Leading Change, Advancing Health Through Nursing: Where We Are, Where We Are Going

The National Forum of State Nursing Workforce Centers
2017 Annual Conference
June 8, 2017

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Senior Vice President and Director, AARP Public Policy Institute
Chief Strategist, Center to Champion Nursing in America
Thank You!
Institute of Medicine* Reports

The Institute of Medicine has been renamed the Health and Medicine Division of the National Academies.

2010 report

2015 report

*The Institute of Medicine has been renamed the Health and Medicine Division of the National Academies.
Areas of Focus

- Education
- Practice and Care
- Leadership
- Diversity
- Interprofessional Collaboration
- Data
Indicator 1: Education

IOM Recommendation:
Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

Percentage of employed nurses with a baccalaureate (or higher) degree in nursing

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>53%</td>
</tr>
<tr>
<td>2014*</td>
<td>51%</td>
</tr>
<tr>
<td>2011</td>
<td>50%</td>
</tr>
<tr>
<td>2010</td>
<td>49%</td>
</tr>
</tbody>
</table>

Data Source: American Community Survey, Public Use Microdata Sample (series)
*No change between 2012 and 2014.
• 67.3 percent of registered nurses in California have a BSN.

• 68 percent of registered nurses in Hawaii have a BSN.
Indicator 2: Doctoral Degrees

IOM Recommendation:
Double the number of nurses with a doctorate by 2020
THIS RECOMMENDATION HAS BEEN ACHIEVED

Number of employed nurses with a doctoral degree

Data Source: American Community Survey, Public Use Microdata Sample (series)

Updated: January 27, 2017
RWJF’s Future of Nursing Scholars Program

• Will create a large and diverse cadre of PhD-prepared nurses, committed to long-term leadership careers in nursing, education, administration, research, and/or policy.

• Helps nurses complete their PhDs in three years.
### RWJF’s Future of Nursing Scholars: Program Status

<table>
<thead>
<tr>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
<th>Cohort 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Schools</td>
<td>24 Schools</td>
<td>31 Schools</td>
<td>28 Schools</td>
</tr>
<tr>
<td>16 Scholars</td>
<td>43 Scholars</td>
<td>49 Scholars</td>
<td>51 Scholars</td>
</tr>
<tr>
<td>• 68% diversity across race, gender</td>
<td>• 46% diversity across race, gender</td>
<td>• 24% diversity across race, gender</td>
<td>• Scholars not yet selected</td>
</tr>
</tbody>
</table>

futureofnursingscholars.org
Education Targets

Target 1: By the end of 2018, there will be a 5 percent increase in RN-to-BSN enrollment and graduation rates as measured by the American Association of Colleges of Nursing (AACN) annual survey.

Target 2: Ten states will demonstrate a 3 percent increase of BSN-prepared nurses in the workforce as measured by the American Community Survey.

Target 3: Develop a legislative plan to support Medicare Graduate Nursing Education.
This map shows progress for nurse practitioners. For more detail about the practice environment for all types of APRNs, see the National Council of State Boards of Nursing's maps: https://www.ncsbn.org/5397.htm.

Updated: February 23, 2017
• South Dakota Gov. Dennis Daugaard signed a bill easing restrictions on nurse practitioners and certified nurse-midwives.

• NPs and CNMs can practice without physician oversight after completing 1,040 practice hours with physicians or experienced NPs or CNMs.
Practice and Care Targets

**Target 1:** By the end of 2018, two or more restricted practice states will remove at least one barrier to APRN-provided care.

**Target 2:** Federal policies that promote innovative nurse-led models to advance practice and increase consumer access to care will remain in place.
Interprofessional Collaboration Progress

Indicator 4: Interprofessional Collaboration

IOM Recommendation: Expand opportunities for nurses to lead and disseminate collaborative improvement efforts.

Number of required clinical courses and/or activities at top nursing schools that include both RN students and graduate students of other health professions.

<table>
<thead>
<tr>
<th>School</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Univ.</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Yale Univ.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Univ. of California, San Francisco</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Univ. of North Carolina</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Univ. of Washington</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Univ. of Pennsylvania</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Univ. of Michigan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Univ. of Pittsburgh</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Oregon Health &amp; Science Univ.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Johns Hopkins Univ.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

Data Source: Top nursing schools (as determined by US News & World Report rankings) that also have graduate-level health professions schools at their academic institutions. Course offerings and requirements include clinical and/or simulation experiences.

