



Testimony Prepared for the U.S. Senate Health, Education, Labor, and Pensions Committee
The Health Care Workforce: Addressing Shortages and Improving Care
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Thank you Chairman Alexander, Ranking Member Murray, and members of the Committee for the opportunity to provide testimony on the nursing workforce and its ability to meet the nation's healthcare demands as well as the importance of the Nursing Workforce Development Programs (Title VIII of the Public Health Service Act [42 U.S.C. 296 et seq.]). I am Julie Sanford, Director and Professor of James Madison University's School of Nursing. As an awardee of Title VIII grants, I am honored to have been selected to provide you with the impact and success of these programs on increasing not only the number but also the geographic distribution of nurses able to care for patients, families, and communities in our most underserved areas. As a first generation college student from a rural farming community in Mobile, Alabama, I know first-hand how receiving a federal grant can change your life. During my doctoral program, I received a Title VIII grant that enabled me to pursue what would become a life in higher education, helping to educate the next generation of nurses.

The demand for nurses inevitably varies by state, but the national need is projected to increase by 28% by the year 2030.¹ This projected nursing shortage is intensified in certain areas due to the inequitable distribution of the workforce. According to the Health Resources and Services Administration's *Supply and Demand Projections of the Nursing Workforce: 2014-2030*, four states, including California, Texas, New Jersey, and South Carolina, are expected to have a nursing deficit of over 10,000 nurses.² In addition to those states, there are 7,243 designated Primary Care Health Professional Shortage Areas (HPSAs) throughout the country that impacts over 84 million Americans. There are also 4,243 designated Medically Underserved Areas (MUAs) in the country.³

Further exacerbating this shortage is the increasing age of nurses currently practicing. Since 2000, the number of active Registered Nurses (RNs) older than 50 has accounted for 30% of RNs working in hospital settings and for 40% of RNs working in nonhospital settings.⁴ By 2022, it is projected that 70,000 baby boomer RNs will retire each year, with them approximately 1.7 million experience years will be lost annually.⁵ This is expected to cause a 1.3% reduction in the growth of the workforce annually from 2015-2030.⁶

¹ Health Resources and Services Administration. *Supply and Demand Projections of the Nursing Workforce: 2014-2030*. Retrieved from: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf.

² Ibid.

³ Health Resources and Services Administration. Designated Health Professional Shortage Areas Statistics. Retrieved from: <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>.

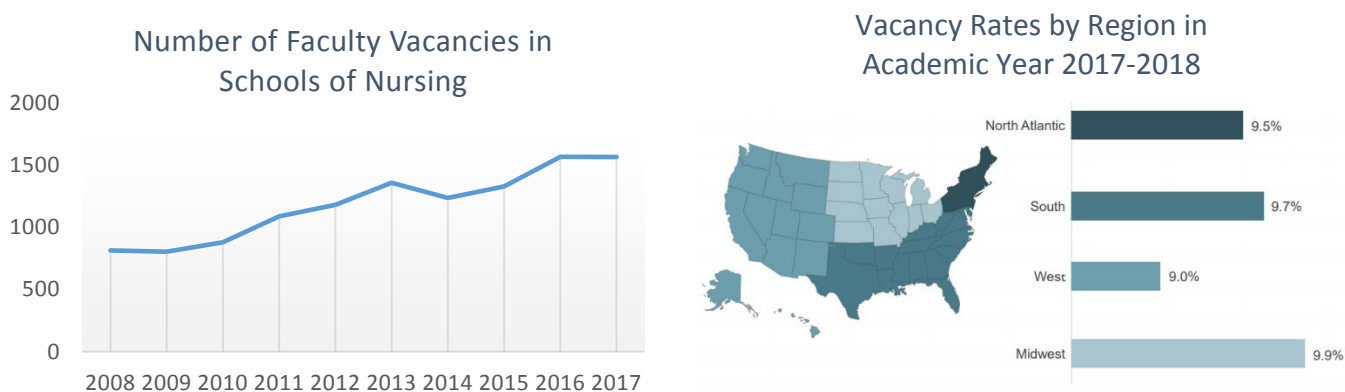
⁴ Peter Buerhaus, Lucy Skinner, David Auerbach, Douglas Staiger, et al. 2017. "Four Challenges Facing the Nursing Workforce in the United States." *Journal of Nursing Regulation*, Volume 8, Issue 2.

