



The Center to Champion Nursing in America

A Progress Report

INTRODUCTION

The Center to Champion Nursing in America (the Center) works to strengthen the nation's nursing workforce and enhance nurses' impact on the health care delivery system.¹

Launched in December 2007, the Center is a joint initiative of the Robert Wood Johnson Foundation (RWJF), AARP and the AARP Foundation.² It is located at AARP in Washington.

*In its first two years, the Center focused primarily on increasing the capacity of the nursing education system to produce nurses in sufficient numbers and with appropriate skills to meet the nation's growing health care needs. Its scope expanded in 2010 with the release of an Institute of Medicine report—*The Future of Nursing: Leading Change, Advancing Health*³—calling for reforms across a wide swath of policies and systems affecting the nursing profession.*

RWJF, which funded the report and the two-year study leading to it, made the Center headquarters for a national Campaign for Action to implement the report's recommendations.⁴ This multiyear, multifaceted effort seeks to

¹ RWJF launched the Center in 2007 with a \$10-million grant to the AARP Foundation (ID# 62022). An additional grant to AARP Foundation of \$1.35 million in 2010 supports the Campaign for Action (ID# 67783).

² Founded as the American Association of Retired Persons, the organization subsequently changed its name to its initials. Its stated mission is to help “people 50 and over improve the quality of their lives.” The AARP Foundation is the charitable arm of AARP, which funds programs and services for the vulnerable elderly population.

³ *The Future of Nursing: Leading Change, Advancing Health*, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. National Academies Press, 2010. Full report available [online](#).

⁴ The Campaign for Action is a component of RWJF's *Initiative on the Future of Nursing*, which also includes preparation of the *Future of Nursing* report and a variety of related research and communications

engage health care professionals as well as policy-makers, business executives, educators, consumers and others outside the health care sector.

“Our philosophy for all our nursing work is that just as people care about the teachers that their kids have for school, people should also care a great deal about the nurses who take care of them and their loved ones,” said Susan Hassmiller, PhD, RN, senior adviser for nursing at RWJF and director of the Campaign for Action.⁵ “If we have that expanded notion about the importance of nursing and its role in the health care system, then we think this is a big societal issue.”

While RWJF launched and directs the campaign, the Center is responsible for implementing and coordinating many of the communication and outreach activities, including assisting a network of 48 state-based collaboratives. This Progress Report examines the Center’s first four years of operation: why it was created, how it operates, what it has accomplished and the challenges it faces going forward. The report is based on interviews, internal RWJF documents and materials published by the Center, other organizations and individuals.

For the list of people interviewed in the report’s preparation, see the [Appendix](#). For citations to some of the published materials, see the [Bibliography](#).

WHAT IS THE CENTER ALL ABOUT?

The Center to Champion Nursing in America is about changing society.

Yes, the idea is to transform the nursing profession—or, as the Center’s goals statement reads, to “build and sustain a 21st century nursing workforce with the skills and knowledge Americans need.”

But, as RWJF sees it, that will take more than changing just nursing itself. It will also require a rebooting of the American mindset—or at least the minds of movers and shakers who hear the word nurse and think only of white-shoed hospital support staff carrying out physician orders.

projects. The board of trustees to date has authorized \$11.2 million for the overall initiative. Read more [online](#).

⁵ Susan Hassmiller is also director of the RWJF Initiative on the Future of Nursing at the Institute of Medicine.

The Institute of Medicine’s report on the nursing profession—*The Future of Nursing: Leading Change, Advancing Health*—puts it this way:

Nurses must remodel the way they practice and make clinical decisions. They must rethink the ways in which they teach nurses how to care for people. They must rise to the challenge of providing leadership in rapidly changing care settings and in an evolving health care system. In short, nurses must expand their vision of what it means to be a nursing professional.

At the same time, society must amend outdated regulations, attitudes, policies, and habits that unnecessarily restrict the innovative contributions the nursing profession can bring to health care.

There are more than three million Registered Nurses (RNs) in the United States, and as this report language indicates, they can and must do a lot themselves to remake their profession. But as the report also suggests, they can’t do it alone.

The Center is about getting it all done—about bringing nurses and others inside and outside the health care system together in a collaborative effort to align nursing’s role with the demands and needs of a high-quality health care system. Specifically, the Center’s goals are to:

- Strengthen the nation’s educational pathways to prepare the nursing workforce of the future.
- Increase the number and diversity of nurses entering and remaining in the profession.
- Remove barriers that limit nurses’ ability to provide the health care that consumers need.
- Enhance the influence of nurses in high levels of health care, policy, business and community decision-making.

In addition, the Center supports all of the recommendations of the IOM report.

Why the push?

Nurses are the largest segment of the health care workforce. They are also the segment with the most direct, continuing contact with patients—providing care themselves and

coordinating care delivered by others. This front-line role uniquely positions nurses to ensure that patient care is safe and high quality.

