



Moving from Talk to Action

Building Community Plans for a Strong Nursing Workforce

Background Report for Regional Forums

- Albuquerque, June 30
- Roswell, July 11
- Clovis, July 18
- Las Cruces, August 1
- Gallup, August 15
- Espanola, September 5

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Forward

This report was prepared to support a statewide discussion on strengthening the nursing workforce and addressing the nursing shortage for New Mexico. Through a series of six regional forums around the state, the discussion will focus on moving from talk to action. The goal is not to generate additional recommendations, but to prioritize the recommendations already developed and build consensus for a structure and process for taking action.

The issues surrounding the nursing shortage are multidimensional and complex. As a result, no brief explanation of the situation, including this report, can hope to cover all the information and opinions available. Ultimately the people of New Mexico and the nursing stakeholders must decide the priorities for action and where limited resources should be focused.

The report is organized in three main sections:

1. The status of nursing in New Mexico
2. A summary of what has been done-to-date to address the nursing shortage
3. The call to action for moving forward

The appendix outlines the recommendations that have been proposed by the New Mexico Health Policy Commission and various statewide town halls and forums.

Forum Sponsors

The **New Mexico Board of Nursing** is the nursing regulatory agency whose mission is to “Protect public safety through effective regulation of nursing care and services.” The board achieves this mission by building partnerships between nurses, the nursing community, employers of nurses, other healthcare organizations, and the community-at-large.

The **New Mexico Center for Nursing Excellence (NMCNE)** is a non-profit organization whose mission is to advocate for the nursing resources needed to ensure the health of the people of New Mexico. Focused on strengthening the nursing workforce, the NMCNE collaborates with partner stakeholders to support nursing education, support nurses throughout their careers, promote the nursing profession, and honor nurses.

Forum Partners

These organizations are valued partners in making these forums possible:

- Con Alma Health Foundation
- Espanola Hospital
- New Mexico Hospital Association
- New Mexico Organization of Nurse Executives
- Presbyterian Healthcare Services

Forum Facilitator

New Mexico First events bring together people from all walks of life to identify practical solutions to the state’s toughest problems. In New Mexico First’s 22-year history, it has engaged over 6,000 people in the democratic process. Co-founded in 1986 by U.S. Senators Pete Domenici (R-NM) and Jeff Bingaman (D-NM), the organization conducts three major types of activities: an annual statewide town hall focusing on a critical issue facing the state; specialized forums for communities and institutions that need consensus feedback; and smaller consensus facilitations such as strategic planning sessions.

In May 2007, New Mexico First hosted its statewide town hall, *Strengthening New Mexico Healthcare: Access, Coverage, and Economics*. The event produced concrete, actionable recommendations for policymakers in the area of improving healthcare in New Mexico. Strengthening the state's pipeline of healthcare professional was the focus of several town hall recommendations. In May 2008, New Mexico First facilitated a statewide forum, *Looking to the Future: Preparing for the Next Generation in Health Careers* on behalf of the University of New Mexico Health Sciences Center Office of Diversity and the University of New Mexico Hospitals. Several of the recommendations focused on strategies for educating, recruiting, and retaining healthcare professionals of all types. For this reason, New Mexico First is pleased to facilitate these regional, community forums addressing the nursing shortage for which this report was prepared.

The Forum Process

Like all New Mexico First events, this forum will take participants beyond the typical presentation-filled conference setting and instead draw on their knowledge to find solutions to address the issue at hand. This forum will include a guest speaker to set the context. However, the bulk of the work will be done in small groups by the participants themselves. By the end of the forum, participants will have outlined the structure and process needed to develop and implement community and state plans that address the nursing shortage.

The Nursing Shortage in New Mexico

What Are the Issues?

New Mexico, like the rest of the nation, is experiencing a nursing shortage that will worsen over the next few years. There have been numerous meetings to identify the factors that contribute to the nursing shortage and to propose recommendations for action. While some of those recommendations have been implemented, many have not. A primary reason for the lack of action is that there is no entity that “owns” the recommendations and can champion their implementation.

The impact of the nursing shortage is most acutely felt at the community level. Each New Mexico community has its own unique experience—urban versus rural, north versus south, east versus west—when it comes to the severity of the shortage and workable solutions. To this point, most efforts to develop solutions have been at the state level. There has been minimal effort to reach out to individual communities and support them in addressing their unique situations. A one-size-fits-all approach may not be the best operational concept. Workforce and economic development has been most effective with community-based strategies.