⁵ Ibid.

⁶ David Auerbach, Peter Buerhaus, and Douglas Staiger. "Millennials Almost Twice as Likely to be Registered Nurses as Baby Boomers Were." *Health Affairs*, Volume 36, Issue 10.

This is of particular concern as it relates to the profession’s ability to educate a new generation of nurses. According to the American Association of Colleges of Nursing (AACN), U.S. nursing schools turned away 68,922 qualified applicants from baccalaureate and graduate nursing programs in 2017, citing faculty shortages as a top reason for not accepting those who were qualified.⁷ This past academic year, there were 1,565 faculty vacancies in schools of nursing. These vacancies are due to aging faculty, a spike in faculty retirements (which is expected to continue over the next ten years), competition with clinical and private-sector settings, and a diminishing pool of potential nurse educators.⁸ This past year, 31% of nursing faculty were aged 60 or older and that same cohort of faculty are expected to retire over the next ten years. The faculty currently slated to replace them are largely in the 50-59 years old age range as younger faculty are more likely to lack doctoral degrees and experience needed to teach graduate students.⁹ Worsening this faculty shortage, AACN found 11,959 qualified applicants were turned away from master’s and doctoral programs, further constraining the pipeline for future faculty.

In the state of Virginia, 54.6% of nursing schools responding to AACN’s survey reported a need for additional faculty. One of the most critical issues noted by Virginia nursing schools struggling to recruit faculty was a willingness to move to a rural, underserved area, such as the Shenandoah Valley where James Madison University is located.



Source: American Association of Colleges of Nursing. “Special Survey on Vacant Faculty Positions.” <http://www.aacnnursing.org/News-Information/Research-Data-Center/Annual-Surveys>.

The Title VIII programs have been successful in both the short- and long-term as a way to not only increase the supply of nurses able to care for patients, but also increase the number of nurse educators and reduce the nursing workforce bottleneck. For the past decade, these programs have remained steadfast in their ability to be flexible and alleviate the stressors patients and communities feel by having nursing shortages. These programs are structured to address education, recruitment, retention, and faculty preparation, while being nimble enough to focus on the most pressing concerns nationally, and equally as critical, locally. It is imperative each of these six programs remain authorized and funded.

The Title VIII Nursing Workforce Reauthorization Act (S. 1109/H.R. 959) is critical to making sure these programs continue to meet the care demands of rural and underserved communities by the largest

⁷ American Association of Colleges of Nursing. (2017). *2016-2017 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, D.C.

⁸ American Association of Colleges of Nursing. *Nursing Faculty Shortage as of April 26, 2017*. Retrieved from: <http://www.aacnnursing.org/News-Information/Fact-Sheets/NursingFaculty-Shortage>.

⁹ Ibid.

healthcare workforce, nurses. Supported by 51 national nursing organizations, this legislation has resounding support by the profession. In a recent letter to this critical committee of jurisdiction, the Nursing Community Coalition reinforced that passing the Title VIII Nursing Workforce Development Act is their main priority in the 115th Congress.¹⁰ The Nursing Community Coalition and the legislation's Congressional champions, Senators Jeff Merkley (D-OR), Richard Burr (R-NC), Tammy Baldwin (D-WI), and Susan Collins (R-ME) agreed that these programs work. The American Association of Colleges of Nursing, of which my school is a member, sought feedback from us as constituents and I am here today to attest to that feedback, which is that the Title VIII programs are essential and work.