“Nurses are crucial in preventing medication errors, reducing rates of infection and even facilitating patients’ transition from hospital to home,” Mary Naylor, RN, PhD, director of RWJF’s [Interdisciplinary Nursing Quality Research Initiative](#), told the 18-member committee⁶ that produced the *Future of Nursing* report. Research evidence, while not conclusive, suggests that quality of care “depends to a large degree” on nurses, the report says.

The same factors that make nursing critical to individual patient care also give the profession the potential to play a significant, positive role in reforming the overall health care system—a point made in the *Future of Nursing* report and echoed in a 2010 statement by the [Joint Commission](#):

...the future state of nursing is inextricably linked to the strides in patient care quality and safety that are critical to the success of America’s health care system, today and tomorrow.

In essence that’s what’s driving the Center to Champion Nursing—the conviction that a better educated, more robust, more influential nursing profession will pay off in safer, more accessible and high quality cost-effective patient care.

WHAT SPECIFIC PROBLEM IS THE CENTER ADDRESSING?

Not enough nurses: The initial focus

The economic downturn in the late 2000s eliminated—at least temporarily—the nation’s nursing shortage. Facing new financial realities, older nurses delayed retirement; part-time nurses became full-time; and nurses who had left the workforce returned. Suddenly, newly minted RNs were having trouble finding jobs in many parts of the country.

But that isn’t expected to last. Researchers say the United States is not producing enough nurses to meet projected long-term needs. And they point to several converging trends that promise to make the upcoming shortage more serious than any to date—what workforce expert Brenda Cleary, PhD, RN,⁷ calls “the perfect storm”:

⁶ The list of committee members is available [online](#).

⁷ Cleary was director of the Center to Champion Nursing from 2008 to early 2011. For the previous 14 years she was executive director of the North Carolina Center for Nursing. She is now a consultant in North Carolina.

- **Demographics:** With the aging of the baby boom generation and the increase in life expectancy, the nation’s population is getting older, increasing the demand for health care services, particularly care for chronic illnesses. By 2030 almost one-fifth of the U.S. population is expected to be 65 or older.
- **Expanded coverage:** Provided it withstands legal and political challenge, the Patient Protection and Affordable Care Act (ACA), the health care reform law enacted in 2010, promises to bring more than 30 million previously uninsured Americans into the health care system, further increasing the need for services.
- **Workforce:** The nursing workforce has itself grown markedly older in recent decades. Nurses older than 35 now represent almost three-quarters of the workforce. As a consequence, the nation’s nursing corps is expected to lose a large number to retirement in the near future, with the country’s economic recovery likely to further spur the exodus.

The upshot, according to one study cited in *Future of Nursing*, is that by 2025 the nation will be short an estimated 260,000 nurses—twice the shortfall experienced at the height of the most recent nursing shortage. And that estimate, made in 2009 as the recession lingered, is probably on the low end, according to the report. In Florida alone, state data projects a shortage of more than 50,000 RNs by 2025.

The nursing pipeline: Clogged

There is no shortage of people with both the desire and qualifications to become a nurse. That’s the good news. The bad news is that the nursing education system has lacked the capacity to handle them all.

In 2006–2007, nursing schools of all types⁸ denied admission to 99,000 qualified applicants, according to the [National League for Nursing](#).

Along with budgetary constraints, contributing factors include:

- The pool of nurses with teaching credentials is limited, making it difficult for schools to hire sufficient faculty. Less than 1 percent of the nation’s RNs has a doctorate, and those who do can often find better-paying positions outside the classroom.
- Clinical learning opportunities for nursing students are limited as well. Finding sufficient slots for hands-on training in hospitals and other care-giving institutions can be difficult.

⁸ There are three educational pathways to becoming a registered nurse. Community colleges are today the most widely used; about 60 percent of RNs enters the profession with an associate degree in nursing from a two-year institution. About 36 percent enters with a bachelor of science in nursing (BSN) from a four-year college. Hospital-based diploma programs, typically three years in length, were once the most common route but now account for only 3–4 percent of incoming nurses.

- Traditionally, nursing education programs have made little effort to share resources, collaborate on curriculum, or otherwise work together to maximize student opportunities. A consequence of that fragmentation is that nurses may have to repeat, and pay for, coursework they have already completed in order to move up the education ladder.

Future of Nursing Report: A Broader Scope of Activities

Improving the nursing education system was the Center’s primary area of focus in its first two years; however, increasing the number of nurses in leadership positions (particularly on boards) was also important.⁹ In its third year, the Center expanded its scope of activities to address the four key messages of *The Future of Nursing* report, which were intended as a blueprint for transforming the nursing profession:

- **“Nurses should practice to the full extent of their education and training.”**

The report calls for eliminating many of the practice restrictions on Advanced Practice Registered Nurses (APRNs), who have advanced clinical preparation and at least a master’s degree.¹⁰ States vary, but most place some kind of restriction on APRNs’ scope of practice—for example, limiting their authority to prescribe medications, or requiring them to have physician oversight. The report is also clear that *all* nurses face barriers—not just APRNs. In addition to legal barriers, they include institutional policies as well as sociocultural prejudices.

