



June 2026 Healthcare Updates

- Naloxone distribution
- Health care workforce
- Hospital system process improvement program for comprehensive substance use care and support grant

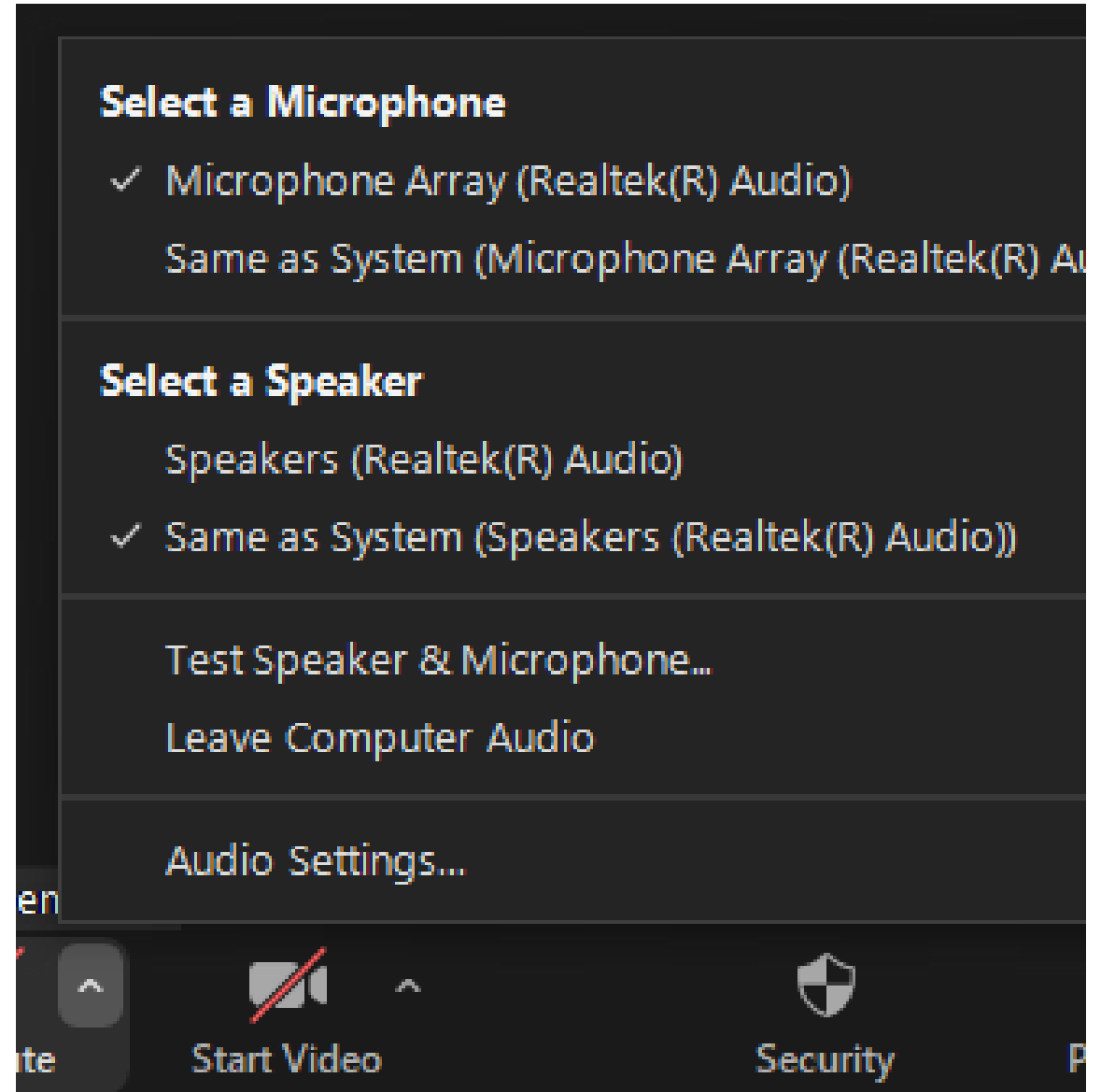
Hospital Systems Addiction Care Community of Practice

