

Idaho Nursing Workforce Advisory Council
**Summary of Findings and
Recommendations**



January 2009

Research Provided by

IDAHO
DEPARTMENT OF LABOR

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Idaho Nursing Workforce Advisory Council

Goals & Strategies

Goal I: Retain and increase nursing faculty to meet growing demand.

Strategies:

- A. Increase capacity in nursing master's and doctoral education.
 - Expand nursing master's programs at Idaho institutions
 - Implement nursing doctoral program proposed by Idaho State University
 - Enact legislation to expand opportunities for Idaho residents under compact or contractual agreements for nursing doctorate programs
- B. Expand access to nursing doctoral and master's level programs for educators through scholarships, loan repayment and other incentives.
- C. Engage practice staff as affiliate faculty by using incentives and adopting common standards statewide.
- D. Increase current nursing faculty salaries over three years to be competitive with industry standards.
- E. Create opportunities for extended contracts, year-round employment and other options to increase earning potential and boost retention of nursing faculty.

Goal II: Continue support for increased educational capacity across the range of nursing degree options to best meet industry and regional demand for nurses and improve retention of graduates.

Strategies:

- A. Prioritize investment in post graduate programs which demonstrate the most severe shortages.
- B. Devote resources to build the instructional and physical infrastructure based on regional demand and supply forecasts.
- C. Explore opportunities afforded by year-round programs to increase access for students, expedite student completion, expand opportunities for clinical sites and improve efficiency.
- D. Expand access to nursing education and advanced education by implementing scholarships, loan forgiveness, stipends and other financial aid.
- E. Establish public-private partnerships to ensure nursing education has adequate technology, facilities and practice sites.
- F. Incorporate innovative practices to enhance educational capacity.
- G. Establish public-private initiatives to encourage work force retention in all sectors.

Goal III: Sustain the current nursing work force initiative to ensure the availability of critical work force data for informed planning.

Strategies:

- A. Define the initiative as a center for long-range health care work force planning.
 - Expand scope and membership to include additional health care disciplines
 - Extend data sharing agreements to other licensing and operating boards
 - Establish timeline and public-private funding mechanism
- B. Provide a collective voice for developing and disseminating Idaho nursing work force policy initiatives.
 - Develop timely data and share resources to promote strategically-driven processes for nursing work force issues
 - Develop a strategic plan to implement goals and strategies
 - Provide continued monitoring of progress towards goals
 - Establish effective mechanisms to communicate critical information to decision-makers

Idaho Nursing Workforce Advisory Council Summary of Findings and Recommendations



The Idaho Nursing Workforce Advisory Council was created to assess Idaho's nursing work force needs and the adequacy of the supply of nurses and to advise the Governor, Board of Education, legislators and other policy makers. The council brings together leaders from industry, education and government to offer their unique contributions to address an issue that challenges the health care industry across the country.

In its first year, the council developed a data agenda, reviewed and combined data from a variety of sources and developed a plan to begin aligning work force supply with demand. The council recommends three overarching goals for increasing and sustaining Idaho's nursing work force through a public-private partnership that fosters worker development, recruitment and retention and is supported by comprehensive work force information and planning.

- I. Retain and increase current nursing faculty to meet growing demand.**
- II. Continue support for increased educational capacity across the range of nursing degree options to best meet industry and regional demand for nurses and improve retention of graduates**
- III. Sustain the current nursing work force initiative to ensure the availability of critical work force data for informed planning.**

Goal I | **Retain and increase nursing faculty to meet growing demand.**

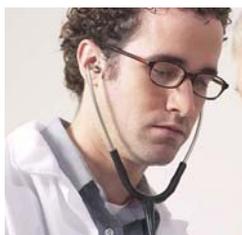
Strategies

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- B. Expand access to nursing doctoral and master's level programs for educators through scholarships, loan repayment and other incentives.
- C. Engage practice staff as affiliate faculty through use of incentives and common standards adopted statewide.
- D. Increase current nursing faculty salaries over three years to be competitive with industry standards.
- E. Create opportunities for extended contracts, year-round employment and other options to increase earning potential and boost retention of nursing faculty.

No other factor influences the state's capacity to educate nurses more than the availability of nursing faculty. Nurse education is demanding with strict student to faculty ratios required to assure student supervision and patient safety. The Board of Nursing generally requires one faculty for every 10 students in a clinical setting, a much lower faculty-student ratio than other higher education programs. The required faculty-student ratio challenges the schools' ability to maintain current operations and limits program expansion.

Based on current faculty-student ratios, nurse educators estimate that every bachelor's degree program requires two full-time equivalent positions for every 10 students and \$5,000 in operating expenses. At 20 students, an additional half of a position is required for general education faculty and a quarter each for professional and classified staff along with another \$20,000

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for adjunct faculty. Staffing is reportedly lower for advanced, associate and practical nursing degrees, but all reflect the significant levels of faculty and expense required to train those on the front lines of health care.

In addition to the stringent faculty-student ratios, Idaho schools of nursing report difficulty in attracting and hiring new faculty. According to the 2007 Idaho Nursing Workforce Center Nursing Program Directors Survey, each faculty opening drew an average of only 1.85 applicants. In 2008, this number rose only slightly to 2.31. While the overall number of faculty increased to 166 full time and 72 adjunct and part time for the 2007-2008 school year, an aging instructor work force is expected to erode gains. More than a quarter of the instructors plan to retire in the next five years. The 2008 Survey of Idaho Nursing Programs shows more than half of current instructors are older than 50 and only 10 percent are under 40. Institutions can make changes to retain mature faculty, but this large group of instructors will eventually leave the work force and must be replaced.

Another factor affecting nursing faculty is limited instate access to graduate level nursing education. Idaho currently lacks doctoral programs to prepare advanced faculty and has only limited capacity to offer master's-level programs. With council endorsement, Idaho State University has requested approval to offer an eight-seat doctoral program. Idaho State University and Boise State University currently offer the only graduate nursing programs with Boise State University's first five graduates expected to enter the work force in 2010. Until that time, Idaho State University's roughly 15 new post-baccalaureate nursing graduates are unrealistically expected to meet both the education and practice-setting demand, which in 2008 stands at roughly 150. In response to this gap between supply and demand, the council recommends increasing Idaho's advanced education capacity by beginning a doctoral program and expanding master's programs in the state university system. The council also recommends entering into contracts with other states to allow Idaho students to attend out-of-state nursing doctoral programs at affordable costs.

Only 22 percent of Idaho's nursing faculty possess doctorates while more than half are teaching with master's degrees and nearly a quarter have bachelor's degrees. This creates a large pool of workers who could benefit from increased credentials. Helping faculty and potential faculty attain higher degrees is one way to attract and retain younger people in faculty positions. This provides an opportunity for government, education and the industry to share faculty and costs for mutual benefit. To ensure the availability of faculty with appropriate credentials, the council recommends pro-

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viding scholarships, loan repayments and other incentives to encourage faculty to attain the ever higher levels of education required for highly skilled nurses.



