THE ENDOWMENT
NEW HANOVER COMMUNITY ENDOWMENT

PUBLIC FORUM FEATURING THE NEW HANOVER HEALTHCARE CAREER PARTNERSHIP

Building a Healthier Future for New Hanover County, Together

September 22, 2026

Video Montage

What we saw during Covid in our region was a constellation of numerous market factors that put a strain on our nursing supply. On the one hand, we had increased demand with a lot of folks moving to our area. On the other hand, we had a lot of nurses that were exiting. On top of that, there was a bit of an arms race for talent, so that competition led to decreased retention rates in the region.

From the perspective of UNCW, what we realized is that we were retaining a really small number of our graduates to this community after they finished. On top of that, we've also realized that we need to increase the number of students that we were educating. And one of the initial steps that we knew we needed to take was to attract more students to healthcare.

It was time for us to come back together as a unit. What we did was work towards something called talent pipeline management. What you're doing is you're taking all these people who are trying to improve with themselves in their silos, and you're bringing them back together as a community, and you're creating a seamless pipeline. Reverse engineering it from the employer's need all the way back down to K-12.

It was very important for Cape Fear Community College to be a partner. Certainly, early recruitment is key, so getting more opportunities for students as early as middle school to get onto our campus to explore our nursing programs.

We do what's called a nurse residency program. So, they come on and then they rotate throughout the hospital for the year. Working with our school partners from the beginning of that journey is really what has allowed us to be successful, and our goal is to retain all 200 of those nurse grads. And I think we're going to be pretty close to it.

We start as early as the fifth grade, and we do regional career fairs to expose them to all kinds of different career pathways. And then our middle school becomes a little more focused. Students can take healthcare specific exploration classes. And then as they move into high school, they get even more specific, moving on into either nursing fundamentals or biomedical technology or whatever other area of healthcare careers that you're interested in.

We're working much closer with the educators and finding that as those students have opportunities to learn about the different types of health care settings, it gives them an opportunity to see what they would want to do on a day-to-day basis.

Having those talent pipelines directly from the educational institutions into our environment is what we need to do to create consistency. We can't just depend on job postings and hope they come. We have to have a much more strategic way of finding those people to fill those roles in the future.

The New Hanover Health Care Career Partnership has allowed employers to meet education partners to bring in more students to fill more jobs, and that really leads to a healthier community.

The thing I'm most proud of is that collaboration is real in this, and that the leadership is sending that message every day. For me, success in this area means that we are decreasing these workforce shortages. That we are educating students who are well trained and prepared to provide the services that are needed in this community, and that they want to live and work in this community. They want to be part of this community and see themselves here from the very beginning.

[End of video]

Sophie Dagenais

In 2024, the New Hanover Community Endowment invested in a partnership, a partnership comprising of New Hanover County Schools, UNCW, Cape Fear Community College and the Chamber of Commerce. The three-year grant brought together employers and educators working together, side by side, to build a real pipeline for an essential workforce. I am Sophie Dagenais President and CEO of The Endowment.

Today, two years into our grants, I am grateful to our partners for being here and for helping to convene this forum to share their progress on this work.

Now, you may wonder why gather at all. The Endowment, after all, as you know, funds many grants. We can't possibly hold a public forum for every grant. This one is special, to be sure, if we had a public forum for every grant, we would be spending more time on preparing for the forum and fora then we would be on the making the grants. This is special. Why?

First, this partnership may well emerge as a promising model for how education, employers, and civic infrastructure can work together to build or strengthen the pipeline, the workforces, our New Hanover County needs, the workforce of the future. Today, and together, we are learning what works. And that's a role that The Endowment can play. To foster learning, to share what we learn, and to discover together and help demonstrate solutions to problems we all share.

Because second, as to our why we are here together tonight, is because this nursing shortage literally impacts, it touches every single person in New Hanover County. Without fail, we are all patients. Every person we love in New Hanover County is a patient, a consumer of health care. We all need nurses. So, this nursing shortage truly impacts everyone in New Hanover County.

I want to thank you, UNCW Chancellor Volety and his entire team for creating this space for us tonight. For all their work in helping us to prepare and to our partners for their efforts in preparing for tonight and for taking time out of their personal evenings, like you, for being here. I also want to recognize that The Endowment is not the only investor in this work at all.

In addition to our partners, Novant, and the other employers, and the preceptor hosts, and the educators, and our students, and all who support them, including, of course, our city and our county, and our state leadership, but also the parents and the friends and the families and the neighbors and the contributors and the benefactors. I want to recognize all of us because The Endowment is not doing this work alone. This work, is the work of all of us.

Now, I would like to introduce our Master of ceremonies for the evening, Doctor Umar Bowers. Please be sure to read Doctor Bowers' bio. It is very impressive. You do have a program booklet. I hope you will consult it. Doctor Bowers is a board-certified internal medicine physician and the Co-Founder and Medical Director of Dawson Med.

Dawson Med is not only a primary care provider here in Wilmington, but also an urgent care provider. Importantly, Doctor Bowers is also the chair for the region, our region of the Health Talent Alliance. You will hear more about it during the program. And so, with that, please welcome Doctor Bowers. And I thank you, Doctor Bowers, for being here.

Umar Bowers, MD

Thank you all for spending time out of your day. I think we're really in for an exciting evening. As Sophie said about the impossibility of holding a forum for every grant. I did have the opportunity to see some of the amazing work and the preparatory logistics to make this happen, and it was not a small undertaking, so I am as excited to have a good seat for this event as everyone else.

So, before we get rolling a couple of small housekeeping notes, I'm sure there's going to be a robust conversation toward the end. And so, we look forward to having some questions asked. The humble request is that when you are thinking about your questions, you framed them from the standpoint of what's under the control of those panelists, I guess not the stage, but are here, right?

There's a lot of challenges in our region, and I would submit to you that a lot of those challenges are going to take a lot of collaborative thinking, but most likely not going to be

solved this evening. However, I would also like to address the 800-pound gorilla in the room, and that is the nursing shortages that we've encountered that we face in our region.

A question may be asked, would these nursing shortages have happened were the hospital not sold? And my answer is your guess is as bad as mine. The reality is, in October 2020, the New Hanover County Commissioners voted to sell the hospital. Subsequently, the endowment was formed and grants were awarded. And this work is to celebrate and highlight some of that work.

And I personally have seen it in my clinic, my practice manager's daughter. Her name is Alyssa. She'd be with us tonight, but she just had a baby yesterday. And so, she actually accomplished her dreams and goals of becoming a nurse at Cape Fear through some of these wraparound services that the endowment provided. So, personally, I've seen this happen.

Couldn't be more excited. Although I do love a good counterfactual exercise. Right. What if. Right. What if Paul Revere's horse. This is our 250th anniversary, right? Any history nerds out there? What if Paul Revere's horse wouldn't have been able to go that night, right? No. All right. Cool. All right.

All right. I love a good counterfactual exercise. We are excited to kind of dive into the work that we're doing. So, in 2023, the Health Talent Alliance, which works collaboratively adjacent and close with the New Hanover Health Care Careers Partnership, came together. And these were the conveners; they were the chamber and SEAHEC and dozens upon dozens of employers addressing the common challenge. And what we realized was that nursing shortage disproportionately affected our region, whether that's because of growth, whether that's because of a number of factors, we all felt it. And as an employer, it didn't feel good paying more and more and more but getting less because the nurses and medical assistance by that measure were just hopping from one place to the next. So, we were all facing increased labor costs, but decreased, frankly, quality. And that didn't feel good. So, us coming together was an idea of solving that problem. And about a year later, the endowment funded this grant.

Locally in town, there were two organizations facing different challenges. The Cape Fear Community College. One of the challenges they faced with nurses in the pipeline was getting nurses to complete training once they started, because life happens. And at University of North Carolina, where we are now, Wilmington, UNCW, their challenge was they were doing an amazing job with getting nurses through the pipeline. The graduation rate was almost 100%, but a good number of those nurses were then leaving the region and going to work somewhere else. And so, it was not a knock on either of the programs. But the question was, how do we solve for those? And that's what some of the work our initial efforts were. So, without further ado, let's get with to listen to some of the those that were making it happen at the time. So, Laurie Whalin, PharmD, FACHE, you all were close to this work at the time. What did you see

right around this time in 2023, circa 22, 23? That was causing some pain points in your organization.