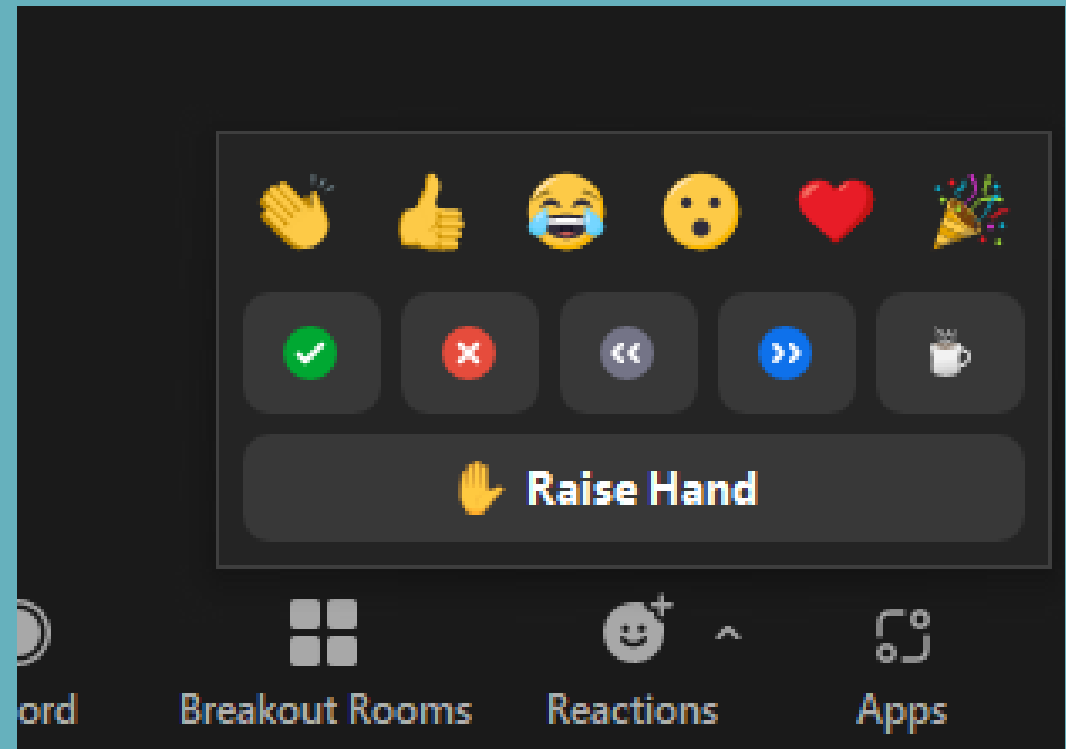
June 25, 2026, 12:00-1:00 PM

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Zoom Engagement Tools



Continuing Education Units (CEUs)

This webinar provides 1 hour of free CEUs for LADC/MLADC and CRSW.

Please stay until the end to complete the evaluation and earn your certificate.



Objectives

Participants will:

- Understand the new Board of Pharmacy rules allowing naloxone to be distributed directly from hospital emergency departments.
- Gain context around the initiatives to implement a comprehensive retooling of the healthcare workforce in New Hampshire.
- Gain awareness of new grant opportunities for hospitals that were approved by the Governor and Executive Council.

Today's Presenters



Kathy Bizarro-Thunberg

Executive Vice President,
New Hampshire Hospital Association



Maureen Znoj

Senior Director of HealthForce NH,
Foundation for Healthy Communities



Dan Andrus

Director of Substance Use Disorder
Treatment Projects,
Foundation for Healthy Communities



Foundation for Healthy Communities



Hospital Systems Addiction Care
Community of Practice

June 25, 2026

Maureen Znoj, Senior Director
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Foundation *for*
Healthy Communities



HealthForce NH

Mission



Granite Staters are cared for by a healthcare workforce that shares their culture and values. All potential workforce can access resources to pursue careers in healthcare.