Updated: January 27, 2017
Target 1: Identify five accredited university programs that are pursuing interdisciplinary education change into the curriculum.
Indicator 5: Leadership

IOM Recommendation:
Health care decision-makers should ensure leadership positions are available to and filled by nurses

The number of nurses who report serving on boards to the Nurses on Boards Coalition
Our goal: to get 10,000 nurses on boards by 2020

OUR GOAL
10,000 nurses on boards

As of 11/21/10
2,356 nurses have reported serving on boards*

Data Source: Nurses on Boards Coalition, NursesonBoardsCoalition.org

In 2014, the Campaign convened more than 20 national nursing organizations and others working to build a healthier America to form the Nurses on Boards Coalition (NOBC). The NOBC launched as an independent organization in August 2015 and is working toward the goal of seeing 10,000 nurses on boards by 2020.

*The Nurses on Boards Coalition updates these numbers on a regular basis.
What Is COACH?

**Campaign Outreach Advocate for a Culture of Health**

**Who:** COACHes are advocates who can speak knowledgeably about nursing and the Culture of Health.

**Goal:** To help Action Coalitions form strong, ongoing bonds with organizations and people that will strengthen their efforts to build healthier communities.
**Leadership Targets**

**Target 1:** By the end of 2018, 30 percent of Action Coalitions will show improvement in the implementation of their IOM/Culture of Health action plans and the others will implement plans that integrate IOM recommendations and the RWJF Culture of Health framework.

**Target 2:** Three more nurses will be appointed to the boards of Champion Nursing Coalition member organizations (non-nursing organizations).
## Indicator 6: Workforce Data

IOM Recommendation: Build infrastructure for collection and analysis of interprofessional health care workforce data

<table>
<thead>
<tr>
<th>States that collect data on nurse education programs, supply of nurses, and demand for nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Nurse Education Program Data</td>
</tr>
</tbody>
</table>

Data Source: The National Forum of State Nursing Workforce Centers
PhD R. Lee Institute for Health Policy Studies.

Updated: January 27, 2017
From the May 2016 workforce data meeting:

- White paper was published
- Seven priority action steps were identified
- Three workgroups were established
Workforce Data Meeting: Workgroups

Three Workgroups to Carry Out Priorities

**Workgroup #1:** Create national repository and a nursing master file; make data available for research, policymakers; implement agreements with partners.

**Workgroup #2:** Make the case for nursing workforce data, to the right people.

**Workgroup #3:** Nursing organizations working with federal partners need to advocate to get most helpful data.
Target 1: Increase by three the number of measurements collected by states regarding nursing education, supply, or demand.
Diversity Progress

Indicator 7: Diversity

IOM Recommendation:
Make diversity in the nursing workforce a priority

Pre-licensure nursing program graduates by race/ethnicity and by gender compared with the U.S. population

In the U.S., the female/male population is 50.8% female and 49.2% male.
In 2015, baccalaureate and graduate nursing students were 88% female and 12% male.

The Campaign is working to promote diversity in the nursing workforce so that the profession reflects America’s changing population.


Updated: January 27, 2017
Diversity Steering Committee

- American Assembly for Men in Nursing
- Asian American/Pacific Islander Nurses Association
- National Alaska Native American Indian Nurses Association
- National Black Nurses Association
- National Association of Hispanic Nurses
- National Coalition of Ethnic and Minority Nurses Associations
- Philippine Nurses Association of America

Diversity Steering Committee Co-Chairs

Carmen Alvarez, PhD, RN, CRNP, CNM
Assistant Professor, Department of Community-Public Health
Johns Hopkins University

Deborah Washington, PhD, RN, MS
Director of Diversity for Patient Care Services
Massachusetts General Hospital
Diversity Technical Assistance

Diversity Learning Collaborative Webinar
Topics have included holistic admissions criteria, social determinants of health, and use of data in assessing progress on diversity.

Targeted Consulting
Three dedicated diversity consultants – Adriana Perez, Barbara Nichols and Kupiri Ackerman-Barger (Piri) provide targeted assistance to 34 Action Coalitions.

Meetings
Diversity Targets

**Target 1:** By the end of 2018, increase overall diversity of students enrolling in BSN, master’s level, and doctoral programs as measured by AACN annual survey data.