It is time to move beyond identifying the cause and generating ideas for solutions. It is time to evaluate the recommendations that have already been made for nursing education, recruitment, and retention and prioritize them for action. It is time to agree on a structure and process for “owning” the recommendations and championing their implementation. It is time to agree on responsibility and accountability for moving the recommendations to action and working with New Mexico communities to address their unique needs.

Status of Nursing in New Mexico

Nursing Levels of Practice

In order to illustrate the full status of the New Mexico nursing workforce, it is necessary to clarify the two levels of nursing licensure in the state—Licensed

Practical Nurse (LPN) and Registered Nurse (RN). In New Mexico, there are two ways to enter practice as a registered professional nurse:

1. **Associate Degree in Nursing (ADN):** The associate degree in nursing educates and prepares nurses to provide direct patient care in numerous settings. The programs range from 60-72 semester hours (90-108 quarter hours) with content in arts and sciences as well as nursing. Graduates are eligible to write the National Council Licensure Examination-Registered Nurse (NCLEX-RN) to become registered professional nurses.
2. **Bachelor Degree in Nursing (BSN):** The bachelor degree in nursing provides general education and nursing education to provide direct patient care with an emphasis on critical thinking and community health. Students graduating from a generic BSN program are eligible to write the NCLEX-RN to become registered professional nurses. The BSN is the prerequisite degree for advanced education (i.e., master, doctorate) required for nursing faculty.

Nursing Workforce

The information describing the nursing workforce is limited to those nurses with New Mexico nursing licensure and New Mexico residency. The total number of registered nurses in New Mexico has grown by 2,302 nurses over the last 5 years, with an increase of 955 since 2005. While the total number of licensed practical nurses has grown by 123 over the last 5 years, it has decreased by 24 nurses since 2005. Of the total number of nurses, 14,170 (90.3%) are female and 1,521 (9.7%) are male.¹

¹ New Mexico Center for Nursing Excellence. (2007, June). *Vacancy and Turnover in NM Hospitals: Report of Survey*. P. 28. From: <http://www.nmnursingexcellence.org/associations/6561/files/Nursing%20Vacancy%20Turnover%20Survey%20Report%20Jun%2007.pdf>

Table 1: New Mexico Nursing Workforce²

Level of Practice	2007	% Change
Registered Nurses	15,691	3%
Licensed Practical Nurses	2,953	1%
Total	18,644	3%

The New Mexico Board of Nursing (NMBON) reports that for the fiscal year 2006, 1,929 new nurses (RNs and LPNs) were licensed by examination or endorsement.³ This is an 11.5% increase from the last fiscal year. However, the total increase in the NM nursing workforce over the last fiscal year was 560. The assumption can be made that 69% of the newly licensed nurses are replacing nurses leaving the workforce while 31% of the newly licensed nurses account for the actual growth in the workforce. Research is underway to further investigate when nurses enter and leave the New Mexico workforce.

In addition to these 1,929 newly licensed nurses, 2,396 foreign nurses obtained licensure in New Mexico. However, how many of these nurses actually stay and work in New Mexico is unclear: The NMBON estimates a majority of these foreign nurses go to other states and do not work in New Mexico. Foreign nurses licensed through New Mexico are not included in the data of nursing workforce in this report.

Licensed Nurses Employed vs. Projected Need.

In spite of these increases, it appears that the supply of nurses in the workforce is not fully meeting the need. The percentage of registered nurses in the workforce has remained relatively constant with 71% of RNs working full time in nursing and 21% working part time in nursing. It is also clear that the number of licensed practical nurses is not keeping up with the projected need. Seventy-two percent (72%) of LPNs are working full time and 19% are working part time.

The tables that follow show a comparison of New Mexico Department of Labor nursing workforce

² New Mexico Center for Nursing Excellence. (2007, June). *Vacancy and Turnover in NM Hospitals: Report of Survey*. P. 28. From: <http://www.nmnursingexcellence.org/associations/6561/files/Nursing%20Vacancy%20Turnover%20Survey%20Report%20Jun%202007.pdf>

³ Endorsement is the process by which nurses transfer their license from one state to another.

projections for 2004–2014 to the estimated number of nurses in the workforce based on NMBON data. Assumptions made in this assessment are that working full time in nursing equates to 1 full time equivalent (FTE); working part time in nursing equates to 0.5 FTE.

