

"Nurses provide extraordinary care.
They're the front lines of the healthcare system."

~ President Barack Obama
White House Health Care Summit
March 5, 2009

NURSING WORKFORCE DEVELOPMENT PROGRAMS

Title VIII of the Public Health Service Act

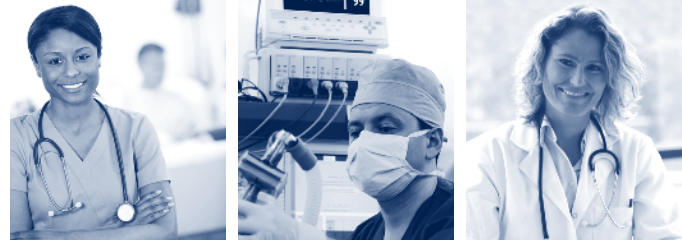
Strengthening the National Nursing
Workforce for over 40 Years



The Nursing Community is a forum for professional nursing and related organizations to collaborate on a wide spectrum of health care and nursing issues including practice, education, and research.



Who are Nurses?



Registered Nurses (RNs) comprise the largest group of health professionals with approximately 2.9 million providers offering essential care to patients in a variety of settings, including hospitals, long-term care facilities, community or public health areas, schools, workplaces, and home care. Nurses also receive graduate degrees that allow them to practice autonomously as Advanced Practice Registered Nurses (APRNs); become nurse faculty, nurse researchers, nurse administrators, and public health nurses. The care they provide is linked directly to the availability, cost, and quality of healthcare services.

Nurses represent the public interest and not a special interest. The contributions made by the practice and science of nursing are significant, and in collaboration with other healthcare professionals, improve the quality of America's healthcare system. Nurses are involved in every aspect of health care, but the ongoing shortage of RNs and APRNs limits access to and quality of care. If the nursing workforce is not strengthened, the healthcare system will continue to suffer.

THE NATIONAL NURSING SHORTAGE

Since 1998, the United States has experienced a significant shortage of RNs, which has dramatically impacted the quality of care provided by our nation's healthcare delivery system. In March 2007, a comprehensive report initiated by the federal Agency for Healthcare Research and Quality was released on *Nursing Staffing and Quality of Patient Care*. The authors found that the shortage of RNs, in combination with an increased workload, poses a potential threat to the quality of nursing care. In settings with inadequate nurse staffing, patient safety was compromised. However, increases in RN staffing were associated with reductions in hospital-related mortality and failure to rescue, as well as reduced lengths of stay. A robust supply of nurses is essential to ensure that all Americans receive quality health care and that our nation has the nurses necessary to meet current and future shortages.

Today, the demand for nurses continues to grow as the baby-boomer population ages, nurses retire, and the need for healthcare intensifies. According to the U.S. Bureau of Labor Statistics (BLS), nursing is the nation's top profession in terms of projected job growth with more than 587,000 new nursing positions being created through 2016 (a 23.5% increase). Further, BLS analysts project that more than one million new and replacement nurses will be needed by 2016.

The Nursing Shortage

EDUCATION

America faces a parallel shortage of nurse faculty, further complicating the problems of the nursing shortage. According to a study conducted by the American Association of Colleges of Nursing (AACN) in 2009, schools of nursing turned away 54,991 qualified applicants to baccalaureate and graduate nursing programs. The top reason cited for not accepting these potential students was a lack of qualified nurse faculty. This element of the shortage has created a negative chain reaction—without more nurse faculty, additional nurses cannot be educated; and without more nurses, the shortage will continue.

RECRUITMENT

Nursing continues to be an attractive and rewarding profession with steady job growth. While other industry sectors have experienced significant unemployment rates according to the March 2010 BLS *Employment Situation Summary*, health care employment continues to increase. Many of the positions require nursing expertise.

RETENTION

Currently, many nurses who planned to retire have remained in the workforce in the short-term due to the economic crisis. Once the economy stabilizes, there will be a wave of nursing retirements. Additionally, with the average age of RNs projected to be 44.5 years by 2012, nurses in their 50s are expected to become the largest segment of the nursing workforce, accounting for almost one-quarter of the RN population.

