Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development

An RWJF national program

SUMMARY

Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development was a national program to streamline the nursing education system and increase the capacity and attractiveness of the nursing profession.

In October 1994, the Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized a total of up to $4 million for the program; it made an additional authorization of up to $3 million in 1998. The program concluded in June 2003.

The program supported 23 statewide and multi-county consortiums or collaboratives that worked on a regional basis to: (1) give nurses greater educational and career mobility; (2) align the supply of nurses more closely with marketplace demand; (3) develop programs to recruit and retain nurses; and (4) affect public policy on nursing education and workforce issues.

Key Results

- Project collaboratives developed programs and strategies to recruit new nurses and retain veterans.
- Collaboratives implemented data collection and analysis systems that clarify the dimensions and ramifications of the nation's nursing shortage and help the profession and policymakers prepare for the future.
- Collaboratives developed and implemented plans that remove barriers to educational mobility and make it easier for nurses to enhance their skills and caregiving expertise.
- Previously fragmented segments of the nursing community joined forces to address nursing education and workforce issues and to advocate for public policy.
- Eight Colleagues in Caring projects created formal, ongoing statewide structures to continue generating nursing workforce data and pursuing public policy change based on that data.
Program Administration

To oversee the projects, RWJF established the Colleagues in Caring national program office at the American Association of Colleges of Nursing in Washington and selected Mary F. Rapson, Ph.D., R.N.—a recognized expert in strategies for expanding access to nursing education—to direct the program.

THE PROBLEM

At the close of the 20th century, the nursing profession faced major change as managed care and medical technology transformed the U.S. health care system. Hospitals—traditionally the employer of the majority of registered nurses (R.N.s)—adopted cost efficiency strategies that shifted some care to ambulatory services and replaced R.N.s with lesser-trained personnel.

Advances in technology permitted increasingly complex procedures on an outpatient basis. As a result, more and more often, care moved from the acute care hospital setting to outpatient hospital departments, community clinics, nursing homes, hospice facilities and patients' own homes.

In addition, external developments also promised to affect the need for nurses and the kinds of jobs they perform. For example, the nation's aging and longer-living population created a greater demand for long-term care nursing.

These trends called for nurses to acquire new skills and the ability to practice in a wide variety of settings. However, long-standing conditions challenged the nursing profession's readiness to meet these needs:

- Nursing schools and service institutions that employ nurses are generally detached from each other and rarely coordinate their operations. As a result, nursing school curriculum and health care needs have often diverged.

- The supply of nurses and employer demand for them frequently have been out of sync, creating a cycle of nursing shortages and surpluses that has made it difficult for nursing schools to gear admission practices and curriculum to workplace needs.

- Every four years a unit of the U.S. Department of Health and Human Services (HHS) conducts a national survey to track the number of registered nurses, their employment status, geographic distribution and various demographic factors. However, nurse leaders considered the survey too infrequent and the samples too small to give a clear picture of labor markets at the local and regional levels.

- Many nursing schools erected barriers that made it difficult for nurses to get additional credentials and move up the education and career ladder. These barriers include refusing to honor transfer credits and requiring substantial prerequisites.
An R.N. who graduates from an associate degree program at a two-year community college may want the additional skills and career opportunities of a nursing baccalaureate degree. But her return to the classroom is more difficult and less attractive if the four-year program does not recognize her community college work and requires her to retake courses.

One way to address this issue is through "articulation agreements" among nursing schools. These agreements help nurses transfer academic credit from associate degree programs to baccalaureate nursing programs.

Articulation is the process of evaluating courses to determine whether coursework completed at one college (such as a community college) will meet the requirements for admission, transfer credit, general education, or major preparation at another college (a university). The articulation process ensures that the classes that a student takes at one college will receive credit when enrolling in another college.

**CONTEXT**

Strengthening the health care workforce has been a focus of the Robert Wood Johnson Foundation (RWJF) since its start as a national philanthropy in 1972. In its first two decades, RWJF invested $68 million in eight major programs aimed specifically at improving nursing care.

One of this was a career advancement and health care workforce education program, *Ladders in Nursing Careers* (L.I.N.C.), which began in 1988 in New York City. It enrolled 934 participants in nursing or allied health professions education programs in nine states and graduated approximately 70 percent of them. See Program Results Report on *Ladders in Nursing Careers*.

In 1993, four RWJF staff members with expertise in the nursing field reviewed the health care changes impacting nurses and proposed to the Board of Trustees new strategies to help the profession prepare for the 21st century. These proposals included:

- A grants program aimed at encouraging nursing schools within a region to eliminate admission and transfer barriers between their schools through articulation agreements.
- Establishing groups of nursing school personnel and health care providers to develop nursing curricula on a collaborative basis.

Two related projects in Cleveland influenced the staff's recommendations and served as a prototype for what became *Colleagues in Caring*:

- A coalition of nursing educators and employers funded by the Cleveland Foundation implemented an articulation plan among the nursing schools in the Cleveland area.
A research team developed computer software to forecast employer demand for nurses. It was supported by a 1992 RWJF grant (see Program Results Report on ID#s 021124 and 029883).

**PROGRAM DESIGN**

Responding to the staff review, the RWJF Board of Trustees in October 1994 authorized up to $4 million for a three-year program aimed at increasing the capacity of the nursing education system and nursing workforce to respond to the changing demands of the health care system. RWJF named the program *Colleagues in Caring: Regional Collaboratives for Nursing Work Force Development.*

As initially defined, the program's objective was to encourage nursing educators and nurse employers in a region to work together to ensure nurses access to an education system that provided needed skills.

Collaboration was the program's keystone. *Colleagues in Caring* was to create a series of structured forums—termed collaboratives—where stakeholders in nursing care could discuss and reach agreement on regional workforce issues. These stakeholders would include practicing nurses, executive nurses, nursing school deans, state nursing regulators, members of professional nurse associations and consumers.

The program focused on defined regions where educators and providers served a common population. It was at the regional level—not nationally—that RWJF staff believed intervention could be most productive. Region could include an entire state as well as a multi-county or metropolitan area.

**Phase One**

The authorization provided for grants to 20 competitively selected sites, each getting up to $200,000 over the three years. Universities, professional organizations, hospital associations, state boards of nursing and other policy bodies were eligible to apply.

To encourage collaboration in the planning stage, RWJF stipulated that only one application would be accepted from any one geographic area. Proposals that promised matching funds received priority. Grantees could use the RWJF money to pay for a project director, administrative support and the convening of collaborative members, including travel expenses.

RWJF expected each project to produce:

- An articulation agreement among the region's nursing schools to accept each other's credits.
• An analysis of the production of nurses in the region and the relationship of the supply of nurses to projected employer demand.

• A mechanism for ongoing supply-demand assessments after the grant ended.

Phase Two

Initially the program was to last three years. But in August 1998, the Board of Trustees authorized up to an additional $3 million to fund the program for another three years. All 20 sites had formed collaboratives, but the task of collecting supply and demand data and developing a forecasting capability had proved more difficult than anticipated.