Table 2: Registered Nurse Need vs. Employed⁴

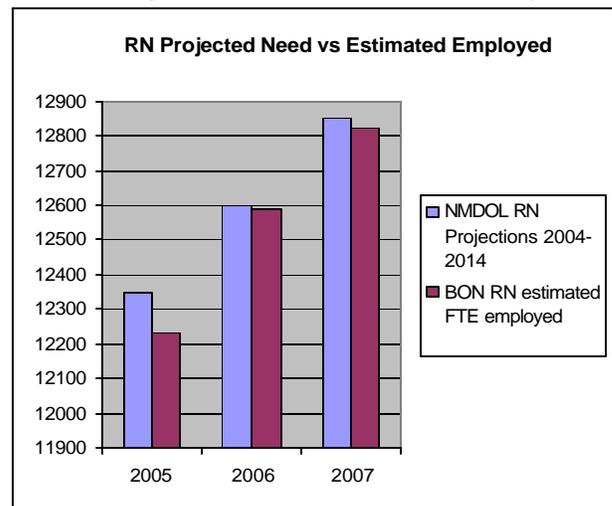
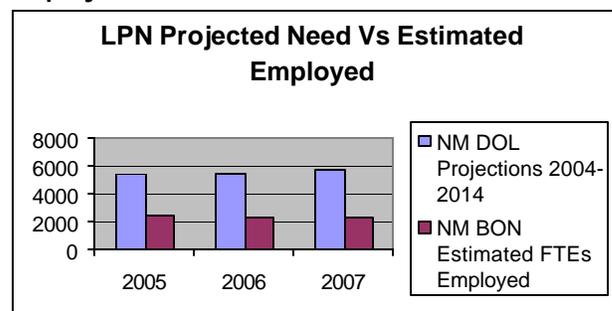


Table 3: Licensed Practical Nurse Need vs. Employed⁵



Aging Nursing Workforce

The impact of the baby boomer generation reaching retirement age is reflected in the nursing workforce. In 2007, 47% of both registered nurses and licensed practical nurses were over age 50. This is up from 46% in 2006. Seventy three percent (73%) of registered nurses and 69% of licensed practical nurses are over age 40.

⁴ New Mexico Center for Nursing Excellence. (2008) *2008: Status of Nursing in New Mexico*. P. 3. Chart 1. From <http://www.nmnursingexcellence.org/associations/6561/files/2008%20Nursing%20Fact%20Report.pdf>

⁵ Ibid, P.3, Chart 2.

The University of New Mexico Bureau of Business and Economic Research (UNM BBER) reflected the shift in the registered nurse workforce age distribution and the corresponding retirement curve. UNM BBER points out that “retirements will accelerate rapidly over the next 15 years, peaking around 2020. The critical issue is the capacity of the education system to bring new registered nurses into the workforce as the rate of retirements accelerates.”⁶

Table 4: Age Distribution of NM Registered Nurses 2001-06⁷

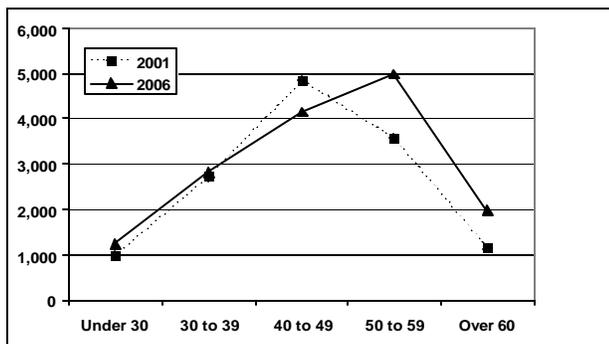
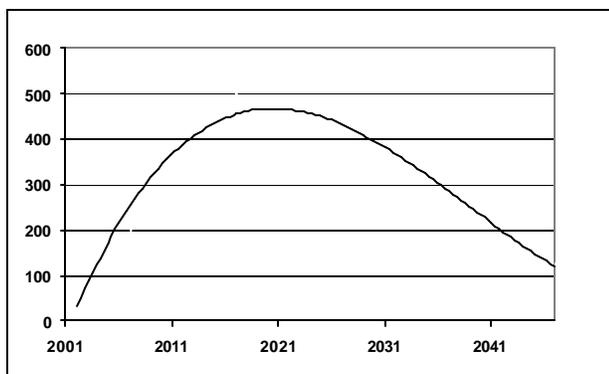