- **“Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.”**

The report recommends increasing the proportion of RNs with a baccalaureate degree to 80 percent of the workforce and doubling the number of nurses with a doctorate by the year 2020¹¹— while also increasing the profession’s ethnic, racial, and gender diversity. In conjunction with those goals, the report calls for:

- Streamlining the education system to facilitate transition to higher degree programs
- Implementing transition-to-practice nurse residency programs
- Encouraging nurses to engage in “lifelong learning” to better respond to changing health care needs

⁹ In addition, the Center worked on eliminating unnecessary restrictions on what functions and services nurses can perform, and incorporating nurse-based care models into health care reform efforts.

¹⁰ The nation’s approximately 260,000 APRNs fall into four broad categories: nurse practitioner, clinical nurse specialist, nurse anesthetist and nurse midwife.

¹¹ As of 2010, 50 percent of the nation’s three million RNs had a bachelor’s or higher degree (36.8% with a bachelor’s, 13.2% with a graduate degree). The other 50 percent had either an associate degree (36.1%) or hospital diploma (13.9%), according to federal data cited in the Institute of Medicine report. The number of RNs with a doctorate in nursing or a related field was just more than 28,000 as of 2008, the report says.

- **“Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.”**

The report urges a greater leadership role for nurses in improving health care and making health policy decisions. A 2009 study of some 200 health systems found that only 2.4 percent of the systems’ voting board members were nurses; by comparison, 22 percent were physicians.

- **“Effective workforce planning and policy-making require better data collection and an improved information infrastructure.”**

The report recommends that federal agencies lead a collaborative effort to collect and analyze health care workforce data to better anticipate the numbers and types of nurses and other professionals needed.

“We don’t have a clear national picture of what the workforce looks like, what the supply looks like, what the demand looks like,” says Linda Tieman, MN, RN, executive director of the [Washington \[state\] Center for Nursing](#) and president of the national [Forum of State Nursing Workforce Centers](#).¹²

“Absent that, we are not able to provide decision-makers, such as legislators, with the best kind of information they should have to make decisions.”

OK, there’s much to be done, but why start a new organization to do it?

There are literally dozens of organizations focused on furthering the interests of the nursing profession or some segment of it—and many of them have been around for years. Nursing educators, nurse executives, nursing regulators, male nurses, African American nurses, nurse midwives ... you name it, and there’s probably a nursing group focused on it. Does the world really need another nursing organization?

RWJF’s Hassmiller points to two features that she says make the Center unique:

- **First, it’s not a nurse membership group, but rather an umbrella organization to help nurses and non-nurses alike improve the health care system.**

“It’s creating a forum for discussion that elevates this beyond just what’s good for the nursing profession to what’s good for health care and where do nurses fit?” says Hassmiller.

Echoing that, Susan Reinhard, PhD, RN, the AARP senior vice president in charge of the Center and its staff of about a dozen,¹³ says strong efforts by traditional nursing

¹² Many states have an organization dedicated to ensuring that there are enough nurses to meet demand. These organizations vary in both name and structure but are known generically as nursing workforce centers. Many of them were started under RWJF’s program, *Colleagues in Caring*. See [Program Results Report](#) for more information.

¹³ See the [Center website](#) for staffing.

groups to upgrade the profession often appear self-serving. The Center brings “a completely different perspective that says, ‘This is needed for people.’ And that’s what nursing organizations understandably have difficulty doing because they represent nurses ... Nursing cannot do this alone. A consumer organization’s voice can translate and amplify the efforts of nursing organizations.”

One of the Center’s early initiatives was to form the *Champion Nursing Coalition*—a diverse mix of organizations that do not represent nurses but agree on the need to address the nursing shortage and improve consumer access to high-quality nursing care. The Center calls these outside supporters nurse champions.

The Center publicly launched the coalition in February 2009 and as of 2011 had recruited about 50 members, including insurance companies, labor unions, health care provider organizations, and consumer groups.¹⁴

While face-to-face meetings of the full coalition are rare, members participate in Center events and work groups and help raise awareness of nursing’s issues and needs, says Reinhard. All 50 members have embraced the *Future of Nursing* report recommendations, she adds, although each has its own specific interests.

The Center also created the Champion Nursing Council, an advisory committee of about two dozen national nursing groups.¹⁵

- **Second, placing the Center at AARP brings to nursing issues the active involvement of a powerful advocate organization as a partner to RWJF.**

With nearly 38 million members, AARP is one of the nation’s largest associations—and one of the most influential on health care policy, with a significant Washington presence and offices in all 50 states. William D. Novelli, MA, AARP’s CEO at the time, viewed RWJF and his organization as “a natural fit.”¹⁶

“You start looking at the organizations around the country, and AARP just really fits the bill,” says Hassmiller. “They are the largest consumer organization in the country and they care about patients.”

Indeed, Beverly Malone, PhD, RN, CEO of the National League for Nursing, one of the major nursing membership groups, called it “a coup” to have AARP in nursing’s corner.

