

**Public Comment**  
**Testing a Funding Methodology**  
**for the Allocation of Title VIII Funds: Phase II**

**April 10 through May 13, 2002**

This document contains the public comment received after the third Expert Panel meeting held April 5, 2002. A total of eight responses were received by GMU project office during the public comment period from April 10 through May 13, 2002. The summary notes from the Third meeting were posted on the website to provide guidance for public comment and may be found in Appendix 1 at the end of this document.

**Kristin Hellquist**

**Associate Director of Policy and External Relations**

**National Council of State Boards of Nursing**

The National Council of State Boards of Nursing (NCSBN) appreciates the opportunity to submit comments to the Funding Allocation Project's Expert Panel regarding Title VIII funding. NCSBN strongly believes that the shortage of appropriately prepared nurses jeopardizes the public safety of all Americans and applauds the panel's efforts to insure adequate and appropriate federal funding levels for registered and advanced practice nurses, along with nursing faculty.

NCSBN supports its 61 state and territorial member boards that license both registered and practical/vocational nurses; as well as has some regulatory oversight of unlicensed assistive personnel depending on the jurisdiction. The goal of NCSBN is to provide safe and effective nursing practice to protect the public through nursing regulation.

Although NCSBN has no specific comment on the breakdown of funding between the specific areas the Panel cited, we do offer the following resources for the Panel's consideration.

- In section **B 1. Increase the total number of advanced education nurses (AEN)** of the Title VIII Part B: Advanced Education Nurses (AEN) document, NCSBN can offer the panel the specific numbers of advanced practice nurses authorized to practice in the specific states (many by their regulated title). These data are different from what specialty organizations collect because it reflects actual nurse practice ability by jurisdiction.
- In section **D 5. Increase clinical competency of the basic nursing education workforce**, a NCSBN research study of the Post-Entry Competence study is underway and we will obtain useful data regarding clinical competency.

NCSBN pledges these rich data resources to the expert panel as they finalize their report to Congress on funding allocations for Title VIII and wishes the panel success in this endeavor.

In addition, NCSBN plans to release the following four research studies in a new research briefs series:

1. Report of Findings from the 2001 Employers Survey (the employers unique perspective and preferences when hiring both newly licensed and experienced nurses).
2. Report of Findings from the Practice and Professional Issues Survey
3. Report of Findings from the 2001 RN Practice Analysis Update
4. 2001 Licensure and Examination Statistics

NCSBN is the organization through which the boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, which includes the development of licensure examinations for nursing.

The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting Member Boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting public health and welfare.

**Deborah A. Chambers CRNA, MHSA**

**President, American Association of Nurse Anesthetists (AANA)**

May 10, 2002

RE: Division of Nursing (HRSA) Funding Allocation Project

Dear Expert Panel:

On behalf of over 28,000 Certified Registered Nurse Anesthetists (CRNAs), the American Association of Nurse Anesthetists (AANA) wishes to comment on the April 5<sup>th</sup>, 2002, Division of Nursing (HRSA) Funding Allocation Project -Expert Panel meeting, specifically on the issues of funding nurse anesthesia education and practice.

CRNAs administer approximately 65% of the 26 million anesthetics given to patients in this country each year. CRNAs provide anesthesia for all types of surgical cases, using all anesthetic techniques, and practice in every setting in which anesthesia is delivered, from hospitals to freestanding surgical facilities.

This document addresses the need for substantial funding requirements for APNs (especially for Nurse Anesthetists based on the shortage of CRNAs). The shortage of CRNAs presents patients, health care facilities, and health payers such as insurance companies, employers and workers with real and growing concerns regarding access to health care and health care costs. The methodology that the Title VIII Funding Project agrees upon should recognize that

increased funding for nurse anesthesia education represents a fiscally conservative, highly cost-effective means to increase the number of safe anesthesia providers in the United States at a time of evident and growing shortage.

### Demographic characteristics of CRNAs

Nurse anesthesia can be seen as one of the available and promising career advancement options for nurses, one that has a high retention rate of practitioners working in the provision of direct health care services. As of 2001, of the 28,000 practicing CRNAs in the U.S., 59% are females and 41% are males. The average age of the practicing CRNAs falls in the range of 45-49 years old, with those over 45 years of age comprising 60% of the current workforce of 28,000. About 38% of this active CRNA workforce will be eligible for retirement in the next 5 years, aggravating the current shortage of nurse anesthetists.

In terms of employment, 33% of CRNAs are employed by hospitals, 37% belong to physician-CRNA groups, 20% belong to CRNA only groups or are self-employed, and 10% are employed by other settings e.g. ambulatory surgery centers or military. Hospitals with 250 beds or less employ 55% of the CRNAs, and those with over 250 beds employ the remaining 45%.

The 2001 AANA membership demographic survey shows that approximately 3,259 CRNAs work in rural hospitals, out of which 893 work in hospitals that perform less than 500 surgeries. Realizing that there are approximately 1,500 rural hospitals in the country, we can estimate that about 60% of these hospitals are staffed by CRNAs and that they play a crucial role in providing essential health care services in the rural areas. Moreover, our membership data shows that out of approximately 830 of these CRNAs is over the age of 55, and may be retiring in the next few years.

### Nursing Shortage and Nurse Anesthetists

Access to anesthesia care in rural areas is a challenge that is growing, not shrinking, as an aging CRNA population is concentrated more in non-urban areas than in urban areas. While only a small percentage of anesthesiologists serve in non-urban areas, approximately 23% of all CRNAs provide services in non-urban areas. Approximately 29% of CRNAs ages 55 and older provide services in non-urban areas. As these CRNAs retire, it remains unclear what will happen to anesthesia services in these non-urban areas without continued incentives such as the Title VIII funding.

In about 70% of the country's rural hospitals, CRNAs are the sole anesthesia providers working with the local physicians, and nurse midwives to provide anesthesia and trauma stabilization services. It is more cost-effective for rural hospitals to avail themselves of CRNAs' services since CRNAs' salaries are significantly less than those of anesthesiologists, while providing the same quality of anesthesia care.

Following is a brief overview illustrating the current nurse anesthesia manpower shortage using data from the 1990 HHS Division of Nursing's workforce study:

	<u>2000 Projected Need</u>	<u>Actual</u>
Practicing CRNAs	30,315-37,943	28,307
Graduates per year	1,700	1,000
Vacant Positions	>1	1-12

In a 1998 National Workforce Survey conducted by the AANA's Administrative Management Committee, 43% of nurse anesthetist managers reported 1-12 open positions in their department, and 59% reported that they were recruiting more CRNAs. A more recent 2001 AANA survey of CRNA managers finds the number of CRNA vacancies, and the length of time required to fill them, climbing dramatically. In 2001, some 57 percent of CRNA managers reported an average 3.5 FTE vacancies – a striking two and one-half-fold increase in the average number of CRNA vacancies since 1998. Three-quarters of the managers reporting vacancies said it takes them an average of six months to fill them. One-third of CRNA managers reported an increase in the number of CRNA positions available in their departments. A more recent nurse anesthesia workforce study done in North Carolina found 82 vacancies of CRNAs in 1999, and projected an staggering 133 vacancies by 2004. Further, a national recruiting agency's 2002 survey reveals an astounding 1100% increase in requests for CRNA placement since 1997.