Table 5: Retirement Eligibility of NM Registered Nurses 2001⁸



Nursing Wages

The UNM BBER report concluded that registered nurse wages are relatively high and in line with wages nationally and in surrounding states. The wages should serve as an incentive for entering nursing. “More important to the market for RNs are

⁶ Ruiz, D. (2007). *Status of Nursing in New Mexico*. UNM Bureau of Business and Economic Research, University of New Mexico: Albuquerque. P. 11. From: <http://www.nmnursingexcellence.org/associations/6561/files/Status%20of%20Nursing%202007%20BBER%20Report%20final.pdf>

⁷ Ibid. P.10. Figure 1.

⁸ Ibid. P. 11. Figure 2.

wages relative to other occupations. For the U.S. as a whole, the average wages for RNs are 52% above the average wages for all occupations, adjusted for full time employment. By comparison, wages earned by RNs in New Mexico are fully 58% the economy-wide average. Significantly, wages earned by RNs in New Mexico increased by 10.2% during the period 2001 to 2006, after adjusting for inflation, compared to an increase of 8.2% for RNs in the U.S. as a whole during the same period.”⁹

Table 6: Average Wages for Registered Nurses in the Southwest vs. All Occupations 2006¹⁰

State	RN Average Wage	All Occupations Average Wage	RN Wage Premium
Colorado	\$58,620	\$41,450	41%
Arizona	\$58,480	\$36,260	61%
Texas	\$57,180	\$36,410	57%
New Mexico	\$57,000	\$33,980	68%
Utah	\$54,590	\$35,540	54%
Oklahoma	\$48,480	\$32,570	49%
United States	\$59,730	\$39,190	52%

Nursing Education

Information related to nursing education in the state came, in large part, from a survey conducted by the New Mexico Center for Nursing Excellence (NMCNE). Approximately one-third of associate degree programs and one-half of bachelor degree programs responded to the survey. While the response rate may affect generalizations, it does provide some sense of what is happening in nursing education.

Nursing Students

The number of qualified students being accepted into New Mexico Schools of Nursing appears to have declined. While the Associate Degree in Nursing (ADN) programs increased the number of students they admitted between 2002 and 2004, there appears to be a decline in ADN admission numbers in 2005. Whether this is a true stabilization of capacity or a one-year event is yet to be seen. The Bachelor

⁹ Ibid. PP. 13-14.

¹⁰ Ibid. P. 14. Figure 4.

Degree in Nursing (BSN) programs responding to the survey held steady in the number of students accepted. If the capacity of schools continues the 2005 trend, it raises the question whether the schools have maximized their ability to grow their programs within the current system, structure, and funding.¹¹

Table 7: Acceptances to NM Nursing Education Programs 2002-06¹²

Year	Qualified Applicants	Accepted	Acceptance Rate
Associates Degree (N = 5 of 13)			
2002	na	199	na
2003	na	229	na
2004	398	255	64%
2005	254	162	64%
Bachelor of Science Degree (N = 1 of 2)			
2002	180	106	59%
2003	229	104	45%
2004	450	128	28%
2005	349	128	37%
Total Degrees			
2002	na	305	na
2003	na	333	na
2004	848	383	45%
2005	603	290	48%

Nursing Licensure

Overall, the number of New Mexico nursing students passing the NCLEX for the 2006 calendar year increased by 17% over the prior year. The number of registered nurse candidates (762) was 32% higher and the number passing the licensing exam (658) was 30% higher than in 2005. Since 2001, the number of RN candidates passing state boards per year has increased by 53%. For licensed practical nurses, the number of candidates in 2006 (163) is down by 18.5% and the number passing the licensing exam (160) is down 17.5% from 2005. However, since 2001, the number of LPN candidates passing state boards per year has increased by 7.4%.