¹⁴ For more about the Champion Nursing Coalition—including the membership list and the organizing principals to which members agree—see the [Center website](#).

¹⁵ See the membership list [online](#).

¹⁶ Novelli, another member of the *Future of Nursing* committee, is a distinguished professor at Georgetown University’s McDonough School of Business in Washington. His other roles include board chair (and former president) of the [Campaign for Tobacco-Free Kids](#), which RWJF established and supports.

Jennie Chin Hansen, MS, RN, president¹⁷ of AARP when the Center was created, also noted that older adults, especially those managing complex and multiple conditions, are reliant on a well-prepared health care workforce.

The Center is part of AARP’s Public Policy Institute, which Reinhard directs. That gives it a perch that Hassmiller says assures prominent attention to policy issues related to nursing throughout AARP, including its government affairs department and state offices.

Were any toes stepped on?

Malone acknowledges that her enthusiastic response to the Center’s creation was not unanimous. “I think people have said ouch,” she says. “Some of my nursing colleagues felt that it was basically a statement of a lack of confidence that the nursing community itself could do this—that it [the Center] should have been housed somewhere in nursing.”

Geraldine (Polly) Bednash, PhD, RN, CEO and executive director of the [American Association of Colleges of Nursing](#), acknowledged concern about how well the Center would work with national nursing organizations, but added, “I think there is a real effort on its part to try to coordinate.”

Marla J. Weston, PhD, RN, CEO of the [American Nurses Association](#), agrees with the premise behind the Center’s agenda: that the *Future of Nursing* menu of changes is too big for organized nursing alone to accomplish. “If nursing could do it by itself, it would just be done. Absolutely, these are societal decisions to be made,” she says.

Weston also pointed out that the idea of reaching for allies beyond nursing is not new. State nursing associations have worked successfully for years with non-nursing interests to broaden scope of practice and improve nursing education, she says.

EXACTLY WHAT DOES THE CENTER DO? HOW DOES IT OPERATE?

The Center has employed multiple strategies both in its early work to strengthen nurse education, leadership, and scope of practice, and later, to help implement the *Future of Nursing* recommendations. In addition to raising awareness of the issues, key activities have included building coalitions and hosting conferences, providing technical assistance and advocating for policy change.

¹⁷ Hansen left the AARP presidency in 2010 and is now CEO of the [American Geriatrics Society](#). She served on the 18-member committee that produced the *Future of Nursing* report.

Improving Nurse Education

Conceived as the “go-to resource” for nursing information and technical assistance, most of the Center’s early efforts went into expanding nursing education programs and the faculty pool, and encouraging nurses to pursue advanced degrees.

A key goal was a 3 percent annual hike in enrollment in nursing programs. As the main mechanism toward that end, the Center established education-improvement teams in 30 states to develop and implement plans for increasing nursing education capacity.¹⁸ Each team included nurses from education and practice, plus consumers and other non-nurses.

The Center provided technical assistance through webinars, conference calls, discussion forums, consultants, and site visits, but no direct funding to the teams. It also co-sponsored three national summits on strategies for expanding nursing education to acquaint the state teams with innovative practices already underway around the country. Leaders of those initiatives were often invited to share their expertise.

One example is Oregon Health Sciences University, which had a formal partnership with a number of the state’s community colleges to implement a common nursing curriculum and admissions policy. That approach successfully encouraged more community college students to go on for a bachelor’s degree.¹⁹

At the Center’s national summit in 2009, an Oregon education leader described the project and team members from 10 states went to Portland, Ore. for a follow-up education redesign conference. As of 2010, five states were implementing university-community college partnerships based on the Oregon model, the Center reported to RWJF in September of that year. More states have moved in this direction since that report, according to Reinhard.

Other Early Initiatives

In addition to working with the states, the Center:

- Supported standardization of nursing workforce data with funding to the [Forum of State Nursing Workforce Development Centers](#).

Undertaken before the *Future of Nursing* report, but anticipating its call for better data to improve workforce planning and policy-making, the project marked the first time a majority of states reached consensus on a single data set so that all states ask

¹⁸ The Center, in conjunction with RWJF and representatives from the U.S. Department of Labor and the U.S. Department of Health and Human Services, selected the 30 teams in two rounds of applications (2008 and 2009). Each state was limited to a single team. Generally, the state’s nursing workforce center helped to assemble the team membership.

¹⁹ Oregon Consortium for Nursing Education. See details [online](#).

and answer the same questions about nursing supply, demand, and education measures.

- Co-hosted—with RWJF and the journal *Health Affairs*—two national forums on the role of nursing in health care reform and related workforce topics. *Health Affairs* published an issue focused on nursing in conjunction with one forum.²⁰
- Used a variety of communication tools to disseminate information on nursing pipeline issues, including a series of articles in the *American Journal of Nursing* on the state teams.²¹
- Developed a [website](#) on nursing issues with a private section for interaction among the education team members. The site—which has since been redesigned—includes webinars, videos, and other resources on nursing education and workforce.

