health, HRSA

CAPT Russell introduced Deitra Scott, MSN, RN, a project officer with the Advanced Nursing Education Branch, DNPH. Ms. Scott reviewed the HRSA Advanced Nursing Education-Sexual Assault Nurse Examiner (ANE-SANE) program, begun in 2018. Ms. Scott stated that the goal of the program was to increase the number, and improve the quality, of nurses trained and certified as sexual assault nurse examiners (SANEs) across the country. She noted that properly trained SANEs provide better physical and mental health care for survivors, along with better evidence collection, which can lead to higher prosecution rates. Certification as a SANE, provided through the International Association of Forensic Nurses (IAFN), requires didactic education, clinical training, and practical experience. In 2019-20, the ANE-SANE program had almost 150 training sites nationwide, training almost 1,500 nurses toward SANE certification. Over 40 percent were training in an MUC, with almost one-quarter in a rural setting.

Ms. Scott said that in responding to the COVID-19 pandemic, the program had to become flexible to develop virtual and on-line educational options, provide training simulations, and incorporate the use of telehealth. Since the stresses that SANEs experience can lead to high rates of burnout, the program has supported provider resiliency and connectedness by developing a peer support network, as well as by providing support for rural SANEs through regional coordinators. Program participants have collaborated to develop new training programs, initiate community-based models to improve SANE availability, start local IAFN chapters, and present at the IAFN conference. Ms. Scott discussed some of the challenges faced in starting and implementing the program.

Ms. Scott noted that a new notice of funding opportunity for the ANE-SANE program had been published, and the application period had closed in February 2021. HRSA anticipated making new awards for programs to start in July 2021. She also discussed some of the services provided by HRSA to link SANES to communities in need through virtual job fairs and the HRSA Health Workforce Connector.

### Q and A

There was a question about the regulatory requirements for SANES. Ms. Scott replied that different states have different requirements for who can provide sexual assault or forensic examinations. She noted that the IAFN certification is considered the “gold standard.”

Dr. Patricia Selig stated that the Virginia Commonwealth University health system has dedicated nurse practitioners who are SANE-trained. She noted that the Richmond, Virginia, area has a high need to address sex trafficking that may occur along the Interstate 95 corridor, and that sexual assault also affects the LGBTQ community. She thanked DNPH for its commitment to promoting SANE training. Ms. Scott added that DNPH staff members Ms. Adonna Agbo and Ms. Karen Breeden created the ANE-SANE program in 2018 under significant time constraints, and wanted to acknowledge their efforts and leadership.

CAPT Russell noted the issue of burnout among SANES, and asked about the peer support network. Ms. Scott replied that some of the methods used to provide support to SANES include a phone tree to connect with a support person, as well as monthly meetings and other networking events to share experiences and discuss issues. These connections helped providers to exchange methods for mindfulness or meditation techniques, and other ways to avoid internalizing all of the trauma that they witness. The program also included mentoring opportunities, to allow experienced SANES help trainees and newer providers enhance their resilience.

Dr. Ezeike asked about evaluation measures, particularly in terms of evidence collection or rates of successful prosecution of sexual assault. Ms. Scott replied that the SANE programs collect data on SANE participation in training events such as mock trials, as well as collaborations with the police, sexual assault response teams, and district attorneys. DNPH is also working with the HRSA National Center for Health Workforce Analysis on ways to demonstrate the effectiveness of the SANE program in sexual assault prosecutions.

Ms. LaDonna Selvidge asked about plans for expansion. Ms. Scott said that the initial two years of the program saw significant growth in the number of SANE training programs across the nation. She noted that the COVID-19 pandemic has forced many changes to the program operations, but DNPH anticipated continued growth, but at a slower rate.

Dr. Miguel asked about the secondary trauma that SANES and others who take care of sexual assault clients may experience, such as post-traumatic stress syndrome. Ms. Scott replied that providing access to individual therapy, both for trainees and experienced SANES, is one of the strategies for addressing stress and burnout. She added that a major part of the initial SANE training involves helping the participants to understand how to step back when needed, and to be more aware when they begin to experience signs of emotional exhaustion and burnout and to seek assistance.

## ***Council Discussion: Future Planning***

CAPT Russell moderated a discussion on the future activities of NACNEP, pointing toward the preparation of its 18<sup>th</sup> report. Based on the previous Council discussions, the members approved by consensus an overarching theme of *Preparing the workforce for future public health challenges/crises*. The following sub-themes were also proposed:

- Supporting clinician resiliency and well-being;
- Enhancing the use of technology in education and practice – faculty and student preparedness, access, patient interaction, competencies, and remote patient monitoring;
- Examining how the work of the bedside nurse and the advanced practice registered nurse has changed due to the impact of the COVID-19 pandemic;
- Employing public health principles in nursing education and practice; and
- Addressing health equity in nursing education and practice.

## ***Business Meeting***

CAPT Russell provided a brief review of the meeting discussions, and asked for volunteers for the two Council subcommittees:

- Writing subcommittee
  - Dr. Mary Ellen Biggerstaff
  - Dr. Rose Kearney-Nunnery
  - Dr. Luzviminda Miguel
  - Dr. Janice Phillips
- Planning subcommittee
  - Dr. Steven Brockman-Weber
  - Dr. Patricia Selig
  - Dr. LaDonna Selvidge

## ***Review and Next Steps***

CAPT Russell offered a brief review of the presentations and discussions over the two days of the meeting. For next steps, CAPT Russell said that the members of the subcommittees would be contacted to plan for the upcoming meetings and suggest subject matter experts to present. She noted that HRSA had submitted a package of nominations for new NACNEP members, and this package was awaiting final approval. Once new members are brought on board, the Council would be able to fill out the subcommittees and advance its work in developing its 18<sup>th</sup> Report. She reminded the Council members that this report was due by September 2022.

## ***Adjourn***

Dr. Ezeike reminded the members of the dates of the upcoming meetings, July 13-14, 2021, and December 7-8, 2021. He noted that current plans call for the July meeting to be held in person, while the December meeting would be conducted virtually. However, the setting and details of any of the meetings were subject to change as a result of the ongoing COVID-19 pandemic and response. He adjourned the meeting at 2 p.m.

## **Acronym and Abbreviation List**

AMF	Addiction Medicine Fellowship
ANE-SANE	Advanced Nursing Education-Sexual Assault Nurse Examiner
BHW	Bureau of Health Workforce
BHWET	Behavioral Health Workforce Education and Training
BPH	Behavioral and Public Health Branch
CARES	Coronavirus Aid, Relief, and Economic Security
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
DPDB	Division of Practitioner Data Bank
FORHP	Federal Office of Rural Health Policy
FQHC	Federally Qualified Health Centers
FY	Fiscal Year
GPE	Graduate Psychology Education
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
IAFN	International Association of Forensic Nurses
MCHB	Maternal and Child Health Bureau
MUC	Medically Underserved Community
NACNEP	National Advisory Council on Nurse Education and Practice
NINR	National Institute of Nursing Research
NPDB	National Practitioner Data Base
OIFSP	Opioid-Impacted Family Support Program
OD	Opioid Use Disorder
OWEP	Opioid Workforce Expansion Program
PHTC	Public Health Training Center
RMOMS	Rural Maternity and Obstetric Management Strategies
SANE	Sexual Assault Nurse Examiner
SUD	Substance Use Disorder