Topic: Nursing Workforce Center Models

Alaska Nursing Workforce Strategies Review
The steering committee discussed key themes from a recent nursing workforce conference, with participants sharing insights about data collection, rural healthcare challenges, and sustainable funding models. Schawna presented a summary of categories that emerged from the May 28 meeting including education, workforce development, centralized data, and equity. The team reviewed strategies from other states' nursing workforce centers, with participants noting the importance of tailoring solutions to Alaska's unique needs and considering sustainable funding approaches. They agreed to continue exploring organizational models and will receive additional resources via a new website that will be launched later in the week.

Nursing Workforce Centers: Models Overview
Jana presented a comprehensive overview of four primary models for nursing workforce centers: standalone nonprofit organizations, association-based centers, government-based centers, and university-based centers. She highlighted the pros and cons of each model, emphasizing that no one-size-fits-all approach exists and that the choice of model must be state-specific. Jana also discussed the importance of demonstrating value, securing diverse funding sources, and aligning with existing workforce or nursing-related organizations' work. She concluded by encouraging attendees to consider indicators such as existing funding opportunities and potential partnerships in Alaska.

Nursing Center Models in Alaska
The steering committee discussed various models for nursing centers, with Marjie, Teresa, and others expressing interest in Idaho's umbrella model due to its potential to leverage shared resources and build stakeholder relationships in Alaska's small population. Marjie noted that Kansas currently is a university-based model, but they have ambition to become an independent nonprofit. This suggests that a stepwise approach could be feasible i.e. starting a center under the umbrella of something else while earning the reputation and value that could lead to a funding structure that allows for more independence.

The team agreed that establishing a "source of truth" for data would be crucial, with Teresa highlighting the importance of statistically valid data in influencing legislation. Jessie raised concerns about the stability of government- or university-based models given recent administrative changes, prompting further discussion about potential risks and adaptability of different approaches.

Nursing Center Funding Challenges
The steering committee discussed funding challenges for nursing centers, with Jana explaining that Oregon's standalone center is not at risk due to its lack of federal funding, unlike other centers like Mississippi which relies heavily on federal grants. Patricia noted that most centers receive minimal federal funding, while university-based centers face challenges with indirect cost rates. The discussion explored the possibility of funding through nurse licensure fees, with

Jana and Danette explaining that such changes would require legislative action and have been difficult to implement, taking Oregon 15 years to achieve.

Alaska Nursing Center Development Plan
The steering committee discussed establishing a nursing center in Alaska, with Erin emphasizing the desire to keep it independent of government or university involvement. Marjie proposed a "hub and spoke" model where different organizations could take on specific components of the mission, while Patricia shared her experience creating a virtual nursing center in North Dakota. The discussion revealed that Alaska is the only state without an American Nurses Association affiliate, and Jana announced plans to create an asset map of existing nursing organizations in Alaska and invite an Idaho center director to the next meeting on June 25th.

Nursing Workforce Center Planning Discussion
The steering committee discussed the potential establishment of a nursing workforce center, exploring various organizational models and funding strategies. They agreed to reach out to Idaho for their perspective and to compile a list of potential host organizations, including universities and hospital systems. The team also discussed the importance of securing financial commitments from multiple sources to demonstrate broad-based support and sustainability. Jana warned the steering committee about potential resistance to non-nurse leaders, based on her own experience, and emphasized the need for a strong administrative leader rather than a nurse with limited management skills.

Steering committee members shared specific questions, ideas and concerns throughout the presentation on Center models. Specific comments were collected and organized into categories. Below the heading are comments from individuals.

Funding & Financial Sustainability
- Nervous about stability of government/university-based funding
- What are the risk levels of government/ association-based funding?
- Centers inside universities - getting hit by cuts to universities
- Mississippi Center - in jeopardy
- Will be tough to get the legislature to consider increase in nurse licensure fee
- Nurse licensure fee is set by legislative action – a statue change would be required.