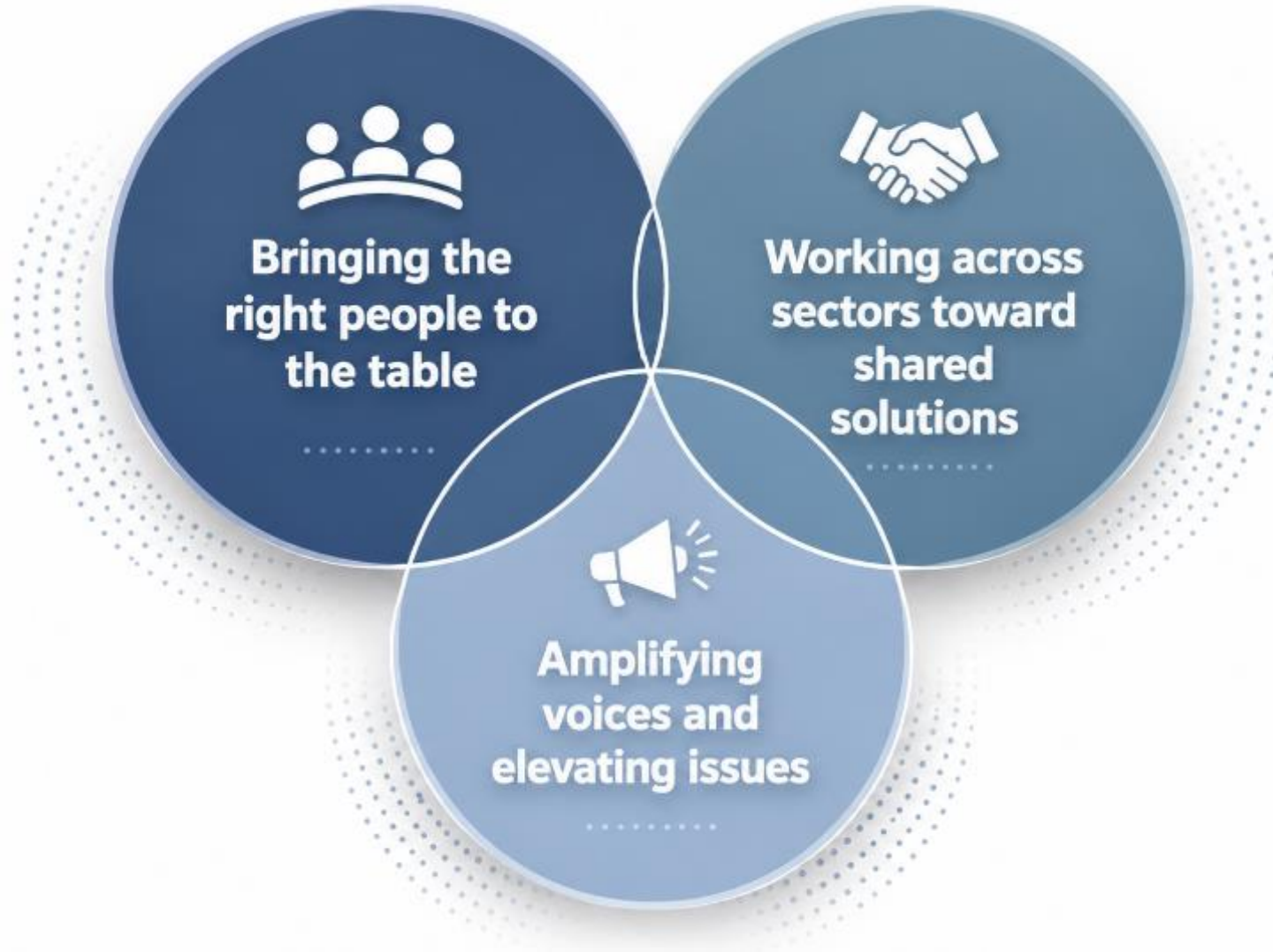
Our healthcare workforce is valued and recognized. With high job satisfaction and quality of life, they are invested in contributing to quality care for all.