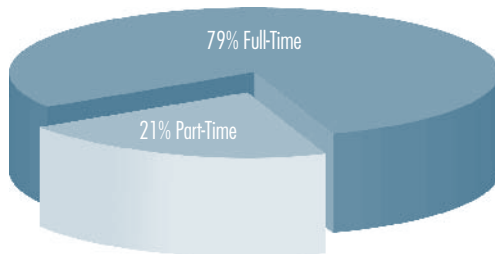
Proven Solution: Nursing Workforce Development Programs

The Nursing Workforce Development programs, authorized under Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.), have supported the supply and distribution of qualified nurses to meet our nation's healthcare needs since 1964. Over the last 46 years, these programs have addressed all aspects of nursing shortages – education, practice, retention, and recruitment. The Title VIII programs bolster nursing education at all levels, from entry-level preparation through graduate study, and provide support for institutions that educate nurses for practice in rural and medically underserved communities. Today, the Title VIII programs are essential to solving the current national nursing shortage. Between FY 2005 and 2008, the Title VIII programs supported 276,945 nurses and nursing students as well as numerous academic nursing institutions, and healthcare facilities.

Title VIII Effectiveness

Results from AACN's 2009-2010 Title VIII Student Recipient Survey show that more than three-quarters of the students receiving Title VIII funding are attending school full-time. By supporting full-time students, the Title VIII programs are helping to ensure that students enter the workforce without delay.

Title VIII Supports Full Time Students

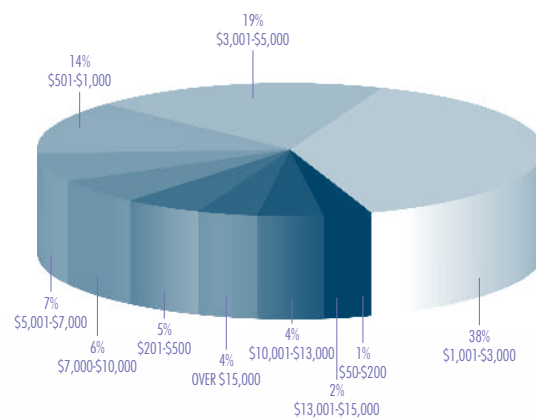


Career Goals of Title VIII Recipients

A high percentage of the students surveyed (48.9%) reported that their career goal is to become a nurse practitioner. Given the demand for primary care providers, the Title VIII funds are helping to support the next generation of these essential practitioners.

The nurse faculty shortage continues to inhibit the ability of nursing schools to increase student capacity and address the shortage. Of the students who responded to the survey, 40.6% stated their ultimate career goal was to become nurse faculty.

Measuring Title VIII Student Support



Of the Title VIII student recipients surveyed, 38% reported that they received between \$1,001-\$3,000 in funding over one academic year. Sixty-seven percent reported that this funding supported a portion of their tuition, and 35.6% reported that the funding was dedicated to books and educational materials.

Fifty-two percent of the students responded that the Title VIII funding paid for 25% or less of their total student loans. Of those students, 26% stated that the funding paid for less than 5% of their total nursing student loans.

When asked how the Title VIII programs could be improved, the overwhelming response was to increase the funding in order to provide higher levels of support for students.

Title VIII Program Basics

Advanced Education Nursing (AEN)

Grants (Sec. 811) support projects that enhance advanced nursing education and practice in master's and doctoral programs. The AEN grants help to prepare our nation's nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses, and other nurse specialists requiring advanced education. In FY 2008, these grants supported the education of 5,649 students.

- **AEN Traineeships** assist graduate nursing students by providing full or partial reimbursement for the costs of tuition, books, program fees and reasonable living expenses. In FY 2008, this funding helped support 6,675 graduate nurses and APRNs. Funding for the AEN Traineeships supports the education of future nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse educators, nurse administrators, public health nurses, and other nurse specialists requiring advanced education.
- **Nurse Anesthetist Traineeships (NAT)** support the education of students in nurse anesthetist programs. In some states, Certified Registered Nurse Anesthetists (CRNAs) are the sole anesthesia providers in almost 100% of rural hospitals. Much like the AEN Traineeships, the NAT provides full or partial support for the costs of tuition, books, program fees, and reasonable living expenses. In FY 2008, the program support 2,145 future CRNAs.

Workforce Diversity Grants (Sec. 821) prepare disadvantaged students to become nurses. This program awards grants and contract opportunities to schools of nursing, nurse managed health centers, academic health centers, state or local governments, and nonprofit entities looking to increase access to nursing education for disadvantaged students, including racial and ethnic minorities under-represented among RNs. In FY 2008, the program supported 11,638 students.

Nurse Education, Practice, and Retention Grants (Sec. 831) help schools of nursing, academic health centers, nurse-managed health centers, state and local governments, and healthcare facilities strengthen programs that provide nursing education. In FY 2008, the priority areas under this program supported 42,761 nurses with an additional 455 students

supported by the Integrated Nurse Education Technology program under Section 831.