Like other nursing specialties, we are preparing for an increased number of CRNAs to retire just as the numbers of baby boomers reach Medicare eligibility. The number of Medicare-eligible retirees is projected to increase, from some 34 million today, to over 40 million just ten years from now. They will need more health care, as will the aging workforce that will be caring for them.

Lastly, for what it costs to train one anesthesiologist, ten or more CRNAs can be trained for the same task, at the same superlative level of safety, which prompted the Institute of Medicine in 1999 to note anesthesia is 50 times safer today than 20 years ago. Relatively modest investments in advanced nursing education can and will help alleviate the shortage of anesthesia providers while preserving quality during a time when Americans are rapidly growing into their golden years.

#### Title VIII Funding Limitations

The current nursing shortage provides testimony that individuals and the community at large have not been able to fully fund nursing education. To illustrate the effect of insufficient financial support on nurse anesthesia teaching programs, we provide you with data showing the decline in nurse anesthesia programs over the last 15 years. A review of CRNA teaching programs from 1980 to the present, show that over the last 20 years, the total of nurse anesthesia programs have declined from 147 programs (1980) down to 83 (2001), a 44% drop. Today 5 new nurse anesthesia education programs are being planned to open, however, there are eight that are at great risk for closure. Some of the main reasons cited by nurse anesthesia teaching programs for this decrease were:

- 1) lack of financial support from hospitals, colleges or other institutions,
- 2) lack of federal and state reimbursement for clinical costs, and
- 3) lack of qualified faculty.

AANA's own 2001 survey of 83 nurse anesthesia graduate programs shows that an average of 23 qualified students per program have not been accepted due to the fact that the programs have reached their maximum enrollment. As you can see, the availability of financial support for nurse anesthesia educational programs is a primary concern in the continued availability of qualified nurse anesthetists. The average cost of training a nurse anesthetist to provide anesthesia is \$59,153 per individual, compared to \$635,348 to train an anesthesiologist.

Since 1994, over 75 percent of CRNA students have received student traineeships. For 1999, the Division of Nursing reported that 7 nurse anesthesia programs received grants for development of accredited programs or establishment of new programs. In addition, 7 faculty members received money through faculty fellowships and 69 programs received nurse anesthesia traineeships for students. Out of the 62 new grants awarded in 2000, 3 grants of around \$200,000 each were awarded to nurse anesthesia programs. A study conducted by Dr. Kathleen Fagerlund, which reviewed the costs of nurse anesthesia programs - both to the institution and the student nurse anesthetist - reveals that in 1996, the average Student Traineeship Fund received under Title VIII of the Public Health Service Act (PHSA), was \$1,000, 40% less than what a student would have received in 1985.

Thus, the existing allocation for nurse anesthesia education of four percent of total Title VIII program funding has proven effective at strengthening nurse anesthesia education programs – but only in those programs which have successfully secured funding. The amount of money available can be described as insufficient to meet demand. Clearly, more funding for nurse anesthesia education through Title VIII would help remove the bottleneck that is today restricting nurse anesthetist schools' ability to graduate a sufficient number of CRNAs to meet the growing demand.

Nurse anesthesia programs provide a rigorous course of full-time study averaging some 27 consecutive months in duration and do not allow students the opportunity to work outside their educational program. A nurse anesthesia student incurs an average debt of \$38,200 for their nurse anesthesia education. Therefore, nurse anesthesia students rely heavily on federal funding to assist them in meeting financial obligations during their study. Without this assistance, the number of nurse anesthesia graduates would surely decline. A decline in the number of nurse anesthetists would then result in a decline in the accessibility to services, primarily in rural and under-served areas that depend on nurse anesthetist for the majority of their care. This important funding source needs to be maintained in 2002 when the Division of Nursing will implement a new method of awarding funds.

#### Shortage of Qualified Faculty in CRNA Teaching Programs

As cited in Dr. Denise Martin-Sheridan's study of CRNA programs above, the lack of faculty presents a serious challenge for program start-up or expansion. The salaries of teaching faculty have not been competitive with the clinical salaries offered by the industry. Teaching programs have not been able to match the higher salaries offered by the industry due to their own program funding limitations. Moreover, as discussed in the following section, the current Medicare payment policies for non-physician teaching faculty have also created a disincentive for clinical faculty to be involved in teaching nurse anesthesia students.

Med PAC Report on Utilization of Advanced Practice Nurses

The report presented by Medicare Payment Advisory Commission (Med PAC) staff in the March 15, 2001 meeting, supports AANA's statements over the years that access to care and the quality of care is as important to individuals living in rural communities as it is to those living in urban areas. As Med Pac's data shows, there is an increasing reliance on advanced practice nurses and other allied health care professionals to meet the health care needs of the rural population. The report also shows that Medicare beneficiaries are equally satisfied with the level of care provided by their local health practitioners. Anesthesia services are integral to the provision of surgical and obstetrical services. In a majority of rural communities, it is the CRNA who works with the patient's physician to provide anesthesia for inpatient and outpatient procedures as well as ancillary services in relation to trauma stabilization, emergency airway management, and pain management.

The volume of outpatient surgical procedures has significantly risen over the volume of inpatient procedures. As more and more Medicare beneficiaries utilize outpatient surgical facilities, critical access hospitals and physician offices, the demand for CRNA services will continue to increase.

### Recommendations for CRNA Education Program Funding

The testimonies received from other advanced practice nursing groups attest not only to the critical role advanced practice nurses play in meeting the health care needs of the population, as well as the essential need for significant federal funding. Hence, we recommend that the Expert Panel consider the significant shortage of CRNAs, and increased decentralization of anesthesia services, as well as the increase in the aging population requiring surgery and anesthetics in increasing the Title VIII funding allocation for CRNAs. It is vital to ensure sufficient funding for nurse anesthesia education to continue providing needed quality anesthesia care to United State citizens.

When treated as a social investment, Title VIII funding of CRNA programs have a high return on the government's financial investment. This can be illustrated by the fact that since 1989, the retention rate within the specialty for nurses who have graduated from nurse anesthesia programs is 98% i.e. CRNA programs have graduated approximately 10,691 students out of which 10,484 (98%) are still actively certified and practicing as a CRNA. Moreover, as the previous paragraphs have illustrated, CRNAs remain in this profession for a long period of time, until retirement. With their current income levels, CRNAs more than repay Title VIII funds invested in their education through the tax dollars that the government recaptures.

We support an equitable methodology for distributing federal nursing education funds. Distribution should be based on demonstrated marketplace need and educational costs. Educational costs should be compared with the cost of producing other competing providers, including physicians.