See the [Bibliography](#) of this report for details of these and other Center communications products. For an inventory, see the Center website’s [Resources](#) section.

The Campaign for Action: Promoting Broad-Based Change

When the Center was created in 2007, RWJF was not contemplating an Institute of Medicine report on nursing or the national Campaign for Action to promote it. But in 2010 as the report neared completion, Hassmiller and colleagues saw the Center as a logical choice to implement its recommendations through the Campaign for Action.

“It was sort of a natural evolution,” she says. The Center was already up and running, with its Champion Nursing Coalition and Council in place, and the staff knew the issues and had contacts in the field.

Indeed, Hassmiller and Reinhard view the Center and the Campaign for Action as the same thing. “It’s all one now,” says Reinhard.

Action Coalitions

Hassmiller, who directs the Campaign for Action from RWJF’s offices in Princeton, N.J., likens the Center to the national headquarters of a presidential campaign. And like a presidential campaign, this one has field operations in the states, called action coalitions, which are the driving force at the grassroots level.²² One of the Center’s key functions is to help establish and nourish these state groups.

²⁰ Volume 28, issue 4

²¹ Volume 110, issues 1–7 each contain an article.

²² See the Campaign for Action [website](#) for a list of action coalition states. Initially, these were called regional action coalitions.

As of March 2012, 48 states had an action coalition, many of which grew out of the original education teams.²³ Indeed, Hassmiller thinks of them as the old groups “plus plus.”

Though similar in concept to the education teams, action coalitions have a larger and more diverse membership. Action coalitions:

- Set clearly defined goals aligned with the recommendations in the *Future of Nursing* report. Each coalition decides what to work on, based on state and local needs.
- Build a blueprint for action, drawing on stakeholders beyond nursing, including health care professionals, business executives and consumers.
- Educate policy-makers and other decision-makers.
- Reach out to philanthropies and other outside sources of funding to pay for coalition operations and initiatives. (See [RWJF Grant Support: Meeting a Challenge.](#))
- Gain visibility through the media and other outlets.

The campaign requires that each coalition be led by two people, one representing a nursing organization, the other from outside nursing. The nurse co-leaders come largely from nursing workforce centers, state nursing associations and university nursing programs. The co-leaders outside of nursing represent hospital associations, insurance companies, health care organizations, government agencies, and AARP state offices. Examples include physicians, business newsletter executive, and philanthropists.

Technical Assistance

The Center’s technical assistance to the action coalitions includes an expanded menu of offerings, highlighted by frequent webinars designed to help the groups advance the *Future of Nursing* report recommendations in their states.

Webinars, typically offered at least weekly, cover both the specific (for example, how the Federal Trade Commission can help remove state barriers to practice) and the more general (strategies for increasing nurse leadership opportunities in the health care system). Some are available to the public, others are on an extranet, or nonpublic section of the website.

Helping the coalitions become self-sufficient is another piece of assistance. The Center provides sustainability planning, a webinar on how to get grants, access to grant writers and links to potential funders—including RWJF’s own nurse-related grant programs.²⁴

²³ Five states with workforce improvement experience piloted the coalitions in 2010. The other 43 were selected through three rounds of a competitive application process in 2011 and early 2012.

RWJF Grant Support: Meeting a Challenge

Initially, RWJF provided the actions coalitions with no grant money, only technical assistance—the same approach taken with the earlier education teams. The coalitions were expected to find their own funding sources to pay for operation expenses and initiatives. However, that proved to be a difficult, if not impossible, task for many of the coalitions—and a growing challenge for their members and leaders. “I know there is tremendous frustration in the action coalition community about the fact that they are getting advice but little in the way of resources to be action oriented with,” Bednash, of the American Association of Colleges of Nursing, said when interviewed in late 2011.

While noting that the campaign was trying to help the coalitions find support and that some, in fact, were able to get grants, Hassmiller and Reinhard acknowledged that the potential for securing outside funding was limited, especially in smaller states.

To address the problem, in 2012 RWJF initiated two grant programs to support coalition efforts:

- In July the trustees authorized \$4.5 million for the *Future of Nursing: State Implementation Program* to provide up to \$150,000 over two years to as many as 30 action coalitions. The coalitions are to use the money to implement the *Future of Nursing* report recommendations they select as priorities for their states.

To get a grant, a coalition must show how it will implement its chosen recommendations and also how it will secure an expected match of one dollar for every two dollars of RWJF money.

- In March RWJF announced a competitive grant program that will provide nine coalitions with up to \$300,000 over two years to support efforts specifically to achieve the 80 percent BSN education goal.

Mississippi’s Action Coalition: One State’s Experience

The Mississippi Action Coalition, led by the state’s nursing workforce center, was one of five pilot coalitions. An all-day, professionally facilitated planning meeting in January 2011 drew about 50 people, including a physician, an attorney, and representatives of a large insurance company, a regional philanthropy, and the state health department.