Infrastructure & Organizational Models
- Like Idaho's umbrella model, but is AK ready?
- Idaho - umbrella of nursing associations
- Interested in Kansas - possibly becoming standalone one day
- Oregon is okay financially because it is a stand alone
- Stand alone is appealing, but starting up the infrastructure will take a lot
- Could Alaska start in one model and eventually move to another?
- Like Central IT, previously established services,
- Likes convenience of previously est. infrastructure

Legislative & Regulatory Considerations

- Legislative change would be required for nurse licensure fee
- Statue change would be required.
- Nurse licensure fee requires a legislative change

Collaboration & Shared Services

- Can some components be shared with other entities? A hub?

Data & Evaluation

- Supports valid and clear data source

Next Steps & Action Items by staff/consultants

- ☐ Compile a list of potential funding sources and organizations in Alaska
- ☐ Reach out to Idaho Center for Nursing director to invite them to the June 25th meeting
- ☐ Create an asset map of potential organizations in Alaska that could house the nursing workforce center
- ☐ Have team launch the Alaska Nursing Workforce Center webpage on AHHA website by end of week
- ☐ Complete and send out Mailchimp newsletter to stakeholders by the end of week, including steering committee meeting summary and website link
- ☐ Compile a list of potential funding sources and organizations in Alaska
- ☐ Create and send out a Doodle poll to find alternative meeting times that work better for all steering committee members
- ☐ Upload meeting materials and mapping documents to the shared drive so Marjie can have it posted to new website
- ☐ Funding ideas - Research which organizations have made workforce development and nurse recruitment/retention their priority for the year as potential funding partners

General Follow up:

- ☐ Ask Steering Committee Members to Review the four organizational models presented and consider which model would work best for Alaska
- ☐ Ask Steering Committee Members to review and provide feedback on potential organizations that could house the nursing center before the next meeting on June 25th
- ☐ Use this information to start an asset mapping exercise to see the most realistic possibilities

The next meeting will be held on June 25th and a speaker from Idaho will be invited.

NURSING WORKFORCE CENTER ORGANIZATIONAL MODELS

STRUCTURES, FUNDING AND TRADE OFFS

June 11, 2025

ALASKA NURSING WORKFORCE CENTER STEERING COMMITTEE MEETING

ALASKAHHA.ORG/NURSING-WORKFORCE-CENTER

TODAY’S OBJECTIVE

Help the Alaska Nursing Workforce Center Steering Committee make an informed decision on the best-fit model for a nursing workforce center in their state

FOUR PRIMARY MODELS

STAND ALONE 501(C)3 ORGANIZATIONS

ASSOCIATION-BASED ORGANIZATIONS

CENTERS BASED WITHIN GOVERNMENT AGENCIES

UNIVERSITY-EMBEDDED CENTERS

STAND-ALONE CENTERS

A stand-alone nursing workforce center is often an independent 501(c)(3) nonprofit governed by its own board. It operates outside of government or academia and sets its own strategic priorities. These centers pursue funding through grants, foundations, and partnerships, and often serve as conveners for statewide nursing initiatives. Without ties to state budgets or universities, they must build sustainable revenue models to stay operational.

Pros

- **Autonomy** in strategy and decision-making
- **More flexibility** in partnerships and operations
- Eligible for a broad range of **grants and donations**

Cons

- Reliant on continuous external **fundraising**
- No inherent **state funding** support
- **Vulnerable** to leadership turnover or mission drift

ASSOCIATION-BASED CENTERS

Centers embedded within existing associations (such as hospital and nurses' associations) benefit from built-in infrastructure and organizational support. While they often gain stability and legitimacy from their parent organization, their impact can be limited if the host's priorities shift.

PROS

- Access to existing administrative **infrastructure** (HR, IT, financial systems)
- Enhanced **credibility** through alignment with a respected statewide entity
- **Operational stability** without the burden of building a new organization
- Potential for **strong existing networks** and policy influence

CONS

- **Limited autonomy**; center work must align with association priorities
- Risk of being **deprioritized** or underfunded if leadership changes
- May face **restriction**s on pursuing outside grants or partnerships independently
- Identity and visibility of the center can be **overshadowed** by the host organization

GOVERNMENT-BASED CENTERS

Government-based nursing workforce centers are housed within state agencies, such as boards of nursing or departments of health. They are typically funded through state-appropriated nurse licensure fees or legislative allocations. These centers operate within government structures and align closely with state health policy priorities.