We thank you for this opportunity to submit our comments and recommendations regarding the Funding Allocation Project, and commend the Division of Nursing (HRSA) for its dedicated efforts in resolving our country's nursing education and practice issues. Should you have any questions or wish to further discuss this letter, please contact Dr. Lorraine Jordan, Director of Research and AANA Foundation at (847) 692-7050 ext 3071.

## Melinda Ray

Director, Health Policy and Legislative Affairs  
Association of Women's Health, Obstetric and Neonatal

On behalf of the Americans for Nursing Shortage Relief (ANSR) Alliance I would like to submit the Alliance's consensus document for the expert panel's review and consideration. Thanks for this opportunity.

### AMERICANS FOR NURSING SHORTAGE RELIEF

ASSURING QUALITY HEALTH CARE FOR THE UNITED STATES:  
SUPPORTING NURSE EDUCATION AND TRAINING  
Building an Adequate Supply of Nurses  
Consensus Issues

#### INCREASE CAPACITY TO PROVIDE THE SUPPLY OF NURSES

##### ***Under Current Authority:***

- g **Increase Funding for the Programs of the Health Professions Education Partnerships Act of 1998 – Title VIII of the Public Health Service Act** (*formerly the Nurse Education Act [NEA]*) authorized under P.L. 105-392. General appropriations request for the current Title VIII programs for FY 2003 is a minimum \$40 million increase above the FY 2002 funding level.
- g **Increase Funding for Nursing Education Loan Repayment Program, Section 846 of the Public Health Service Act.** At least an additional \$10 million in appropriations is requested for FY 2003 for the nursing education loan repayment program for nurses (Sec. 846 of the Public Health Service Act).

##### ***New Authority:***

- g **Provide Authority for and Appropriations of at least \$10 Million in FY 2002 for the Nursing Student Loan (NSL) Program, Section 836 of the Public Health Service Act.** At least an additional \$10 million in appropriations is requested in FY 2003 for the nursing student loan program, created to expand the nursing workforce. This program operates on a \$2 million revolving account funded through loan repayments, and has not received new funding since the 1980s. All qualified health facilities – for-profit and nonprofit, public and private – should be eligible to participate in this program.
- g **Expand the Health Professions Education Partnerships Act of 1998 – Title VIII of the Public Health Service Act.** Expand legislative authority in order to ensure an adequate, highly trained nurse workforce for the United States.
  - ' **Minority Nurse Initiatives B** Provide new funding of \$10 million in FY 2003 to enhance recruitment and retention of minority nurses. All qualified health facilities – for-profit and

nonprofit, public and private –should be eligible to participate in this program. Although authority for scholarships and stipends for disadvantaged nursing students is authorized by Sec. 821, due to current NEA funding levels, only stipends have been awarded.

‘ **Internship/Residency Program** – Fund specialty and advanced practice internship/residency programs for post-degree recipients to meet the current and increasing demands for nurses with specialized training. These funds would go to for-profit and non-profit – public or private – hospitals, academic institutions, and/or community-based health care settings to provide internship/residency programs for certain specialty care settings. This program has broad application. Some limited examples would be: **tertiary care settings**, such as labor and delivery, emergency departments, operating rooms; and **community-based health care settings**, such as home health care, nursing homes, public health departments, and community health centers.

‘ **Scholarships** – Enhance the Section 846 loan repayment with the addition of scholarships. All qualified health facilities – for-profit and nonprofit, public and private – should be eligible to participate in this program.

‘ **Faculty Development** – A critical shortage of nursing faculty across the nation is greatly limiting the ability of schools and universities to increase their enrollments in nursing programs. Funds are needed for faculty development and mentoring to increase student enrollments.

< **Increase funding for Sec. 811 and Sec. 831 to implement faculty development.**

Provide adequate funding to ensure that these programs are fully operational. Options that provide support for full-time doctoral study are needed.

< **Create a fast-track nursing faculty scholarship and loan program.** Provide \$25 million in FY 2003 for scholarships, loans, and monthly stipends to registered nurses and masters’ students to allow full-time study and rapid completion of doctoral studies.

< **Create a capitation grant program.** Provide each school of nursing with \$1200 for each full-time nursing student enrolled in its nursing program. Use monies to hire faculty, pay for overhead, cover benefits and salaries, and recruit students. Devise formulas to represent nontraditional students seeking a second degree, and RN to BSN students.

g **Establish a National Nurse Corps.** Develop a National Nurse Corps, funded at \$40 million for FY 2003, to ensure the nation’s registered nurse supply to urban centers, rural areas, underserved communities, and regions that are experiencing shortages. All qualified health facilities – for-profit and nonprofit, public and private – should be eligible to participate in this program. A number of models exist that could be adopted.

g **Tax Incentives B** Adopt tax incentives to increase the pipeline supply of nurses.

‘ Employer-based B Encourage employers to adopt supportive policies for non-RNs to attend an entry-level nursing program and for RN’s who wish to attain a BSN or advanced degree in clinical areas.

‘ **Individuals B** Provide individuals who enroll in AD, BSN, Masters or Doctoral education programs leading to a nursing faculty or practice area with tax credits for each year successfully completed. The tax credit would differ for the type of education level selected (AD, BSN, advanced degree programs). In addition, exempt all scholarship and loan repayment monies provided to nursing students, at any educational level, from income tax.

### **Promote Quality Patient Care**

- g **Department of Labor (DOL) B** Create initiatives centered at DOL to attract and retain men and women to the nursing profession and to designate a national labor shortage in nursing. This would include, but not be limited to, providing funds for career option education, including support for re-entry into nursing or second career transitional programs, and funds and assistance for career mobility.
- g **Office of Minority Health, Department of Health and Human Services B** Develop a collaborative outreach model with the nursing organizations (including specialty associations) and schools and universities to enhance minority recruitment and retention in the nursing field.
- g **Technology in the Patient Care Environment B** Establish grants to support the development of information infrastructures that will enhance the clinical education of nurses.

### **COMMUNITY-BASED SOLUTIONS**

- **Community-Nurse Outreach Grants B** Provide public-private partnership monies (through the federal government to the states, then to the communities) for grants that would assist communities in designing innovative programs to recruit and retain nurses at all levels of preparation. All qualified health facilities – for-profit and nonprofit, public and private – should be eligible to participate in this program.
- g **Area Health Education Centers (AHEC) Expansion Program B** Enhance recruitment and retention of nurses, especially in rural settings, through expansion of statutory authority allowing AHECs to work with communities to develop models of excellence for school nurses, public health nurses, perinatal outreach nurses, advanced practice nurses, and other community-based nurse providers. In addition, the AHECs would expand their school-mentoring program to include a nurse-mentoring program with an emphasis on grades 6-12.
- g **Nurse-Managed Health Centers (NMHC) B** Expand Section 330 (e)(1) of the Public Health Service Act to allow nurse-managed health centers to become federally qualified health centers. NMHCs provide primary care to uninsured and underserved population. Nursing students and faculty rotate through nursing centers allowing an excellent clinical experience for students and faculty.