Education redesign—an area in which the workforce center and its partner groups were already involved— was one objective targeted for action. Overseen by a 15-member steering committee and a five-member core leadership group, the coalition conducted

²⁴ RWJF’s *Partners Investing in Nursing’s Future* is one such program. Also, in the wake of the *Future of Nursing* report, RWJF launched a special multifunder [research initiative](#) to generate evidence that can help implement the report recommendations.

focus groups with practicing nurses to get their views on the education system and its deficits.

The coalition then engaged a consultant to work with a task force of nursing school deans and directors on uniform competencies for RN graduates. “We’re in the middle of that work, and we’re very excited about it,” said coalition co-leader Wanda Jones, MS, RN, in a 2011 interview. Jones, executive director of the Mississippi Office of Nursing Workforce, also led the state’s earlier education team.

In another targeted area, nurse leadership, the Mississippi coalition developed plans for a leadership-training program for critical care nurses. However, efforts to fund the initiative—including a grant application to an RWJF program—have so far been unsuccessful, Jones said.

California’s Experience

In another pilot state, California, the action coalition has raised \$200,000 and recruited more than 800 members, according to Winifred V. Quinn, PhD, a member of the Center’s leadership team. The California coalition has “a very strong infrastructure and teams in place” across the state, she says.

Educating the Public and Policy-Makers

Supported by GYMR, a Washington public relations firm, the Center, AARP and RWJF use a variety of mechanisms to disseminate information on nursing issues, the *Future of Nursing* report and the Campaign for Action’s activities. Elaine Arkin, an RWJF consultant based in Washington, oversees these activities for RWJF.

Among the communications efforts:

- The Center’s [website](#) and RWJF’s separate Campaign for Action [website](#). These provide a repository of press releases, fact sheets, briefing papers, news media items, research reports, videos, and webinars.
- Speaking engagements. The Center reported that campaign spokespersons, members of the campaign’s strategic advisory committee, and members of the *Future of Nursing* report committee made presentations at more than 120 venues in nearly 20 states during the first half of 2011.
- Journal articles and media coverage. These included a special *Health Affairs* issue featuring presentations from a Center forum and a series of articles in *American Journal of Nursing* (see the [Bibliography](#)).
- Multiple policy briefings. Educating policy-makers, including members of Congress and their staffs, is another campaign priority. In March 2011, for example, the

Champion Nursing Coalition, AARP and RWJF co-sponsored a Washington briefing on the *Future of Nursing* report.²⁵

- The Center’s annual photo contest, which solicits pictures of nurses at work inside and outside of hospitals.
- A December 2011 telebriefing by the Future of Nursing: Campaign for Action, exclusively for members of INANE: International Academy of Nursing Editors. Member journals agreed to jointly feature the campaign in their March/April 2011 issues. As part of this effort, RWJF President and CEO, Risa Lavizzo-Mourey, MD, MBA, authored “The Nurse Education Imperative,” a guest editorial for the March 2012 issue of *Nursing Outlook*—available [online](#) (after registering) and in print on March 26. This editorial will be reprinted in at least a dozen other journals. In addition, *Public Health Nursing*, *Neonatal Network* and *Rehabilitation Nursing*, among other journals, will carry their own related editorials and articles.

Advocacy

AARP supports the Center’s operation with in-kind services and partial funding of staff salaries, says Reinhard. AARP funds her full salary and that of her deputy, as well as at least 10 percent of the salaries of almost all other Center staff.

In part, that’s because AARP wants to be a financial partner with RWJF in the endeavor. But that’s not the only reason: AARP’s salary support (which comes from membership contributions) allows the staff to engage in legislative activities, she says.

Reinhard and Hassmiller emphasize that by law AARP and the Center cannot—and do not—use RWJF funds for lobbying. However, AARP can and does lobby on state and national nursing issues using other funds, and Reinhard says, “We do focus a lot of time on policy.”

A case in point, says Reinhard, is the organization’s support for a provision in the ACA (the 2010 health care reform law) that authorizes Medicare funding to bolster training of advanced practice nurses. Not exactly network evening news material, but the measure is a major advance for nursing, she says.

Hassmiller likens the arrangement to RWJF’s tobacco control work through the Campaign for Tobacco-Free Kids (CTFK). The Foundation, she says, was the funding engine for CTFK, but none of the money went into the lobbying effort to change tobacco policies. That funding came from other sources.

²⁵ Speakers included Hassmiller, Robert Reischauer, president of the Urban Institute and a member of the report committee, and John Rother, at the time AARP’s executive vice president for policy, strategy and international affairs.

WHERE HAS THE MOST SIGNIFICANT PROGRESS OCCURRED?

So there's been a lot of activity, but what does it all mean? Setting out the Center's results to date with any certainty is not easy. For one thing, there has been no outside evaluation of its impact, and while the leadership sees progress in the field, the organization has reported few, if any, outcomes that might provide a concrete measure of effectiveness.²⁶

The emphasis on coalition building also complicates an attempt to tally up accomplishments. At the state level, where nursing organizations are working on nursing issues independently of the Center, it's hard to apportion credit for progress.