A resilient healthcare system is supported by dynamic cross-sector policies. These help to attract and retain workers and create healthy communities.



HFNH Three Cs Framework



Giving Care: A Strategic Plan

Giving Care: A Strategic Plan to Expand and Support
New Hampshire's Health Care Workforce
March 2022



HFNH Data Committee

The analytical backbone for HealthForce NH's strategic decision-making—ensuring our workforce strategies are grounded in evidence.



Our Objective:

To create one place where stakeholders can access data to answer key questions that focus efforts and investments where they will have the greatest impact on closing health care workforce gaps in NH

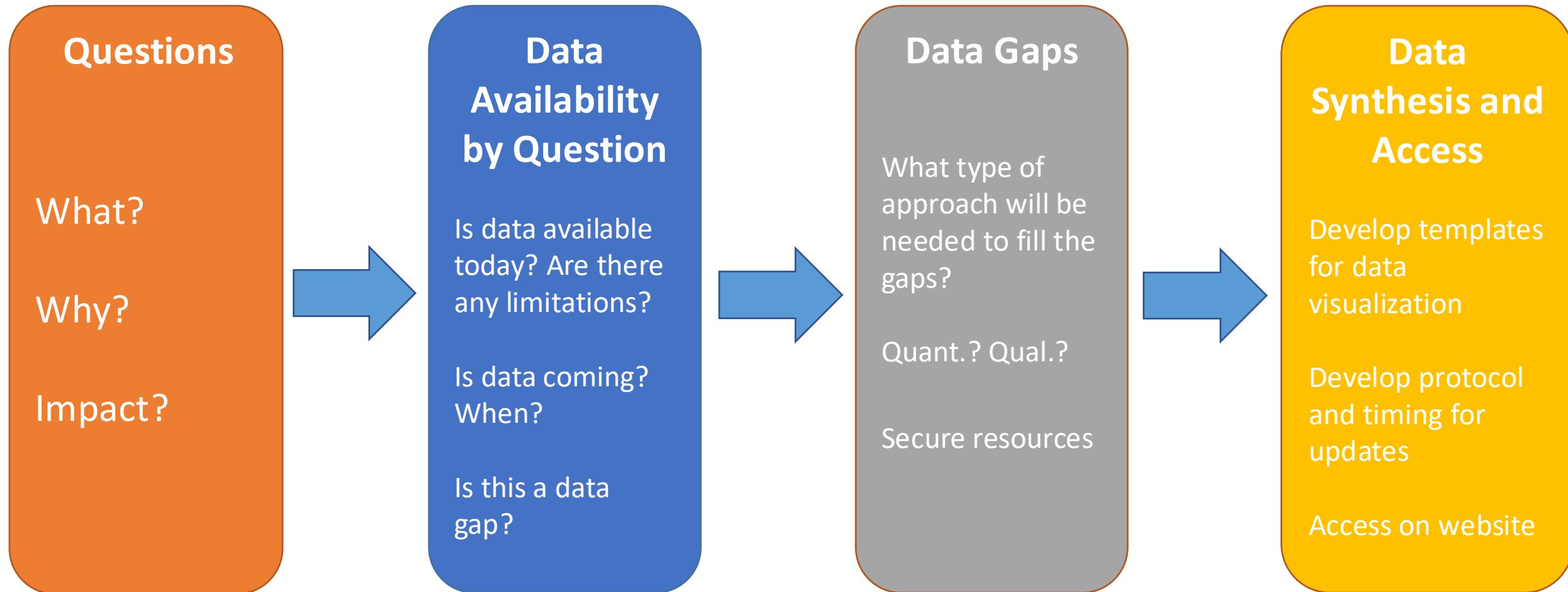


What we do:

- ✓ Review labor market data to spot emerging workforce trends and gaps
- ✓ Identify where data is missing and guide efforts to fill those gaps
- ✓ Translate complex data into clear insights for the Advisory Board and stakeholders
- ✓ Track progress on strategic initiatives so we know what is working and what needs to change



Overall Approach





A statewide competition that invites innovators to develop solutions for New Hampshire's health care workforce challenges, grounded in the strategies identified in the Giving Care plan. The 4th Annual Innovation Challenge applications will be available in January 2027.

How it works:

- ✓ Open application and review process
- ✓ Semi-finalists supported through mentorship and feedback
- ✓ Finalists pitch live to a panel of workforce and health care leaders
- ✓ Winning ventures receive funding to launch or scale their solution





Innovation Areas for Growing and Sustaining the Health Care Workforce

Process Innovation

Focuses on the “how” rather than the what” - -greater efficiency, quality, reduced costs, or improved experience for workers or patients

Program Innovation

Creating new pathways and educational models for health care careers

Technology Innovation

Leveraging digital tools to streamline recruitment and training

Cultural Innovation

Transforming workplace culture to better attract and retain diverse professionals and enhance culturally responsive care

Policy & Partnership Innovation.

Advancing policies & partnerships that sustain workforce growth at scale



The Gap in New Hampshire

- 30% of NH workers are over age 55 — the workforce is aging out faster than it is being replaced.
- 11% annual turnover in NH health care — rural facilities bear the greatest strain.
- No structured pipeline exists to guide high school students into allied health careers such as LNA, MA, phlebotomy, or EMT.
- Financial and cultural barriers prevent many rural and underrepresented students from accessing certification pathways.

The AHEAD Answer

A structured, supported, 3- to 6-month pathway that takes rural high school students from exploration to certification to employment — with mentorship at every step.



Armon Farahani



Laurel Geller

Award funding will launch the inaugural pilot cohort, covering certification costs and building a workforce registry database. Beginning in Year 2, the program will pursue sustainability through health care organization partnerships.





The Problem Work Health CoLab Solves



The Gap

- Healthcare workers with work-limiting health conditions lack real-time access to coordinated services to maintain employment.
- NH has the highest rate in the U.S. of work disability due to mental health conditions — 53.4% of disabled workers in 2024.
- Only 24% of U.S. employers accurately manage employee medical leave.
- Work disability costs NH employers \$2.9 billion in lost productivity annually.
- If NH's work disability rate equaled the U.S. average, the state would gain over 10,000 more workers.

The Work Health CoLab Answer

An evidence-based, coordinated work–health coaching program that helps people with physical or mental health conditions stay in — or return to — work safely and productively.



Dr. Karen Huyck

Award funding will be used to pilot their innovative LINK~VT digital resource and care coordination hub with a New Hampshire health care employer partner, with the goal of scaling workforce retention services statewide.



The Problem the PEER Program at APD Solves

A Workforce In Crisis

Nurses

- 65% experiencing burnout
- 50% report feelings of PTSD, trauma, or extreme stress
- 25–30% intend to leave their jobs due to burnout

First Responders

- 30% develop depression or PTSD
- 23% annual turnover rate for EMS

Teachers & Advocates

- 50% report feeling burned out
- 78% considering quitting
- 62% report anxiety

Why Existing Support Falls Short

Frontline workers are trained to care for others — and trained to push their own needs aside. Even when support exists, significant barriers remain.