Salaries as well as age threaten the faculty work force. The biggest discrepancy between faculty and private sector salaries involves people with Advanced Practice Professional Nursing certificates, who as educators earn only 57 percent of what they could earn in a health care-practice setting. People with master's degrees working as full-time educators fare only slightly better. They account for most of the instructional work force and earn only 65 percent of what those working in health care practice settings earn. Educators with bachelor's degrees earn 79 percent of their health care sector counterparts while those with doctorates earn 96 percent. The council recommends salaries be raised over a period of three years to make them competitive with comparable industry standards for wages paid to nursing directors and managers.

The council further recommends creating opportunities for extended contracts, year-round employment and other options to increase the earnings potential of nurse educators. This would have the added benefit of easing the strain on clinical sites and offer better use of new and existing facilities. Students and health care employers can also benefit from more compressed training schedules and the potential to meet demand more quickly.

Finally, the council recommends alternatives to expand education capacity by engaging nurses in practice as preceptors at clinical sites. Statewide standards would need to be adopted to ensure appropriate training and guarantee patient safety. Incentives may be needed to encourage nurses in practice to assume additional duties of student education and training.

Goal II | **Continue support for increased educational capacity across the range of nursing degree options to best meet industry and regional demand for nurses and improve retention of graduates.**

Strategies

- A. Prioritize investment in post graduate programs which demonstrate the most severe shortages.
- B. Devote resources to build the instructional and physical infrastructure based on regional demand and supply forecasts.
- C. Explore opportunities afforded by year-round programs to increase access for students, expedite student completion, expand opportunities for clinical sites and improve efficiency.
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- E. Establish public-private partnerships to ensure nursing education has adequate technology, facilities and practice sites.
- F. Incorporate innovative practices to enhance educational capacity.
- G. Establish public-private initiatives to encourage work force retention in all sectors.

Idaho is not exempt from the nursing work force shortage that is sweeping the country. Idaho health care employers report chronic vacancy levels and indicate hospital expansion plans will continue to drive demand for more nurses. On a per capita basis, the size of Idaho's nursing work force is smaller than all surrounding states except Nevada, falling more than 20 percent below the national average.

A lack of faculty candidates and financial support for additional full-time equivalents, limited classroom space and competition for clinical sites have all been cited as factors contributing to what has been called an education "bottleneck" in the work force supply chain.

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Statewide Supply and Demand: Where are we Going?

The Department of Labor culled data from the National Center for Educational Statistics, the Idaho State Board of Nursing, the Bureau of Labor Statistics and educational institutions in Idaho on nursing graduation and employment to estimate the current and future supply of and demand for nurses over the next decade.

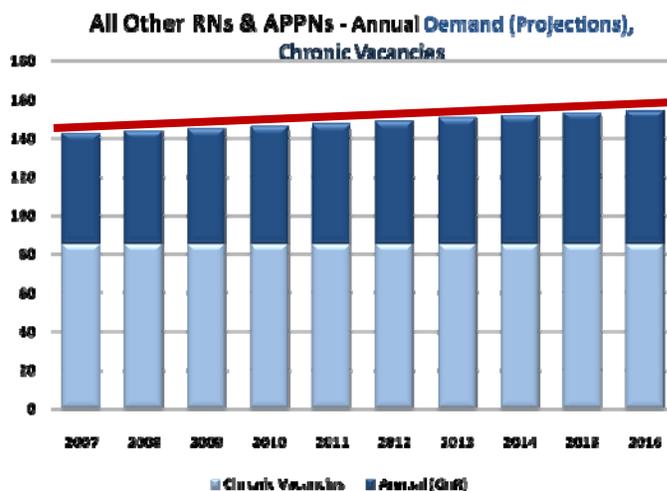
In the next nine years Idaho will need just over 7,500 more nurses to meet demand due to economic growth, replacement and chronic vacancies. Nearly 70 percent of the increased demand will be for associate and baccalaureate level registered nurses, 21 percent for licensed practical nurses and roughly 9 percent for graduate level nurses. Vacancy rate data provided by both the Idaho Hospital Association's 2006 vacancy survey and the Idaho Long-term Care 2008 vacancy survey coupled with information from the Bureau of Labor Statistics estimates the current shortage at around 920 nurses. Growth due to population increase and replacement of nurses retiring or leaving the profession would be in addition to that figure.

Demand Analysis¹

Overall Demand for Graduate Level Nurses (MSN, PHD and APPN)

Graduate-level nursing demand combines demand for educators with demand by practice-setting employers. In this case, growth and replacement in both these areas put the expected need for graduate level nurses at 630. Chronic vacancies for this group currently stand at 85. By the end of the decade, the cumulative demand for graduate level nurses stands at roughly 715. Over the next decade annual demand is projected to grow from roughly 140 in 2007 to nearly 160 by 2016. See Chart 1.

Chart 1



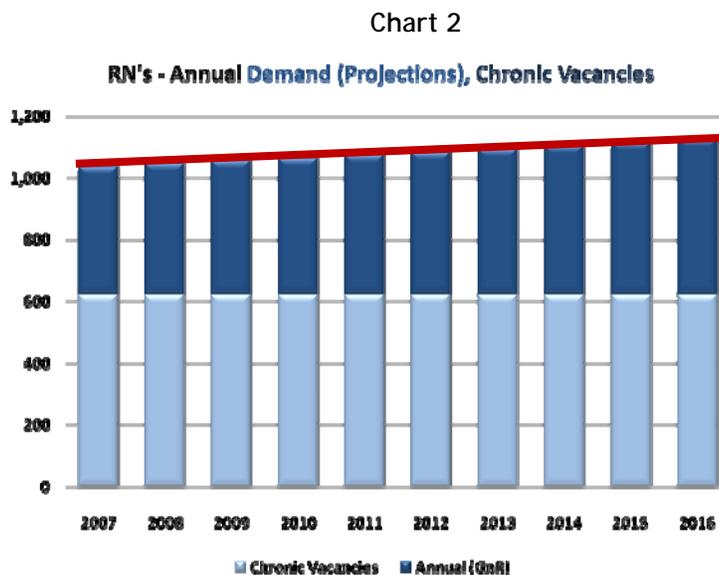
Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, and the 2007 American Health Care Association's Nursing Vacancy and Turn-over Survey for Idaho.

¹Assumptions inherent to demand projections: The ratio of nurses based on licensure level (e.g., RN, LPN and graduate) in 2016 is proportionate to levels found in 2006.

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Overall Demand for RNs (ASN and BSN)

RNs will make up over 4,500 of the new nurses required to meet just economic growth and replacement. Idaho's forecasted growth rate for RNs is around 36 percent over the next decade, significantly exceeding the estimated national growth rate for RNs of 23 percent. On top of that, the Idaho Hospital Association vacancy survey in 2006 estimated that around 300 RN jobs are chronically vacant because of an immediate under-supply of nurses. The Idaho Long-term Care vacancy survey in 2008 estimated an additional need for 320. This means over the next decade the RN work force is expected to experience a cumulative demand of over 5,100 new RNs due to growth, replacement and the existing vacancy rate. What this increase means on an annual basis is presented in Chart 2. Currently the annual demand for nurses stands at slightly more than 1,000, and it is expected to grow by 3.2 percent each year, topping out at more than 1,100 in 2016.



Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, and the 2007 American Health Care Association's Nursing Vacancy and Turn-over Survey for Idaho.

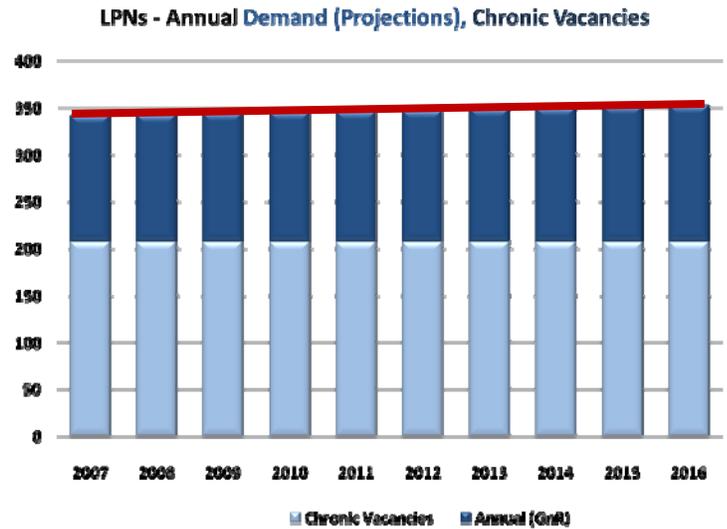
Summary of Findings and Recommendations



Overall Demand for LPNs

The number of LPNs necessary to meet both economic growth and replacement is expected to be 1,400 over the next decade. In addition, another 200 or more will be needed to mitigate chronic vacancies affecting employers throughout the state. This means that over the next decade the cumulative demand for LPNs will be more than 1,600. On an annual basis this means the demand for LPNs will rise by approximately 1.9 percent a year, reaching an annual demand of slightly more than 350 in 2016. See Chart 3.

Chart 3



Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, and the 2007 American Health Care Association's Nursing Vacancy and Turn-over Survey for Idaho.

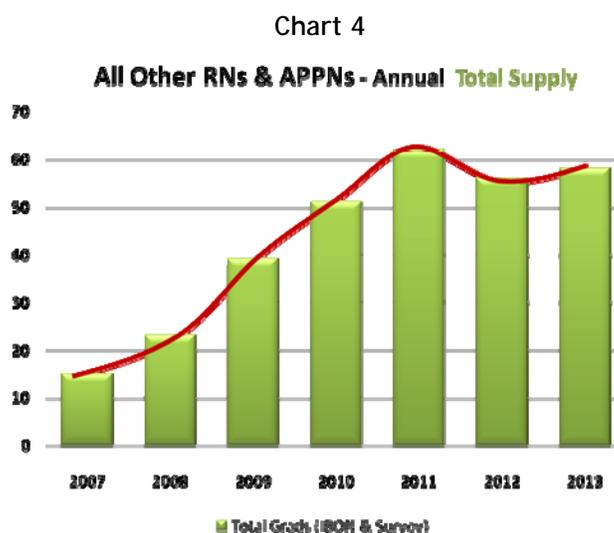
Summary of Findings and Recommendations

Supply Analysis²

To account for nursing students currently in the queue for graduation and those who will participate in already planned and funded expansions at specific institutions, forecasted graduation rate data were obtained from Idaho's educational institutions and thus became the basis for defining new nursing supply within the state. The data indicate Idaho institutions have funded plans for graduating around 9,400 nurses between 2007 and 2013.

Overall Supply of Graduate-Level Nurses (MSN, PHD and APPN)

The smallest pool of nurses, but also the most highly trained, include master's, doctorate and advance practice nurses. This group makes up roughly 9 percent of the nursing population in Idaho but according to the state's educational institutions, is expected to grow on average 21 percent per year between 2007 and 2013. That increases graduates from 15 in 2007 to 58 in 2013, adding roughly 300 new graduates to the mix.



Source: Idaho Program Director's Follow-up Survey, August 2008.

²Assumptions inherent to supply projections: Funding for faculty, buildings and programs remains intact regardless of changing economic conditions.

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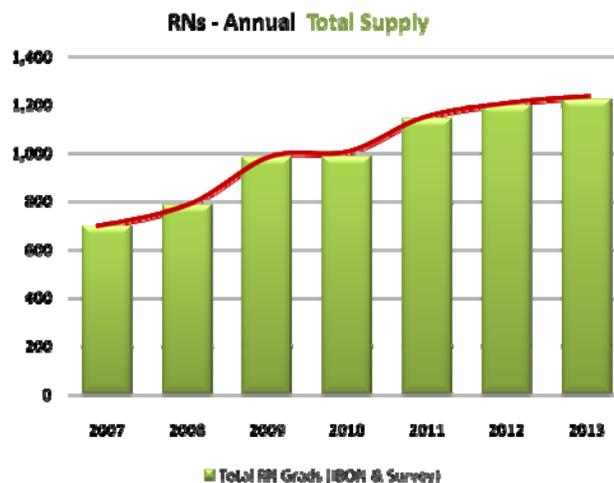
Overall Supply of RNs (ASN and BSNs)

Graduation data provided by the National Center for Educational Statistics, the Idaho State Board of Nursing and Idaho state educational institutions indicate RN graduation rates are expected to grow on average 7 percent per year through 2013. This growth means Idaho educational institutions will be graduating 6,700 RNs between 2007 and 2013. In annual growth this translates into an increase from nearly 700 graduates in 2007 to more than 1,200 graduates in 2016.

Overall Supply of LPNs

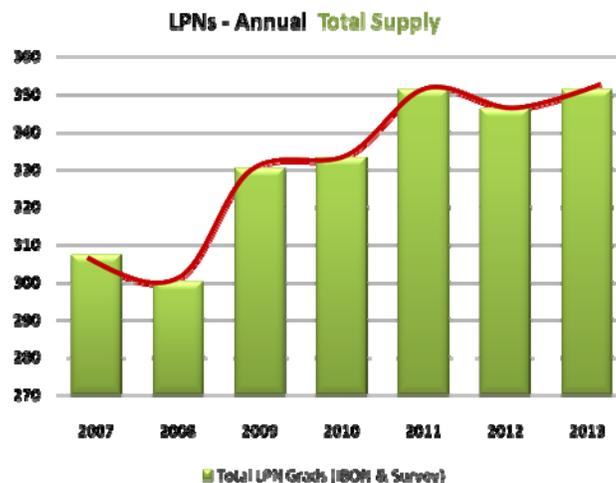
According to Idaho's educational institutions, LPN graduates are projected to increase by 14 percent between 2007 and 2013, adding an additional 2,300 to the supply. Annual LPN graduation rates are projected to decline slightly between 2007 and 2008, but will experience two distinct periods of rapid growth. In the first period, 2008 and 2009, LPN graduate levels are projected to increase by 10 percent. In the second period, 2010 to 2011, LPN graduates are projected to increase by 5.5 percent.