Also, it is a bit early to look for results from an endeavor as ambitious as remaking the nursing education system and profession. After all, one major goal—80 percent of the nursing workforce with a bachelor of science degree in nursing—doesn't come due until 2020, notes Tieman, the nursing workforce center director in Washington state. “That doesn't happen overnight.”

At this point, just getting the campaign organization set up counts as an accomplishment, says Lori Melichar, PhD, MA, who is an RWJF senior program officer and part of Hassmiller's team in Princeton.

Nevertheless, although a work in progress, there are three general observations that can be safely ventured about the Center's key accomplishments so far:

- **The Center has increased the visibility of nursing issues and the diversity of the interests involved in addressing them.** Leveraging its status as a neutral convener (and AARP's association with consumer interests), the Center is taking nursing's agenda to audiences outside the nursing community.
 - “I think what the Center has done from a national perspective is really ramp up the visibility of the issues that individual states are all dealing with,” says Tieman. “Visibility does move issues forward.”

Aided by not having “any particular nursing ax” to grind, the Center is “working with many national groups to have conversations about where the barriers are, where the enablers are, where we need to move next—and it has resources to bring to bear on those conversations,” she says.
 - “The whole goal of the Robert Wood Johnson effort is to extend beyond the territory of nursing so there are advocates outside of nursing,” says Malone of the National League for Nursing. “It's not nurses talking to nurses.”

²⁶ In 2010, the Center told RWJF that 17 state education teams (the precursor to action coalitions) had reported nursing education enrollment figures for the years 2008 and 2009, and that 12 of the 17 states (71%) had an enrollment increase. The Center did not specify the amount of increase or whether any of the states met the 3 percent goal. The Center has not reported more recent data.

Bednash of the American Association of Colleges of Nursing agrees. “The Center did create conversations around the policy issues and events and bring a lot of people together to talk about the issues.”

- Hassmiller says the *Future of Nursing* report and campaign have “kept nursing front and center,” despite the poor economy and short-term abatement of the nursing shortage. Had there been no report and campaign, “I honestly in my heart believe that nursing would be off the table.” According to Hassmiller, the IOM report has remained (except for one month) the number one most viewed and downloaded report on the IOM website since its release nearly two years ago.

What’s kept it *on the table*, says Hassmiller, is the way the issue is being framed: that “this is about health care reform, cost, quality and access, and about how nurses can help in the solutions.” Otherwise “I don’t think people would be talking about nursing at all.”

- **The Center has established an infrastructure for change.** The coalitions developed at the national and state levels provide a framework for efforts to strengthen the nursing workforce.
 - Weston, the American Nurses Association CEO, views the state action coalitions as the Center’s main accomplishment to date. While some states were already engaged, the action coalitions in conjunction with the *Future of Nursing* report provided “an infrastructure that sped up the work.”
 - Pamela Austin Thompson, MS, RN, CEO of the American Organization of Nurse Executives, cites the Center’s role as an information clearinghouse for the states. “I think that has been a very important function that they play: that they are the central go-to for information, and helping people find out what’s going on in the other action coalitions.”
 - As an illustration of the value of the Champion Nursing Coalition at the national level, Reinhard points to the decision in 2011 by the Leapfrog Group,²⁷ a coalition member, to add measures of nursing excellence to its annual survey of hospitals on the quality of patient care.

“That is gigantic; it’s huge, and it happened because of our coalition work,” says Reinhard. She has also been appointed to the Leapfrog board, a welcome example of getting the voice of nursing heard by non-nursing organizations.
 - As another sign of the Center’s impact, Reinhard says that in the past four years, five states have expanded the scope of practice for advanced practice nurses, with the help of the AARP office in each state.

²⁷ The Leapfrog Group is a Washington-based nonprofit that aims to mobilize employer purchasing power to encourage transparency in the health care system and easy access to health care information.

— As still another indication, Hassmiller notes that the [American Nurses Credentialing Center](#), home to the [Magnet Recognition Program](#), announced in 2011 that all new applications to the program and all hospitals reapplying must include a plan for how their institution will achieve an 80 percent BSN workforce by 2020.

- **The Center’s technical assistance has broadened stakeholders’ knowledge and perspective.** The various conferences, forums, and webinars have helped nursing leaders in the states become familiar with best practices and innovations elsewhere in the nation, although these offerings have not been of uniform value. Still, as the Center evolves, said Mississippi’s Wanda Jones, “it is becoming more responsive to the exact needs of the states.”

— Mary Lou Brunell, MSN, RN, executive director of the Florida Center for Nursing, who was instrumental in forming that state’s education team and now co-leads its action coalition, notes that while it is not possible to isolate a direct impact of Center efforts on Florida’s nursing pipeline, the Center had “probably” contributed to advances in the state.

“And that’s because it certainly has made opportunities for people to learn” about what’s going on elsewhere and to get ideas for potential replication. The Center “certainly has facilitated the understanding and awareness of best practices, and access to that information.”