The Title VIII Nursing Workforce Reauthorization Act includes three areas of modernization and authorizes the funding for these programs through 2020. The first modernization recognizes all four Advanced Practice Registered Nurse (APRNs) roles in statute by adding Clinical Nurses Specialists under the Advanced Nursing Education section and under the National Advisory Council on Nursing Education and Practice section. Historically, only three (Nurse Practitioners, Certified Registered Nurse Anesthetists, and Certified Nurse-Midwives) of the four APRN roles were included in statute. This change came out of the work by national nursing organizations to standardize APRN licensure, accreditation, certification, and education through the APRN Consensus Model in 2010.¹¹ Second, the legislation adds a definition of nurse-managed health clinics to ensure these vital health centers are an eligible entity to receive grants under Title VIII. Finally, the Clinical Nurse Leader role, which evaluates patient outcomes, and assesses cohort risk, was added to the statute to allow for parity with the other master's degree programs that can apply for the Advanced Nursing Education program. These modernizations are slight. However, as noted, the core Title VIII programs work.

Advanced Nursing Education Programs

The demand for care provided by clinicians with advanced education is mounting, particularly as the population ages and public health crises need immediate attention. From January 1, 2011 to December 31, 2029, it is projected that 10,000 baby boomers will turn 65 each day.¹² As rates of chronic illnesses associated with aging, such as heart disease, stroke, cancer, diabetes, and arthritis, rise, the gravity of increasing the healthcare workforce comes into view. The Centers for Disease Control and Prevention (CDC) states that about half of all adults across the nation (117 million individuals) have one or more chronic health conditions.¹³ Access to quality care is paramount and more providers, including advanced practice registered nurses, are needed, particularly in our nation's most rural and underserved populations. The healthcare workforce needs in these areas of the country can be acutely seen as we work to address the opioid epidemic. The CDC states that the rate of drug overdose deaths in rural areas is higher than in urban areas. From 1999 to 2015, death rates due to opioid overdose in rural populations quadrupled among those 18-25 years old and tripled for females.¹⁴

The Advanced Nursing Education Workforce (ANEW) Program, Advanced Nursing Education (ANE) Program, Nurse Anesthetist Traineeship (NAT) Program, and Advanced Education Nursing Traineeship

¹⁰ Nursing Community Coalition letter to Senate HELP Committee, May 14, 2018.

https://docs.wixstatic.com/ugd/148923_c39d891d5adf4f1c80554b97d304a0af.pdf.

¹¹ American Association of Colleges of Nursing. *APRN Consensus Model*. Retrieved from:

<http://www.aacnnursing.org/Education-Resources/APRN-Education/APRN-Consensus-Model>.

¹² Pew Research Center. (2010). Baby Boomers Retire. <http://www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire>.

¹³ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2016). *Chronic Diseases: The Leading Causes of Death and Disability in the United States*. Retrieved from <https://www.cdc.gov/chronicdisease/overview/>.

¹⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2017). Rural America in Crisis: The Changing Opioid Overdose Epidemic. Retrieved from <https://blogs.cdc.gov/publichealthmatters/2017/11/opioids/>.

(AENT) Program, support those studying to become nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, nurse educators, administrators, public health nurses, and other nurses requiring a master's or doctoral degree through traineeships, as well as, curriculum and faculty development. These programs help prepare a workforce ready to meet the challenges of today and tomorrow. Collectively, these four programs supported 10,537 students in the 2016-2017 academic years, over 3,700 of whom graduated this year.¹⁵ Just as critical to the students supported, these programs offer schools of nursing, particularly one like mine, the opportunity to innovate so that our educational programs can meet the needs of the community in real time.

The programs give preference for supporting those in rural and underserved communities. This past year, 40% of ANE, 75% of NAT, and 61% of AENT grantees received their training in an MUA. Additionally, of the graduating students receiving NAT and AENT funding, over 50% reported they planned to pursue employment in MUAs.¹⁶

In 2014, James Madison University obtained funding through the ANE program to begin an online Doctor of Nursing Practice (DNP) program, with a focus on interprofessional education. At the time of completion, one class of 10 doctoral students had graduated and an additional 35 students were enrolled in the DNP program. One of our graduates, Dr. Patra Reed, works at our local community hospital that serves the rural Shenandoah Valley. As a part of her doctoral study, Dr. Reed developed a community health worker program to assist patients in the community with chronic heart conditions. This program decreased readmissions and saved her hospital \$300,000 in the first six months of the program's existence. Other graduates have done similar projects that have improved patient care and health outcomes, while reducing costs.