### **RESEARCH TO ENSURE FUTURE SOLUTIONS**

- **Agency for Healthcare Research and Quality B** Designate a research portfolio, in collaboration with professional nurse organizations, on nurse staffing mix and educational preparation in various settings to provide optimal care.
- g **National Institute of Nursing Research (NINR) B** Increase funding to support nurse research on the cost effectiveness of different nursing practices on patient outcomes. This research will allow us to refine nursing practice and provide quality patient care in its current challenging environment. A professional judgment budget increase amount of at least \$40 million is requested for the FY 2003 appropriations. This would bring NINR to a total funding level of \$160 million.
- g **Health Resources and Services Administration (HRSA) B** Expand the Nurse Education Act and collaboration with related HRSA departments and state entities. Increase funding

and expand legislative authority to ensure an increase in the timeliness and frequency of data collection on the nurse workforce to better develop a national nursing workforce model. Promote coordination with state and regional data collection workforce planning activities.

The undersigned organizations endorse this list of Consensus Issues as a basis for public policy to ensure quality health care for the nation through the provision of an adequate supply of nurses.

Accreditation Association for Ambulatory Health Care  
American Academy of Nurse Practitioners  
American Association of Colleges of Nursing  
American Association of Critical-Care Nurses  
American Association of Nurse Anesthetists  
American College of Emergency Physicians  
American College of Nurse Midwives  
American College of Nurse Practitioners  
American Nephrology Nurses Association  
American Nurses Association  
American Organization of Nurse Executives  
American Psychiatric Nurses Association  
American Society of Pain Management Nurses  
Association of periOperative Registered Nurses  
Association of State and Territorial Directors of Nursing  
Association of Women's Health, Obstetric and Neonatal Nurses  
Eli Lilly & Co.  
Emergency Nurses Association  
Federation of American Hospitals  
National Alaska Native American Indian Nurses Association  
National Association of Boards of Examiners of Long Term Care Administrators  
National Association of Clinical Nurse Specialists  
National Association of EMS Physicians  
National Association of Neonatal Nurses  
National Association of Nurse Massage Therapists  
National Association of Orthopedic Nurses  
National Association of Pediatric Nurse Practitioners  
National Association of School Nurses

National Black Nurses Association  
National Conference of Gerontological Nurse Practitioners  
National Council of State Boards of Nursing, Inc.  
National Gerontological Nursing Association  
National League for Nursing  
National Nursing Centers Consortium  
National Nursing Staff Development Organization  
National Organization for Women  
National Organization of Nurse Practitioner Faculties  
National Student Nurses' Association  
Nurses Organization of Veterans Affairs  
Oncology Nursing Society  
Society for Chest Pain Centers  
Society of Gastroenterology Nurses and Associates, Inc.  
Society of Pediatric Nurses  
Visiting Nurse Associations of America  
Wound, Ostomy and Continence Nurses Society

## **Melinda Ray**

**Director, Health Policy and Legislative Affairs  
Association of Women's Health, Obstetric and Neonatal**

Thank you for the opportunity to submit comments **on behalf of the Association of Women's Health, Obstetric and Neonatal Nurses**. We value the chance to put forward our perspectives on the "Testing of a Funding Methodology for the Allocation of Title VIII Funds: Phase II." We appreciate the work of the expert panel members and would like to applaud their commitment to working toward recommendations that strengthen the nurse workforce in the United States.

AWHONN is deeply concerned about the Panel's inability to successfully determine a quantitative mechanism for distribution of Title VIII funding and its current focus on reallocating current Title VIII funding through dollar percentage divisions. While we recognize the challenges this panel faced in successfully developing a quantitative approach, we question whether the approach currently under consideration is the most appropriate process for the Panel to utilize, particularly since there is no comprehensive evaluation data available on any of the Title VIII programs that specify the numbers of graduates that could be produced at any given funding level. The result may be the redistribution of limited funds that may have the unintended consequences of dramatically slowing or shutting off certain pipelines of funding for nursing education, particularly at the master's level.

The nation is facing a dual shortage, a shortage of both nurses and nurse faculty. The potential impact of the suggested funding levels for the Advanced Nurse section may impact the ability of programs to stay open. If closures of these programs are seen, we will remove critical career track options for nurses to stay in the profession and hinder our ability to respond to the nursing faculty shortage.

As the nation begins to grapple with the nursing shortage, and Congress finds itself with drastically competing funding priorities, we believe that the Panel should be identifying the total universe of federal commitment needed to achieve the goals identified. This clearly means that we must look at current funding, but also potential new funding opportunities in other areas like the Department of Labor. As many nurse advocacy organizations have argued, this nursing shortage is different, health care delivery continues to evolve and how we problem solve to address these issues and the proposed Panel goals that must also evolve. For example, we have determined that increasing diversity in the nursing workforce is a high priority. Assuming that the goal is to increase the racial, ethnic and gender composition of RNs to mirror the general population within a specific time frame, we should be asking what mix of programs are needed in order to achieve this goal and what annual funding targets that must be achieved in order to reach this goal.

Further, it is important to consider what type of data will be most appropriate to gauge effectiveness of the programs. In our reading of the law, a quantitative analysis is requested for these programs to determine effectiveness. If the Panel were to use exclusively a qualitative approach in collecting and analyzing data, the discussion would overlook a wealth of data that is required to make comprehensive decisions. Comparative quantitative data should not be difficult to collect and analyze. Reviews of enrollment and graduation rates of grantees and selected non-grantees can show how Title VIII funding can impact an institution's effectiveness in achieving goals. Many institutions collect this and other information independently of the Division.

For example, what is the most successful mechanism to enroll and graduate minority nurses? There may be a significant difference between the rates of graduation from certain programs, and funding may need to be used to set up mentoring programs in addition to funding an institution to graduate a minority nurse.

Our primary interest in reviewing the funding methodology should not be to protect the existing programs and funding allotments, but to really examine the programs against the goals and to determine whether they are truly effective. In the proposed FY2003 budget submitted by the President, the Office of Management and Budget labeled these programs ineffective for not being able to meet the goals of the program.

Through advocacy efforts we are annually plagued with explaining the program's effectiveness based on discipline collected data. Despite legislative authority and requirements to do so, we find little data is actually collected to judge effectiveness by the Title VIII programs.

Without such data, we cannot expect Congress to maintain or increase funding for seemingly unproven programs. Given the size of the looming nursing shortage and the relatively limited funds for health professions education, this is a serious criticism that must be addressed. The Panel must base its decision on data that measures the outcomes (number of graduates) to be produced by these programs, and specify the level of funding necessary to meet the nation's estimated need.

AWHONN strongly encourages the Panel to move beyond the current funding scenario and begin to conceptualize a larger view of nurse education goals and the funding necessary to achieve those goals. Thank you for the opportunity to provide comments. We look forward to working with you as you proceed in your preparation of the final report.