Also, while 15 of the 20 projects had made a positive start on developing new articulation plans or refining existing ones, this aspect of the program needed further work as well. RWJF staff concluded that the sites were establishing themselves as significant resources for policy planning and that additional investment would help institutionalize the effort.

The new authorization provided for up to 20 grants of up to $150,000 each over the three additional years. This round also was to be competitive, but all 20 existing sites could reapply. Projects provided a one-to-one match, either in-kind or cash, and would be sustained fully by other sources at the end of Phase Two.

Program Evolution

As the program progressed, the emphasis on articulation and education system improvements decreased, and the focus turned to broader workforce development issues and policy—especially strategies to recruit new nurses and to retain those already on the job.

A major reason for this shift was that soon after the program began, a nursing shortage spread across much of the country. Because of various factors, including the growing proportion of elderly persons, experts had forecast a nursing shortage, but they had not expected it until 2007.

By 2000, however, the shortage was already evident. The Bureau of Health Professions in the U.S. Department of Health and Human Services estimated that in 2000 there were 1.89 million full-time-equivalency registered nurses employed in nursing in the United States and a demand for 2 million—a 6 percent shortage.

The total number of registered nurses was an estimated 2.7 million, but that figure included R.N.s working part-time and a sizeable number—about 18 percent—not working in nursing at all.
The shortage varied in severity—from Arizona's 17 percent to no shortage at all in 20 states. However, the bureau warned that if the trend continued, by 2020 the shortage would grow to 29 percent nationwide and affect all but six states.

The seriousness and immediacy of the problem, which had not been evident to the program planners, overtook one of the principal assumptions of the Colleagues in Caring initiative: that hospital downsizing would force R.N.s to seek other practice settings.

To the contrary, hospitals in some states were having trouble filling their acute care nursing slots. Along with the shortage, there was also growing concern about the aging of the nursing workforce. By 2000 the estimated average age of an R.N. had risen to 45.2 years.

THE PROGRAM

Establishing the National Program Office

Reflecting the program's initial emphasis on nursing education, RWJF established the national program office at the Washington headquarters of the American Association of Colleges of Nursing, an educational, research, and advocacy organization for baccalaureate and higher-degree nursing programs.

To provide overall direction, RWJF selected Mary F. Rapson, Ph.D., R.N., for the part-time position of program director. Rapson, a recognized expert on articulation, helped implement Maryland's articulation model in the 1980s and had been a consultant to the Cleveland articulation project.

At the start of Colleagues in Caring, Rapson was a faculty member and associate dean at the University of Maryland School of Nursing. In 1996 she retired from the university and increased the proportion of her work time devoted to Colleagues in Caring from 25 percent to 50 percent initially and then 75 percent.

The deputy director, a full-time position responsible for the program's day-to-day operation, was Rebecca B. Rice, Ed.D., M.P.H., R.N., who was previously department head of nursing at Norfolk State University.

Patricia Prescott, Ph.D., R.N., a University of Maryland School of Nursing faculty member with expertise in statistics, was a half-time consultant to the national program office on data issues; she, too, had been involved in the Cleveland forecasting project. The national program office staff also included a full-time administrative assistant.
**National Program Office Activities**

RWJF funded the national program office from June 1995 to June 2003 through a series of 11 grants to the American Association of Colleges of Nursing totaling $3,616,933.

The national program office staff spent the first 12 months organizing the program's operations, developing program plans and administering the site selection process, which concluded in June 1996. From then until the program ended in 2003, the national program office:

- Provided the funded projects with technical assistance in articulation, data collection, demand forecasting, fundraising and other areas related to program objectives.
- Conducted an annual visit to each site to discuss activities and challenges.
- Held an annual meeting of collaborative members from all sites to review program progress and discuss workforce issues. (For the dates, locations and agenda of the six annual meetings, see Appendix 1.)
- Developed a communications network that made extensive use of e-mail and conference calls to keep each collaborative informed of work at the other sites and developments in the nursing workforce field.
- Supported six task forces that addressed data needs, articulation, nursing practice, workforce policy, recruitment and project sustainability. The task forces—which were composed of members of the various participating collaboratives—were not part of the program's original design; they formed in response to issues that program participants identified as needing special attention.
- Encouraged replication of nursing collaboratives at independent sites outside the program and integrated these unfunded initiatives into the *Colleagues in Caring* communications network, task forces and annual meetings. This, also, was a national program office activity unanticipated at the program's beginning.
- Publicized the program through various methods. (See the *Communications* section and the *Bibliography* for details.)

While the program focused principally on registered nurses, the national program office and individual project sites directed activities at the nursing spectrum, including licensed practical nurses (L.P.N.s) and assistive nursing personnel.

**National Advisory Committee**

To assist the program, RWJF formed a 12-member national advisory committee chaired by JoEllen Koerner, Ph.D., R.N., a past president of the American Organization of Nurse Executives with experience in the academic and business worlds.
The majority of committee members were registered nurses with executive positions in education or practice. (See Appendix 2 for the list.) Committee members selected sites for funding, participated in site visits, attended the annual meetings, and provided policy and technical guidance to the national program office and participating collaboratives.

**Site Selection**

RWJF issued the program's call for proposals in July 1995, and 54 organizations in 43 states and the District of Columbia submitted applications. The national program office and an RWJF program officer screened the submissions and invited 29 applicants that met program criteria to make presentations at one of three "reverse site visits" (in Washington, San Francisco and St. Louis).

National Advisory Committee members attended these sessions, rated the applicants and at the conclusion of the third session chose the following 20 to receive $200,000 grants:

- 15 statewide projects in:
  - Alaska
  - Arizona
  - California
  - Colorado
  - Connecticut
  - Hawaii
  - Maryland
  - Minnesota
  - Mississippi
  - New Jersey
  - New Mexico
  - Ohio
  - South Carolina
  - South Dakota
  - Tennessee

- Five multi-county/metropolitan projects in:
  - Columbia, Mo.
  - Corpus Christi, Texas
  - Kansas City, Mo.
  - Morgantown, W.Va.
  - District of Columbia

For Phase Two, the national program office invited the 20 existing sites to apply along with four collaborative organizations that had developed without RWJF support but had become informal members of the Colleagues in Caring network. These four non-program
applicants made oral presentations of their proposals while the existing sites were evaluated on their written proposals and Phase One records.

To receive $150,000 Phase Two grants, the national advisory committee selected 17 of the existing sites plus three new projects in: Idaho, Montana and North Carolina.

The North Carolina grantee—the North Carolina Center for Nursing—was unique in that it was a state-funded agency created by the North Carolina legislature in 1991 specifically to make long-range plans for nursing resources.

The three Phase One sites not selected—New Mexico, Ohio and Tennessee—continued to function without RWJF funding.