Laurie Whalin, PharmD, FACHE

Well thank you Umar Bowers, MD and thank you everyone for coming to be a part of this conversation. You heard a little bit about it in the video. There was a bit of brewing of a health care workforce shortage prior to the pandemic. Most of what we were seeing was because of an aging workforce, increasing populations and North Carolina and in this region particularly is as you all feel and see every day, it was a 65 and up growth. Thank you. 65 and up population that was growing, who are the highest utilizers of health care services. That was really causing that that brewing workforce shortage. Then couple that with one of the most difficult times in modern healthcare history, emerging from a pandemic that really just then exacerbated and exploded that workforce shortage.

So, you know, nurses were leaving the bedside across the country in rapid droves. They were either going potentially to travel nursing, which was a big part of the pandemic. But then they were also leaving the bedside completely together and leaving the profession due to high record numbers of stress and burnout. And so, on top of that, we're also going through a difficult challenge on a new challenge for us of integrating with the new health care system and designing what health care of the future would look like for us in this region.

So, when you couple workforce shortages with increased volumes, it created real difficult challenges. We had times when we could not open all of our hospital beds. We had increased volumes in our emergency departments, leading to long wait times. And then on top of that, you also had our team members and our nurses experiencing high levels of burnout. We had turnover rates at the peak of the pandemic, up to 35%, and we had a high reliance on travel nurses. We were up to 40% of our work staff were travel nurses at the peak of the pandemic. And so, I look forward to talking about how we are in a much different place today and a much stronger position, but that didn't happen by accident. That happened as a specific outcome of this work, which we would not be here. We were able to invest in our nurses. We created a sustainable, meaningful pipeline, and we created lasting partnerships that you will hear about today, that we would not be here in a different position without that.

Umar Bowers, MD

I appreciate that I'll give a quick nod to the travel nursing and the challenge with being retentive. I'm married to a nurse, right? And she's a nurse practitioner. They say once a nurse, always a nurse. And the nurses were making north of $250,000 a year during this time. And I at least once said, hey, I mean. I'll take care of our little guy. I mean, would you consider at least Des Moines for a couple of weeks dear? It's a lot of money, but that just shows you the arms

race as we've articulated before. So, thank you, Laurie Whalin, PharmD, FACHE. So, Doctor Hill, tell us from the employer side around that same time early on what were you hearing from employers?

Steven Hill, EdD

So, I'm going to set the stage if you will. Let's go back a few years to when this all started in this conversation. And what did our region look like? So, you heard Laurie Whalin, PharmD, FACHE talk a little bit about what's going on right here locally. But let's look at our region, our tri-country region, because we're growing in many different places.

And thanks to the doctor Kadabi who actually did this presentation last week and we borrowed his slides. So that helps us get to today. So, from 2020 to 2025, the record here is 70,000 people have been added to the tri county area. But let's break that down a little bit because we talked about the aging group. So, if you look north of us, the fastest growing county in the state of North Carolina is just south of you in Brunswick County. The second fastest growing county is just south of you in Pender County. So, think about that for a second. And that's a totally different style population. So, you've got a growing family population. You've got to grow in over 55 population and then you've got New Hanover in the middle. But also, inside of that you've got a top ten area which is Brunswick, but together a top ten area in the United States and population growth from 20 to 25. And that's today. So, let's switch the slide and talk about what happens tomorrow.

And if we go to 2030 as a projection and don't blink because 2030 is literally tomorrow. Right. Especially if you're my age. So, what you're going to see is about 126,000 people added to this Tri-County region. Now, let me put that in perspective for you. That is the population plus of Wilmington City spread out across these three counties.

Again, let's go to 2040 just a few years beyond that. And we're on the road to a quarter of a million people being added to this region. So, take that into your brains and think about whether as we talk about is this work important and is this something we should be focusing on? So, we know we've got the people. So now what kind of job should we focus on? So, we know we're going to look at nurses. So, can we switch to the next one? So, let's look at nurses. Is that going to be the same situation for the jobs? So, if you look at the nation, the nursing shortage isn't unique. In the US there are 267,000 projected nursing shortage positions in the United States between now and 2028. That literally is tomorrow. But if you push that out to 2038, North Carolina will be the second state in the union with the highest shortage of nurses, only second to California.

Umar Bowers, MD

Not if we have something to do with it.

Steven Hill, EdD

Exactly. So, this is where we're at, and this is the information we were gathering when this conversation started, when we started building this out together as a unit.

So, let's get right down to the crux of it and look at New Hanover County. And do we can do projections. So, let's do the other way instead of the shortage. What are we projecting as far as job growth right here in our backyard? And there's a 21% projection. And that's just our ends between now and 2030. So, does that count across the board? Well, if you look at the sector growth, all healthcare jobs, it's between 19 and 20%. It's across the board, something very unique that I want to drill down for you. If you've ever worked in workforce and you do research, there's every county in North Carolina. That percentage, the highest percent, your number one employers is going to be your school system or some sort of government related entity, unless you have like a capable union or something like that, unique to New Hanover County, not only the highest, but by double digits+ (plus), health care is the number one employer for New Hanover County. It's the number one sector, the number one job issue. And we're the fastest growing in the United States. I think that was a pretty good target to start with. And that's why we're here today.

Umar Bowers, MD

Okay. So, I appreciate that. And when I hear nursing shortage, I think about it in a number of ways. I think about an emergency room having a caring individual there if myself or another family member has an emergent need. I think about on the floor and what happens when that call bell gets wrong and is someone there to answer the call bell and with what disposition do they answer it? I think about someone in the behavioral health crisis, and maybe the care team is being led by a physician or an advanced practice practitioner, but a nurse is often involved in that as well.

So, the acute shortages of nurses have many different potential ramifications. So, the biggest bang for your buck, absolutely. So, you've framed the challenge. It's a little scary to be honest with you. Are we making any progress? Can you speak to that?

Steven Hill, EdD

We are. So now we're moving forward right after some of this work and some things we've done. So, we track the employer's side. So, we looked at about ten different metrics, but a couple that I find fascinating, I brought here tonight. So, we're looking at how many resident nurses, how many nurses are now living in New Hanover County that weren't when we started this. And we've identified 250 plus have now living here that weren't living here when we started this work.

And the other thing that we tracked that's pretty significant is how fast we are filling the jobs. And so, what we've done is the average time to fill a position in New Hanover County has decreased by three days. If you go a little bit before that, just as we started bringing awareness to this, it's even more than that. So, we're looking forward to this. But there are kind of overall variables that we track across all employers. As I said before, healthcare is our largest sector by far. Our largest employer is Novant. So, let's hear from Novant.

Laurie Whalin, PharmD, FACHE

Well, you know, I kind of framed the dark days coming out of Covid. And I can say we are in a tremendously different place today. So, since this partnership has started, we have hired 1200 registered nurses, which is 15% of our total workforce just since this time started. And that has increased year over year. So last year we were we hired. You heard me a little bit in the video, our largest cohort of nurse grads ever at 200, which was when I look back and what we used to do pre-pandemic, we would be excited if we got 30. And so that's the numbers that we're talking about and the tremendous impact. When you look at some other factors, we talked about travel nursing. You know, we have decreased our numbers to 450, which was probably about, as I said earlier, 40% of our workforce during the height of the pandemic to 4% of our workforce today, less than a 100 travel nurses. And we will probably likely maintain that standard industry for needs, every care space that we have is open and available to patients and really to drive that home. You know, we were able to open the first hospital in New Hanover County in 60 years this year. Yes. Had we been talking about that challenge and what we were experiencing, you know, five years ago, we would have never been able to do that because we would have never had the workforce. We had 700 positions hired to open Scotts Hill, and we were able to open that in July successfully. I would say in addition to that, you know, our retention rates are through the roof. So, we have retention rates as of last year, at 95.5% of all of our registered nurses and our turnover, which means they're leaving the organization at all, is about last year, about 10% to 12%. And just in first quarter alone, we're down to less than 5%. And if you look at industry standards, we're looking anywhere between 15 to 70% on average. And so, these are the results we're seeing as a direct impact of this partnership.