Nursing Student Loan (NSL) Program

(Sec. 835) was established in 1964 to address nursing workforce shortages. The revolving fund provides each accepted nursing student, undergraduate or graduate, a maximum of \$13,000 at 5% interest with a preference for those in financial need. The default rate for NSL loans is 2.87%. The repayment period is 10 years. The NSL program may provide \$2,500 in non-taxable loans to nursing students during each of their first two years of study and \$4,000 for their last two years. Funds are loaned out to new students as existing loans are repaid. This program has not received additional appropriations since 1983.

Nurse Loan Repayment and Scholarship Programs

(Sec. 846) support current students and new graduates and in FY 2008 supported 765 nursing students:

- The Loan Repayment program repays up to 85% of nursing student loans in return for at least three years of practice in a designated healthcare facility.
- The Scholarship program offers individuals who are enrolled or accepted for enrollment as full-time nursing students the opportunity to apply for scholarship funds. Upon graduation, recipients are required to work in a healthcare facility with a critical shortage of nurses for at least two years.

Nurse Faculty Loan Program

(Sec. 846A) increases the number of qualified nurse faculty by creating a student loan fund within individual schools of nursing. Students must agree to teach at a school of nursing in exchange for cancellation of up to 85% of their educational loans, plus interest, over a four-year period. In FY 2008, these grants supported the education of 793 future nurse educators.

Comprehensive Geriatric Education Grants

(Sec. 855) are awarded to schools of nursing or a healthcare facility to better provide healthcare services for the elderly. These grants may be used to educate RNs who will provide direct care to older Americans, develop and disseminate geriatric curriculum, prepare faculty members, and provide continuing education. In FY 2008, the program supported 6,514 nurses and nursing students.

A NEED FOR INCREASED FUNDING

Congress has used the Title VIII authorities as a mechanism to address past nursing shortages. When the need for nurses was great, higher funding levels were appropriated. For example, during the nursing shortage in the 1970s, Congress provided \$160.61 million to the Title VIII programs in 1973. Adjusting for inflation to address the 37-year difference, \$160.61 million (FY 1973 funding level) in 2010 dollars would be approximately \$784 million. At a time when nursing economists project the current shortage to be twice as large as any nursing shortage experienced in this country since the mid-1960s, more must be invested in Title VIII to decrease the magnitude of the RN demand.

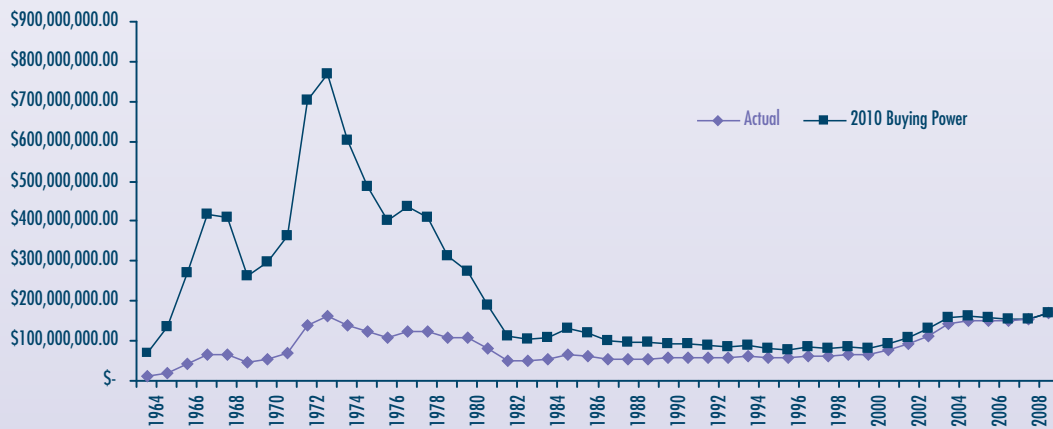


Historical Funding For Title VIII (in millions)

Program	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Nursing Workforce Development (Title VIII)	\$112.76	\$141.92	\$150.67	\$149.68	\$149.68	\$156.05	\$171.03	\$243.872
Advanced Education Nursing	\$50.17	\$58.65	\$58.17	\$57.06	\$57.06	\$61.88	\$64.44	\$64.438
Nursing Workforce Diversity	\$9.94	\$16.40	\$16.27	\$16.11	\$16.11	\$15.83	\$16.11	\$16.107
Nurse Education, Practice, and Retention	\$26.82	\$31.77	\$36.48	\$37.29	\$37.29	\$36.64	\$37.29	\$39.896
Loan Repayment and Scholarship Programs	\$19.87	\$26.74	\$31.49	\$31.06	\$31.06	\$30.51	\$37.13	\$93.864
Nurse Faculty Loan Program	\$2.98	\$4.87	\$4.83	\$4.77	\$4.77	\$7.86	\$11.50	\$25
Comprehensive Geriatric Education	\$2.98	\$3.48	\$3.45	\$3.39	\$3.39	\$3.33	\$4.57	\$4.567