Each collaborative was charged with serving as a permanent, regional forum explore evidence-based policy measures addressed to current and future capacities in nursing care.

The collaboratives all had organizational members that employed lobbyists, and through these members, each site worked to advocate for policies that would ensure an adequate supply of nurses for the regions.

Yet, the individual collaboratives also differed in activities and structure. As just one example, the collaboratives ranged widely in size—from 20 members to 400 members.

Their results also varied widely. Given the program's philosophy that regional stakeholders were best equipped to deal with nursing's education and workforce issues, the national program office did not attempt to impose uniform strategies. Nor did the national program office develop uniform measures to gauge the projects' impact on the nursing workforce.

See Appendix 3 for the identity of each of the 23 grantee organizations, a brief description of some of the principal activities and outcomes of their projects, and contact information for their directors.

**Evaluation**

To inform planning for the future of *Colleagues in Caring*, RWJF in 2001 awarded the Lewin Group a $229,989 contract (ID# 042880) to assess the program's progress. Lewin staff members reviewed relevant documents and interviewed program grantees, national program office staff, National Advisory Committee members and outside experts in nursing workforce issues.
Challenges

- Collecting data from employers on their anticipated staffing needs proved more difficult for the collaboratives than expected—in part because competitive concerns made some hospitals reluctant to share information.

  (Unlike demand data, statistics on the number and characteristics of nurses—supply data—were easier to obtain. Many state boards of nursing were already collecting this information as part of the licensing process.)

- The expertise and financial investment required to develop a predictive model made forecasting a major problem for a number of sites. The needs of the collaborative members in this technical area outstripped the national program office's capability to provide assistance.

- In 1999, the national program office held a workshop to help nine sites use the forecasting tool that had been developed in Cleveland with RWJF funding. However, the sites found the Workforce Modeling Tool too labor intensive and prone to technical glitches to be practical. This unsuccessful effort consumed time and caused frustrations.

Communications

The program director and deputy director edited a column on *Colleagues in Caring* activities and nursing workforce issues that appeared regularly in the *Journal of Nursing Administration* from 1997 to 2000; national program office and project personnel shared in writing the columns. The national program office staff also:

- Wrote a series of articles about the program for the *Journal of Nursing Education*.

- Produced and distributed a semiannual newsletter on program activities.

- Created and updated the *Colleagues in Caring* website (no longer available), which included information on funded and unfunded sites.

- Made presentations to professional and health care organizations, including the American Organization of Nurse Executives, National League for Nursing, National Council of State Boards of Nursing and the American Hospital Association.

Media Coverage

The *Colleagues in Caring* program received coverage in nursing publications, including the cover article (“Forecasting the Future” by Kay Bensing) in the June 24, 2002, issue of *Advances for Nurses*. Separately, site personnel disseminated information on their work through conference presentations and nursing journals.

The Lewin Group found that the projects had difficulty reaching audiences outside the nursing profession, but a number received print and electronic coverage in local and
regional media. The National Public Radio news program "All Things Considered" interviewed West Virginia site personnel on the nursing shortage.

**National Program Office Communications Efforts**

The national program office put a major emphasis on maintaining communications with the funded and unfunded sites and developed an extensive email network linking participants.

In addition to the six annual meetings for site participants, in April 2003 the national program office held a three-day conference in Raleigh, N.C., on characteristics, strategies and accomplishments of state nursing workforce centers.

About 150 representatives of workforce centers, *Colleagues in Caring* sites, and various nursing groups interested in the workforce center concept attended. (For details of the conference and other national program office communications activities, see the Bibliography.)

**Other Funding for Sites**

The sites funded in the two phases—a total of 23—received in-kind and cash matches from a variety of state and local sources. In Phase One alone, the sites raised $6 million.

Eight sites (California, District of Columbia, Idaho, New Jersey, North Carolina, Ohio, South Carolina and Tennessee) received grants from the Helene Fuld Health Trust specifically to support development of articulation plans. The national program office facilitated these awards by making Helene Fuld program staff aware of the work and funding needs of the Colleagues in Caring sites.

**OVERALL PROGRAM RESULTS**

According to the national program office, the program had five key results overall:

- **Project collaboratives developed programs and strategies to recruit new nurses and retain veterans.** Although not a stated goal, many sites addressed the growing nursing shortage by promoting the profession as an attractive career opportunity for young people. Some projects also took steps to improve the nursing environment to keep working nurses on the job. Examples:

  - With in-kind support of a Maryland production company, the Maryland collaborative developed an eight-minute recruitment video and distributed it to each middle and high school in the state. The video—"You Can Be Today's Nurse"—shows nurses practicing in various settings and cites career advantages, such as job security.
The video content was generic enough to be used in other states, and the Maryland collaborative made copies available for sale. The collaborative also produced written promotional materials, including a brochure, bookmark, and poster, all aimed at young people and carrying the address of the Maryland Hospital Association-sponsored website on health professions.

— The Connecticut Colleagues in Caring project helped stimulate development of Web-based R.N. and L.P.N. refresher courses for inactive nurses who want to return to work. Traditional classroom refresher courses were available in Connecticut colleges and hospitals, but the flexibility of Web instruction made the new curriculum an additional incentive to attract nurses back into the active workforce.

The Web curriculum was a partnership of Connecticut League for Nursing, Charter Oak State College and the Connecticut Distance Learning Consortium. A total of seven Colleagues in Caring sites developed or refined educational programs that use the Internet, CD-ROM, or other technologies that permit long-distance or self-paced learning.

— The Arizona project helped initiate Campaign for Caring, a five-year (2002–2007) effort to attract more Arizona residents into nursing and the other health professions and to re-instill passion and commitment in the workforce.

Based at the Arizona Hospital and Healthcare Association, the campaign planned to raise $8 million from association members and outside donors to support a range of activities that include developing new practice models to make the hospital nursing environment more attractive.

- **Collaboratives implemented data-collection and analysis systems that clarify the dimensions and ramifications of the nursing shortage and help the profession and policymakers prepare for the future.** Despite the data difficulties, many sites generated useful information on the nursing workforce and several developed ongoing mechanisms to estimate current and future supply-demand relationships for their regions.

In addition, the sites worked together to identify a uniform minimum set of supply data to permit more effective comparisons between states. Although the list of data components was not published, the national program office provided it to organizations such as the American Nurse Association and the National Council of State Boards of Nursing at their request.

A similar effort to establish a minimum demand data set was not completed. Summing up the mixed results of the program's data segment, Patricia Prescott, a consultant at the national program office, told a Colleagues in Caring meeting in 2003, "We're still at baby steps, but we're beginning." Examples:
California's Colleagues in Caring collaborative implemented a predictive model for the state's nursing workforce based in part on surveyed employers' hiring intentions. The collaborative presented the findings to the state legislature to show the need for increased funding for nursing education.

California's predictive model, which the collaborative started before the Colleagues in Caring program began, served as a prototype for a number of other program sites.