Chart 5



Source: Idaho Program Director's Follow-up Survey, August 2008.

Chart 6



Source: Idaho Program Director's Follow-up Survey, August 2008.

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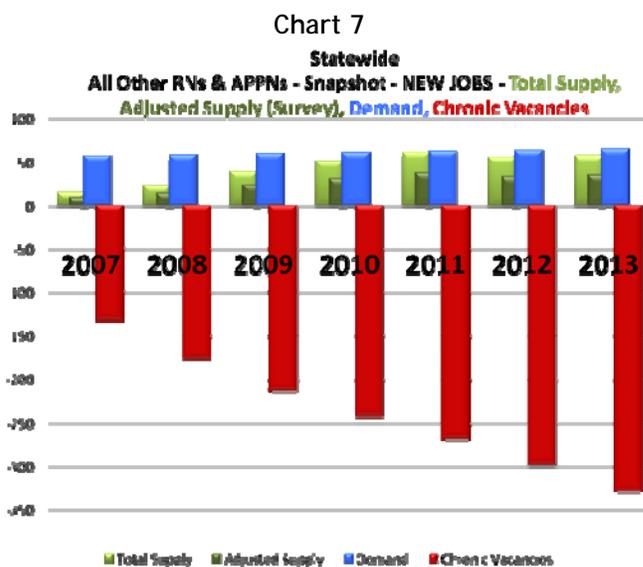
Gap Analysis³

Projected growth, replacements, vacancies and graduation rates collectively allow evaluation of nursing supply and demand to determine if a gap exists and whether it will close or widen over the next decade.

Work Force Demand and the Graduate Level Nursing Shortage

Graduate nurses pursue master's and doctoral degrees as well as Advanced Practice certificates. Under current program conditions, the majority of graduates in this category are pursuing an Advanced Practice License for the first time. Only a small percentage of these graduates are RNs upgrading to a master's degree and therefore we assume roughly 80 percent of all graduate level nurses pursue a first-time Idaho license. While Idaho State University has submitted plans to develop a doctoral nursing program, the program is awaiting Board of Education approval and funding. Therefore the supply of graduate-level nurses through 2013 does not project doctoral graduates.

Chart 7 shows the growth rate of 21 percent per year fails to address the rising demand for graduate-level nurses in Idaho. In addition, the growth rate fails to address the demand from educational institutions and practice settings for doctoral-prepared nurses.



Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, the 2007 American Health Care Association's Nursing Vacancy and Turnover Survey for Idaho and the Idaho Program Director's Follow-up Survey, August 2008.

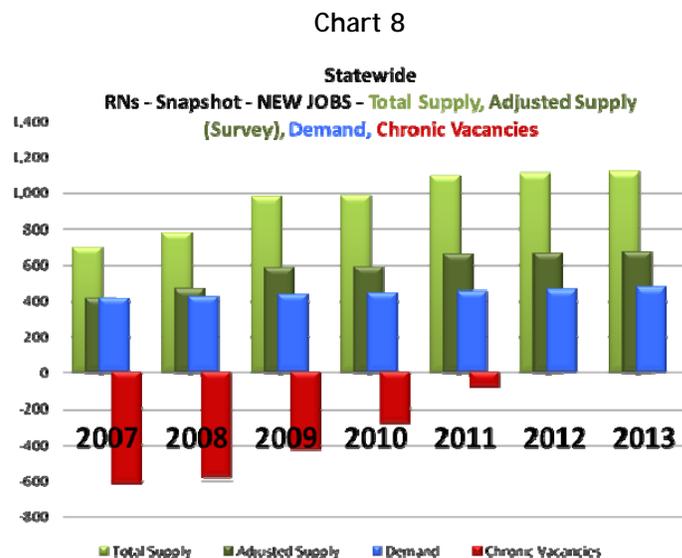
³Gap Analysis Assumptions: New nurses move into both newly created jobs and vacant jobs that are hard to fill. Not all students who graduate from an Idaho nursing program remain in Idaho and pursue employment in nursing. Using data from the Idaho Board of Nursing we assume this percentage to be 60 percent for RNs, 80 percent for LPNs and 80 percent for graduate nurses.

Summary of Findings and Recommendations

Work Force Demand and the RN Shortage

Combining the projected growth rate of nursing graduates with existing data from the Board of Nursing and the Idaho Department of Labor, the supply of new graduates between 2007 and 2013 who are expected to gain Idaho RN licensure for the first time and choose to stay in Idaho is 4,020. Thus the remaining 2,700 graduates during this time period will either be upgrading their degrees from ASN to BSN and therefore are not new RNs, or they have decided not to pursue a nursing license or pursue one in another state.

Chart 8 depicts the RN shortage using expected graduation information and licensure levels through 2013. As the graphic shows, under current market conditions and funded educational institution expansions the shortage of RNs is projected to disappear by 2012.



Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, the 2007 American Health Care Association's Nursing Vacancy and Turnover Survey for Idaho and the Idaho Program Director's Follow-up Survey, August 2008.

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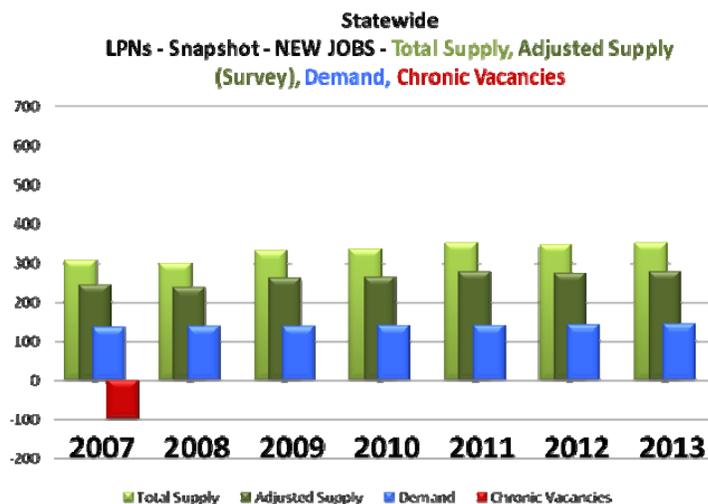


Work Force Demand and the LPN Shortage

Unlike RNs, where new graduates might already be licensed, all new LPN graduates must apply for their first nursing license. According to the Idaho Board of Nursing, about 80 percent of new LPN graduates receive a license. So of the 2,300 graduates, the state can expect about 1,840 to enter the work force. Chart 9 to the right indicates that even with the relatively low growth rate for graduates, supply is projected to catch up with demand in 2008.