Additionally, grant faculty began a "Suitcase Clinic" that provides healthcare to the homeless population via a nurse practitioner rolling a suitcase full of medical supplies to the area's homeless shelters to see patients. Nursing and psychology faculty are collaborating to address patients' mental health needs and chronic illnesses, such as diabetes. Emergency room visits by the homeless population have decreased dramatically in our local hospital as a result of this program. This is what the ANE programs are helping to achieve: educate students to build an evidence-based practice that creates positive health outcomes in the community.

Nursing Workforce Diversity Grants

There is a strong connection between the diversity of the nursing workforce and the ability to provide quality, culturally-sensitive patient care. Significant movement has occurred in diversifying the nursing profession, yet current national demographics and projected trends clearly indicate that more efforts must be placed on attracting individuals from all backgrounds to pursue nursing. Research shows that health professionals from underrepresented populations are more likely to serve in underrepresented and medically underserved areas, which would help close these ethnic and racial gaps in treatment.¹⁷ The profession must consider how individuals' career paths are supported at an early age and how candidates are reviewed as they apply to nursing school to enhance diversity and inclusion in the student body.

¹⁵ Health Resources and Services Administration. *Fiscal Year 2019 Budget Justification*. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2019.pdf>.

¹⁶ Ibid.

¹⁷ The Sullivan Commission. (2004). *Missing persons: Minorities in the health professions*. A report of the Sullivan Committee on diversity in the healthcare workforce. Retrieved from <http://www.aacnursing.org/Portals/42/Diversity/SullivanReport.pdf>.

The Nursing Workforce Diversity Grants help schools recruit and retain students from diverse and disadvantaged backgrounds to work in the nursing profession. Through stipends, scholarships, a variety of pre-entry preparation, advanced education preparation, and retention activities, these programs increase access to quality, culturally-sensitive patient care. In the 2016-2017 academic year, a total of 57 collegiate programs were supported and 38 training programs were conducted. This helped to support 4,416 nursing students at 571 training sites, 49% of which were located in MUAs, through 7,800 clinical training experiences.¹⁸

Nurse Education, Practice, Quality, and Retention Programs

As evidenced by the current and impending demand for nurses as highlighted above, recruitment and retention are chiefly important to meet the economic and societal trends that impact workforce development. The Nurse Education, Practice, Quality, and Retention (NEPQR) Program has helped address these trends through innovation and excellence by testing new strategies and calling on academic institutions, healthcare settings, and the community to be nimble in their approach to preparing a highly educated workforce ready to practice now and in the future.

NEPQR includes the Interprofessional Collaborative Practice (IPCP) program and the Bachelor of Science in Nursing Practicum in Community-based Settings (BPCS) program, both of which help schools of nursing, academic health centers, nurse-managed health clinics, state and local governments, and healthcare facilities meet shifting demands in health care through pioneering programs. In the past academic year, the IPCP program partnered with 148 clinical sites to train 6,430 individuals from a variety of professional backgrounds. Of the clinical sites where this training occurred, 71% were in MUAs. Meanwhile, the 11 BPCS awardees trained 681 students, 26% of whom reported coming from rural backgrounds. Awardees partnered with 57 clinical sites, 75% of which were located in MUAs.¹⁹

In the late 1990's, I worked as part of a grant team to transition a program that helped associate degree prepared nurses obtain their baccalaureate degree from one that was in-person to one that was online at the University of South Alabama. At the time, the use of the internet as a method of educational delivery was a newly charted territory. Transitioning the program to an online platform helped to reach rural Alabama nurses by removing access issues, time constraints, and other barriers they faced while completing their baccalaureate degree. The program was very popular, the college of nursing became a leader in online nursing programs, and many rural nurses were able to complete their degree. Evidence supports that patients receiving care from higher educated nurses experience better outcomes.²⁰ Most importantly, the vast majority of these newly graduated, rural, baccalaureate-prepared nurses stayed in their communities to work and improve patient outcomes.