Source: Division of Nursing, Health Resources and Services Administration

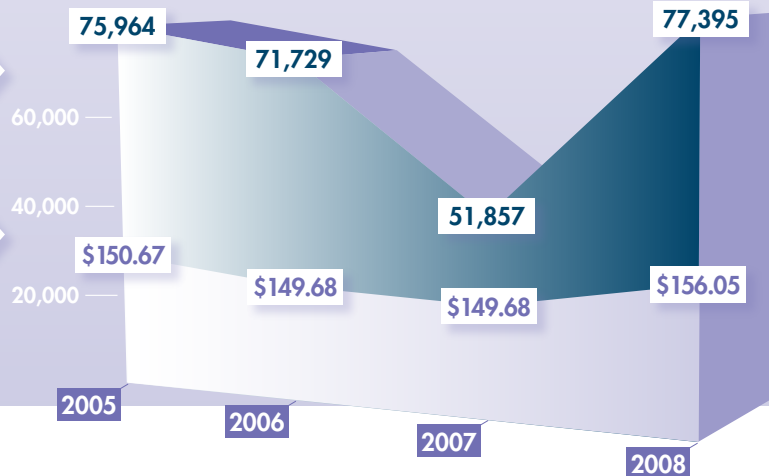
Historical Funding for Title VIII Nursing Workforce Development Programs (in millions) and Adjusted for Inflation



Source: Health Resources and Services Administration (HRSA), Division of Nursing, 2010 & U.S. Bureau of Labor Statistics, Inflation Calculator, 2010

Number of Nurses and Nursing Students Supplied by Title VIII

Fiscal Year and Funding (in Millions)



Source: Division of Nursing, Health Resources and Services Administration

Title VIII Funding by State and Percentage of Change between FY 2007-2008 and FY 2008-2009

State	FY 2007 Title VIII Grants	FY 2008 Title VIII Grants	% Change 2007-2008	2009 Title VIII Grants	% Change 2008-2009
Alabama	7,043,777	8,629,401	22.51%	7,851,570	-9.01%
Alaska	920,168	770,349	-16.28%	1,070,494	38.96%
Arizona	2,271,634	2,958,855	30.25%	3,168,466	7.08%
Arkansas	421,546	426,327	1.13%	123,992	-70.92%
California	5,625,360	6,949,199	23.53%	7,386,795	6.30%
Colorado	1,392,093	1,455,834	4.58%	2,793,869	91.91%
Connecticut	632,719	427,422	-32.45%	760,342	77.89%
Delaware	128,825	142,877	10.91%	136,884	-4.19%
District of Columbia	1,671,344	1,182,404	-29.25%	612,770	-48.18%
Florida	3,376,530	3,983,716	17.98%	6,211,673	55.93%
Georgia	3,563,585	3,300,900	-7.37%	3,665,836	11.06%
Hawaii	1,745,625	2,156,946	23.56%	1,531,319	-29.01%
Idaho	37,102	214,517	478.18%	268,278	25.06%
Illinois	4,632,555	4,717,396	1.83%	5,457,617	15.69%
Indiana	1,513,457	1,914,271	26.48%	2,867,328	49.79%
Iowa	337,078	358,121	6.24%	881,727	146.21%
Kansas	748,901	786,181	4.98%	794,657	1.08%
Kentucky	1,284,673	1,545,241	20.28%	1,932,973	25.09%
Louisiana	893,973	1,314,494	47.04%	1,098,144	-16.46%
Maine	95,766	90,153	-5.86%	94,291	4.59%
Maryland	2,532,055	2,251,522	-11.08%	2,607,763	15.82%
Massachusetts	3,642,186	4,454,061	22.29%	5,239,274	17.63%
Michigan	3,791,804	4,379,340	15.49%	5,020,336	14.64%
Minnesota	1,059,336	1,374,564	29.76%	1,778,618	29.40%
Mississippi	1,917,105	2,670,111	39.28%	1,764,445	-33.92%
Missouri	960,700	1,536,988	59.99%	2,195,312	42.83%
Montana	1,309,439	1,002,057	-23.47%	1,404,429	40.15%
Nebraska	484,596	552,798	14.07%	1,533,774	177.46%
Nevada	538,852	740,303	37.39%	820,207	10.79%
New Hampshire	196,008	155,293	-20.77%	11,015	-92.91%
New Jersey	2,845,610	3,688,199	29.61%	3,630,538	-1.56%
New Mexico	499,043	457,809	-8.26%	319,477	-30.22%
New York	7,121,974	6,749,120	-5.24%	8,696,293	28.85%
North Carolina	4,303,885	5,361,178	24.57%	6,672,371	24.46%
North Dakota	1,135,682	1,046,903	-7.82%	867,475	-17.14%
Ohio	2,339,535	2,556,709	9.28%	4,285,004	67.60%
Oklahoma	934,925	1,493,771	59.77%	1,569,982	5.10%
Oregon	1,541,084	1,838,771	19.32%	2,385,312	29.72%
Pennsylvania	4,049,292	5,634,857	39.16%	6,816,990	20.98%
Rhode Island	305,517	55,549	-81.82%	67,350	21.24%
South Carolina	2,375,864	2,442,504	2.80%	1,944,518	-20.39%
South Dakota	1,039,612	586,745	-43.56%	574,867	-2.02%
Tennessee	4,810,024	4,121,131	-14.32%	6,628,252	60.84%
Texas	5,482,205	5,893,405	7.50%	5,515,822	-6.41%
Utah	1,122,802	1,398,869	24.59%	665,432	-52.43%
Vermont	212,974	0		17,098	
Virginia	1,831,125	2,085,955	13.92%	3,913,720	87.62%
Washington	4,286,494	4,703,881	9.74%	3,883,140	-17.45%
West Virginia	266,163	733,941	175.75%	642,133	-12.51%
Wisconsin	2,244,526	2,441,158	8.76%	2,722,561	11.53%
Wyoming	516,771	564,875	9.31%	509,634	-9.78%