Many of the assumptions inherent in this gap analysis are based on static one-year estimates. In addition long-term projections, which forecasts out five years or more, focus on highlighting occupational growth and therefore smooth out business cycles inherent in all economies. In the real world some assumptions may not play out over time. Therefore this task force is beginning to collect data longitudinally to evaluate how historical and existing trends could affect future supply and demand. The ability of the council to obtain longitudinal data on vacancy rates, graduation projections and licensing ratios will improve the gap analysis. Obtaining precise information on all nursing program graduates would allow a more definite determination of new RN graduates who already were licensed, those who decide to pursue other work and those who decide to work outside of Idaho.

Chart 9



Source: Idaho Department of Labor 2006-2016 Projections, Idaho Board of Nursing Licensure Databases, Idaho Hospital Association 2006 Vacancy Survey, the 2007 American Health Care Association's Nursing Vacancy and Turnover Survey for Idaho and the Idaho Program Director's Follow-up Survey, August 2008.

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Responding to Demand



With graduate level nurses demonstrating the most severe shortage, the council has indicated the priority for education investments should be in advanced nursing programs, masters, advance practice certification and doctoral levels. This is essential in creating a pool of nurse educators who can train future nurses. It is also a critical investment for practice where Advance Practice Nurses are in demand to increase capacity of the health care delivery system already stressed by a shortage of primary health care professionals.

The council recognizes changes must be made in the approach to educating nurses to address the shortage. A range of solutions has been recommended to bring more programs, services and ultimately trained nurses to rural areas and to use current technology to improve the learning experience and bridge the gap in clinical sites that are at capacity. Education redesign is offered as a solution, challenging educators to reconsider scheduling, curriculum, entry points and clinical experiences. In particular, the council recommends exploring year round scheduling to expedite the learning process, ease the burden on clinical sites and improve efficiency in use of faculty and facilities. Technology such as simulation and distance learning are recommended as solutions that both expand capacity and improve the quality of the learning experience.

Idaho schools have already embraced some of these strategies and are using them to great advantage. As an example, all masters' programs are currently offered on-line, ensuring access for students across the state. Idaho State University offers its baccalaureate completion program on-line as well, allowing those with degrees to train for a BSN degree in a compressed timeframe. The College of Southern Idaho has adopted a career pathway approach that recognizes learning in other health fields and high school technical programs to be used as building blocks toward a nursing education rather than repeated. It will be important to create opportunities to expand these and other innovations throughout the state.

Scholarships and loan forgiveness programs are offered as strategies to encourage nurses to work in education and rural Idaho - two areas that find it difficult to recruit nurses. The council was instrumental in pooling resources from the Idaho Department of Labor with the Idaho Alliance for Leaders in Nursing to expand a scholarship for nursing graduates and rural nurses to be offered for the 2008-2009 school year.

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For the long term, the council recommends continued partnerships with industry and education to share technology, manpower and supplies through creative approaches to procurement and staffing. This is an area that needs further investigation, but cooperative approaches among education institutions and industry in areas such as simulation can provide alternatives to ease the faculty shortage and ensure that students have the opportunity to train in the latest technology.

Retention of education faculty and nurses in practice settings is a critical factor in addressing any nurse shortage. Faced with an aging nurse and nurse instructor work force, the supply of nurses simply cannot keep pace with the rising demand for health care from baby boomers. Fifty-three percent of Idaho RNs are 45 and older, slightly lower than for LPNs at 56.5 percent and the two of every three APPNs 45 or older. Perhaps more alarming is that only one in five nurses is under 35, limiting the pool of workers who can replace those who will retire.

Industry and education will need to adopt practices to keep mature nurses in the workplace longer, perhaps tapping their expertise to mentor new workers who are reported nationally to show poor prospects for retention during the first two years. The council recommends tracking turnover of new nurses during their first two years and implementing strategies to assist nurses in their transition into the workplace. Among these recommendations are voluntary adoption of more formalized residency programs for new nurses, pre- and post- graduation transition programs and standards for industry based mentors and preceptors. These present excellent opportunities for furthering the public-private partnerships that are so prevalent in the industry for building and sustaining the work force.

The council has recommended aligning investments with regional supply-demand forecasts. This can be viewed from two perspectives—the gap in work force supply and demand and the gap between applicant interest and educational capacity. Ideally, these two factors align. The current capacity to assess the gaps is somewhat limited by available data. This could be improved by matching Social Security numbers from Idaho institutions against the Board of Nursing licensure database and the Department of Labor employer wage records to specifically identify Idaho graduates who become employed in Idaho.

Regional Gap Analysis

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Not surprisingly, the gap in work force supply as measured against potential new regional graduates is greatest in southwestern Idaho with its large population base. The region is served by a number of educational institutions. Boise State University is the primary provider, and Idaho State University is a provider of specialized health care education. The College of Western Idaho will be entering the market in 2009, joining two private institutions that have brought more nurse education to the region. While all regions experience some gap, the inability of public education institutions to produce enough graduates to meet employer demand is also more pronounced in northern Idaho. An in-depth view of gap analysis by region is located on page 22 of this report and is available in appendix E of the full report.

Clearly, there is no lack of interest in pursuing nursing as a career. According to the Board of Nursing, 815 applicants were accepted in an associate or bachelor's RN program for the 2007-2008 school year while 785 were turned away. In the program for licensed practical nurses, there were 461 applicants for the 330 seats. Boise State University was least able to meet demand from prospective nursing students, turning away 326. This was followed by Brigham Young University-Idaho, which denied enrollment to 264 students. The College of Southern Idaho deferred the enrollment of 151 students, Idaho State University denied enrollment to 50 and North Idaho College turned away 59. Lewis-Clark State College and Eastern Idaho Technical College appear to be better positioned to meet the needs of potential nursing students, turning away only small numbers while Apollo College and Northwest Nazarene University reported that they were not constrained by capacity.

While students can and do move to pursue educational objectives, student interest should be considered. The council has recommended that education expansion be targeted at those regions where demand is greatest. Nontraditional students may be less able to take advantage of educational opportunities in another region because of family and other responsibilities.

Both the College of Southern Idaho and Lewis-Clark State College have broken ground on new state-funded health care facilities to expand their nursing programs. Idaho State University has invested in upgrading its nurse education facilities in Pocatello and has joined with the Meridian School District to gain space for health care programs. Boise State University is relying on private donations to build a new facility, and new LPN and ASN programs are slated to start in 2009 on the new College of Western Idaho campus. These

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provide opportunities to expand nursing programs if investments are made in necessary faculty.

Annual access to data on education capacity and expansion plans together with detailed information on completion, graduation rates and employment patterns will be of mutual benefit to educators who train nurses and employers who hire them. Nurses, employers and consumers will benefit as well.

Goal III

Sustain the current nursing work force initiative as to ensure the availability of critical work force data for informed planning.