- Employee Assistance Programs are consistently underutilized
- Mental health services require individuals to self-identify, self-navigate, and wait for access
- Most programs treat symptoms — not the trauma underlying burnout and PTSD
- The culture of caring professions stigmatizes asking for help



Paula Seaman

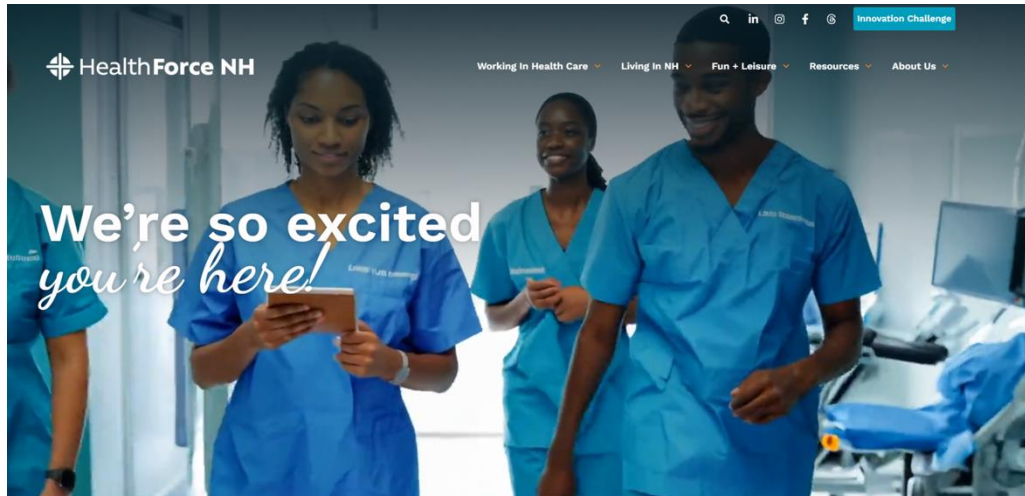


Susan Odden

Award funding will support piloting this model beyond APD to community-based frontline workers, with outcomes tracked to support potential statewide expansion.



HealthForce NH Webpage



[HealthForce NH](https://HealthForceNH.org)

HealthForceNH.org

- **Healthcare Career Resources** – Career profiles, educational pathways, and salary data
- **Financial Support Programs** – Scholarships, loan forgiveness, and training assistance
- **Workforce Data & Insights** – Labor market projections, trends, and needs assessments
- **Living in NH** – Information on housing, childcare, cost of living, and community
- **Innovation Challenge** – Supporting innovative ventures in healthcare workforce development



Thank You!



Let's Connect



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instagram.com/healthforcenh/

Maureen Znoj

**Senior Director, HealthForce NH
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Hospital System Process Improvement Program for Comprehensive Substance Use Care and Support

June 25, 2026



Foundation *for*
Healthy Communities



Background

- Approved by Governor and Council on June 3, 2026.
- One-year grant with possibilities of extension for up to two additional years
- Recruiting six hospitals or hospital systems for care of patients with SUD in emergency departments, acute care units, and networked outpatient practices.





Focus

- Two primary process improvement projects
- Three secondary process improvement projects



Primary Improvement Projects

- Screening all patients in inpatient, emergency, and primary care practices with universal tools for SUD (preferably integrated with EHR)
- Brief interventions conducted by providers with patients who screen positive



Secondary Improvement Projects

Select 3 from the following list:

- Rapid access to medications
- Peer recovery support
- Naloxone
- Public health strategies and education
- Advanced training for medical providers
- Referral to community recovery support programs
- Incorporating patient care perspectives
- Creation of a staff training series
- Formal agreements with community recovery support organizations





Hospital Responsibilities

- Identify a project coordinator
- Identify an implementation team
- Certify competence in quality improvement methodology (FHC will provide resources on request)
- Collect and report baseline and final data on performance measures
- Attend and participate in Community of Practice meetings and planning
- Submit quarterly reports outlining activities and progress and changes in data metrics
- Develop a sustainability plan





Timeline

- July 2026: Applications open on July 6, closing on July 24. Target date for notification of selection is July 31.
- August 2026: Subcontracting, setting of performance targets.





Questions?

Dan Andrus, Project Director

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