Umar Bowers, MD

That's impressive. And so, I'm going to put a pin in that because one of my favorite shows is David Letterman's, my next guest needs no introduction. With that said you have the programs, but I'm still going to, just as a matter of courtesy for our distinguished guests and panelists, give a brief intro for their respective institutions. So, Roberto Ramirez, we'll hear from you in a little bit. You are a nurse working at Novant, as well as Coastal Horizons, and also a member of the advisory committee for the endowment, the Community Advisory Committee.

Natalie English, president and CEO of the Greater Wilmington Chamber of Commerce. Doctor Naylor is the dean at the Cape Fear Community College College of Health and Human Services. Right. There we go. See CCFC. Right. Doctor Jack Watson. We'll hear from him in a minute as well, is the dean for UNCW, Wilmington's College of Health and Human Services, Mandy Mills represents our K-12 system. Steven, who you've heard from is Doctor Hill, who works with the chamber and SEAHEC and the role of talent pipeline development. And last but certainly not least, as Laurie Whalin, PharmD, FACHE Whalen in the president of Coastal Region. So, Mia culpa for not introducing my distinguished guests from the beginning.

Okay. So, Laurie Whalin, PharmD, FACHE, to your point a moment ago. What to what extent would you attribute the relationships with the higher educational institutions, particularly USC Wilmington, Cape Fear with that recruitment and retention that you just so proudly mentioned?

Laurie Whalin, PharmD, FACHE

Yeah, I think I've spoken about this before, about this. You know, we've been longstanding partners, New Hanover Regional, Novant with Cape Fear Community College and UNCW, but this partnership really made it a game changer from a results perspective. You know, not only did both organizations do what they needed to do to increase class size just to produce more, but it was really that strategic partnership where we started planning together that made all of the difference. You know, you heard you talked a little bit about it, Umar, about so you and two different scenarios. Right. UNCW is really more about the stickiness. How do we keep the UNCW students here, so we don't train them and have them go back to Raleigh or New Jersey

Umar Bowers, MD

I knew New Jersey would catch strays before the evening is over. It was only a matter of time.

Laurie Whalin, PharmD, FACHE

I am a proud UNCW alumni from New Jersey who had that stickiness 30 years later, but it really was about creating that environment, connecting them with our nurses from day one, making them feel like part of the nursing community. That was a game changer. And then from Cape Fear Community College, it was really about those wraparound services. How do we make sure they're supported to be able to graduate? And what we've been able to see from that partnership from Cape Fear Community College over our baseline hiring rate, we've increased those numbers 70%. And then for UNCW over our baseline, we've increased our hiring retention of graduates by 103% through this partnership.

Umar Bowers, MD

Yeah, that's worth clapping for. Yeah. Measuring what you manage and managing what you measure. Right. So, Doctor Hill, question for you, how has the relationship with employers

contributed to this work? And what have you heard from employers about this work? If you don't mind.

Steven Hill, EdD

So being that we're in the healthcare conversation today, I kind of liken that to something that Sheryl said with Liberty earlier in the video is you cannot simply just put out a want ad and wait. And so I kind of thought about that and I said, that's kind of the autopsy method, right? If you went to a hospital and they rolled you in and they just kind of watched you and didn't do anything, maybe he came in and gave you an aspirin and waited. And then after you passed or after you didn't get better, they came in and did an autopsy.

Laurie Whalin, PharmD, FACHE

This is giving me anxiety.

Steven Hill, EdD

Yeah, right. Didn't have pathology on my bingo card this evening, but go right ahead, sir. So, you wait till after everything is over with to get involved. And that's kind of the historic factor in health care and that's what their national association would tell you. So, the push has been why not act like a modern hospital. And as soon as you walk in the door, they hook a lead to you. They check you. They check you every hour. They have machines to check you. They have monitors at the nurse's station. Why aren't we doing this on our workforce pathways? Why aren't the employers involved since day one and everybody involved since day one checking on all of these potential candidates coming through so that we know what's going on. And so that's what we're talking about with this. Let's put leads out into our employers and start asking questions and bringing them together in a way that is collectively good for them to share information that's not, I want to say, dangerous, but it's not a challenge for them. They can share openly, they can work together, and they can start giving quarterly reports about this is what we see happening. And if we monitor and we formative assess what's going on, and we work together with employers in the room, educators in the room and other trainers in the room, then we won't hit another crisis like this. We'll see it coming. And that's what we're doing with the collaborative. So these employers are high level decision making employers and they stay together. And when somebody changes the position, which we all know, that's the way we live today, nobody stays the same job. Whether you share it, you're changing jobs more than you ever have historically. But there's a place that doesn't change that as soon as that position rolls and sometimes they roll to another organization, they are right back at that table and their next person is there within ten days, and it stays together. And if you've ever been through some of the conferences, the Covey conferences, it moves at the speed of trust. And that circle is their

trust circle. So, they can have these conversations so that we all get better together and we don't run into another health care crisis.

Umar Bowers, MD

I appreciate that. Quick follow up. You mentioned the collaborative and the talent pipeline. There are other regions involved. So, we'll give a shout out to our statewide partners, the Chamber Foundation, center for Workforce Health. I'm sorry. Center for workforce. The SHEP Center has helped us out with a lot of this data diving. Relative to other regions, can you speak to where our general region is in this work, doctor?

Steven Hill, EdD

Because of this grant, we seem to be tipping of the spear for the state. We've been asked to go to several of the regions. We actually led a couple of state entities. So, we're being watched and we're being watched for replication. So, if we can build this out like we introduced this whole segment, there's an opportunity here for this to actually ripple out and make a difference, not just in New Hanover County, but in the state of North Carolina and maybe beyond.

Umar Bowers, MD

Appreciate it. And the final question for this segment, Laurie Whalin, PharmD, FACHE, if you were to give advice to leaders of other systems or healthcare organizations in other regions, how would you describe their, I guess, approach toward this, sometimes uncomfortable, work because you're sometimes sharing our vulnerabilities in a room, but I think there's dividends to be paid. How would you advise them to think about this?

Laurie Whalin, PharmD, FACHE

You know, I feel particularly blessed to be in a community where leaders are willing to come together and put hard problems on the table, but come together to say, we can solve this. And I think that's exactly what happened here with the chamber, bringing this group together, all of the large organizations and the endowment funding it out. That's something special that not every community will have, but every community has the entities that we're talking about today. But you have to have leadership, and you have to have the foresight to do some long-range planning. And, you know, I would put our community up against anyone, that we're top notch. And so, I think we're a model that people should come and learn from because this doesn't happen everywhere. And I think we can teach the state and the nation how you can solve these things not only for health care, but potentially for other sectors as well.

Umar Bowers, MD

Appreciate that. Thank you.

Video Montage

After I graduated from school, I wanted to care for people, and I started working at the hospital as an aide. And I learned how nurses have the ability to give people dignity in their most vulnerable moments.

I have a lot of family that work in healthcare, and so seeing how big a struggle it was during Covid, it made me more curious about the career and wanting to be there to help out. And I think that's what my curiosity grew for the career overall.

My little brother was diagnosed with Leukemia and then my mom, she was diagnosed with cervical cancer. So, I got to see how particularly the nurses. They took care of the whole family. That was my moment. Like, I want to be able to do this for someone else. After graduation, I was delighted to be part of the pilot cohort of the Coastal Community Health Care Fellowship, which is a wonderful program that incentivizes new nurses to stay here in our community, but also connecting us with different skills. So, they really enrich us with ways to grow into our transition to practice.

All of the resources they contribute to us nursing students being able to function, being able to live and graduate and give back to this community. It's an amazing process of how community and people work together to take care of one another.

I feel like the fellowship is just a great opportunity to be able to grow and flourish, even whenever you're still in school or you're freshly graduated. You have been a nurse for 20 years and you're just going back to get your BSN, but it just provides a great place to grow in your career and personally.

I think that these programs that we're implementing now they're going to be a really big help. There are a lot of units that need nurses, and they need them now.

I think the education here is pretty top tier. I just feel like the teachers do a really good job at not only giving you the information but really do a good job at helping you apply it.

What makes a health science academy better than a traditional classroom? It has hands on experiences. This program has helped me open up to a lot of different career paths. Right now, I'm thinking about being a physician's assistant, and I'm able to just talk to people who are physician's assistants. It helped me narrow it down, but also, it helped expand, knowing the different jobs. I would like to keep building my career here. Just being able to have a community where my family is near me and just having people, I know that's really beneficial. I just want to be able to help this community because I've seen it and lived through it.