In 2006, I was project director of a similar NEPQR grant that transitioned a face-to-face program designed to help practicing RNs obtain their baccalaureate degree to an online program at the University of Southern Mississippi in Hattiesburg, MS. The focus and outcome mirrored that of the program at the University of South Alabama. Our goal was to remove barriers for adult students, many of whom were from underrepresented backgrounds, lived in rural communities that were medically

¹⁸ Health Resources and Services Administration. *Fiscal Year 2019 Budget Justification*. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2019.pdf>.

¹⁹ Ibid.

²⁰ American Association of Colleges of Nursing. *Creating a More Highly Qualified Nursing Workforce*. Retrieved from: <http://www.aacnursing.org/Portals/42/News/Factsheets/Nursing-Workforce-Fact-Sheet.pdf>.

underserved, and met the criteria for being educationally disadvantaged. The program was highly successful in reaching and educating the nursing students who participated.

Recently, James Madison University was awarded funding for a proposal that was submitted to educate baccalaureate prepared nurses to work in community settings. For this proposal, we partnered with Valley Health Page Memorial Rural Health Centers, and Counseling and Psychological Services to address shortages in primary, mental health, and substance/opioid abuse treatment in Page County, Virginia. Through this grant, our goal is to partner with the clinics to help educate baccalaureate nurses in the community setting and place a much needed focus on the opioid epidemic. As you can see by these examples, workforce development remains constant, but the programs allow for innovation and can be tailored year-to-year to meet pressing healthcare priorities.

Nurse Faculty Loan Program

As noted, the national nursing faculty shortage is causing significant barriers to schools of nursing accepting all qualified applications. In the state of Virginia, our vacancy rate is 5.5%, but some states, like Alaska (16.7%), California (13.6%), and Washington (12.6%) have some of the highest in our country.²¹ Academic and practice employers are competing for the same pool of nurses with master's and doctoral degrees who have clinical and research expertise. This past year, 84 schools received new Nurse Faculty Loan Program grants.²² These awards are granted to schools of nursing that, in turn, provide loans to graduate students committed to serving as faculty members to educate the next generation of nurses, by repaying up to 85% of their loans. Close to 2,000 nursing students were supported in 2017. In my own faculty, I have a large number of individuals who received this grant during their career and said it was the linchpin for allowing them to pursue a career in academia, and most importantly for us, help educate nurses who will go on to serve in rural and underserved areas.

NURSE Corps Programs

The NURSE Corps Loan Repayment (LRP) and Scholarship (SP) Programs ensure nursing students and nurses entering the workforce are placed in areas that need them most, HPSAs and MUAs. In exchange for scholarship or loan repayment, these nurses fulfill their service obligation in underserved areas. In 2016, 55% of participants voluntarily extended their service requirement by a year and 86% of participants remained at their Critical Shortage Facility for over 2 years beyond their commitment.²³

Comprehensive Geriatric Education Program

The aging population needs nursing care, plain and simple. The Comprehensive Geriatric Program supports nurses who are interested in focusing their career on the care of the elderly. Now under the Comprehensive Workforce Enhancement Program (GWEP) in the Title VII Health Professions Programs, the language in the Title VIII statute is still supported and provides training across the provider continuum focusing on education in interprofessional and team-based care.

As demonstrated by my own background and experience with the programs, support from Title VIII is essential to the sustainability of the nursing workforce. Each of these programs help to provide students, faculty, schools, clinical training sites, and community partners the resources necessary to ensure the supply of nurses remains strong to provide care to millions of patients in every corner of the

²¹ Health Resources and Services Administration. *Fiscal Year 2019 Budget Justification*. Retrieved from: <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2019.pdf>.

²² Ibid.

²³ Ibid.

country. I am honored to provide testimony on the programs that have been foundational to my own success and that of countless nurses before and after me. I urge you to pass S. 1109, The Title VIII Nursing Workforce Development Reauthorization Act. Thank you for your continued sponsorship of America's health and wellness through nursing care.