Strategies

- A. Define the initiative as a center for long-range health care work force planning.
 - Expand scope and membership to include additional health care disciplines
 - Extend data sharing agreements to other licensing and operating boards
 - Establish timeline and public-private funding mechanism
- B. Provide a collective voice for developing and disseminating Idaho nursing work force policy initiatives.
 - Develop timely data and share resources to promote strategically driven processes for nursing work force issues
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The nursing work force initiative provides a critical service to government, education and the industry by better tracking work force supply and demand and educational capacity to meet that demand. The effort can be used to

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direct limited education resources to the most critical areas. Initial investments in data sharing between the Board of Nursing and the Department of Labor have contributed substantially to the body of knowledge on the nursing work force. This will be enhanced further as data from the state's educational institutions is merged with these databases.

The council recommends the expansion of this initiative to the health care industry as a whole to better inform work force and education planning in an industry that dominates the state's Hot Jobs forecasts. The council recommends further refinement of nursing data and extension of this partnership approach to the health care industry to guide appropriate investments in the state's health care work force. The council would be reconfigured to reflect the broader focus of the health care sector and charged with development of a strategic plan to refine the many strategies that are envisioned and oversight of its implementation. The council envisions a public-private partnership engaging business, government, work force leaders and education to identify and solve issues that contribute to growing and sustaining the work force. The council also recommends a partnership strategy to finance the work of the council and its research.

A sustained, permanent effort will provide data for decision-makers to make informed decisions regarding investments in Idaho's health care and health care education system. Ultimately it is Idaho citizens who will benefit from a well designed and thoughtfully implemented plan.

Please note: For greater accuracy in projecting supply, nursing programs were only asked to project graduation rates out five years, thus supply estimates end at 2013. Demand estimates were developed using the Bureau of Labor statistics methodology and therefore are projected out to 2016.

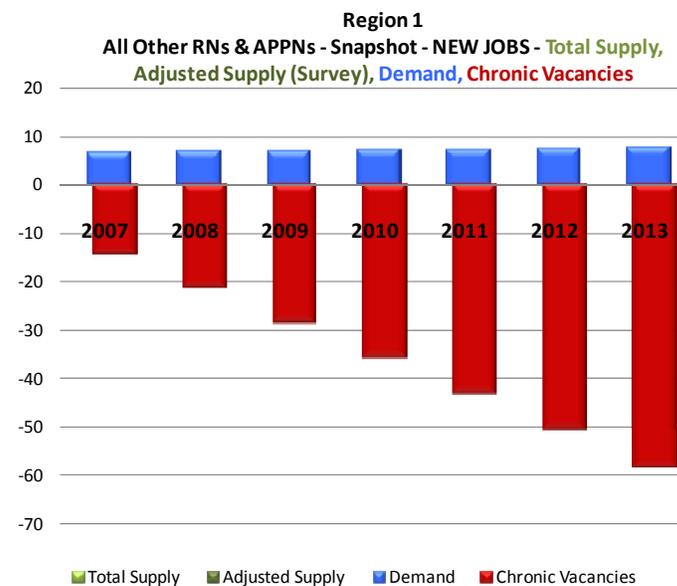
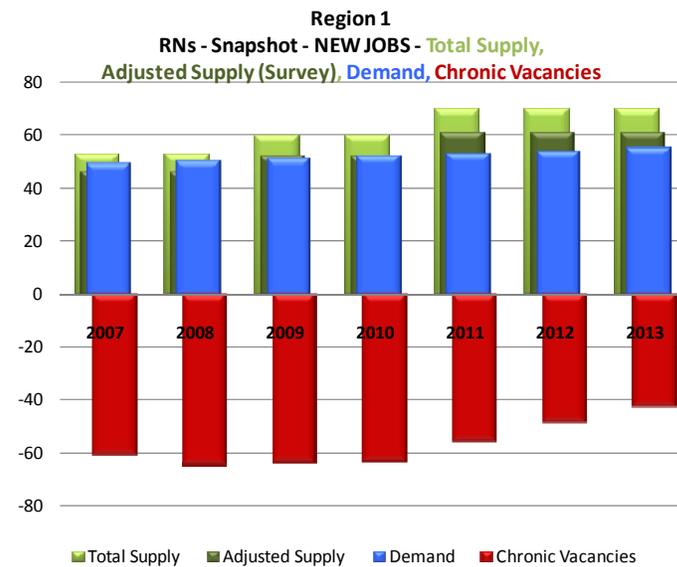
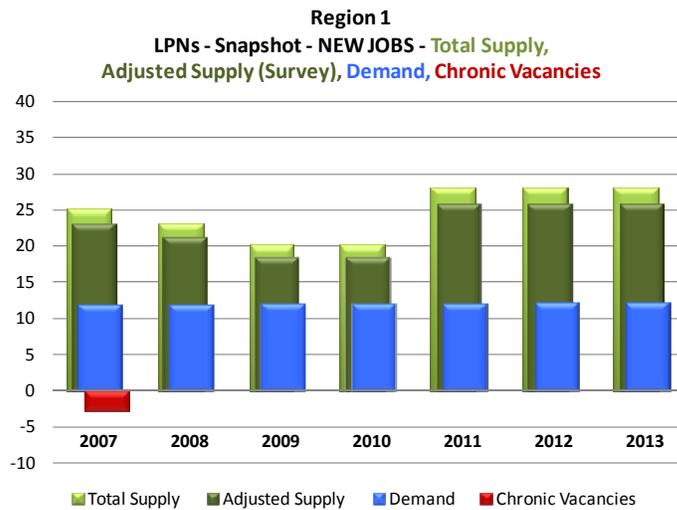
Costs associated with this project are available by contacting the Idaho Department of Labor, which is funded in part by federal grants from the U.S. Department of Labor. The Idaho Department of Labor is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities. Dial 711 for TTY Idaho Relay Service.