[End of Video]

Umar Bowers, MD

Amazing. In a moment I will be joined on, I'm going to call it a stage, joined on stage by someone that makes me think not just this work is work worth doing, but also that the future of healthcare is bright. Susannah McDobens is a 10th grader. She's a student in New Hanover County school system, in her ninth-grade year, she was part of the first cohort for the Health Sciences Academy. And also in 2025, she placed in the North Carolina HOSA, which is the Health Occupation Society of America, placed third place in the phlebotomy division, which involves, I think, some of the most important work. Right. So, make sure that you get the vein as early as possible. So, would you kindly join me up here for a conversation? Susannah. So, I know what I was doing in 10th grade, but it was not this. So please give us an idea of where you are on your journey of exploring a career in healthcare. Just let us know what's important to you in these kinds of early years.

Susannah McDobens

Yeah, so it started out in seventh grade. I joined CLDA, which is a career leadership development academy, and ever since then I've been wanting to do a health science job. When I was younger, I wanted to be a veterinarian, but then I realized I liked talking with people and communicating. So that's where I am now.

I like it. So CLDA, another program, another pipeline program. If you thought that ninth and 10th grade were upstream, there's another one that's even further upstream, which is the seventh graders here in the county. CLDA Career Leadership Development Academy, I like that. So, what have you learned thus far through the HSA Health Sciences Academy? What have you learned that's opened your eyes toward the future of healthcare?

Susannah McDobens

I've learned that there's not one career you have to choose. There's a lot of opportunies and things you can do. You're not stuck in a place. You have people that can help you. And I just think this program is really good. If you're interested in healthcare, you can have those opportunities.

Umar Bowers, MD

I like that. And what would you say to other 10th graders, perhaps considering a career in healthcare? Is it worth some of their time to join the Health Sciences Academy?

Susannah McDobens

Yeah, I think it's great to like base what you want to do. You can get experience and leadership. You have a community that will support you. They'll talk to you. You're not alone in this, and you can just be with other people who have similar interests like you.

Umar Bowers, MD

So, I'm guessing there's going to be as soon as you walk out here wanting to have you sign on the dotted line. Those are very insightful words, I appreciate that. So, what we'll do because Susanna is one of several students? Are there other students in the Health Sciences Academy? We'd love to recognize you. If you are a New Hanover County student, that's part of any of the programs, CLDA, HSA, HOSA ABCD, please stand up so we can recognize you. And again, results like this don't happen by accident. They are absolutely intentional. So, I am very thankful for the opportunity to see early on.

Yes. Okay. So, we have asked for our pipeline upstream students to stand. And now we're going to look midstream if that makes sense for our CFCC, Cape Fear Community College and UNCW students, because I'm going to approach you for a job offer in just a minute as soon as we wrap up. So, if you're a student at Cape Fear Community College or a student at UNC Wilmington, try teal, anyone? Anybody. Right. Doctor. Watson. Whoa. It's a lot. That's impressive. I think it's working. Right. So that's really exciting. One of the things that I was really moved by that Susanna shared is that it's not just one career in healthcare. And I really appreciate that because we need all of them, of all the professions. And I think many professions could make this case, but I'm a bit biased. I think health care is one of the ones that shares connection with helping the patient in front of you, irrespective of how you feel about anything else happening in the world. And that's one of the things that just drew me is similar to sports. That drew me to healthcare is all we care about right now is helping this patient in front of us. And that's something that I think is special. So, I'm continuing to promote health care. Right.

So now our educators. Right. So, we are going to begin with the K-12 system. So, Mandy, would you mind sharing with us just first and foremost your role and we can talk about vantage points. But what hats are you currently wearing? If you have time to share all of them?

Mandy Mills, MS

Hey, everyone, sorry for not. So, if you're not familiar with career and technical education in New Hanover County Schools, we offer in addition to helping the health care professional, we offer over 30 different pathways that lead students to either post-secondary education or directly into the workforce. So, as the director, one important thing about my role is to make sure that the pathways that we offer align with our local workforce needs.

So, we want to make sure that we're preparing students for opportunities that are available right now, as well as opportunities that will exist in the future. So, once we have identified these high

demand areas, we have to work kind of intentionally to make sure that we build student interest and student awareness of those areas.

So, we are so grateful for our partnership with the Greater Wilmington Chamber of Commerce and the CEO of the A program because the Career and Leadership Development Academy basically does just that with every single seventh grader in our district.

So, we want students to not only be aware of the opportunities but actually be able to see themselves in those opportunities. So, the Health care Career Partnership is a great example of this work, because we have built an infrastructure that helps us build that interest and then also support students as they move from having an interest to preparing and then into the workforce, hopefully right here in our community.

So, this infrastructure that we're building does include people, our Health Science Academy coordinator. That, that we have been able to add with this project, not only supports and recruits our students, but they have also been essential to recruiting and retaining our health science teachers. So, in 2023, we only had one health science teacher that was an RN. So, we could only offer our nursing fundamentals class at one school. So, the nursing fundamentals class is what leads students and prepares students to take the CNA credential, which is essential to entering the nursing programs. So since then, we have hired and retained additional RN to teach nursing fundamentals. So now it's available at all for traditional high schools. So, we went from a capacity of 10 in 2023 to a capacity of 40 and 24, 25 and then 50 in 25, 26.

So, we've also invested in technology and equipment and labs, so that our students can get real world experience in a very realistic environment. Our Z space technology allows them to work with 3D simulations in their classroom without having to wear goggles or a mask. It's really cool. You should see it. And then we've also invested in furniture and equipment that makes our labs very, very realistic for students to practice their skills in. And then they also complete their credential assessment in that same familiar space. So that has really helped improve our CNA attainability. So, but probably the most important part, or I know it's the most important part, of a pipeline is what's flowing through it, right? So, our students are the most important part. And that's where our Health Science Academy comes in our first class of 38 academy students, including Susannah, identified their interest in health care when they were in the eighth grade. And so, as they moved into high school on 25, 26, they were part of this first cohort. So, once the students are in the academy, we move beyond, you know, I'm generally interested in health care, and we really start individualizing their experience and the support that we provide to them. So that they can figure out where exactly they see themselves in health care. So, through our partnerships with the other organizations on the on the stage, we are able to help them make intentional choices in high school that prepare to be very competitive at their next level.

Umar Bowers, MD

I appreciate that. Thank you, Mandy. So, I want to plug the CLDA and then ask a follow up question if I may. I fell in love with the concept of the CLDA when I heard someone describe it as, we teach kids what to do when they don't know what to do. And that was so profound when it comes to soft skills, because that's really what life is about figuring things out. It's of course safe and lawful, but figuring out what to do when you don't have the answers in front of you. I thought that that was powerful, so whatever described it as such. Pulled me in from the beginning. So, can you speak to the nurse Aide Skills laboratory that all of the students have the opportunity to take advantage of?

Mandy Mills, MS

Yes. So, all of our four traditional high schools basically have at least two, bedside areas where they can practice their skills. And also, they do their credential testing there as well.

Umar Bowers, MD

Does that include any CPR training?

Mandy Mills, MS

Yes. It includes CPR, stop the bleed, first aid. They get all kinds of criticism.

Umar Bowers, MD

So even those that may not go into healthcare, why wouldn't you? But if you don't go into healthcare, you are still getting some basic skills that may be deployed. One random Tuesday evening. Right?

Mandy Mills, MS

Yes.

Umar Bowers, MD

Fantastic. Okay. Doctor Watson, thank you again, Mandy. Doctor Watson, we have heard about what's happening at the level of the K-12 school system. What steps has UNCW, Wilmington and CHHS taken to not just increase interest, but also that pipeline and the pre licensure programs.

Jack C. Watson II, Ph.D.

Yeah. So, thank you. It's a great question. You know, when this collaboration came together, I think each of the partners had pathway programs that we were already running, but they were almost at times done in a silo. We weren't working together, and there wasn't necessarily always understanding of how to progress from one of these programs to another and to keep moving

on. And that was one of the benefits of this collaboration that's been really, really successful and helpful to us. These pathway programs teach, as already been said, they teach students about what health care is and they find joy and happiness in looking at health care professions and then find ways to get into them. So, one of the great things that this collaborative has allowed us to do is to track some of the students that are entering these pathway programs. And that was not something that we've done before. And that's it's unique to the work that we're doing. So, because of that, we know that this year we have 1278 students taking part in these pathway programs between each of the four collaborators. That's amazing. But we can also track. And now we also know if a student stops out or if, you know, we know we know how to communicate with them and tell them about the next pathway program that's available to them as they age up from middle school to high school and beyond.