## **Jan Towers PhD, NP-C, C.R.N.P, F.N.P**

### **Director of Health Policy American Academy of Nurse Practitioners**

Comments on Division of Nursing (HRSA) Funding Methodology-April 2002 Meeting:

A review of the assumptions listed in the report of the most recent Division of Nursing Methodology Meeting was conducted with the following comments:

Under Title VIII Part B: The assumptions and goals as stated appear to be consistent with the legislative goals of Title VIII. However, we continue to be concerned that the need for primary care providers (nurse practitioners) seems to not be considered an important variable in the determination of need for funding under Title VIII.

Under Title VIII Part C: The assumptions in this section appear to apply only to Basic Nursing Education in several sections. It was our assumption that improvement of nursing workforce diversity applied to all level of nursing education, not just basic. We would hope that such language is not geared to obtain more funds for one level of nursing education over another.

Under Title VIII Part D: The assumptions do not seem to be based on population needs as they do in Section B and as are required under the statute (Section 841 (c) (2) (E) (i-xii). Instead they seem to focus more on current shortages in traditional health care settings. (We have noted that exploring these data according to statutory requirements has been dismissed as not possible in some of your background data. We continue to be concerned that lack of attention to such factors will misdirect funding priorities and will lead to unreliable funding recommendations).

Under The Section: Review and Revision of Planning Assumptions, we make the following comments:

**Funding Sources:** We are concerned that the statement has been made that quantifying the numbers of sources is not feasible. While it may be economically difficult to collect that data, the implication is that there is a lot of money out there for nursing education. We know that is not the case, and are concerned that such an assumption will lead Congress to think that funding for nursing education is not necessary.

**Health Workforce:** We are concerned that there is an assumption that physician supply is adequate. We know that there continues to be a shortage of primary care providers and we feel that this should be noted in your assumptions. We

continue to be concerned that the need for primary care providers is not included in your documents as a nursing workforce need both presently and in the future. We hope that the high quality and cost effective care given in the primary care arena by nurse practitioners is seen as a major nursing function and not relegated to other health care providers by the expert panel.

Public Health Trends: We agree with this assumption, but hope that the nurses in the community, public health and long-term care settings includes advanced practice nurses such as nurse practitioners and is not limited to staff nurses in agencies and institutions.

Sociodemographic Trends: No comment

Patient Outcomes and Quality: Statements here seem to reflect staff nurses and not advanced practice nurses. There is considerable documentation to demonstrate that the use of advanced practice nurses in all settings improves patient outcomes (and safety). This should be recognized in the assumptions. In addition, combining quality of the work environment with patient outcomes (while they are related), seems to distort this assumption. We would recommend that they be separated into two assumptions.

Nursing Supply, Demand and Distribution: Again, the focus in #1 of this section seems to be on staff nurses and not the need for advanced practice nurses as well. This can be remedied by simply removing the word "staffing" from that sentence. (Also note the typing error in #13).

Technological Trends: No comment except to note that advanced clinical practice is noted here, but not noted in other appropriate places in this document.

General Comments:

We continue to be concerned about the distance this process has moved from the original statutory intent and directive. In addition, the statute requests the development of a methodology by this group and not a recommendation for program allocation. We cannot find in the statute any directive for this group to make specific recommendations of allocated funds. The directive is to develop a methodology that could be used by the Secretary to make recommendations. It would appear that the Panel may be making a quantum leap into an advisory capacity not called for in the statute. If the expert panel is going to recommend a voting system such as this, that could be used by the Secretary, more careful attention should be made to the representation on the committee that would ultimately vote so that there is balance and that the advisory group meet the requirements and intent of Section 841 (c)(2)(D).

We appreciate the efforts made by the George Mason staff and the members of

the expert panel. Clearly the bottom line is that all of nursing needs much more financial assistance. In the interest of objectivity, however, we would appreciate having the above factors be considered as the panel makes its recommendations to Congress regarding the methodology to be used to determine how Title VIII funds should be distributed in the future.

## **Diane Viens DNSC, CFNP**

### **President**

#### **The National Organization of Nurse Practitioner Faculties (NONPF)**

Thank you for the opportunity to provide comment on the third meeting of the Expert Panel in Phase II of the project to develop a funding allocation methodology for the Title VIII funds. The National Organization of Nurse Practitioner Faculties (NONPF) has attended all the meetings of this panel and has tracked the progression of the discussion. Clearly, it has been a challenging opportunity for the Expert Panel to test the qualitative funding methodology proposed in Phase I for carrying out the allocation of funds for Parts B, C, and D of Title VIII.

NONPF provided extensive comments after the first meeting and has provided oral comments at the subsequent meetings. We would like to use this opportunity to reiterate some of our main points concerning the discussion, particularly pertaining to nurse practitioner (NP) and advanced practice nursing (APN) workforce development, Part B funding, and this funding allocation method.

- ◆ A significant barrier to the development of a funding allocation method is the lack of sufficient data. In Phase I of the project, Len Nichols recommended a qualitative funding method because of the lack of adequate data to use confidently in a quantitative formula for determining nursing workforce needs. He concluded that expert judgment is needed, driven by quantitative points as well. In Phase II, the Expert Panel identified needed data to inform its process - including the overall federal contribution to nursing workforce development - and concluded that it could not obtain sufficient data. As recommended by Len Nichols in his report, there is a need for the best data to feed the funding allocation method. These data are not available, leading to the development of a method informed primarily by expert judgment.
- ◆ The recommended funding allocations for Parts B, C, and D do not reflect a consensus of the expert panel but rather a compromise and an average of the ranking of priorities by individual panel members. Consequently, the recommendation is for a generally even distribution of the funding across the three programs. This allocation does not reflect the varying scope of funding

within each program, with Part B encompassing a broad range of funding areas (APN education, nursing education, public health nursing, traineeships, etc.). The proposed allocation is not sufficient to make any impact within Part B given all that it covers.

- ◆ The Expert Panel's assumption (#4) that the physician supply appears adequate does not address a) data to the contrary and the possible impact of physician supply trends on the demand for APNs, and 2) the influence of consumer satisfaction in workforce planning. Since 1999, residency positions for family practice decreased by 6.4%. It will take a few more years before we can assess this trend relative to the preparation of primary care providers. Cooper et al. (*Health Affairs*, Vol 21, #1, Jan/Feb 2002) project an overall shortage of physicians by 2020, and this shortage will have implications for APNs and other health care providers. In addition, a study in the April 6 issue of the *British Medical Journal* (Horrocks, Anderson, & Salisbury, Vol. 824) concludes, "the increasing availability of nurse practitioners in primary care is likely to lead to high levels of patient satisfaction and high quality care." This latter issue is very important as the patient becomes the center of the interdisciplinary team model for improving health care (D. Harper, NONPF 2002 Meeting).
- ◆ The preparation of NPs can be aligned with addressing the critical shortage issues – in nursing, in access to primary care, and within the health care delivery system. Len Nichols reported (NONPF Annual Meeting, 2001) that the largest number of NPs in 2000 were in hospital practice settings, a 127% growth from 1996 compared to a 19.1% growth in ambulatory care settings. The NP is in demand to fill a multiplicity of roles. These other settings provide NPs the opportunity to bridge gaps between different providers and to build new models of provider teams. The roles of NPs in hospital settings are not limited to acute care practice but include comprehensive and focused assessments of client and family, primary care during acute illnesses, and care management for clients with complex health needs.
- ◆ We have a significant need to foster development of an adequate supply of nursing faculty. The current faculty shortage, soon to be heightened with the impending baby boomer nursing retirement, is a critical issue for nursing education and nursing workforce development. At its spring 2002 meeting, the National Advisory Council on Nurse Education and Practice (NACNEP) addressed the severity of the problem and will be putting forth a report on this issue later this year. The American Association of Colleges of Nursing reported (*2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*) that NP programs cited insufficient number of faculty and insufficient clinical training sites as the primary reasons for turning away applicants. The Expert Panel recognized the faculty shortage as a