Source: Division of Nursing, HRSA



JoAnne Gatti-Petito

**Doctor of Nursing Practice Student
University of Connecticut**

Nurse Faculty Loan Program Recipient

Title VIII gave me the opportunity to attend the University of Connecticut. With 35 years of nursing and business experience, the Doctor of Nursing Practice (DNP) helped me to make sense of what I had already learned and apply it using a new framework. I have learned about the application of research and the development of practical knowledge. I feel honored to be part of the diverse group of women and men who comprise our inaugural DNP class. Over the last 15 months, I have been urged to grow, to try new approaches, and to take some risks. I have become a more creative thinker as well as a better teacher and writer. After graduation, I plan to use my newly acquired knowledge and my degree as a starting point to be more involved in working on healthcare issues important to nursing. The DNP program has given me a renewed sense of enthusiasm and energy to accomplish more and contribute to the nursing profession.



Paul R. Clark

**Doctoral Nursing Student
University of Texas Health Science Center at San Antonio**

Advanced Education Nursing Traineeship Recipient

Nursing has allowed me to serve the patient and pursue a future in research and academics. My goal is to teach nursing in the University setting. Nursing faculty shortages are widespread. The pool of Registered Nurses is dwindling. Now more than ever the need for nursing faculty who teaches nursing and adds to the nursing body of knowledge through research is tremendous. I want to be a part of a solution for the shortage of nursing faculty and Registered Nurses. Without this funding, my education would have been limited, and I would not have been able to complete my PhD. Title VIII funding allowed me to earn a higher degree and thus be able to achieve "ultimate career goals" that I would not be able to reach without this degree. I am so grateful for this funding. Thank you Congress.



Fariyda Mulrain

**Bachelor of Science in Nursing Student
University of Massachusetts, Boston**

Nursing Workforce Diversity Grant Recipient

The last several years of my life I experienced great financial hardship. I live at home with my mom, sisters, and brothers, and I work almost fifty hours a week in order to support myself. Receiving the federal aid has decreased my financial burden. It had helped me to continue my education in nursing, a field that I know was meant for me. I really hope that Congress continues to support more students because it is a rewarding program for many students who come from diverse backgrounds and have financial burdens. The funding is greatly appreciated, and I hope that more students will be as grateful as I am to be awarded the aid.



American College of Nurse-Midwives

Association of Community Health Nursing Educators

Association of Nurses in AIDS Care

Dermatology Nurses' Association

National Association of Clinical Nurse Specialists

National Black Nurses Association

National Student Nurses Association, Inc.

Preventative Cardiovascular Nurses Association

The Quad Council of Public Health Nursing Organizations

For more information about the Nursing Community or the Title VIII programs, contact Suzanne Begeny at (sbegeny@aacn.nche.edu), 202-463-6930.