So, but within our college, we've also done a number of, of really unique things. So, for instance, we've started an accelerated Bachelor of Science in Nursing program. So, the ABS program is a program for students who have already completed a bachelor's degree in something other than nursing, but they want to become nurses. And so, they are entered. They can enroll in this ABN program. And in 15 months, they're able to complete all of the programing and all of the coursework that they need to become a to have a Bachelor of Science in Nursing and to sit for licensure in nursing. We started that program for the first time in 2025. We admitted 11 students into that program. All 11 of those students graduated from that program. All 11 of those students passed their boards on their first attempt. We're really excited about that. Our second cohort started this year. We have 24 students in it, which is where we want that program to be for the foreseeable future moving forward. The program is going great. On top of that, we're increasing the number of students that we're bringing into our programs. So traditionally, we've brought in 60 students starting in the fall semester and 60 students starting in the spring semester. This academic year, we're bringing in 70 students to start in the fall and 70 in the spring. Next academic year, the push is to move to 80 students starting in the fall. 80 students to start in the spring. If you add those numbers together, when we get to that full cohort, we're going to be able to move from where we were graduating from about 120 students a year to now, graduating 184 students a year. About that number?

Yeah. So that's 100. That's sorry. That's a 53% increase. On top of that, though, as Laurie Whalin, PharmD, FACHE mentioned before, when we started this program, we noticed that we were retaining about 27% of our students here after graduation. Now, we know that that number is closer to the mid 40% and moving towards 50%. So that's also very exciting.

On top of that, another unique program that we have is our Try Teal program, where students that are advanced standing students in the associate's degree in nursing at Cape Fear Community College are able to take two classes in our RN and BSN programs. So registered as a

nurse to Bachelor of Science in Nursing program. And they're able to take two of those courses for free with them and are also provided with the resources necessary for those courses, to set them up to move from to from an RN to a BSN. And then to see what that can look like, to see what that process, how that process works, and then to be able to continue in that program, you know, with reduced costs as they, as they move forward.

Umar Bowers, MD

I think the Try Teal program is a great segue. You probably did that on purpose as we prepare to hear from Dean Naylor.

I will ask a question in a moment, but I need to brag on Dean Naylor for a moment. Thank you, Doctor Watson. The wrap around program and some of the things that you all are doing. I personally have seen through my own organization the benefit, one of the things and she'll illustrate much further on this that they did was a drop off childcare program early in the morning. And the dedication of Doctor Naylor is that when there was no one at least once to be present for the drop off, it was her. So, she agreed to be there at Zero Dark 30 for some of the students to be able to drop their kiddos off so they can get to class. And I think there's no greater testament to the commitment to wrap around services than that example. So, thank you for leading by example.

So, when our care manager is when we talk about wrap around, we really paint the picture of wrapping our arms around the patient to prevent them from falling. How would you describe wraparound services at Cape Fear. And please give us some examples.

Mary Ellen Naylor, EdD, MHA

Sure. So, for us, you know, you mentioned at the beginning, you know, when we started looking and collaborating with the HCP, back in 2022. Yeah. We had a retention rate in our associate degree nursing program of 59%. We knew way before that that there was a nursing shortage. So, we were already kind of in the process. Okay. How can we increase enrollment? But then we also had to stop and say, okay, we increase enrollment, but how do we support our students that are already in the program? And graduate more of these students? We have very strong academic students, but once they get into the program, there are competing priorities. They are working multiple jobs. They have children, their single parents. Their housing, they have housing insecurity, they have food insecurity. You know, how do we help the students break down those barriers to get them to success and to reach their goal of being a nurse?

So, the wrap around support services for us are very important. Students can apply for housing stipends. They can apply for tuition assistance, exam assistance. So, if they need help paying for their certification or licensure exam once they are finished through the program. Emergency

assistance, those emergency situations that come up, you know, they need gas to get to their clinical placements to get to class.

They, you know, they're still struggling, they need to pay their light bill. You know, things like that. It helps to support their clinical supplies. You know, your first time, first semester nursing student, you still have to buy your scrubs. The stethoscope, your clinical shoes, all those other things to be to be a nursing student. And then you mentioned the drop-in childcare center. So, the drop-in childcare center, it, has been a tremendous asset to our students. From July 1st of 2025 through June 30th of 2026, students at Cape Fear Community College accumulated 10,966 hours of childcare, which can just make a huge difference because childcare is expensive. Childcare is not accessible. You know, that's another area. You know, in our community, we don't have enough childcare services for our community. So, we were also able to help the students, you know, support the students through these wraparound services and through their applications and really kind of help keep a pulse on because we don't want to invest in them. We want to keep investing in them and keeping a pulse on them. How are they progressing through their programs? We were able to hire an academic Student Success Navigator. So, I see Julie here. So, Julie's able to have that continual connection with students because maybe there's something else that comes up and we can provide a resource and point them to. But the amazing thing here is that in 2026, the students that received wraparound support services, 94% of those students are either continuing to progress through their program of study or they have graduated. You know, so we look at that and then we go back and we look at, you know, that retention. You know, in 2023, we had that 59% retention rate of our Aiden students.

Our class of 2026, our class of 2026, we had a retention rate of 76% of those students. So, yeah, you know, all these students who, you know, stood up and are here tonight, they are why we do what we do, because they are the future of our health care system. And investing in them now is only going to help our community move forward.

Umar Bowers, MD

Agree. Thank you. Very well stated. Yes. Applaud, please. That's worthy of applause. It sounds like you're solving this axiom. I would have finished my program if only. Right. Fill in the blank. And whether those of us family members or those of us that know someone that was close and just had to because compelling things in life pulled them aside and maybe never made it back. Those are real life scenarios. We're solving for that. So, I think that's a very powerful example I appreciate it.

So, we're getting students in the pipeline. How are we equipping them and letting them experience cutting edge technology from a sim lab standpoint? Is that part of the work you all are doing?

Mary Ellen Naylor, EdD, MHA

Absolutely. Okay, so we when we were looking at the enrollment growth and we look at that growth and we started down this, this path, when we took our class of 2023, we were we had the capacity between us with our associate degree nursing, we had an enrollment capacity of 103 students.

In 2026, we were able to increase that enrollment capacity to 200. So, by doing that, we at one point, you know, prior to that, we had only a fall entry for students to come into the program. We now have a fall and a spring entry. So, we've been able to increase our enrollment capacity there. We also have a practical nursing program. Same thing. Our class of 2023. We could take 30 students. We now take 60 students into our practical nursing program. So, we have been able to double that enrollment capacity, as well.

Nurse aide kind of falls in this nursing pathway as well. So, when we look at the number of nurse aides that we graduate. One thing that the endowment was able to help us with as well was, you know, the demand for nurse aides.

You know, we had kind of, you know, outgrown the space that we had on our downtown campus. So, the endowment with this grant allowed us to be able to open another nurse aid lab at our North Campus in Castle Hayne. So, when we look at, you know, in 2023, between our spring and summer classes of nurse aide, we were graduating about 92 students. This past year, between the fall of 25, spring and summer of 2026, we graduated 237 nurse aid students. So, you know, we have been able to really make some, impact there. We within our enrollment growth, you know, we are definitely getting, you know, in 2023, we graduated 92 nursing students between our practical nursing and our associate degree nursing programs. We don't have all of our numbers back on the on how many are actual licensed just yet. But we have 203 students, graduates between our practical nursing and our associate degree nursing programs that are eligible for licensure by the end of the year. So, you know, with that growth, there's has to be, you know, we work with our health care employers. We' got to have clinical placements. We need these additional things. But simulation really comes into play. So, what we were able to do because we needed to support that enrollment growth. So, at Cape Fear we added an additional four simulation hospital rooms and a debriefing room because it's always important you do these simulations. It's a safe place. Let's kind of talk about everything at after you've gone through those scenarios, as well as an interdisciplinary simulation space to support all the inner professional education that we do across all of our health science programs, with our educational partners, with UNCW, with the school system and our health care partners. So, as we increased that, what we were able to do with the grant from the endowment was it also allowed us to hire additional and additional simulation faculty.

