



George Mason University

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

Thursday April 4, 2002

Following is a summary of the 3rd Expert Panel meeting. At the conclusion of this summary you may take the opportunity to submit your public comment. The public comment period will be open until May 13, 2002, 5:00pm EST.

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. See the project website for a listing of references and data at chpre.gmu.edu [**click on funding methodology project, then Background Materials**].

Review and Revision of Planning Assumptions

In preparation for the 3rd 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 Title VIII program allocations. From the best available data, the panel identified 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.

During the this meeting, 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.

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).

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. Maldistribution of the health workforce will remain problematic (e.g., in rural and urban communities).
4. Shortages of pharmacists, licensed practical nurses, radiologists, and laboratory, medical and respiratory technicians will increase; physician supply appears adequate.

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, morbidity and mortality rates among minority populations will continue.

Sociodemographic Trends

7. Nursing will continue to lag behind the racial and ethnic diversity of the U.S. population.

8. Income disparities will influence access to nursing education.

Socioeconomic Trends

9 Access to care is lowest among racial and ethnic minorities and the uninsured.

Patient Outcomes and Quality (including quality of nurses' 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 a nursing workforce shortage.

Nursing Supply, Demand and Distribution

12. Nurse staffing shortages in all sectors and roles will get worse as a generalized nurse shortage increases.

13. Retirement of nursing faculty, an inadequate number of nurses with advanced education preparation, and noncompetitive academic faculty salaries will result in nursing faculty shortages.

Technological Trends and Their Impact on Nursing Workforce

14. Advances in technology will increase demand for technologically skilled nurses in all roles (including basic and advanced clinical practice, educator and administrative roles).

Title VIII Goals

Next, panelists 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, reflected in the planning assumptions.

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 making 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.

Title VIII Part B: Advanced Education Nurses (AEN)*

**Includes NP, CNS, CNM, CRNA, nurse educators, public health nurses, nurse administrator, others per secretary of HHS*

B 1. Increase the total number of advanced education nurses.

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 2. Increase cultural competency of advanced education nurses during the educational experience and in the workplace.

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 3. Increase the diversity of the AEN workforce to become more representative of the general population.

Quantifiable measure(s) of the goal	NSSRN data Census population statistics
Population or health delivery system need goal addresses	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 distribution.
Goal target	Racial, ethnic and gender composition of AENs mirrors the population by 2020.

B 4. Increase the supply of advanced practice nurses in the workforce (CNM, CNS, CRNA, NP) in underserved or rural communities.

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 5. Increase the supply of AENs working in underserved or rural communities.	
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)

Goals for Title VIII, Parts B, C, and D
(Revised at 3rd Expert Panel Meeting)

Title VIII Part C: Nursing Workforce Diversity	
C1. Increase the total number and percentage of ethnic/racial/ gender minorities in the nursing workforce	
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 distribution. Males represent a large, ‘untapped’ pool of potential new nurses. Males entering the workforce may increase the earnings of all nurses.
Goal Target	Racial, ethnic and gender composition of RNs mirrors the population by 2020.
C2. Increase cultural competency of RNs during the basic nursing educational experience and in the workplace.	
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	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.
Goal Target	Increase the number of nursing students and nurses who participate in funded programs (calculate from base year)

Title VIII Part D: Basic Nursing Education and Practice	
D1. Increase the number of nurses in the workforce with a basic education	
Quantifiable measure(s) of the goal	NSSRN data BLS, CPS data
Population or health delivery	An increase in the number of nurses is needed to meet the demand for

system need goal addresses	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).
D2. Improve diversity of the basic nursing workforce to become more representative of the general population.	
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.
D3. Increase cultural competency of individuals in basic nursing education and workplace settings.	
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).
D4. Improve the distribution of the basic nursing workforce to better serve underserved populations and rural communities.	
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
D5. Increase the clinical competency of the basic nursing education workforce	
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).

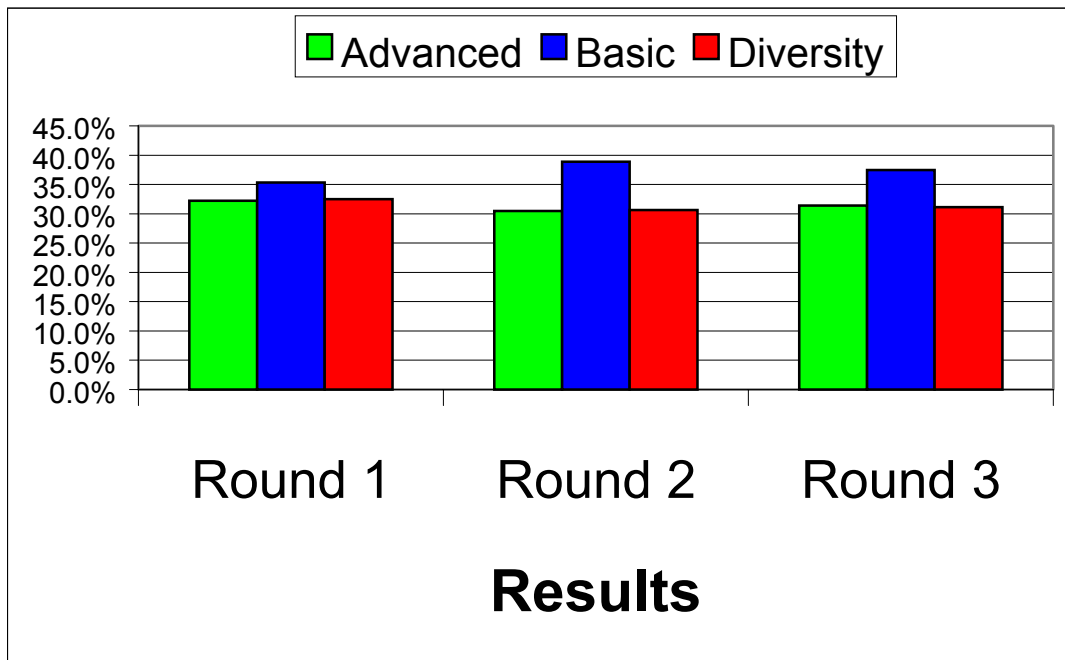
Preliminary recommended program allocations for each of three rounds of discussion/decision-making is presented in the table that follows:

PRELIMINARY RECOMMENDED PROGRAM ALLOCATIONS

Round of Polling	Expert Panel Allocations		
	Advanced	Basic	Diversity
Round 1	32.2%	35.3%	32.5%
Round 2	30.5%	38.9%	30.7%
Round 3	31.4%	37.5%	31.1%

Each round totals 100%

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



To submit your public comment on *Testing a Funding Methodology for the Allocation of Title VIII Funds: Phase I*, please click on submit below and include your name, title, affiliation and phone number in the e-mail.

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