The Mississippi project organization—the Office of Nursing Workforce—was one of those adopting the California approach. The project staff designed an employer survey that the state Department of Health distributed to health care facilities along with annual licensing materials.

Disseminating the survey through a regulatory agency gave the survey added weight and helped generate a high response rate. Employers reported their current number of budgeted positions and vacancies for multiple categories of R.N.s, L.P.N.s and ancillary personnel and also projected their staffing intentions over the coming two years.

For supply data, the project tapped into the state Board of Nursing's licensure information on R.N.s and L.P.Ns. Project staff also surveyed nursing education programs on anticipated enrollment changes.

One product of this work is annual tracking of the wide-ranging vacancy rates across the state's nine public health districts. The data provides evidence that showed the need for nursing workforce development initiatives, project personnel say.

- Collaboratives developed and implemented articulation plans that remove barriers to educational mobility and make it easier for nurses to enhance their skills and caregiving expertise. Before the program began, 10 of the 23 funded sites had articulation plans in place, and at the program's conclusion the number had risen to 20 of the 23, according to Rice, the deputy director.

Among non-funded sites that participated in the Colleagues in Caring network, the number of states with articulated plans increased from six to 11. In addition, a number of sites developed and tested models to define the education and skill competencies expected of nurses at different levels. Examples:

- The South Carolina collaborative—in cooperation with nursing education groups—developed a statewide articulation model designed to minimize duplication of students' efforts and reduce the time and cost of advancing from an L.P.N. to master's degree R.N.

The model, which was approved in 2001 by the state Commission on Higher Education, established credit transfer requirements and maximum credit hours for each nursing level.
In South Dakota a collaborative task force—composed of representatives of L.P.N., associate degree, baccalaureate and graduate programs—drafted an articulation plan that the state's 11 nursing schools accepted. The schools also entered into school-to-school articulation agreements.

For example, South Dakota State University, the state's only public baccalaureate nursing program, made agreements with four associate degree programs. The task force also spearheaded development of competencies for each nurse level from certified nurse aide through the doctoral-degree R.N.

- Previously fragmented segments of the nursing community joined forces to address nursing education and workforce issues and to advocate for policies to ensure an adequate supply of nurses for their regions. Although the extent of stakeholder involvement varied, the projects provided a forum for nurses, educators and employers—in some cases for the first time—to address problems in a coordinated, cooperative manner.

As Rebecca Rice, the deputy director of the national program office, put it, "Colleagues in Caring created a process. The expansion of this collaborative approach beyond the RWJF-funded sites was an unexpected program outcome." The national program office reported in 2002 that the Colleagues in Caring network included some 20 unfunded initiatives in addition to the 23 funded projects. Examples:

- Margaret L. Hegge, the South Dakota project director, says that a key product of the state's RWJF-funded collaborative was an intangible: a new level of trust between the state's divergent nursing interests, including different professional groups of nurses; different education programs; and health care interests located at different ends of the geographically and culturally diverse state.

  "All of those tensions have resolved through Colleagues in Caring," Hegge says. As a result of this new unity, according to Hegge, the collaborative provided information to the legislature that helped inform the debate on nursing workforce issues. The legislature passed three nursing workforce bills in 2002, including one adding 126 new student slots in state nursing education programs.

- In 2001, five Oregon nursing groups came together to form an independent nonprofit organization dedicated to addressing the state's growing shortage of nurses. Although the effort had no Colleagues in Caring funding, the national program office provided advice to assist the new organization, named the Center for Oregon Nursing.

- Eight Colleagues in Caring projects created formal, ongoing centers to continue generating nursing workforce data and informing the public policy debate based on that data. These entities—known generically as state nursing workforce centers—vary in name and form. Some are state agencies with public funding, others are private nonprofit organizations and still others are a combination. The eight include
the North Carolina center, which was operating before the program began and served as a model for other projects, and seven other centers in:

- Alaska.
- Colorado.
- Connecticut.
- Mississippi.
- New Jersey.
- South Dakota.
- Tennessee.

In addition, leaders of collaboratives in Hawaii and West Virginia were seeking to establish centers; state legislation was still needed to authorize them at the time this report was written.

Also, at least six states without funded Colleagues in Caring sites established workforce centers:

- Florida.
- Iowa.
- Michigan.
- Nebraska.
- Oregon.
- Vermont.

Examples of centers established in Colleagues in Caring states:

- In 2002, the New Jersey legislature passed state legislation creating the New Jersey Collaborating Center for Nursing at Rutgers University. Through close ties with the New Jersey State Nurses Association, the collaborative gained the ear of a state legislator, who championed the efforts of the collaborative to establish this center.

The legislation established the position of executive director and a 17-member governing board appointed from specified stakeholder groups by the governor and legislative leadership. The legislature did not provide funding, however.

To initiate operations, the center obtained an additional $712,213 grant from RWJF (ID# 045611) and $100,000 from the state Department of Human Services.
For ongoing operations, the director planned to seek state research grants and to raise a $5-million endowment from private sources.

— The Alaska Board of Nursing, the state regulatory agency, worked closely with the state's Colleagues in Caring collaborative and provided funding to set up the center.

In 2002 the board officially took over the collaborative's activities and hired the staff coordinator of the collaborative to fill the new board position of workforce development coordinator. The board has taken over the collaborative's survey of the state's R.N.s, L.P.N.s and nurse employers on a regular basis. It is also focusing on recruitment, including disseminating a recruitment video and developing a nursing information website. The board funds these efforts with nurse licensure fees.

EVALUATION FINDINGS

Lewin's March 27, 2002 report to RWJF included these key findings:

- Program sites were highly successful in establishing regional consortiums that represented all nursing service areas, education levels, professional associations, policy bodies and government agencies.

- The program served as a catalyst for sites either to refine existing articulation models or develop new models where none existed.

- Projects achieved some success in clarifying the practice roles of nurses at each educational level and helping schools define their curricula across degree levels. Most sites also reported striving to improve nursing work environments. But project participants encountered obstacles in breaking down barriers between nurse educators and providers of nursing service, and these challenges limited widespread progress in these areas.

- The collaboratives had success working with state boards of nursing to collect and analyze nursing workforce supply data. But collecting and analyzing demand data was challenging, and there was little consistency among sites on what data to collect and how to use it.

- Planning for sustainability of the participating collaboratives at the end of RWJF funding was the least advanced of the key program areas. Major challenges included building consensus on sustainability efforts among collaborative members with differing interests.

- Program sites, working through collaborative organizational members that had paid lobbyists, played a significant role in policy initiatives that led to passage of nursing workforce-related legislation.
EVALUATION RECOMMENDATIONS

The Lewin Group report made recommendations to RWJF for improving *Colleagues in Caring* if the program continued. However, RWJF did not authorize a third phase of funding and as a result did not implement the recommendations. (See *Afterward.*) The recommendations included:

- **Restructure the national program office to better meet evolving needs of the grantees.** In keeping with RWJF's original goals for the program, the national program office's expertise centered on educational mobility through articulation. However, to address issues fueling the nursing shortage, the Lewin report suggested the national program office's scope of expertise should expand to include information technology, public relations and workforce economic modeling.