We were able to hire Vlad, our simulation tech, because we have all these high-fidelity mannequins that need a lot of attention.

Umar Bowers, MD

These are the ones that talk to you, by the way. These are the ones that move and will freak you out if you are not expecting it, by the way.

Mary Ellen Naylor, EdD, MHA

But with all of this additional simulation, we still need a little bit more. So, we were able to purchase virtual reality simulation that now allows us to have additional simulation experiences for our students and give them more experience in patient assessment and really just kind of expand, extend our simulation experiences for our students.

Umar Bowers, MD

I appreciate that, and so I'd love to hear Doctor Watson, your thoughts on simulation as well. But in the interest of time, would you mind sharing with us your thoughts on infrastructure and the grant for building facilities? Because to the point of students and preceptors, they also need locations to learn?

Jack C. Watson II, Ph.D.

Absolutely. So, for us, a big part of the grant that we received was for us to expand our simulation lab as well. Which is something we've been planning for a long time in the same types of facilities that Mary Ellen was talking about at Cape Fear Community College. We're doing the same things, adding the hospital beds, adding additional spaces, and adding staff to our simulation labs. It's been extremely important for us to move forward as you add students into your programs, and you expand the number of programs that you are running in your in your college, you have to have additional training opportunities. You know, the nursing board, our creditors, tell us how many hours our students need to spend in learning, in simulation, in and just clinical experiences. And so, the addition of these, you know, of a simulation lab is extremely, extremely important for us.

We're also adding other programs like a Doctor of Physical Therapy and a Master of Physician Assistant Studies. And our respiratory therapy program utilizes these SIM labs to a great extent. So, we are working on it now. Designs are done. We're starting basic construction, you know, this fall and we'll extend that through next year. But this is extremely important for us to be able to meet the needs of our students and to be able to keep them in our community afterwards. And beyond that, we've also really been able to utilize some of the funding here to help us with the tracking systems that are important for us and all of our community partners to be able to utilize to track the students that are entering the programs that we have. And to really see

where they're going and how long they're staying in these programs. And are they getting into health care and where are they and are they coming back to our community? And so those resources and those opportunities are essential to everything that we're doing.

Umar Bowers, MD

Thank you. It sounds very attractive and retentive. It begs the question, who's going to take care of all those wonderful patients in New Jersey one day? I don't know, they'll have to figure that out. All right, so next, Roberto, you are a powerful example of some of the programs and the partnerships that are being showcased this evening. Would you mind giving us a little bit of the background? Is mom here? Is mom here? Yeah, mom.

Roberto Ramirez, BSN, RN

I think I see some old classmates and colleagues there.

Umar Bowers, MD

Let's go show love. Show love. So, the question that I have is, would you mind sharing some of your background? Incredibly successful thus far, and how you kind of got to where you are by virtue of some of these programs?

Roberto Ramirez, BSN, RN

Yeah. So, in the video, I mentioned how, at a young age, I was about 16, 17, found out my little brother had cancer, I had a deal with that, and he was three at the time. So, there were periods of time where I didn't see him, it would be months at a time. And so, it was kind of at that point, do I} continue my college career, you know, getting my associates or dropping out to take care of the family? And so that's kind of where my journey started with that, kind of seeing the workforce on the side of the patient, and the family. And then my mom was diagnosed with cervical cancer a few years ago. All, both, doing well, both doing well. Yeah. Thank you. And I really got to see the nurse, you know, really, really take care of both of them, and they we're big advocates. And so that was kind of like, you know what? This is really what I want to do. And so that's kind of how that started.

Return back to Cape Fear. We got into the ADN program, graduated, and got my RN license. Started off at Novant Health in the emergency department. Been a nurse there now for a little over two and a half years. And now I'm the director of behavioral health urgent care at Coastal Horizons.

So, kind of going back to what you were saying, that this behavioral health crisis's going to be kind of leading that new service line that's much needed in the community. And then from. Yeah, that's kind of like a quick little blip of my story of how I got into nursing.

Umar Bowers, MD

I can imagine. Yeah. Lori likes that. Right. I can imagine someone in the emergency room with a bat phone calling you once that behavioral health urgent care opens up. So, like, hey, y'all got any space over there?

Roberto Ramirez, BSN, RN

I'm already getting phone calls.

Umar Bowers, MD

Exactly how to best how collaborations work. Would you mind speaking to the Coastal Community Fellowship and what that meant to you?

Roberto Ramirez, BSN, RN

Yeah. So, you know, after I started off my nursing journey, I was like, I needed to go back to school, get my bachelor's degree. And so, I did, I got into UNCW RN2BSN program. And during my education journey here, I was introduced to the Coastal Community Health Care fellowship that Jack had mentioned. And through that program, it's kind of like challenged me into thinking, who do I want to be, not only as a person, but also as a nursing professional, as a mentor, a leader, and a member of this community? And so, within that, they did provide, you know, the foundations of how to be a mentor, the mentorship, training classes, and leadership classes. So, because of that, I'm now here speaking in front of everyone.

Umar Bowers, MD

I like it. Yeah. Thank you. We wish you continued success. So, Natalie, I think one could make the case that there's a nexus between the chamber and a lot of this work that we've heard about thus far. How would you describe whether it's K-12 community college system? Let me see. University system, the hospital system, Coastal Horizons, and their unique role in position in the community.

How would you describe the chamber's role relative to some of these efforts?

Natalie English, CCE, IOM

Thank you, Doctor Bowers. It's about economic opportunities, right? We have many employers in our community, and them being able to attract and retain a workforce is critical to their success, which then is critical to our community's success and nothing more so than health care. Back in 2022, when we started having conversations.

Susanna, it was so nice to hear your story. You were fabulous participant of CLDA and so it's really good to see that you're sticking with your identified industry sector.

Yeah, it's and so, you know, as a Chamber of Commerce team, we're always thinking about how we support our, our members, our investors, which are the employers and our community business owners. And so, it is an idea that I've been ruminating around for years and finally had the right partner in New Hanover County schools. Thank you. As well as some really fantastic staff members who were willing to roll up their sleeves and create the Career and Leadership Development Academy to teach kids who don't know what they need, to know what they need to know, and to know that you don't have to leave Wilmington when you graduate from high school to get a good job.

It was the thing people told me when I arrived here nine and a half years ago. I didn't believe it then. And the more we have attracted great paying jobs to our region, I know I don't believe it now. And so, we chose to create that program to work with our school system, to expose kids to jobs.

We've had over 3000 students go through the Career and Leadership Development Academy during their seventh grade year, started off as a pilot with only 40, then 80, and then, thanks to the General Assembly, we were able to scale it up to every single seventh grader has the opportunity to go through this program during their seventh grade year, and at the end, they identify a couple of industry sectors they might be interested in.

And almost a thousand have identified health care of those 3000 or so. So, you know, 30 percentage-ish I mean, I'm pretty darn excited. And then we keep those names. We also share them with our joint data system that we've built together as a partnership. But we also expose them to these pipeline and pathway opportunities that the group has either had in place or continues to build and create with other partners in our community.

Umar Bowers, MD

I appreciate that, and unscripted question, if I may? You're currently wearing a hat, a chamber-related hat outside of the city of Wilmington. I'm wondering if you can speak to what you're hearing from chamber executives beyond our region, either comparing or contrasting the challenges they're facing?

Natalie English, CCE, IOM

Sure. Thank you. So, I'm the chair of the board of the Association of Chamber of Commerce Executives, which is a national plus. We have some Canadian and French chamber. Thank you. Appreciate that, Charles. And so, it gives me this glimpse into what's happening all over the country and in some cases around the globe. Many communities like ours are using what, what Doctor Hill talked about, this talent pipeline management program to address workforce challenges, but also, as Doctor Hill told you. Nobody's doing it the way we are in healthcare now. I dream of doing it for every industry sector that is growing and paying really good wages

in our in our region, but we are doing it better than anybody. Nobody's holding a candle now. We probably wouldn't be doing it as rapidly if we hadn't had the endowment as our partner, because of the funding we were able to jumpstart a lot of the things that we've been creating.

Systems change. This isn't just building a few programs, whether it's middle school or high school or community college or university. We've been doing this together, and we've been doing it in a way that we look at each other to say, what about this? And how do we do this better? And what do we need to contribute to a room we meet many times a week, multiple times a week, whether it's the full group or parts of our group, to continue this, the idea of continuous improvement.