priority in assumption #13 yet does not include a goal of increasing the faculty pool in for Part B.

- ◆ NONPF recognizes the importance of developing a diverse nursing workforce and has a commitment to fostering a culture of diversity throughout the leadership pipeline. We suggest that Title VIII funding should include a priority of promoting cultural competence and increasing diversity in the nursing workforce throughout all its programs. The current Part C predominantly addresses support of pre-entry preparation into nursing for disadvantaged students, but the Title VIII funding should provide for a full range of supports to promising minority nursing students. Weaving the emphasis on increasing diversity throughout Parts B and D, rather than using Part C to capture all needs, may yield more successful outcomes.
- ◆ The future nursing leadership is a priority issue related to nursing workforce, practice, and education. The nursing leadership pipeline must remain open to enable basic nurses to progress into graduate education and then into leadership positions. Ensuring the availability of advanced nursing education programs preserves the pipeline and demonstrates to the entering nursing workforce the career opportunities in the profession.
- ◆ APN education must include sophisticated experiences in collaboration and team building across disciplines to prepare the future leaders in health care. The interdisciplinary approach to education and collaboration will require reconfiguration of some of the current models in NP education. As recommended by Len Nichols, we have a need for solid information on the cost to produce any single type of nurse, especially APNs as the educational programs continue to expand to cover more content and the programs undergo design changes to accommodate new paradigms and interdisciplinary learning experiences. These data are critical to informing a funding allocation.
- ◆ In establishing a funding methodology, we need to be futuristic in thought. The panel has identified that there are insufficient data to drive development of a formula, so instead this methodology is based on compromise and reaction to the immediate trends. The impact of this methodology will not be fully felt for several years, and this will coincide with a time when in health care at large the need for APNs may be even higher to care for our aging population. As well, we need to consider how other policies and programs to address the immediate nursing shortage will influence the composition and entry point of professional nursing.

We urge the Expert Panel to consider these issues before finalizing its recommendations. We also urge strong consideration of the breadth of Part B and how the proposed allocation will impact these nursing programs. We ask the

panel to recognize the significance of the APN and other advanced nursing education programs to the full operation of the leadership pipeline in nursing and the health professions at large. Despite the substantial under-funding of Title VIII, its programs have been invaluable to supporting nursing workforce development and especially to building quality NP programs that have increased access to care for rural and underserved populations.

**Edward P. Gruber, PhD, RN, FNP, President**  
**Eric G. Scharf, CAE, Executive Director**

### **American College of Nurse Practitioners**

The American College of Nurse Practitioners (ACNP) is pleased to have the opportunity to provide comments regarding the proposed funding allocation methodology for Title VIII Programs. ACNP represents more than 30,000 NP's through a multi-tiered membership structure that includes individual members and group, state and national affiliate organizations. The goal of ACNP is to insure an appropriate, prevention-based health care system to better meet the health care needs of individuals, families and communities.

While we are supportive of the need to insure a diverse nursing work force, we are concerned that the separation of diversity grant funding from the programs that train future nurses does not accomplish the goal of a diverse nursing workforce.

- Therefore, we recommend that available grant funding be divided equally between Basic and Advanced Nursing Education, with specific requirements as to how diversity grants are to be integrated into these two areas. ACNP believes that it is important to recognize the need for funding both arms of the nursing educational process, while also noting that this will have an effect on the funds available for advanced practice nursing education programs. However, if the current source of educating new, younger, diverse nurses isn't improved there is concern that the supply of highly qualified APN candidates will be compromised.
- Additionally, we suggest the establishment of a panel to study and recommend to Congress a comprehensive, flexible health professions education funding methodology that responds to and links expenditures to short and long-term supply and demand data based on:
  - Changing population demographics and
  - Population-specific health outcomes and their relationship to provider-mix. (Included in this would be an evaluation of current levels of funding for hospitals that have/had diploma programs, and current GME funding.)

ACNP recognizes that it is not in the mission of this panel to address the overall health professions funding capability provided by the federal government, but feels that such a recommendation from this Expert Panel would assist in the process on initiating these discussions on a wider level. Frankly, much of the concern about funding nursing education could be addressed if a more equitable system for preparing all types of health care practitioners were developed and implemented. We would like to see a system that more widely utilizes advanced practice nurses to make the current health care system more efficient and cost effective.

**Additionally ACNP supports the conclusions and recommendations of the National Organization of Nurse Practitioner Faculties in its statement for public comment.**

**Phillip D. Authier, RN, MPH, President  
Pamela A. Thompson, RN, MSN, Chief Executive Officer**

**American Organization of Nurse Executives**

On behalf of the more than 3800 members of the American Organization of Nurse Executives (AONE) representing nurses in executive practice, we would like to formally comment on the Division of Nursing (HRSA) Funding Allocation Project. Because the majority of AONE's members are leaders in the day-to-day management and delivery of direct patient care services, we understand firsthand the impacts of the growing nursing shortage and the importance of an equitable and sustained Federal-funding source to support nursing education.

The current methodology was put in place as a legislative remedy due to the failure of the nursing community to devise a workable allocation for the needs of the profession. As a consequence, the funding methodology for nursing education programs under Title VIII of the Public Health Service Act has disproportionately favored advanced practice nursing to the detriment of the other two critical subgroups of Basic Nurse Education and Diversity programs. The disproportionate funding pattern continued until FY2002, when Congress acting in violation of the methodology and in response to concerns in the provider community, chose to increase the percentage of funding to basic nurse education and diversity programs. Although the increases were welcome changes to both programs, they did little to address the actual needs of the nursing profession and pale in comparison to amounts allocated in support of other health education programs.

Research studies (Buerhaus, National Sample Survey of Registered Nurses, AHA Trend watch) document a critical nursing shortage that is expected to reach 450,000 by 2008 and if not reversed could climb to 1.7 million by 2020. In conjunction with the growing nursing shortage, the profession suffers from an

absence of gender and ethnic diversity. Males comprise less than 6 percent of the total nursing profession and growing ethnic populations such as African Americans and Hispanics are seriously under represented within the ranks of professional nursing. It is for these reasons that AONE strongly supports a change to the funding allocation that would give priority to basic nursing education programs and programs that would help achieve a more gender, ethnic and culturally diverse nursing profession.