- **Strengthen ties with RWJF-funded programs and health care organizations involved in workforce development, including hospital associations, state boards of nursing and national nursing associations.**

- **Re-energize the program's external dissemination efforts to more effectively reach outside audiences.** RWJF should consider hiring a part-time *Colleagues in Caring* communications director and providing RWJF-staff assistance with public relations activities. While not a formal goal of the program, dissemination is a means of accomplishing the goals, particularly achieving long-term sustainability of the collaboratives and advancing the policy agenda developed by the collaboratives.

- **Enhance the functionality and content of the program website, thus strengthening dissemination and sustainability efforts.** The national program office should serve as a central repository and information clearinghouse on nursing workforce issues.

- **Provide targeted funding or technical assistance to advance promising work at the sites.** The Lewin team found that ensuring adequate resources to fund activities was the most common challenge cited by personnel at the individual project sites.

LESSONS LEARNED

1. **Collaboration can be an effective approach to problem solving, but it requires the right leadership.** The most successful *Colleagues in Caring* sites were generally those with a committed cadre of outstanding leaders. A good collaborative leader has vision, energy and a participatory—not competitive—approach; he or she should think "outside the box," network with policymakers and see challenges not obstacles. Program directors can assist local collaboratives by helping members identify and recruit good leaders. (Program Director, Deputy Director)

2. **When forming a collaborative to tackle an issue, leaders should determine what individuals or interest groups have the power to upend the effort and make sure**
to include them in the group. "If it's the 800-pound gorilla who's not there, they will derail it." (Deputy Director)

3. Leaders of a collaborative effort can keep members engaged by sharing the work and responsibility. If one person does it all, others will drift away. Also, if two main groups are involved in a collaborative, share the leadership between the two; the result is more likely to be a shared agenda and less finger-pointing. (Deputy Director)

4. A collaborative is more apt to be successful if all member groups must make a cash or in-kind contribution to its support. People tend to lose interest in an effort if they are not investing in it. (Deputy Director)

5. Data gathering and analysis are expensive activities, and project personnel should ensure they have adequate funding and expertise before undertaking a sophisticated data and modeling task. (Program Director)

6. When conducting a data-based study across a number of project sites, leaders of the effort should establish a common set of data to be collected and a uniform collection methodology before the work begins. Data analysis may vary from site to site, but the basic demographic variables with which the sites will work should be the same. Don't let each site reinvent the wheel. (National program office Staff/Prescott)

AFTERWARD

With encouragement from RWJF's Colleagues in Caring program officer, the national program office in October 2001 submitted a proposal for a third phase. The national program office proposed to reconfigure itself as the National Nursing Workforce Center with responsibility for assisting all states and regions that adopted a collaborative approach to nursing workforce issues.

In addition to $644,000 in first-year funding for its operations, the national program office proposed that it be authorized to grant up to $5 million over five years to support collaborative projects (a total of $1 million a year to 40 sites, each site getting up to $25,000).

In October 2002 RWJF decided not to continue the program into a third phase. Staff cited two main reasons for this decision:

● With some three-dozen funded and unfunded sites in operation, the Colleagues in Caring program had established the concept of collaboration in nursing workforce development. Staff believed it was time to withdraw and leave funding responsibility to the states and regions.

● To address the increasing nursing shortage, RWJF planned a more tightly targeted grantmaking strategy aimed at improving the nursing environment in order to keep
experienced nurses on the job. Staff members were exploring initiatives aimed at changing hospital organization and developing model hospital caregiving units that incorporate best practices in physical design.

In January 2003, RWJF awarded the American Association of Colleges of Nursing a final, six-month grant (ID# 046669) to support the national program office as it phased out program activities, oversaw completion of active project grants, and held the Raleigh conference (see Communications).

Although the program itself ended, many of the project sites continued—either through the Colleagues in Caring collaborative or through a successor organization—to generate nursing workforce data and to address the nursing shortage and other nursing workforce issues. See Appendix 3 for specific site information.

Prepared by: Michael H. Brown
Reviewed by: Janet Heroux and Molly McKaughan
Program Officers: Terrance Keenan and Susan B. Hassmiller
APPENDIX 1

Date, Location and Partial Agendas of the Six Annual Meetings of the Colleagues in Caring Program

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

December 2–4, 1996
San Antonio, Texas

- "Collaborative Development and Maintenance," Mary F. Rapson, program director.
- "Workforce Estimation Models," Patricia Prescott, University of Maryland School of Nursing.
- "Forecasting Nurse Demand in Northeast Ohio: Long Range Nursing Demand Projections," Leah Shaikh, Greater Cleveland Hospital Association; J.B. Silvers, Professor of Management.
- "Reweaving the Profession of Nursing," JoEllen Koerner, National Advisory Committee chair.

November 19–21, 1997
Scottsdale, Ariz.

- "Working with Volunteers," Barbara Humphrey.
- "Differentiated Practice: A Model for Nursing Practice/Education Collaboration," Kathy Karpiuk, R.N.
- "Life after RWJ: Continuing Support," Ellen Brzytwa, National Advisory Committee member.

November 5–7, 1998
San Diego, Calif.

- "Data Collection: Panel Presentation," Personnel from Colleagues in Caring projects in various states.
- "Development of Cyber-Presentations," Rebecca Rice, program deputy director, and various state project personnel.
- "Workforce Prediction Modeling," Patricia Prescott, program consultant, and various state project personnel.
- "Nursing Education Infrastructure," Mary F. Rapson, program director, and various state project personnel.
- "Nursing Practice Innovations," Marcella McKay, Mississippi Hospital Association, and various state project personnel.
- "Forming and Sustaining the Consortia," various state project personnel.
- "Policy Implications of Workforce Issues," JoEllen Koerner, National Advisory Committee chair.

**November 11–13, 1999**

**Palm Springs, Calif.**

- "RWJF Report on the Need for Managed Care Education for Nurses," Ellen Brzytwa, National Advisory Committee member.

**November 16–18, 2000**

**Santa Fe, N.M.**

- "Next Steps: Policy Implications, Converting Evidence into Action," Mary F. Rapson, program director.

**October 16–18, 2001**

**The Big Island, Hawaii**

- "Overview: Where We Are, Where We've Come From," Mary F. Rapson, program director, JoEllen Koerner, National Advisory Committee chair.
- "Panel on Data: What We Have Learned, What We Have Accomplished, What Is Yet To Be Done," moderator: Patricia Prescott, program consultant.
- "Panel on Educational Mobility: What We Have Learned, What We Have Accomplished, What Is Yet To Be Done," moderator: Mary F. Rapson, program director.
- "Panel on Education/Practice Partnerships: What We Have Learned, What We Have Accomplished, What Is Yet To Be Done," moderator: Renatta Loquist, South Carolina project director.
• "Panel on Sustainability: What We Have Learned, What We Have Accomplished, What Is Yet To Be Done," moderator: Rebecca Rice, program deputy director.