Table 8: NM Schools NCLEX-RN Candidates¹³

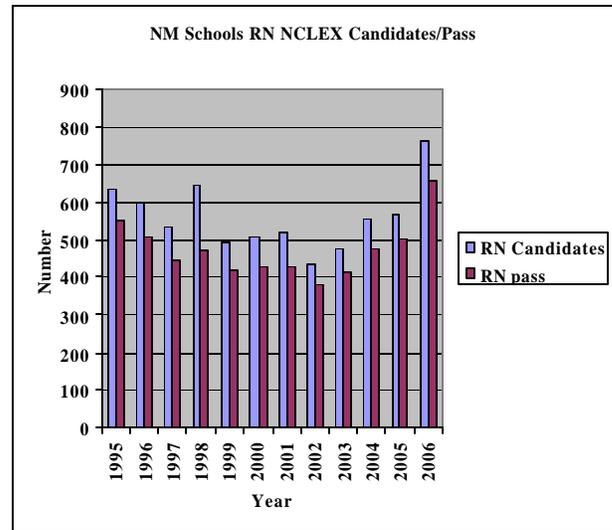
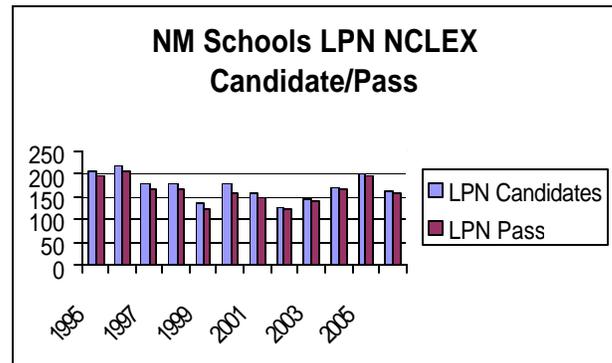


Table 9: NM Schools NCLEX-LPN Candidates¹⁴



Nursing Diversity

The survey conducted by the NMCNE also asked questions concerning the diversity of nursing students. While responses were spotty, the survey did provide some insight into student diversity. "Trends of 2002-2005 show a steady increase in the number of Native American (7 to 37) and Hispanic (44 to 92) applicants. White, non Hispanic applicants increased to 245 in 2004, then retracted to 187 applicants. Reflecting the percentage of students, in 2005 Native American students accounted for 10.5%,"

¹¹ New Mexico Center for Nursing Excellence. (2007, August). *Report of New Mexico Nursing Education Survey*. P. 7. From: <http://www.nmnursingexcellence.org/associations/6561/files/NM%20Nursing%20Education%20Programs%20Survey%20August%202007.pdf>

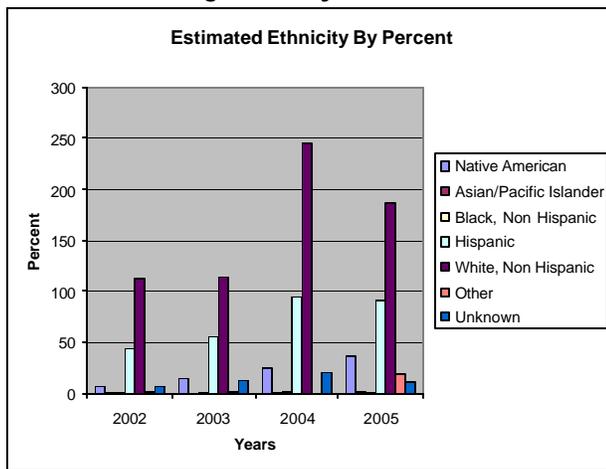
¹² Ruiz, D. (2007). *Status of Nursing in New Mexico*. UNM Bureau of Business and Economic Research, University of New Mexico: Albuquerque. P. 16. Table 5. From: <http://www.nmnursingexcellence.org/associations/6561/files/Status%20of%20Nursing%202007%20BBER%20Report%20final.pdf>

¹³ New Mexico Center for Nursing Excellence. (2007, August). *Report of New Mexico Nursing Education Survey*. P. 7. Chart 7. From: <http://www.nmnursingexcellence.org/associations/6561/files/NM%20Nursing%20Education%20Programs%20Survey%20August%202007.pdf>

¹⁴ Ibid. P. 7. Chart 8.