**Target 2:** Fifteen Action Coalitions will include organizations representing ethnic or racial minorities or men in nursing on their executive committees or equivalent decision-making bodies.

**Target 3:** Ten Action Coalitions will create fundraising case statements based on diversifying their states’ nursing workforces.
Diversity Targets

**Target 4:** Ten Action Coalitions will obtain funding that supports efforts to diversify their states’ nursing workforces.

**Target 5:** Federal government will improve funding for BSN and graduate preparation of diverse nurse populations.

**Target 6:** The Diversity Steering Committee will be visible in helping to connect IOM recommendations and Culture of Health work with an emphasis on diversity and health equity.
Fundraising Successes

• As of August 2016, Action Coalitions have raised more than $20.4 million in outside funds.
Campbell & Company provided fundraising assistance to 24 states, including individual consultations with three states hosting 2017 Culture of Health meetings.

- New Mexico raised $25,000 for its April meeting in Albuquerque.
- Idaho and Wisconsin are in raising funds for June meetings.

“Pitch Perfect” calls led by Sue Hassmiller have been attended by 29 states.

Case for Support handout, templates, and other materials are available to Action Coalitions.
**Fundraising Successes**

Example: As of August 2016,* West Virginia raised $236,075.

<table>
<thead>
<tr>
<th>Year</th>
<th>Funds Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012–2015</td>
<td>$141,075</td>
</tr>
<tr>
<td>2016</td>
<td>$95,000</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$236,075</strong></td>
</tr>
</tbody>
</table>

*Updated totals will be announced later this year.
The following states have raised over a million in non-RWJF funds:

<table>
<thead>
<tr>
<th>State</th>
<th>Amount (as of August 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>$3.7 million</td>
</tr>
<tr>
<td>North Carolina</td>
<td>$2.1 million</td>
</tr>
<tr>
<td>New Jersey</td>
<td>$1.9 million</td>
</tr>
<tr>
<td>Florida</td>
<td>$1.1 million</td>
</tr>
<tr>
<td>California</td>
<td>$1.1 million</td>
</tr>
</tbody>
</table>

*Updated totals will be announced later this year.*
Sustainability and Engagement Targets

**Target 1:** By end of 2018, external funding to Action Coalitions will increase to $23 million.

**Target 2:** Fifteen Action Coalitions will develop a succession plan.
A Culture of Health:
Getting healthy and staying healthy is a fundamental value.
RWJF Vision

We, as a nation, will strive together to build a Culture of Health enabling all in our diverse society to lead healthy lives, now and for generations to come.
Campaign for Action Vision

Everyone in America can live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health.
Nurses make up the largest segment of the health and health care workforce and spend the most time with people. They:

• Promote prevention and wellness.
• Support family caregivers.
• Engage consumers.
• Ensure clean water and environmental safety.
• Provide population-focused services to entire communities.
IOM Recommendations and a Culture of Health

Our focus: implementing IOM recommendations.

• Culture of Health as a frame
• Need for partners
• Nurses can and must play an essential role in building a Culture of Health

Implementing IOM recommendations is building a Culture of Health.
Many Partners…
Action Coalition-Hosted 2017 Workshops

Building on the *Campaign for Action* Pillars to Create a Healthier America

Action Coalitions have or will host these meetings:

- **June 21–22, 2016**: Omaha, Nebraska
- **July 13–14, 2016**: Knoxville, Tennessee
- **April 19–20, 2017**: Albuquerque, New Mexico
- **June 14–15, 2017**: Madison, Wisconsin
- **June 28–29, 2017**: Boise, Idaho
## Linking Action Coalition Work to a Culture of Health

### Culture of Health Action Areas

<table>
<thead>
<tr>
<th>Cultures of Health Action Areas</th>
<th>Pillar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Making Health a Shared Value</td>
<td><strong>Promoting Diversity</strong></td>
</tr>
<tr>
<td><strong>2</strong> Fostering Cross-Sector Collaboration to Improve Well-Being</td>
<td><strong>Advancing Nursing Education</strong></td>
</tr>
<tr>
<td><strong>3</strong> Creating Healthier More Equitable Communities</td>
<td><strong>Leveraging Nursing Leadership</strong></td>
</tr>
<tr>
<td><strong>4</strong> Strengthening Integration of Health Services and Systems</td>
<td><strong>Improving Access and Removing Barriers to Care</strong></td>
</tr>
</tbody>
</table>