In the view of AONE, the amount currently allocated under Title III of the Nursing Education Act is woefully inadequate to address its three-pronged mission of Advanced Nursing education, Basic Nurse Education and Nursing Workforce Diversity. To remedy this situation and ensure that all three programs receive adequate funding to address current needs, AONE supports doubling of the amount currently allocated under this title for a total of \$165 million in the next funding cycle. Under a scenario of doubled funding, AONE recommends that Basic Nurse Education receive an allocation of 50 percent (\$82.5 million which represents an increase of \$66.21 million over FY 2002); Advanced Nursing education an allocation of 40 percent (\$66 Million which represents a \$5.96 million increase over FY 2002); and Nursing Workforce Diversity an allocation 10 percent (\$ 16.5 million which represents a \$ 10.33 million increase over FY 2002). Under this scenario no program would loose funds and the two which feed the critical nursing pipeline would receive substantial increases.

Understanding the unpredictability of Federal funding and in the absence of a significant budgetary increase, AONE would support the results of Round of the allocation decisions for the Title VIII programs. Under this scenario Advanced Nursing Education and Diversity programs would each receive 30 percent of current funds and Basic Nurse Education would receive 40 percent of the total.

Furthermore, it is the position of AONE that changes to the funding methodology should create an allocation process that is dynamic and able to meet the changing needs of the health care workforce while based on sound principles supported by science, data and the needs of the profession.

Thank you for this opportunity to comment on this important issue. Please direct questions to this response to Jo Ann Webb, Director of Federal Relations and Policy at 202-626-2321 or email [jwebb@aha.org](mailto:jwebb@aha.org).



Public Comment  
Testing a Funding Methodology  
**for the Allocation of Title VIII Funds: Phase II**  
3rd Expert Panel Meeting

Friday, April 5, 2002

**Expert Panel Members in Attendance**

**Eula Aiken, PhD, RN**

Executive Director,  
Council on Collegiate Education for Nursing  
Southern Regional Educational Board  
Atlanta, Georgia

**Carole Anderson, PhD, RN, FAAN**

Vice Provost, Academic Administration  
The Ohio State University  
Columbus, Ohio

**Linda Burnes Bolton, Dr.PH, RN, FAAN**

Vice President and Chief Nursing Officer  
Cedars-Sinai Medical Center  
Los Angeles, California

**Shirley S. Chater, PhD, RN, FAAN**

Commissioner, US Social Security Administration (1993-1997)  
President Emerita, Texan Woman's University  
Adjunct Professor,  
Institute for Health and Aging, School of Nursing  
University of California, San Francisco

**Mary E. Foley, MS, RN**

President  
American Nurses Association  
Washington, DC

**Charlene M. Hanson, EdD, RN, CS, FNP, FAAN**

Professor Emerita and Family Nurse Practitioner  
Georgia Southern University  
Statesboro, Georgia

**Arthur Aaron Levin, MPH**

Director, Center for Medical Consumers  
New York, New York

**Edward S. Salsberg, MPA**

Executive Director, Center for Health Workforce Studies  
School of Public Health, University at Albany, SUNY  
Rensselaer, New York

**John T. Supplitt, MPH, MBA**

Director, Section for Small or Rural Hospitals  
American Hospital Association  
Chicago, Illinois

**Background**

Phase II of the Funding Allocation Methodology project involves use of an Expert Panel to qualitatively inform the testing of the proposed (using the recommended six-step process). This was the third of four expert panel meetings planned. The fourth and final meeting of the expert panel will be held on June 6, 2002 (Please note the new location). During this meeting, the panel reached consensus on the important planning assumptions for consideration in making Title VIII program allocations (based on the best available data) and utilized an iterative discussion/polling process to make preliminary program allocations to develop the methodology (see the project website for a listing of background data) at [chpre.gmu.edu](http://chpre.gmu.edu) [**click on funding methodology project, then Background Materials**].

**In preparation for the 3<sup>rd</sup> expert panel meeting, participants reviewed funding priorities for Title VIII, and a wide variety of data and reports related to the US health workforce, population and health system trends and needs. Additionally, the panel was asked to consider the population related suggestions in Public Law 105-392 in developing the allocations. From the best available data, the panel identified fourteen assumptions about the U.S. population, health care delivery system and health care workforce trends influencing the need for nurses in the workforce in the next several years.**

The expert panel participated in several discussion/decision sessions to identify priorities for future nursing workforce development, especially those amenable through Title VIII funding. First, panelists identified the link between the planning assumptions (15 total) and nursing workforce development. Assumptions 9 and 10 were combined, to produce a set of 14 planning assumptions. Next, panelists considered assumptions and proposed a draft allocation for the percentage of funds to be distributed between each program (B, C, and D), based upon population and health system needs.

**Revised Funding Allocation Methodology Planning Assumptions**  
*(Revised at 3<sup>rd</sup> Expert Panel, April 5, 2002)*

**Factor I**

**Funding Sources (Public and Private) for Nursing Workforce, Education and Development**

1. Given the multiplicity of private and public funding sources for basic and advanced nursing education at local, state and national levels, it is not feasible to quantify total non-Title VIII sources (public or private).

**Factor II**

**Health Workforce (other than nursing) Supply and Demand Trends**

2. The employment age population will decrease while the population over age 65 will increase.
3. Mal-distribution of the health workforce will remain problematic (e.g. in rural and in urban communities).
4. Shortages of pharmacists, LPNs, radiology, laboratory, medical and respiratory technicians will increase; physician supply appears adequate.

**Factor III**

**Public Health Trends (including health promotion and disease prevention)**

5. Demand for nurses in community, public health, and long-term care settings is expected to increase (due to population aging and increasing interest in public health and safety); this and increased wage competition with hospitals may deepen sector specific maldistribution and shortages.
6. Disparities in key health indicators and morbidity and mortality rates among minority populations will continue.

**Factor IV**

**Sociodemographic Trends**

7. Nursing will continue to lag behind the racial and ethnic diversity of the US population.
8. Income disparities will influence access to nursing education.

**Factor V**

**Socioeconomic Trends**

9. Access to care and health insurance is lowest among racial and ethnic minorities.

**Factor VI**

**Health Care Financing Trends**

#### **Factor VII**

### **Health Services Delivery and Organizing Trends (including work environment)**

#### **Factor VIII**

### **Patient Outcomes and Quality (including quality of nurse's work environment and patient safety)**

10. There is a relationship between the adequacy of nurse staffing and patient outcomes.
11. Poor workplace climate adversely influences nurse retention and exacerbates the impact of nursing workforce shortage.