Hispanic students accounted for 26.2%, and White, non Hispanic students accounted for 53.3%.¹⁵

Table 10: Nursing Ethnicity¹⁶



“Progress is being made in increasing the diversity of those students accepted into nursing programs. It appears there is still work needed to more closely match the diversity of New Mexico’s population.”¹⁷

Table 11: Acceptances to NM Nursing Education Programs 2005¹⁸

Ethnicity	Associate Degree	Bachelor Degree	% New Mexico Population*
Native American	7.6%	7%	11.2%
Hispanic	25.6%	36%	41.4%
White Non-Hispanic	59.0%	43%	43.1%

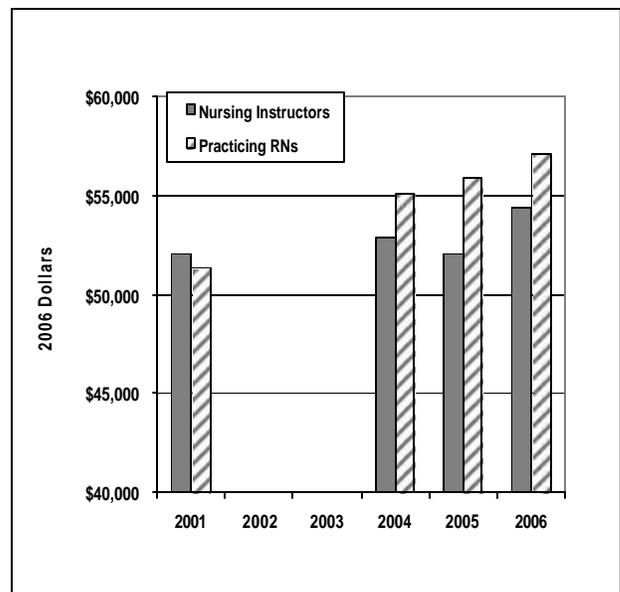
Nursing Faculty

The NMCNE’s survey of New Mexico Schools of Nursing revealed, “Twenty one percent (21%) of ADN and 22% of BSN full time faculty were funded with non-recurring (soft) funds; ADN programs had a 10% vacancy rate of budgeted positions while the BSN programs had a 13.5% vacancy rate. On average,

25% of full time faculty will retire within 5 years (25-31% for ADN; 21-27% for BSN).¹⁹

ADN nursing faculty averaged \$44,462 compared to the community equivalent salary being reported as \$71,500. The BSN faculty salary did not show the same disparity as the ADN faculty. The UNM BBER report discussed wages of RNs in clinical practice compared to nursing instructors. The table that follows shows the wage rates, adjusted for inflation, for practicing RNs and nursing instructors in New Mexico since 2001. As this table shows, the rate of wage growth for practicing RNs far exceeds that of full time nursing instructors, likely drawing instructors out of the market and restricting their availability over the medium and long term, if wage adjustments are not made for instructors.²⁰

Table 12: Real Wage Growth for NM Practicing RNs vs. Full-time Instructors 2001-06²¹



¹⁵ New Mexico Center for Nursing Excellence. (2007, August). *Report of New Mexico Nursing Education Survey*. P. 4. From: <http://www.nmnursingexcellence.org/associations/6561/files/NM%20Nursing%20Education%20Programs%20Survey%20August%202007.pdf>

¹⁶ Ibid. P. 3. Figure 2.

¹⁷ Ibid. P. 7.

¹⁸ Ibid. P. 7.

¹⁹ Ibid. P. 8.

²⁰ Ruiz, D. (2007). *Status of Nursing in New Mexico*. UNM Bureau of Business and Economic Research, University of New Mexico: Albuquerque. P. 16. From:

<http://www.nmnursingexcellence.org/associations/6561/files/Status%20of%20Nursing%202007%20BBER%20Report%20final.pdf>

²¹ Ruiz, D. (2007). *Status of Nursing in New Mexico*. UNM Bureau of Business and Economic Research, University of New Mexico: Albuquerque. P. 17. Figure 5. From:

<http://www.nmnursingexcellence.org/associations/6561/files/Status%20of%20Nursing%202007%20BBER%20Report%20final.pdf>

For full time faculty, New Mexico Schools of Nursing report the top barriers to retaining faculty include inadequate funding, workload, and location. For part time faculty, the highest ranked barriers were salaries, education requirements, and lack of benefits. For both ADN and BSN programs, the biggest challenges are permanent funding for expansion efforts, clinical sites, and laboratory facilities.