### Outcome

- **Improved Population Health, Well-Being, and Equity**
- **Reduced Family Caregiver Burden**
Making Health a Shared Value

**DRIVER:** Mindset and Expectations

**DRIVER:** Sense of Community

**DRIVER:** Civic Engagement
## Linking Action Coalition Work to a Culture of Health

<table>
<thead>
<tr>
<th>Promoting Diversity</th>
<th>Culture of Health Action Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Equity</td>
<td><strong>1</strong> Making Health a Shared Value</td>
</tr>
<tr>
<td>• Cultural competence</td>
<td></td>
</tr>
<tr>
<td>• Reaching out to minority nurse organizations</td>
<td>Drivers</td>
</tr>
<tr>
<td></td>
<td>• Mindset and Expectations</td>
</tr>
<tr>
<td></td>
<td>• Sense of Community</td>
</tr>
<tr>
<td></td>
<td>• Civic Engagement</td>
</tr>
</tbody>
</table>
Culture of Health Action Framework

**DRIVER: Number and Quality of Partnerships**

**DRIVER: Investment in Cross-Sector Collaboration**

**DRIVER: Policies that Support Collaboration**

Action Area 2
Fostering Cross-Sector Collaboration to Improve Well-Being
### Linking Action Coalition Work to a Culture of Health

<table>
<thead>
<tr>
<th>Advancing Nursing Education</th>
<th>Culture of Health Action Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Culture of Health Action Framework in curriculum</td>
<td>2 Fostering Cross-Sector Collaboration to Improve Well-Being</td>
</tr>
<tr>
<td>• Increasing BSNs</td>
<td></td>
</tr>
</tbody>
</table>

**Drivers**
- • Number and Quality of Partnerships
- • Investment in Cross-Sector Collaboration
- • Policies that Support Collaboration
Culture of Health Action Framework

Action Area 3
Creating Healthier, More Equitable Communities

**DRIVER:** Built Environment/Physical Conditions

**DRIVER:** Social and Economic Environment

**DRIVER:** Policy and Governance
<table>
<thead>
<tr>
<th>Leveraging Nursing Leadership</th>
<th>Culture of Health Action Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nurses on boards</td>
<td>3 Creating Healthier More Equitable Communities</td>
</tr>
<tr>
<td>• Health innovation</td>
<td>Drivers</td>
</tr>
<tr>
<td>• Convener</td>
<td>• Built Environment/Physical Conditions</td>
</tr>
<tr>
<td>• Public health nursing</td>
<td>• Social and Economic Environment</td>
</tr>
<tr>
<td>partnerships</td>
<td>• Policy and Governance</td>
</tr>
<tr>
<td>• Networks</td>
<td></td>
</tr>
</tbody>
</table>
## Linking Action Coalition Work to a Culture of Health

<table>
<thead>
<tr>
<th>Removing Barriers to Practice and Care</th>
<th>Culture of Health Action Areas and Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Addressing legislative and regulatory barriers</td>
<td>4 Strengthening Integration of Health Service and Systems</td>
</tr>
<tr>
<td></td>
<td>Drivers</td>
</tr>
<tr>
<td></td>
<td>• Access</td>
</tr>
<tr>
<td></td>
<td>• Consumer Experience and Quality</td>
</tr>
<tr>
<td></td>
<td>• Balance and Integration</td>
</tr>
</tbody>
</table>
Linking State Work to a Culture of Health
Example: Family Participation in Rounds

Inviting families to participate in rounds:

- Supports their involvement in decision-making.
- Gives them an opportunity to ask questions and share information.
- Engages them as partners in the care of their family member.
46 percent of family caregivers perform medical and nursing tasks like giving injections, administering medications, and treating wounds.

- Caregivers often do these tasks with little or no training.
- Nurses play a key role in teaching family caregivers.
- CARE Act implemented in 39 states and territories.
Example: Surplus Food Project

• Nurses and other volunteers repackage hospital food bound for a landfill to give to food pantries.
• Nurses provide health screenings when meals are served.
Example: Community Gardens

- Garden offers produce to low-income community.
- Goal: create neighborhood connections and promote healthy bodies and minds.
- Nurses provide fundraising support and volunteers.
Example: Vote & Vax

Nurses part of Vote & Vax:

• Voters are offered a flu shot in neighborhoods that experience health disparities.
• Many partners involved.
Partnering to Create a Healthier America

cultureofhealth.org
campaignforaction.org