• "Panel on Policy," Diana Vander Woude, South Dakota Board of Nursing.

• "Maintaining a Regional Statewide and National Presence. Advancing the CIC Agenda: Next Steps," Mary F. Rapson, program director, JoEllen Koerner, National Advisory Committee chair, Terrance Keenan, Robert Wood Johnson Foundation.

APPENDIX 2

Membership of the Colleagues in Caring National Advisory Committee

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

JoEllen Koerner, Ph.D., R.N., Chair
Chief Education Officer
Simulis, LLC
Sioux Falls, S.D.

Kathy Mayle, M.B.A., M.N.Ed., R.N.
Director
Center for Health Care Diversity
Duquesne University
Pittsburgh, Pa.

Helen Barrett, M.S., R.N.
Director (retired)
Youville Hospital School of Practical Nursing
Cambridge, Mass.

Angela Barron McBride, Ph.D., R.N.
Dean
School of Nursing
Indiana University
Indianapolis, Ind.

Ellen Brzytwa, M.S.N., M.H., R.N.
Consultant
Cleveland, Ohio

Pamela Mittelstadt, M.P.H., R.N.
Corporate QI Director
Coventry Healthcare
Bethesda, Md.

Thelma Cleveland, Ph.D., R.N.
Dean (retired)
Intercollegiate Center for Nursing Education
Clayton, Wash.

Carol Raphael
President and CEO
Visiting Nurse Service of New York
New York, N.Y.

Barbara Donaho, M.A., R.N.
Consultant
Stow, Ohio

Susan Sherman, M.A., R.N.
President
Independence Foundation

J. Ted Holloway, M.D.
Director
Southeast Georgia Health District
Waycross, Ga.

Peggy McNally Zinberg, M.A., R.N.
Consultant
Washington, D.C.
APPENDIX 3

The 23 Colleagues in Caring Projects: A Brief Description*

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

*This list highlights some of the activities and outcomes reported by the projects and is not intended to be a full accounting of site efforts.

18 Statewide Projects

Alaska
Grantee: University of Alaska, School of Nursing and Health Sciences (Anchorage)
Project Director: Dianne M. Toebe, Ph.D., R.N.
(907) 786-4566

Workforce data collection was a principal outcome of Alaska Colleagues in Caring. The project initiated regular nurse and employer surveys and used the data to determine nursing education needs in the state. The Alaska Board of Nursing has taken over the project's activities and hired a workforce development coordinator—Louise Dean (907) 269-8402—to carry out the work.

Arizona
Grantee: Arizona Hospital and Healthcare Association Education Foundation (Phoenix)
Project Director: Fran Roberts, Ph.D., R.N.
(602) 445-4300, ext. 4319

Among its accomplishments, the Arizona project established a system for tracking nursing workforce data, helped create programs that increased educational mobility, and through collaborative members that had paid lobbyists, promoted successful legislation mandating a plan to double the state's nursing school enrollment capacity.

At the conclusion of Phase Two, the hospital association staff responsible for the Colleagues in Caring project undertook a planned five-year campaign to attract and retain qualified nurses and other healthcare professionals in hospital work. (For more information, see the Program Results Report on Arizona.)

California
Grantee: University of California, Irvine, College of Medicine
Project Director: Ellen M. Lewis, M.S.N., R.N.
(949) 824-8932

The project collaborative—the California Strategic Planning Committee for Nursing—established a nursing workforce forecasting process. Collaborative organizational
members with paid lobbyists used the results to promote legislation and other initiatives aimed at increasing the state's nursing education capacity.

The collaborative ceased operation at the end of Phase Two and transferred its data functions to the newly created Nursing Workforce Advisory Committee of the California Board of Registered Nursing. Contact: (916) 324-2715. (For more information, see the Program Results Report on California.)

Colorado
Grantee: University of Colorado Health Sciences Center (Denver)
Project Director: Marie Miller, Ph.D., R.N.
Current Contact: Kristine Wenzel, M.B.A., R.N.
(303) 422-2483

Outcomes of the collaborative—named the Colorado Alliance for Nursing Workforce Development Opportunity—included updating the state's articulation model and increasing the scope of the state's system for collecting and analyzing nursing workforce data. The project established a network of local and regional stakeholder task forces that focused on recruiting and retaining nurses and increasing the state's nursing education capacity.

A newly formed nonprofit organization, the Colorado Center for Nursing Excellence, is continuing the collaborative's work with funding from a Denver philanthropy, HealthOne Alliance. The center is headed by Sue Carparelli, (303) 324-0188.

Connecticut
Grantee: Connecticut League for Nursing (Wallingford)
Project Director: Diantha R. McMorrow, M.S.N., R.N.
(203) 265-4248

Connecticut Colleagues in Caring collaborative developed the state's first nursing database, established competencies expected of newly-graduated R.N.s and L.P.N.s after one year of service, and was a catalyst in creating Web-based refresher courses for R.N.s and LPNs.

The project's workforce analysis and recruitment efforts are being continued by a new nonprofit organization—the Nursing Career Center of Connecticut, (888) 829-6222 or (203) 238-9913—sponsored jointly by the Connecticut League for Nursing and the Connecticut Nurses Association.

Hawaii
Grantee:

- Phase One: University Health Care Associates (Honolulu)
- Phase Two: University Health Group (Honolulu)
  Project Director:
  - Phase One: Roseanne C. Harrigan, Ed.D.
  - Phase Two: Bee Molina Kooker, Dr.P.H.
    (808) 956-8522

The project—entitled the Community Initiative on Nursing of Hawaii—created the infrastructure to conduct regularly scheduled RN supply surveys and produced the state's first trending data. The work of the project informed state legislation to create a nursing workforce center that would continue the data work and develop recruiting and retention strategies. The bill was signed into law June 24, 2003, by Governor Linda Lingle (available online).

Idaho (Phase Two only)
Grantee: Idaho Commission on Nursing and Nursing Education (Boise)
Project Director: Julia E. Robinson, D.P.A.
(208) 850-5933

The grantee—a nonprofit organization created in the 1960s to provide a forum for nursing educators and employers—initiated a major rewriting of the state's existing articulation agreement and supported the development and testing of a nursing leadership curriculum.

The commission had other sources of support, including grants from the Helene Fuld Health Trust and the M.J. Murdock Charitable Trust, and continued work on articulation and other issues after the Colleagues in Caring program ended.