PROS

- **Stable funding** through state appropriations
- **Legitimacy** and direct access to policy mechanisms
- Alignment with **statewide priorities**

CONS

- Bureaucratic **limitations on innovation** and agility
- Susceptibility to **political changes** and legislative cycles
- Possible **limitations** on grant eligibility

UNIVERSITY-BASED CENTERS

University-based nursing workforce centers are housed within colleges or schools of nursing and benefit from access to academic infrastructure like research support, administrative services, and office space. They often secure funding through state grants, healthcare partnerships, or university-managed programs. While they gain credibility and resources through their host institutions, they may face limits on autonomy and responsiveness.

PROS

- Access to university infrastructure (HR, IT, space)
- Research alignment and grant pipeline
- Stability and academic credibility

CONS

- Limited autonomy; may be deprioritized by the university
- Reliance on time-limited grants
- Internal bureaucracy may hinder responsiveness

COMPARATIVE TABLE

Model	Pros	Cons
Stand-Alone	Flexible, independent, grant-eligible	Fundraising burden, less political access
Association-Based	Access to infrastructure, enhanced credibility	Limited autonomy, identity overshadowed
Government Agency-Based	Stable funding, close to policy	Bureaucratic, vulnerable to politics
University-Based	Academic support, research synergy	Internal politics, less agility

KEY TAKEAWAYS

NO ONE-SIZE-FITS-ALL MODEL

Each state must choose a structure that fits its political climate, funding landscape, and workforce needs