Summary of Findings and Recommendations

Regional Gap Analysis

Region 1

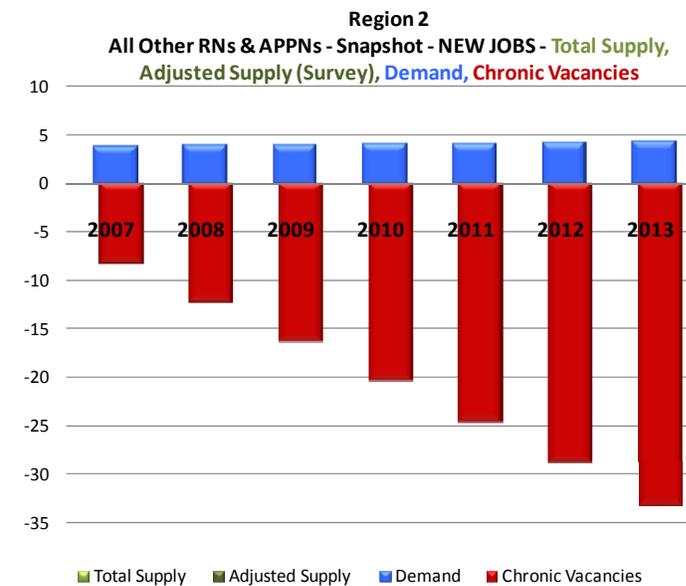
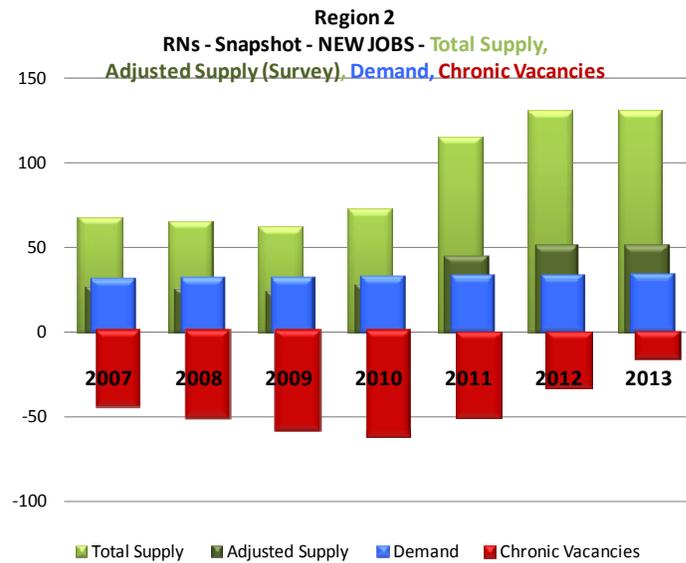
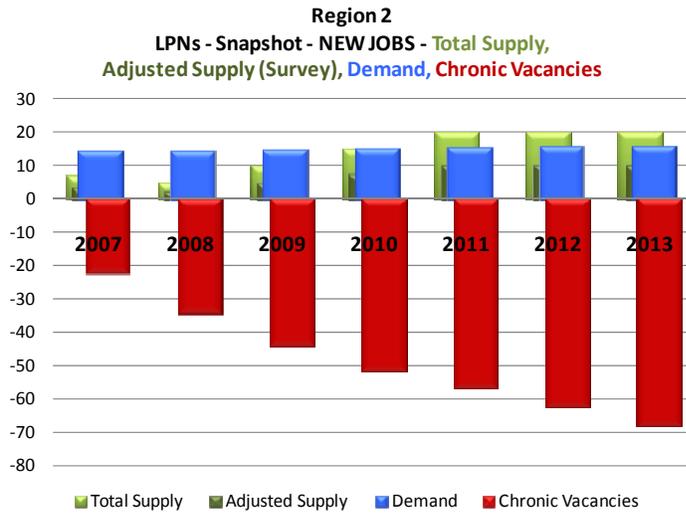
Benewah,
Bonner,
Boundary,
Kootenai
and
Shoshone



Summary of Findings and Recommendations

Region 2

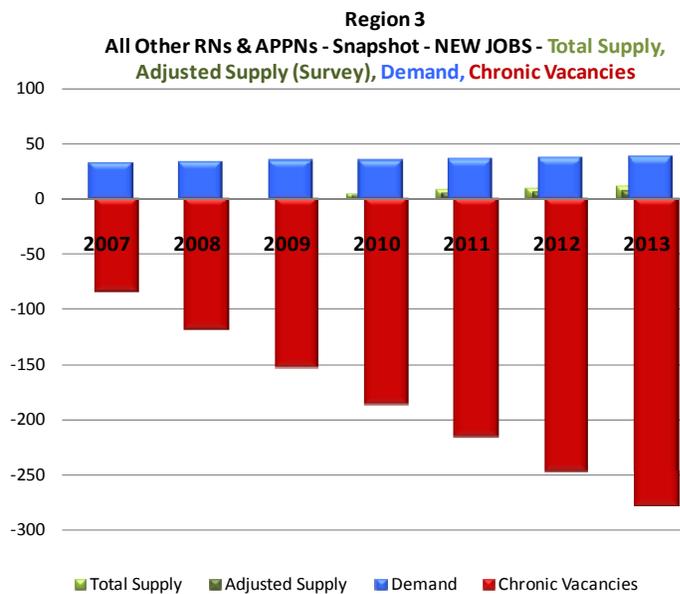
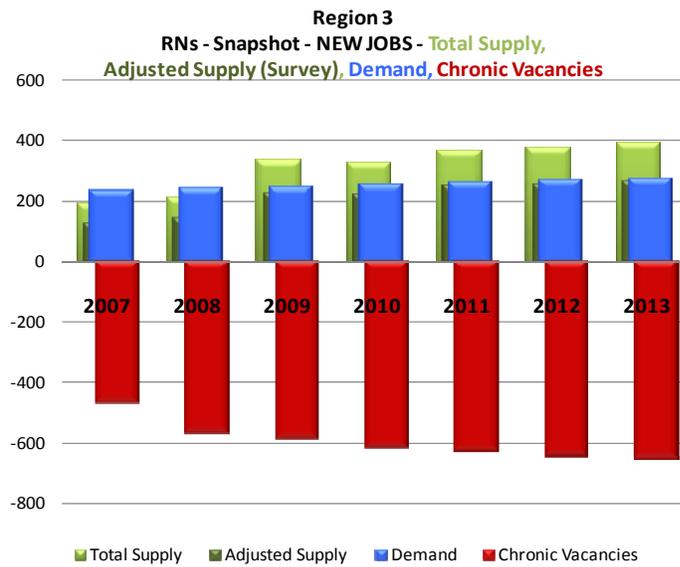
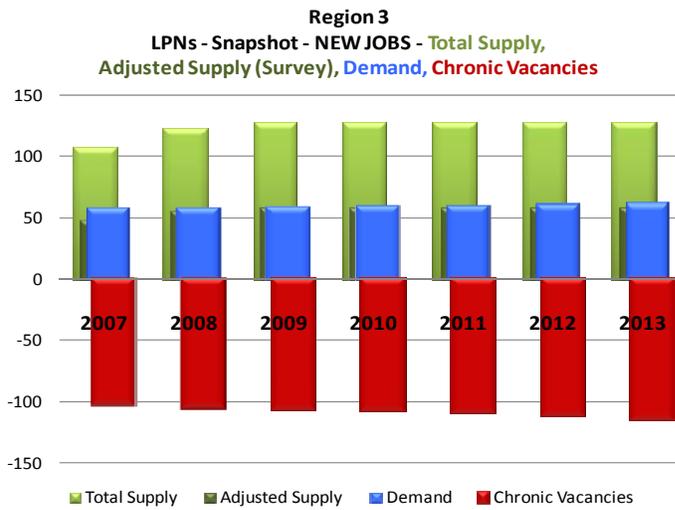
Clearwater,
Idaho,
Latah,
Lewis,
and
Nez Perce