Maryland
Grantee: Maryland Nurses Foundation (Baltimore)
Project Director: Kathryn V. Hall, M.S., R.N.
(410) 944-5800

The Maryland Colleagues in Caring collaborative collected data from employers and nursing faculty that helped document the seriousness of the nursing shortage in the state. The collaborative mounted a recruitment campaign that included public service announcements, print materials, and a video on nursing career opportunities that was distributed to the state's middle and high schools.

The data collected about the nursing shortage in Maryland was used by the Maryland Nurses Association, a collaborative member with paid lobbyists, to advocate for state legislation in 2000 that created a broad-based, five-year commission to study the nursing shortage and facilitate strategies to reverse it. After Colleagues in Caring ended, the
Maryland collaborative continued to be active; some members also participated in work of the state commission.

**Minnesota**
Grantee: Minnesota State Colleges and Universities (St. Paul)
Project Director: Mary Dee McEvoy, Ph.D., R.N.
Current Contact: Ann Jones, D.N.Sc., R.N.

(612) 624-6488

Among its products, the Minnesota *Colleagues in Caring* Collaborative developed an articulation agreement for nursing programs, an ongoing system for collecting and maintaining R.N. and L.P.N. data, and a model to help R.N. students in their final year of education prepare for the work place ("Minnesota Model for Assuring New Graduate Nurse Success").

The collaborative also administered a nursing faculty survey on work satisfaction. At the conclusion of RWJF funding, collaborative members were seeking to establish a state nursing workforce center to continue the work on a permanent basis.

**Mississippi**
Grantee: Mississippi Hospital Association Health, Research and Education Foundation (Jackson)
Project Director: Wanda Jones, M.S., R.N.

(601) 368-3321

In 1996 the Mississippi legislature authorized creation of the Office of Nursing Workforce Redevelopment as a tax-exempt charitable organization under the auspices of the state Board of Nursing. Supported by *Colleagues in Caring* funding, the office collaborated with various health care groups to develop a data collection and analysis process that annually tracks and forecasts nurse vacancy rates in different care settings across the state.

The office—now the Office of Nursing Workforce—continues to process data returns annually from some 300 sources and has expanded into other nursing workforce activities. (For more information, see the Program Results Report on Mississippi.)

**Montana (Phase Two only)**
Grantee: Montana State University Foundation
Project Director: Margaret Wafstet, M.N., R.N.

(406) 243-7864

The Montana project—the Montana Initiative for Nursing Transformation—adopted an articulation model for implementation by the state's nursing schools and supported data
and analysis efforts. The project reported to RWJF that turnover in the director's position hampered progress. There was no organized, ongoing effort to continue the work after the Colleagues in Caring funding ended.

New Jersey
Grantee: Rutgers, The State University, College of Nursing (Newark)
Project Director: Geri Dickson, Ph.D., R.N.
(973) 353-1307

A consortium of New Jersey nurses, nursing educators, nurse employers and health care policymakers developed a nursing workforce data collection system and forecasting model that is able to produce county-by-county projections of demand for R.N.s and L.P.N.s.

Using projections that helped identify the state's growing nursing shortage, project leaders, through close ties to the New Jersey state Nurses Association, were able to gain the ear of a state legislator who championed their efforts for legislation that establishing a permanent nursing workforce center at Rutgers University.

The New Jersey Collaborating Center for Nursing is operating with startup funds from RWJF (ID# 045611) and the state Department of Human Services and is under the direction of the former Colleagues in Caring project director, Geri Dickson. (For more information, see the Program Results Report on New Jersey.)

New Mexico (Phase One only)
Grantee: University of New Mexico Health Sciences Center, College of Nursing (Albuquerque)
Project Director: Donea L. Shane, Ph.D., R.N.
(505) 298-6268

The Colleagues in Caring project developed a statement of recommended skill competencies for New Mexico nurses, assessed the state's nursing care needs and disseminated the assessment results to legislators, schools of nursing and health care leaders.

The New Mexico Consortium for Nursing Workforce Development—a nonprofit organization established by the project—secured a contract with the state Board of Nursing to conduct annual nursing workforce supply-and-demand studies after the RWJF funding ended.

The consortium sought to establish a permanent nursing workforce center for the state, and in 2003 the legislature approved a measure allowing the Board of Nursing to use nurse licensure fees to support such an entity.
North Carolina (Phase Two only)
Grantee: State of North Carolina for the North Carolina Center for Nursing (Raleigh)
Project Director: Brenda L. Cleary, Ph.D., R.N.
(919) 715-3523

The North Carolina Center for Nursing began in 1991 as the nation's first state-supported agency charged with nursing workforce planning. The Colleagues in Caring grant supplemented the center's ongoing funding from state and private sources, including a grant from the Helene Fuld Health Trust for articulation work.

Among accomplishments reported during the project period, the center conducted a mail survey of nurse employers, published a biennial statistical trend analysis of the nursing labor force, developed a long-term statewide campaign to promote nursing as a career choice, and conducted a summit meeting on nursing school faculty recruitment/retention and other education issues.

Ohio (Phase One only)
Grantee: Ohio Citizens League for Nursing (Cleveland)
Project Director: Jane F. Mahowald, M.A., R.N.
(440) 331-2721

The project established five regional consortia to address nursing workforce issues important in each region and created a state steering consortium to oversee the work of these groups. Project personnel developed a supply survey, which they administered to nursing school students and a random sample of R.N.s and L.P.N.s.

The project also developed an employer demand survey tool, but a test of the survey tool was unsuccessful. The director reported that the extensive effort to develop this failed employer demand instrument (Workforce Modeling Tool) reduced the project's ability to address other nursing education and workforce needs. A Helene Fuld Health Trust grant supported development of a statewide articulation plan.

South Carolina
Grantee: University of South Carolina, College of Nursing (Columbia)
Project Director: Renatta S. Loquist, M.N., R.N.
rloquist@earthlink.net

Through collaboration with educators and employers, the project developed a matrix of nursing competencies that provided a framework for modifying education curriculum and developing appropriate job descriptions for nurses in various care settings.
With additional funding from the Helene Fuld Health Trust, the project helped develop a statewide articulation plan that was accepted by the state Commission on Higher Education and Board of Nursing.

Other outcomes included a recruitment campaign aimed at school youth and a report on South Carolina's nursing shortage that was distributed widely within the state, including to nursing schools, health care agencies and legislators.

The state legislature did not support creation of a permanent state nursing center. However, a group of nurse leaders continued to work on the concept following the close of the *Colleagues in Caring* program.

**South Dakota**

Grantee: South Dakota Board of Nursing (Sioux Falls)

Project Director: Margaret L. Hegge, Ed.D., R.N.

(605) 688-5934

A South Dakota consortium that included nurses, nurse educators and nurse employers established a system to collect and analyze state nursing workforce data and report on nurse supply-and-demand trends.

The consortium’s work informed legislation to increase the capacity of the state's nursing education system and fund a permanent nursing workforce development entity within the South Dakota Board of Nursing; the lead agency, the Board of Nursing, played an active advocacy role through its executive branch authority.