#### **Factor IX**

### **Nursing Supply, Demand and Distribution**

12. Nurse staffing shortages in all sectors and roles will exacerbate as a generalized nurse shortage increases.
13. Retirement of nursing faculty, an inadequate number of nurses with advanced education preparation, and non-competitive academic faculty salaries will result in nursing faculty shortages.

#### **Factor X**

### **Technological Trends and Their Impact on the Nursing Workforce**

14. Advances in science and technology will increase demand for technologically skilled nurses in all roles.

**To facilitate the panel's iterative discussion/decision-making, allocations were made using a polling process that utilized a survey instrument constructed for this purpose. Three rounds of discussion/decision-making for Title VIII program allocations were conducted. This was done to allow the panel to discuss and clarify issues that could alter their ranking in subsequent rounds of polling, prior to make program allocations. For each discussion/decision round, panelists were asked to consider population and health system needs, and identify the significance of each Title VIII program in addressing needs relative to assumptions. Title VIII programs for which allocations were developed were: Part B, Advanced Education Nurses; Part C; Nursing Workforce Diversity, or: Part D, Basic Nursing Education and Practice.**

**The results of the panel's deliberations at this meeting produced a revised set of goals for Title VIII and a preliminary allocation of funds to Title VIII programs, B, C, and D.**

**Goals for Title VIII, Parts B, C, and D**  
(Revised at 3<sup>rd</sup> Expert Panel Meeting April 3, 2002)

<b>Title VIII Part B: Advanced Education Nurses (AEN)*</b>	
<b>*Includes NP, CNS, CNM, CRNA, nurse educators, public health nurses, nurse administrator, others per secretary of HHS</b>	
<b>B 1. Increase the total number of advanced education nurses.</b>	
Quantifiable measure(s) of the goal	NSSRN data, funded programs data
Population or health delivery system need goal addresses	Underserved and/or rural populations (To be identified: population to be served).
Goal target	Increase the number of AENs in workforce; increase the number of nurses who participated in funded programs (from DoN base funding year).
<b>B 2. Increase cultural competency of advanced education nurses during the educational experience and in the workplace.</b>	
Quantifiable measure(s) of the goal	Number of student nurses and nurses participating in funded programs (calculate from DoN base funding year)
Population or health delivery system need goal addresses	Underserved and/or rural populations Cultural competence influences the clinician to be sensitive to cultural differences. This sensitivity increases the quality of care by enhancing the patient-provider relationship.
Goal target	Increase the number of students and nurses who participated in funded programs (calculate from DoN base funding year)
<b>B 3. Increase the diversity of the AEN workforce to become more representative of the general population.</b>	
Quantifiable measure(s) of the goal	NSSRN data Census population statistics
Population or health delivery system	More diversity among HC providers will increase access to care/utilization and

need goal addresses	quality of care to diverse populations. Better-matched population/provider diversity will improve RN workforce distribution.
Goal target	Racial, ethnic and gender composition of AENs mirrors the population by 2020.
<b>B 4. Increase the supply of advanced practice nurses in the workforce (CNM, CNS, CRNA, NP) in underserved or rural communities.</b>	
Quantifiable measure(s) of the goal	NSSRN data
Population or health delivery system need goal addresses	Health needs of underserved and/or rural populations: Improved advanced practice nurse distribution will Improve access to care in HPSAs/MUAs
Goal Target	Increase the number of APNs working in HPSA/MUAs (from base DoN funding year).
<b>B 5. Increase the supply of advanced education nurses (e.g. nurse administrators, nursing informatics experts) working in underserved or rural communities.</b>	
Quantifiable measure(s) of the goal	NSSRN data
Population or health delivery system need goal addresses	Underserved and/or rural populations Increases health workforce in HPSA/MUAs; Public health infrastructure
Goal target	Increase the number AENs working in public health (from base year)

### **Title VIII Part C: Nursing Workforce Diversity**

<b>C1. Increase the total number and percentage of ethnic/racial/ gender minorities in the nursing workforce</b>	
Quantifiable measure(s) of the goal	NSSRN results Population Census statistics
Population or health delivery system need addressed	More diversity among HC providers will increase access to care/utilization and quality of care to diverse populations. Better-matched population/provider diversity will improve RN workforce

	<p>distribution.  Males represent a large, ‘untapped’ pool of potential new nurses.  Males entering the workforce may increase the earnings of all nurses.</p>
Goal Target	Racial, ethnic and gender composition of RNs mirrors the population by 2020.
<b>C2. Increase cultural competency of RNs during the basic nursing educational experience and in the workplace.</b>	
Quantifiable measure(s) of the goal	Number of participants participating in funded programs (calculated from base DoN funding year)
Population or health delivery system need goal addresses	<p>Increase the ability to provide quality care to racially and ethnically diverse populations.  Cultural competence promotes improved working relationships among individuals and increases sensitivity to cultural differences.</p>
Goal Target	Increase the number of nursing students and nurses who participate in funded programs (calculate from base year)

<b>Title VIII Part D: Basic Nursing Education and Practice</b>	
<b>D1. Increase the number of nurses in the workforce with a basic education</b>	
Quantifiable measure(s) of the goal	NSSRN data BLS, CPS data
Population or health delivery system need goal addresses	An increase in the number of nurses is needed to meet the demand for nurses all sectors of the health system and to supply advanced practice nurses in the future.
Goal target	Increase total number of basic nurse entrants produced by Title VII programs (from the base year).
<b>D2. Improve diversity of the basic nursing workforce to become more representative of the general population.</b>	
Quantifiable measure(s) of the goal	NSSRN data
Population or health delivery system need goal addresses	Composition of workforce should approximate the racial and ethnic diversity of the population in general. Lack of diversity adversely impacts access to services and quality of care in diverse populations.
Goal target	Racial, ethnic and gender composition of RNs mirrors the population by 2020.
<b>D3. Increase cultural competency of individuals in basic nursing education and workplace settings.</b>	
Quantifiable measure(s) of the goal	Number of participants completing funded programs (data from funded programs).
Population or health delivery system need goal addresses	Racially and ethnically diverse populations. Cultural competence influences the clinician to value and be sensitive to cultural differences among individuals (quality and effectiveness of care).
Goal target	Increase the number of students who participated in Title VIII funded programs (from DoN base funding year).

<b>D4. Improve the distribution of the basic nursing workforce to better serve underserved populations and rural communities.</b>	
Quantifiable measure(s) of the goal	NSSRN data; BHPPr Office of Shortage Designation
Population or health delivery system need goal addresses	Underserved and/or rural communities
Goal target	Develop an RN HPSA to track distribution of RNs in shortage areas; Improve AENs working in shortage areas by 2010
<b>D5. Increase the clinical competency of the basic nursing education workforce</b>	
Is the goal quantifiable?	Number of participants completing funded programs (program data from base DoN funding year)
Population or Health Delivery System Need goal addresses	Patients receiving health care in all settings Health care delivery systems employing nurses
Goal target	Increase the number of individuals who participated in Title VIII funded programs (from DoN base funding year).

**Results of 3 rounds of Discussion/Allocation Decisions for Title VIII Programs**