And Doctor Hill reminds us, if you're not in health care, or even if you are, you probably know about becoming a black belt in your organization. He reminds us all the time that's what we're doing. We're just continuously improving systems that have been built here that they're not going away. It doesn't matter if we are the same people who are sitting in front of you five years from now, these systems will still be in place and still be making an amazing difference in our health care workforce.

Umar Bowers, MD

Powerful. Thank you. So, when would you join me in giving our distinguished panelists a round of applause? Thank you so much.

So now we have the opportunity for questions and answers. You can text questions at 910756. What's that? 5990. And I am going to ask that you put your name and to the extent relevant, your organization as well as your question, and we will be happy to field the questions.

Question and Answer Session:

Andrea Weaver

Good evening, everyone. I am Andrea Weaver and I am the CMCO here at UNCW Wilmington. And it's an honor to have all of you here tonight. And before we ask the questions, one more round of applause for these panelists. Right. Have they done a great job? Yes. So, we have a pretty sophisticated system set up here. Some colleagues with the endowment are texting me the questions you send them in.

We may combine questions if we need to or shorten them if we need to. But we are looking forward to getting started. I'm going to pull them up right now. And I think this first question probably is perfect for Sophie. And here we go.

Question:

There are health care workforce shortages across all disciplines nursing, respiratory therapy, physicians, etc. It is worth noting and acknowledging that it is not just one health care discipline that supports our community and region, but a multidisciplinary team. How are all disciplines supported by the endowment?

Sophie Dagenais

Thank you for asking me for that question. Yes, and I suspect that everyone in the room would agree with the principle that the shortage is not solely manifested, you know, at the nursing level and is, as we know, something that is manifesting across the sector. I am going to guess that this question may have come up earlier in the program by now. Thank you for the question. Again, during the program, you heard my comments at the opener. This model may be a model that we can expand and scale across multiple disciplines within a sector, and possibly even across various sectors. You then heard Susanna talk about her own aspirations. You may have heard Susanna was not saying she wants to be a nurse, she wants to be a physician's assistant, am I right? Yeah. And so here she is right participating in these programs and being a part of this infrastructure and so I think that's very telling as well. Doctor Bowers also mentioned in his remarks his own observation of how this infrastructure may be supportive of the need manifesting itself. At the same time. It's hard to be patient, I know from personal experience and yet we have to be patient, right? This is a grant that is in year two of three years. And first we wanted to learn what this is going to demonstrate. What will we learn? And then how may we scale it? Possibly? Right? So, we were being disciplined I think both as partners and as a community. And so first we learned this is partly why we're here tonight. So, I welcome the imagination of and the curiosity of the person who asked this question. I think we all ask it of ourselves. We all agree, I think that there's potential across the sectors within each sector. And I'll say only one more thing and pause because I don't have a crystal ball. How long will it take to scale? How do we do it? I think a lot of the infrastructure that's been mentioned even by Dean Watson and Dean Naylor. I think contemplating this infrastructure will in fact support the education of persons who want to be nurses and other career professionals within the health care system. So, I think we heard even also from Andy Mills, that the infrastructure of the school system, the CLDA that the chamber is offering across sectors, within sectors. So, I think we're seeing this happen in real time now. And as to the patients, we have to remember there are some regulatory limitations that we have to abide by, don't we, educators? And so, let's be patient and I hope like that. Like the caller, although the person is not a caller, I suspect the person in this room. Thank you for learning a lot of many good things here that I think will solve problems in other ways.

Andrea Weaver

Terrific. Thank you. Anyone else want to add anything? We do have a few more questions coming in. Okay. The next question is directed at UNCW, and it's kind of a two parter.

Question:

The first one is, does UNCW plan to increase the number of nursing students in the near future? But then the kind of second one is, is how does the Health Care Community Partnership and UNCW and Cape Fear anticipate adapting to the fact that there's an approaching enrollment cliff of high school age students? So, kind of are we going to grow it? And then what are we going to do about that enrollment?

Jack C. Watson II, Ph.D.

Cliff. Yeah. So, as I mentioned a little bit earlier, we are definitely increasing the number of students, nurses that were preparing right now with the addition of that accelerated Bachelor of Science in Nursing program that allows us to, you know, this year we will be graduating 24 additional nurses.

But then as we move forward again, we are admitting moving from a cohort of 60 fall and spring to now this academic year, to admitting cohorts of 70 each in the fall and the spring and next year, 80 in the fall, in the spring. So, within a few years, we should be graduating close to 184 students with a 53% increase in the number of students we've been we've been participating. We've been graduating already. As far as the enrollment cliff goes, you know, it is real around the country and it's hitting different sectors and different areas of the country differently. You know that enrollment cliff in North Carolina is very different than it is in the northeast. You know, or in the Midwest. It is not nearly the same here as it would be there.

But one of the things that we can say is that right now there is, you know, we do have more applicants than we have spots in our nursing program. And it is still a competitive process to get into. I do not foresee that changing.

Mary Ellen Naylor, EdD, MHA

Yes. So, I mean, we have been able to, you know, double our enrollment in our nursing programs over the last few years. But just as Dean Watson said, we still have very robust applicant pools, so it is still very competitive to get in. We also know that, you know, the nursing shortage isn't going to get, we're trying to close the gap, but we know there's, you know, new things coming on the horizon where we're going to need even more nurses. So, you know, does that mean, you know that there is, you know, a need for, you know, to thinking ahead and what's that next potential enrollment growth look like? It's there right now. We have the applicant pool to support that. But again, it's not as easy as saying, okay, we need to, we're going to take, you know, another you know, 90 students. You know, it's making sure all the

resources and infrastructure that we need to educate the students outside the classroom is there as well. So definitely something, that we are very cognizant of and we'll continue to evaluate and implement as we go.

Andrea Weaver

Thank you. Thank you.

Natalie English, CCE, IOM

May I please? So, this is this enrollment cliff that we talk about. It doesn't only impact health care, it impacts our workforce. Period. Right. So, I've been telling my team for years now. We're not making as many babies as we used to. So, students, when y'all get out and get your jobs, make lots of babies so we can get caught back up again.

Laurie Whalin, PharmD, FACHE

For 2026 we are up 25% year over year births in 2026,18 years from now.

Natalie English, CCE, IOM

We'll have more, more, more. And so, so as far as part of this challenge is also being the attractive place, right? And the partnership together, the things like the health care, the fellowship that the university and community college has, the things that the community college is investing those wraparound services, right, lead to some loyalty to a community that might not be there otherwise. And we are an attractive place to live, work and play. And so, we continue investing in all of those pieces, then I think we will beat other parts of the country in that enrollment cliff.

Andrea Weaver

Thank you. Thank you so much.

Question:

So, the next question is for Lori. The topic of magnet status has been long discussed as a goal at Novant New Hanover Regional Medical Center. Does the influx of new cohorts of staff nurses help that goal? What, other than high-quality health care in our community would magnet status mean for our hospital?

Laurie Whalin, PharmD, FACHE

Yes. Thank you for the question. So those of you who may be familiar, magnet is a designation for hospitals that really are committed to excellence in nursing. New Hanover Regional Medical Center was a magnet a decade or so ago. We had we had let that lapse mostly from the historic

of we had everything embedded. Obviously, things have changed significantly. And when we looked at what we felt, we wanted to commit to, that sort of excellence in nursing was something that we were like. It meant a lot to our teams. It invests in the right things. It put nurses at the table in decision making for whether it's clinical care, process improvement.

And so, we have already submitted our application to be redesignated as a magnet facility. And we should hopefully knock on wood in the next two years, submitting our data and then having our accreditation. And what it really just means is, you know, when you look at the results of magnet hospitals, they're usually top in quality, top and patient experience, and also top in retention rates.

And so, when we talk about investing in the right things with all this work we're doing on the front end to attract nurses, that's another tool to be able to retain and invest in the workforce.

Andrea Weaver

Thank you. Thank you. Speaking of workforce, the next question is for Natalie.

Question:

How will Wilmington's employers be able to compete in this job market and job markets in other regions to make health care workers want to stay here?