Summary of Findings and Recommendations

Region 3

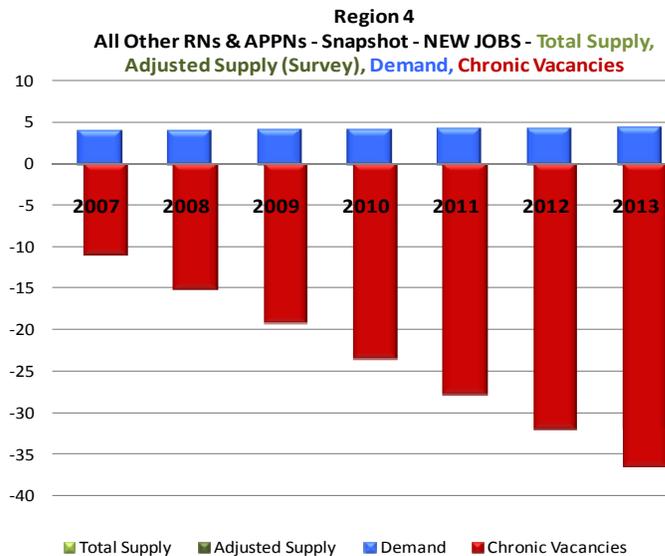
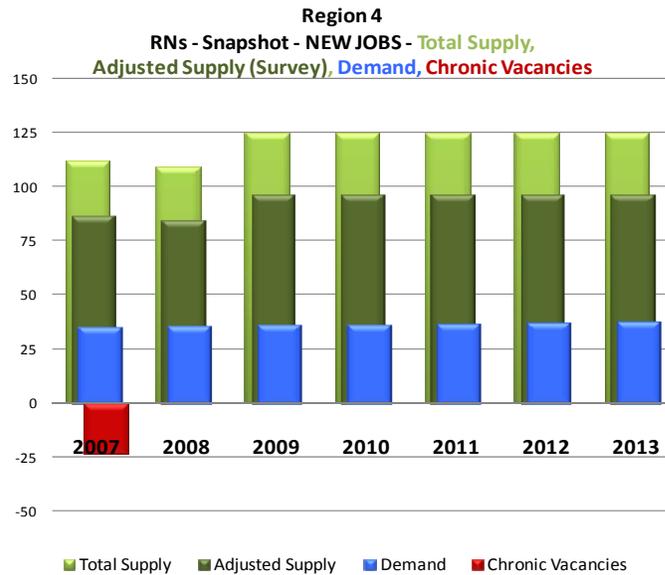
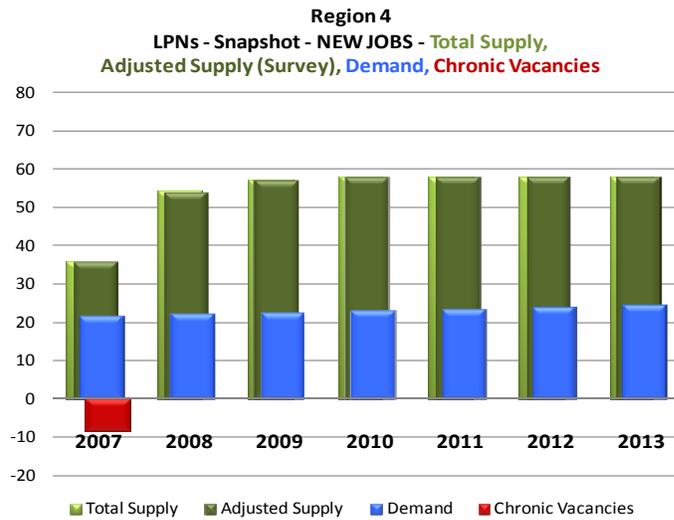
Ada,
Adams,
Boise,
Canyon,
Elmore,
Gem,
Owyhee,
Payette,
Valley
and
Washington



Summary of Findings and Recommendations

Region 4

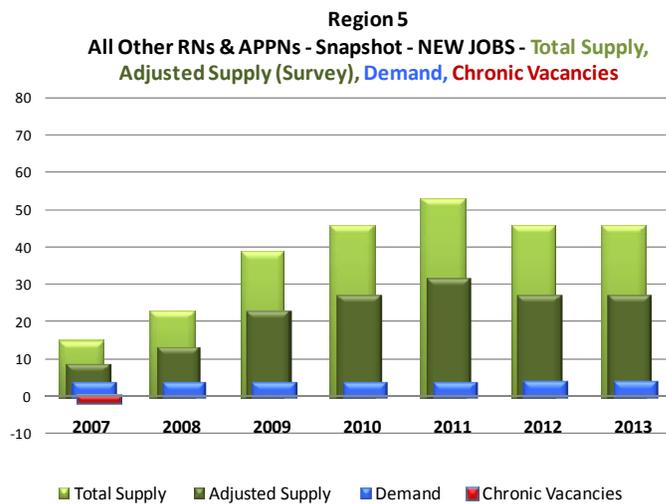
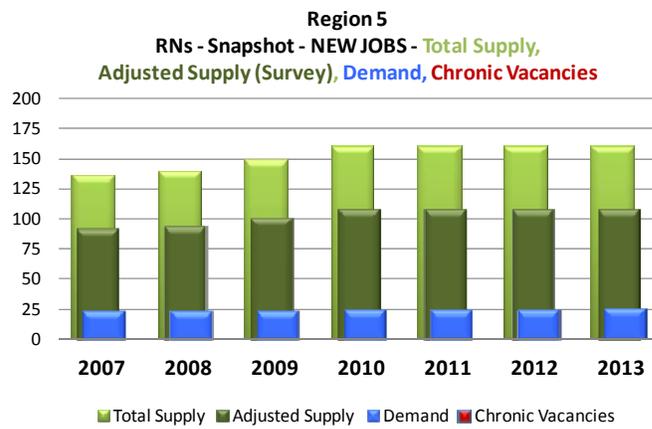
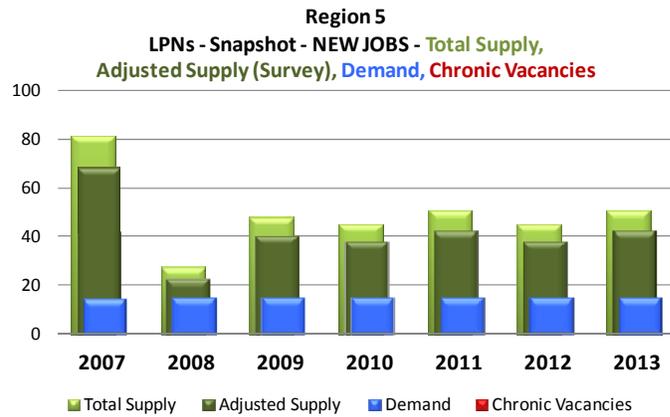
Blaine,
Camas,
Cassia,
Gooding,
Jerome,
Lincoln,
Minidoka
and
Twin Falls



Summary of Findings and Recommendations

Region 5

Bannock,
Bear Lake,
Bingham,
Caribou,
Franklin,
Oneida
and
Power



Summary of Findings and Recommendations

Region 6

Bonneville,
Butte,
Clark,
Custer,
Fremont,
Jefferson,
Lemhi,
Madison,
and
Teton