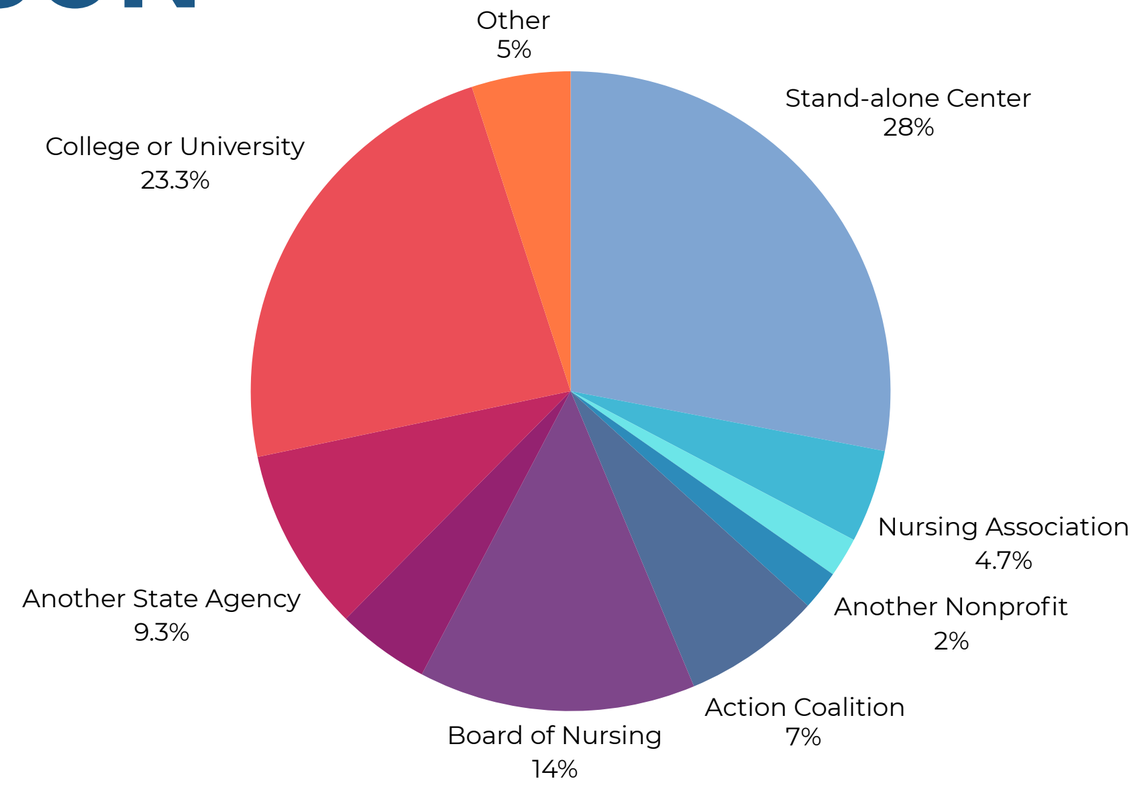
SUSTAINABILITY NEEDS DIVERSE FUNDING

Centers that blend core funding with grants, partnership, and service income are more financially stable.

DEMONSTRATED VALUE DRIVES SUPPORT

Centers that clearly show their impact are more likely to gain long-term backing from stakeholders and funders

NATIONWIDE NURSING WORKFORCE CENTER COMPARISON



Source: 2024 National Forum of State Nursing Workforce Centers Annual Member Survey Results

ORGANIZATIONAL MODELS IN PRACTICE

STAND-ALONE

Arkansas
California
Colorado
Connecticut
Idaho
Indiana
New York
North Dakota
Oregon
Washington
Wyoming

ASSOCIATION-BASED

Arizona
Michigan
Mississippi
Ohio
Pennsylvania

GOVERNMENT-BASED

Alabama
Illinois
Iowa
Kentucky
Louisiana
Missouri
South Dakota
Texas
Utah
Vermont
Virginia
West Virginia

UNIVERSITY-BASED

Florida
Georgia
Hawaii
Kansas
Maryland
Massachusetts
Minnesota
New Jersey
South Carolina
Tennessee

CENTER COMPARISON

FUNDING SOURCES

Organizational Support	26%
Nurse Licensure Fees	24%
State or Local Government Grant	24%
Fee for Service	21%
Legislative Appropriation	21%

STATE STRATEGIES

Statewide Communication	89%
Collaboration	87%
Data-Informed Programming	66%
Nursing Education Support	55%
Research/Evidence-Based Practice	55%

INDICATORS TO LOOK FOR

WORK ALREADY BEING DONE

WHAT WORKFORCE OR NURSING-RELATED ORGANIZATION IS ALREADY DOING THIS WORK?

FUNDING

IS THERE ALREADY RELATED FUNDING OR OTHER KINDS OF SUPPORT?

INTERESTED STAKEHOLDERS

HAS THE PERSPECTIVE OF ALL STAKEHOLDERS BEEN CONSIDERED IN SOME WAY?

OTHER INDICATORS

POLITICAL RELATIONSHIPS? LONG-STANDING CULTURES? OTHERS?

ALIGNING ALASKA'S PRIORITIES

Alaska Priority Area	Most Aligned Center Model(s)	Why This Model Might Work
Education Pipeline	University-Based, Stand-Alone	Universities already manage education systems; stand-alone centers can partner flexibly.
Mentorship & Support	Stand-Alone, Association-based	Independent organistions can build culture and flexibility; Associations may already have mentorship resources
Workforce Development	Government-Based, Stand-Alone	Government ties help with workforce policy; stand-alone centers are nimble for programs
Access & Equity	Association-Based, University-Based	Associations may already have rural outreach; universities offer infrastructure
Structure & Sustainability	Government-Based, University-Based, Association-Based	All three offer stable funding options and built-in administrative systems

Source: May 28 Alaska Nursing Workforce Center Steering Committee Meeting

DISCUSSION

WHICH MODEL BEST SUPPORTS THE VISION OF A LIFELONG SUPPORT FOR ALASKA'S NURSES

HOW DO WE BALANCE SUSTAINABLE FUNDING WITH THE FLEXIBILITY TO SERVE RURAL AND UNDERSERVED COMMUNITIES

NEXT STEPS

HTTPS://ALASKAHHA.ORG/NURSING-WORKFORCE-CENTER