Natalie English, CCE, IOM

Again, I've mentioned a little bit of this in my last answer that the things that we're investing in are telling students and then new graduates or folks that we recruit here from somewhere else to work in the in a health care profession that that we want you here we, we want to wrap ourselves, not just wrap around services, but ourselves around you as a community, and certainly on the broader scale at the chamber, our board of directors is always pushing us to be thinking about what are the things that will keep the best talent here. Every community needs to be thinking about that, and we're doing it every day. What else do we need to do? Do we need to build a new bridge? Yes, we need to build a new bridge. Do we need to invest in our school system? Yes. Vote yes for Dr. Barnes. So yeah, I mean we're going to keep doing those things. And you're welcome, Doctor Barnes.

Andrea Weaver

I love it. We have time for probably 2 to 3 more questions. And I have received some. So let me hit those up.

Question:

So, during Covid 19, we saw firsthand the significant impact that stress burnout in trauma can have on mental health for anyone, but especially for health care workers. What are the folks along this road working on to improve those, you know, working conditions for folks in this field?

Laurie Whalin, PharmD, FACHE

Well, I can start with that. You know that obviously was a tremendous, a lot of lessons learned during that time period about what it takes to invest in the well-being of a workforce. And I think most employers, not just in health care, think of that now. Right. And so, we've invested a significant amount of resources over the past several years in the well-being and retention of our workforce, and not just for nursing, you know, for providers in general.

Some things are as simple as how do we make their day easier, people? Doctor Bower shared about why he got into healthcare. Right. People get into health care to take care of patients, to have those meaningful experiences. And we've put a lot of barriers between that just in the health care industry, one being the EMR and the computer. Right. And so, people are spending their time interacting with the computer screen versus interacting with a patient. So how can we go backwards? How do we make those things easier? How do we make tools so that documentation and administrative burden so physicians aren't up until 2:00 in the morning documenting and can actually have a face-to-face interaction with their patients.

And we found when we're investing in things that give people joy back in health care and medicine and reduce administrative burden and put them back to what they love doing, which is being with patients that are investing in their well-being. So that's been a lot of our focus and resources in that.

Natalie English, CCE, IOM

Steve, talk about behavioral health work.

Steven Hill, EdD

So, the action team and everything. Yeah. Oh yeah. So, basically yes, I will say I'll go back really fast and back up to the very modern health side of this thing where we are monitoring and having conversations. And early on in this, this came up and we don't even go all the way back to the first question is, are you going to do it for everybody?

You got to eat the elephant one bite at a time, guys. I mean, that's the answer to that. So, this is the model. But behavioral health came up way back in 2022, 23 when we started having these conversations. And we said, just hold on. So that has organically come back up as our next thing that we're looking at.

And what we've done is actually put employers in charge of that and they report back to the whole group. So, it's not just the behavioral health field working alone, but they do have a smaller group that is identifying the crisis side, the response side, and the provider side. And the help that they need is two different things, but they need to meet together occasionally. And then they bring that back to everybody so that they start having that conversation about the needs of the employees. How do we keep people? How do we retain people, and how do we learn from each other? I don't know if Lower Cape Fear is in here health care, but are now they interview, then they recheck. They have a process where every within every six weeks or so many weeks, they are actually sitting down and interviewing each employee and following them along that path. And now what we're trying to do is learn from that and back it even further in. So, I come out here and take pictures. I don't know how many of you were at the health career fair lately, but I come take pictures every time. And we started. We were about 20%. Now we were about 80% to 90% of that room. Are these regional employers and building that relationship all the way back we talked with Jack, told Mary Ellen. And the conversation is, how do they enroll in day one and day two? They're having a conversation with somebody that works here, and we're building that relationship because it's not a dime or nickel that's going to give them the move. As these professionals, we're talking about today, but it is literally if you help them along the way, building the relationship and building and supporting that mental health is what keeps them with you long term, your family. And that is, you know, especially if you're southern, your family. Right?

Natalie English, CCE, IOM

Well, in New Jersey and state, you know.

Jack C. Watson II, Ph.D.

If I can add to that, I would just say that the data shows pretty clearly that young people since Covid, we've seen mental health issues for young people and college students all along. And one of the things that I'm really proud to say is that UNCW has invested a great deal of funding and helping young students, you know, with, with their mental health not only now, but learn the skills to see it in themselves or their friends and to be able to help other people. And we've done a really nice job with that. And that continues. And those are skills that they're going to bring with them into the workforce.

Andrea Weaver

Thank you. Thank you. I think we have time for just one more question. We did get a few more than we were able to answer. And I know that if you gave us your name and a way to contact you, we'll do our best to try to follow up with you in the next couple of days. But the last question is really kind of more of a statement a person shared.

Question:

North Carolina is predominant, has a predominant, you know, group of military folks here in the state. And they wanted to note that, and they shared some stats around that. And then they said that a lot of the folks in the military or veterans and their families have health care backgrounds, such as hospital corpsman or combat medics.

But our college systems do not have streamlined or accelerated pathways like many other states, which can cause service members to use their well-earned education benefits on retaking courses they've already experienced and have mastery of, or they choose to go to school in another state that can offer them a more streamlined program. And I you know, I am not an expert on this. My job is to promote a market, UNCW. And I would just like to say if this person is still in the room, we actually do have some very strong possibilities that can help service personnel and veterans. So please don't let that stop you. Please reach out to our Office of Military Affairs, reach out to admissions, talk to the transfer program, especially because we do give credit for service.

I'm not the detail expert, but I would find out. So that's my pitch. Anybody else want to take that question?

Mary Ellen Naylor, EdD, MHA

I'll just kind of add to what you said, you know, keep your community college. We do have a really, well defined veterans center on campus. And Jason, that is the director of our Veterans Center. And you're right, you know, there has not been enough credit for prior learning, but that is definitely something that Cape Fear we are continuing to look at on an ongoing basis, even from the community college system level. You know, it is a big push. How can we give more credit for that prior learning, that prior experience that our service members and our veterans have? So, you're right, it has not been historically something that we've been able to do, but we are definitely looking more and more at how that can be. Can that be done? So, you know, so if you are a Cape Fear student or you have someone that is at Cape Fear, please have them reach out to our Veterans Center.

Natalie English, CCE, IOM

And I would say it is an example of this. The value of this partnership is when things like that happen. We're able to talk to each other. Sometimes it's a policy right at the state level that we have to go to Raleigh and convince a change. And we had an issue of someone I knew pretty well, who had a daughter wanting to get her a license or test or whatever it is. I'm not a healthcare professional and there weren't enough testing sites in the state. And so, we pushed. And now we have more test sites, not only in our region, but also across the state, because that one friend of mine, his daughter, wasn't the only one who was having issues getting her test

scheduled. So those are the things that we benefit from having these constant relationships and conversations.

Steven Hill, EdD

I'll even add to that because everybody's adding. Because I think it's just something that's developing over time, especially as we have the influx of people that come to our bases here, is that even our SEAHEC region, which is your area health care center, that they've actually been at the higher level, more behavioral health as we brought that up earlier, they'll building relationships where we train troops together in our hospitals. So just FYI, keep that conversation coming and keep those questions coming because we are making inroads into everything that you're asking about.

Laurie Whalin, PharmD, FACHE

We have the first, private, you know, civilian and military residency program in psychiatry that we've partnered with, with the naval base on. And we'll be graduating our first group of psychiatrists next year, which we're super proud.

Andrea Weaver

On that note, I want to thank the panelists again and turn it back over to Doctor Bowers.

Umar Bowers, MD

Once again, thank you to our guests who spent time on a busy Tuesday evening. We're going to hear closing remarks by Mr. Ramirez. But again, our panelists, we cannot thank you enough for your insightful words and comments. And thank you to the endowment and all the endowment team members and board members who made this happen. So humbled to be able to have a front row seat to this event.

Roberto Ramirez, BSN, RN

But what do you think? As you know by now, I'm a graduate of the very programs that we're talking about celebrating tonight, and I've had the privilege of living the story that you all have heard. As Sophie mentioned, the health care career partnership touches every one of us, it reaches our patients, our families, our neighbors, organizations, and our students.

And that's all across New Hanover County. To everyone who has invested your time, your expertise, your resources, your mentorship, funding, or even just a belief in this partnership itself. Thank you. And thank you to Doctor Bowers for guiding this important conversation with such care and clarity. My name is Roberto Ramirez, and as a member of the Endowment Committee, Advisory Council, and to our partners, thank you for being here.

And thank you for building a healthier future for New Hanover County together. Have a good night.