— Members of the Mississippi education team attended the first summit and learned from both the outside speakers and other state participants, says Jones, the state nursing workforce center director and team organizer.

At the summit, the Mississippi team identified “simulation” as one of its objectives—an increase in the use of mannequins and computerized models to simulate patient treatment situations. The strategy helps to increase education capacity in the face of limited access to real-life clinical settings.

The outcome was a series of state-funded workshops held at Mississippi nursing schools to train faculty in the use of simulation equipment. “That is a very successful activity that began with our participation in the summit,” says Jones.

WHAT CHALLENGES IS THE CENTER FACING?

There is no shortage of challenges facing the Center to Champion Nursing and the Campaign for Action, says Hassmiller, but she puts two at the top of the list—what she calls the “the big ticket challenges”:

- **The economy.** Not all of the *Future of Nursing* agenda requires money, but the key recommendation on educational progression does. Asking 80 percent of nurses in this country to have a baccalaureate degree or higher means that people have to “spend money out of their own pockets, or organizations have to spend money or foundations

have to give more scholarships,” says Hassmiller. All of that is difficult, obviously, when money is tight.

“You have to have a fire in your gut to want to go back to school,” says Malone. “Not everybody’s going to have that.”

While the slackened job market is also an impediment to the emphasis on more education, Reinhard says the demand for nurses will again be strong as soon as the economy recovers, when some nurses will retire and elective surgeries will pick up.

- **Framing the issue.** “The continuing challenge is not to make this a nursing initiative,” says Hassmiller. “It’s to keep this at the level of a societal issue—that we care about health care. This is a continuing struggle. I’ll be honest with you.”

For example, Hassmiller says that every nurse and nurse leader in the state wants to attend the launch event for a new action coalition. And they are central to the effort. “Nursing leaders are great, we need them,” says Hassmiller. But she has also told coalition leaders, “Tell me where your payers are, your hospital CEOs, your legislators, the foundations in your state. We need all of those people at the table, because nurses can’t do it alone.”

Elaborating, Reinhard says that in some states the nurses who step up to take a leading role have limited connections outside nursing. The Center is trying to help these nurses forge ties with leaders in other professions and sectors, but it’s not always easy, she says. “One of our biggest challenges is broadening the base for this campaign.”

Other Challenges

Among the mix of other challenges facing the Center and Campaign for Action:

- **Opposition from the medical profession to the report’s call for removing scope-of-practice barriers.** Novelli, the former AARP CEO, says, “In order for nurses to really do the best they can do, they have to be able to practice to the full extent of their training and their education, and that’s going to require a policy change because that brings you up against segments of the physician community.”

To help address that issue, RWJF is working with a group of nurse and physician leaders “on a dialogue on interprofessional collaboration,” says Hassmiller. Reinhard adds that in some states the coalition has strong physician support and in one, Indiana, the co-lead is a physician.

- **Maintaining a high level of enthusiasm among coalition members.** “I think there was a lot of energy and enthusiasm a year ago. My concern is if we don’t garner all of that into a focused intention, it will sort of dissipate,” says Weston of the American Nurses Association.

Funding is always a factor when it comes to energy and enthusiasm, and RWJF's two new grant programs should be helpful in that regard. But funding is not the only factor, Weston suggests. She says the Center must be careful to give coalition members credit for their work, and not appear to be "branding" coalition accomplishments as its own.

Her comments echo those of others, including leaders at the state level, who say that whether intentional or not, some of the Center's announcements have appeared to take credit for work done on other organizations' "dime," as Malone puts it. "It's that kind of rub—about who gets recognized for what," she says.

Another factor is the quality of the technical assistance. Despite the Center's broad menu of activities, Weston says she has heard from some action coalition members that the technical assistance would be more beneficial "if it were more specific, more practical, and more precisely prescriptive, providing step-by-step guidance from experts on how to accomplish tasks."

WHAT DOES THE FUTURE HOLD?

The RWJF grant to the AARP Foundation funding the Center ends in January 2013, but Hassmiller says she expects RWJF to provide new funding to continue both the Center and its Campaign for Action.

In December 2011 RWJF awarded a two-year contract (ID# 69721) to the TCC Group Inc., New York, to evaluate campaign operations and make periodic recommendations for process improvements.

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APPENDIX

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Articles

Journal Articles

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The Center to Champion Nursing in America has produced—and is continuing to produce—numerous reports, white papers, policy briefs and other materials on the nursing profession and related issues. A listing of these resources—with online access—is available on the Center’s [website](#).

Communications or Promotions

Grantee Websites

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Newsletter or Brochure

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Social Media

Facebook page on Center to Champion Nursing in America.

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YouTube page on the Future of American: Campaign for Action.

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Education or Toolkits

Curricula

The Center to Champion Nursing in American hosts webinars on nursing issues in support of the Future of Nursing: Campaign for Action. For a list of webinars available and links to online access, see the Center website at

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Toolkits, Toolboxes or Primers

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