This new entity—the South Dakota Center for Nursing, (608) 362-2760—is continuing the data analysis and reporting functions of the *Colleagues in Caring* project and is directed by the former project director. (For more information, see the [Program Results Report](#) on South Dakota.)

**Tennessee (Phase One only)**

Grantee: East Tennessee State University, College of Nursing (Johnson City)

Project Director: Patricia Smith, Ed.D., R.N.

(423) 439-4624

The project—named the Tennessee HealthCare Consortium for Nursing—completed a statewide nursing workforce analysis and developed 15 recommendations for nursing education and practice reform.

After the *Colleagues in Caring* grant ended, the consortium organized as a nonprofit corporation. Renamed the Tennessee Center for Nursing, it now functions as the research arm of the state Board of Nursing; the executive director is Ann P. Duncan, M.P.H., R.N., (615) 253-2211.
Five Multi-County/Metropolitan Projects

Columbia, Mo.
Grantee: University of Missouri-Columbia, Charles and Josie Smith Sinclair School of Nursing (Columbia)
Project Director: Alice F. Kuehn, Ph.D., R.N.
(573) 882-0232

Missouri Rural Colleagues in Caring, the name of the project, initially focused on 30 predominantly rural counties in northeast Missouri but in Phase Two expanded its scope to all rural Missouri.

Among key outcomes:

- The project established a nursing workforce database.
- Developed a model for differentiating nursing roles and helped refine the state's articulation program.

After Colleagues in Caring ended, project participants sought funding to create a "virtual rural nursing consortium"—an interactive website that would link clinical nurses, educators, administrators and other nursing care stakeholders around the state in order to facilitate communication, information sharing and activities related to nursing workforce issues.

Corpus Christi, Texas
Grantee: Texas A&M University-Corpus Christi
Project Director: Claudia L. Johnston, Ph.D., R.N.
(361) 825-2712

The Greater Coastal Bend Regional Consortium developed a predictive model to identify future nursing care needs in a 15-county rural area of South Texas. The collaborative effort by health care providers and nursing educators also helped initiate an online nursing curriculum to increase educational opportunities for residents in the largely rural region.

Federal funding permitted implementation of the curriculum following conclusion of the RWJF-funded project. Two other organizations are now continuing the consortium's workforce development efforts.

One is the Corpus Christi Organization of Nurse Executives, which the consortium helped create, and the other is the Coastal Bend Health Education Center, a state-funded organization created in 1999 and located on the Texas A&M campus, (361) 825-2804. (For more information, see the Program Results Report on Corpus Christi.)
Kansas City, Mo.
Grantee: University of Missouri-Kansas City School of Nursing
Project Director: Nancy M. Mills, Ph.D., R.N.
(816) 235-1752

Kansas City Colleagues in Caring developed an extensive Web-based nursing career information service for prospective and current nurses in the metropolitan region.

The project consortium of nurse educators, nurse executives and other health care interests established a freestanding nonprofit organization—Health Resource Partners—to continue nursing workforce development efforts in the region on a permanent basis.

The executive director is Diane M. Daldrup, (816) 941-0544. (For more information, see the Program Results Report on Kansas City.)

Morgantown, W.Va.
Grantee: West Virginia University Foundation (Morgantown)
Project Director: E. Jane Martin, Ph.D., R.N.
(304) 293-4831

The nine-county North Central West Virginia Nursing Workforce Network developed a regional articulation plan, which project leaders expected to become a model for nursing programs statewide.

Also, the network produced R.N. and L.P.N. supply and job growth projections for the region to the year 2008. A state commission studying the nursing shortage used the network's data approach to develop statewide workforce projections.

Project leaders, including one network member who was a member of the state legislature, wanted to establish a center that would expand the network's data-collection effort statewide. The measure failed in the 2003 regular session of the legislature, but leaders planned to continue working for such a center.

Washington, D.C.
Grantee: Georgetown University, School of Nursing and Health Studies (Washington)
Project Director: Judith Baigis, Ph.D., R.N.
(202) 687-5127

The District of Columbia Consortium for Nursing Education and Practice developed an articulation model that was adopted by all four of the District's higher education programs in nursing as well as its five LPN programs. (This work was supported by the Helene Fuld Health Trust.)
The consortium also conducted workforce surveys of the District's nurse employers and educators. Additionally, it investigated and reported on school-to-practice transition difficulties of newly graduated nurses.

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Book Chapters


Articles


**Reports**

*Colleagues in Caring: Regional Collaboratives for Nursing Workforce Development: Program Assessment.* Falls Church, VA: Lewin Group, 2002.

**Grantee Websites**


**Sponsored Conferences**

workforce centers, *Colleagues in Caring* sites, nursing regulatory agencies, health care organizations, educational institutions and other groups interested in the workforce center concept. Examples of organizations represented include the New Jersey Collaborative Center for Nursing Workforce Development, Tennessee Center for Nursing and Arizona Hospital Association. Seven panels.

**Presentations and Testimony**

Mary F. Rapson, untitled presentation on *Colleagues in Caring*, at the Annual Meeting of the National Council of State Boards of Nursing, August 1997, Albuquerque, NM.


Mary F. Rapson, "*Colleagues in Caring* Overview," at the Annual Meeting of the National Council of State Boards of Nursing, August 3–4, 1998, Albuquerque, NM.


Mary F. Rapson, "*Colleagues in Caring,*" at the Educational Summit of the National League for Nursing, September 15, 2000, Nashville, TN.


Mary F. Rapson, "*Colleagues in Caring*: An Overview of the National Program and Its Relationship to Associate Degree Nursing Education," at the Annual Meeting of the National Organization for Associate Degree Nursing," November 13, 2000, Ft. Worth, TX.


Mary F. Rapson, "*Colleagues in Caring*: An Overview," at the 60th Annual Convention of the National Association for Practical Nurse Education and Service, June 10, 2001, Reno, NV.
PROJECT LIST

Reports on a selection of the projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results, post grant activities and a list of key products.

Arizona

- Arizona Consortium Identifies and Prepares for State's Nursing Needs (Grant ID# 36960, etc., October 2004)

California

- California Consortium Identifies and Prepares for State's Nursing Needs (Grant ID# 36961, etc., October 2004)

Mississippi

- Mississippi Consortium Identifies and Prepares for State's Nursing Needs (Grant ID# 36971, etc., October 2004)

Missouri

- Kansas City Consortium Identifies and Prepares for Region's Nursing Needs (Grant ID# 36972, etc., October 2004)

New Jersey

- New Jersey Collaborative Tackles Nursing Shortage (Grant ID# 42896, etc., October 2004)

South Dakota

- South Dakota Consortium Identifies and Prepares for State's Nursing Needs (Grant ID# 36977, etc., October 2004)

Texas

- Southern Texas Consortium Identifies and Prepares for Region's Nursing Needs (Grant ID# 36978, etc., October 2004)