



Minnesota Actively Recruits Students for Nurse Practitioner Programs

Ladders in Nursing Careers (L.I.N.C.) Program

SUMMARY

Minnesota Project L.I.N.C. identified nursing needs under statewide health care reform and worked with health care facilities to prepare to meet changing staffing needs.

The project was part of the Robert Wood Johnson Foundation (RWJF) *Ladders in Nursing Careers Program* national program.

Key Results

The Minnesota Hospital and Healthcare Partnership evaluated Minnesota Project L.I.N.C. in 1996 and found that it accomplished the following:

- Enrolled 100 students; only 6 dropped out before the project ended in June 1997.
 - Even though the state's minority population is less than 6 percent, 42 percent of students were from minority groups.
 - Some 34 percent of the participants were single parents.

Funding

RWJF provided \$544,510 in funding from February 1993 to June 1997 to support the project.

THE PROBLEM

In the early 1990s, Minnesota experienced a shortage of registered nurses (RNs), particularly in rural areas. Based on a study conducted by the Minnesota Department of Health (MDH), the state estimated that more than 3,600 additional RNs were needed in its rural communities. The MDH study also showed that additional licensed practical nurses (LPNs) would also be needed to serve the state's rural areas.

Minnesota's Council of Hospital Corporations, the Community College System, and the Hospital Association jointly took a number of steps to encourage individuals to enter

health care professions. These steps included increasing the number of enrollment slots in nursing programs, developing a Health Careers Resource Center, implementing a Health Careers Hotline, and actively promoting the health professions within the state's junior and senior high schools.

These projects emphasized the state's ability to pull together diverse stakeholders to work for the common good of Minnesota residents.

Across Minnesota—in both rural and urban communities—there also was a growing need for RNs who represented culturally diverse populations. The state had seen growth in its African-American, American Indian, Asian, and Hispanic populations.

However, changes in the RN population did not mirror changes in the population at large. According to the Minnesota Education Coordinating Board, in 1989, only 2.3 percent of all health science graduates in the state represented minority populations. During this same time period, in one rural county, more than 30 percent of all calls fielded by the local health department were from minority families.

Various organizations in the state were committed to addressing this problem. For example, the Minnesota Hospital Association, through its Health Careers Resource Center, met regularly with a group of American Indian educators to explore avenues for increasing access to health careers for American Indian students and adults.

In addition to health care personnel shortages, statewide health care reform in Minnesota helped define the shape of Minnesota L.I.N.C. Legislated health care reform that emphasized integration of health care systems and redesign of the delivery system to provide care "where the public resides" predated Project L.I.N.C.

THE PROJECT

Project L.I.N.C. was implemented on the basis of this health care reform legislation. For this reform to be effective, Minnesota would need nursing and allied health care professionals trained at the appropriate skill levels. Project L.I.N.C. was one vehicle for Minnesota to do this.

One particular need identified under health care reform was primary care providers. Minnesota L.I.N.C. responded by recruiting significant numbers of students for nurse practitioner programs.

To broaden the pool of potential applicants for Minnesota L.I.N.C., the Metropolitan Healthcare Council went beyond its membership body and opened the program to any interested health care provider. Allied health care providers were not identified as a state need nor trained through Project L.I.N.C.

Minnesota Project L.I.N.C.'s objectives reflected the health care environment in the state:

- To describe the potential impact of health care on nursing practice.
- To determine how health care reform will influence the roles and types of nurses needed by 1998.
- To obtain a statewide, collective commitment to begin the educational preparation to meet the changing nursing career demands for Minnesota.
- To place highest priority for this preparation—when feasible or available—on minorities, low-income individuals, or those caring for underserved patient populations.

Project L.I.N.C. also received \$80,000 in contributions from individuals and organizations, \$40,000 of which was from the William Randolph Hearst Foundation.

RESULTS

The Minnesota Hospital and Healthcare Partnership evaluated Minnesota Project L.I.N.C. in 1996. The evaluation found that Minnesota L.I.N.C. enrolled 100 students; only 6 dropped out before the project ended in June 1997. Thirty-two L.I.N.C. students enrolled in nursing programs at the master's level—30 of them to prepare for positions as primary care providers in the state. Another 22 students enrolled in BSN degree programs. In addition, even though the state's minority population is less than 6 percent of the total, 42 percent of students were from minority groups. In addition, 34 percent of the participants were single parents.

Minnesota L.I.N.C. stipulated that L.I.N.C. applicants meet one of three criteria in order to be accepted into the program: minority, low-income, or committed to providing care to underserved patient populations.

To meet its enrollment goals, in 1995 Minnesota L.I.N.C. began accepting students who were not sponsored by an employer. Close to half of Minnesota L.I.N.C.'s total enrolled student body was non-sponsored. Minnesota L.I.N.C. used grants, donations, and scholarships from foundations, other organizations, and individuals to cover the costs of tuition, fees, and books for students.

Targeting students within communities rather than within institutions allowed Minnesota L.I.N.C. to be especially responsive to the work force needs of entire communities—in keeping with the state's health care reform efforts.

Many of the advanced practice nurses sponsored by Minnesota Project L.I.N.C. are now working in their communities providing primary care. A small, rural community

sponsored three local nurses to become nurse practitioners. Two of the students graduated in 1996. Since that time, their work in the community has:

- Enabled the local nursing home to comply with federal regulations in a more timely manner.
- Allowed the local clinic to decrease its waiting time to schedule appointments and see a provider.
- Increased the number of female patients seeking care within the community because of the presence of female nurse practitioners.
- Increased the number of referrals to the local community hospital.

Another Southern Minnesota rural community was able to access primary care locally for the first time in more than three years after a L.I.N.C. student from the program graduated from a nurse practitioner program and returned to the community to practice.

Elsewhere in the state, two rural communities jointly sponsored a student nurse practitioner who returned to provide needed primary care services in both communities. Hmong, Cambodian, African-American, Native American, and Hispanic communities benefited, too, as L.I.N.C. students from these minority groups graduated, took their places in health care settings, and increased access to culturally sensitive care for these populations.

Because of Minnesota L.I.N.C.'s presence and efforts, the state legislature realized the significance of supporting nursing students as they pursued a BSN or MSN and appropriated \$50,000 for the program over a two-year period beginning in 1995.

Communications

Minnesota Project L.I.N.C. published a quarterly program newsletter from the fall 1994 through the summer of 1997. Presentations were made at the Minnesota Hospital and Healthcare Partnership in 1994, 1995, and 1996. See the [Bibliography](#) for details.

AFTERWARD

In Minnesota, Project L.I.N.C. has been institutionalized. The program will continue as part of Human Resource Services within the Minnesota Hospital and Healthcare Partnership (previously the Metropolitan Healthcare Council). Minnesota L.I.N.C. plans to maintain 30 to 35 students in the program on an ongoing basis. They will continue to promote and assist in the development of community partnerships to support students.

Minnesota L.I.N.C. also plans to leverage the lessons learned and expertise gained during the grant period by working closely with the *Colleagues in Caring* program, a RWJF national program that is examining and fortifying nursing care across the health care

continuum. In addition, Minnesota L.I.N.C. will work closely with the Minnesota Partnership for Training program, facilitating recruitment and retention of nurse midwives, nurse practitioners, and physician assistants in the state.

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