Nursing Work Environment

Data for workplace issues has not been collected since 2001 when the New Mexico Center for Nursing Workforce Development conducted a survey of employers. In 2007, the NMCNE, in collaboration with the New Mexico Organization of Nurse Executives (NMONE) and the New Mexico Hospital Association (NMHA), conducted a survey of hospitals in New Mexico regarding vacancy rates, turnover rates, impact of nurse staffing on access, and other issues. This survey was limited to hospital settings, and while it is clearly acknowledged that it does not represent the entire spectrum of health care settings where nurses work, 53% of New Mexico nurses work in hospitals/institutions.²² Sixty-two percent (62%) of the NMHA members responded to the survey, though not all provided complete data sets for all questions.²³ The following are key issues that impact nurses in the workplace.

Vacancy Rate

Vacancy rates are a common metric within industry generally used to indicate how difficult it is to fill positions. There are two accepted ways to report vacancy rates. The first is the average vacancy rate over a period of time for each facility. The average facility vacancy rates for the New Mexico facilities responding to the survey ranged from 5.8% to 76.9%. While this rate is useful for individual facilities, it is less useful from an industry perspective. The other method is called the position vacancy rate, which is

²² New Mexico Board of Nursing (2007). *New Mexico Board of Nursing Annual Report 2007*. P. 28. From: http://www.bon.state.nm.us/pdf/07GovReport_AMENDED_20071211.pdf

²³ New Mexico Center for Nursing Excellence. (2007, June). *Vacancy and Turnover in NM Hospitals: Report of Survey*. P. 2. From: <http://www.nmnursingexcellence.org/associations/6561/files/Nursing%20Vacancy%20Turnover%20Survey%20Report%20Jun%202007.pdf>

the total number of vacancies reported by all facilities divided by the total number of budgeted positions for all facilities. For registered nurses in New Mexico the position vacancy rate was 10.7%, with 292.7 FTEs needed to fill vacancies in 12 facilities. By comparison, the American Hospital Association (AHA) reported the RN vacancy rate at 8.1% nationally.²⁴ The desired range for vacancy rates is 4-8%.²⁵ There was insufficient data provided to calculate vacancy rates for licensed practical nurses.

Turnover Rates

Turnover rates are a common metric within industry generally used to indicate how many employees leave employment with the facility over a given period of time in relation to budgeted positions. While high turnover rates are expected in some industries, generally the goal is to reduce turnover rates to foster workforce stability and reduce costs. In New Mexico, the average facility turnover rate ranged from 5.3% to 100%. From an industry perspective, the turnover rate for the 17 New Mexico facilities responding was 17.5% (927 terminations for 5,284.5 registered nurses and licensed practical nurses).

Cost of Turnover

Based on current literature and assuming all positions vacated needed to be filled, the estimated cost to replace the 927 terminations reported by 17 New Mexico hospitals is \$40,181,393.²⁶

Cost of Nursing Education

The majority of New Mexico facilities responding reported being actively engaged with New Mexico Schools of Nursing providing clinical sites, clinical faculty, and financial support. Twenty-one percent (21%) of employers pay a differential for nurses with

²⁴ American Hospital Association (2007, July). *The 2007 State of America's Hospitals—Taking the Pulse*. From: <http://www.aha.org/aha/content/2007/PowerPoint/StateofHospitalsCharIPack2007.ppt>

²⁵ Lacey, L. & McNoldy, T. (2007, June). *Nurse Vacancy Rates in North Carolina Hospitals*. From: www.NCcenterfornursing.org/research/demand

²⁶ New Mexico Center for Nursing Excellence. (2007, June). *Vacancy and Turnover in NM Hospitals: Report of Survey*. P. 8. From: <http://www.nmnursingexcellence.org/associations/6561/files/Nursing%20Vacancy%20Turnover%20Survey%20Report%20Jun%202007.pdf>

a BSN and others acknowledge nurses with a BSN through their career development ladders. Employers support nurses in obtaining a BSN through tuition assistance and flexible scheduling.

Nursing Concerns

Impact on Access

For those New Mexico facilities responding to the survey, 68.4% reported that nurse staffing impacted access to care, with the majority of the impact considered temporary in nature. Impact resulted in delayed admissions, prolonged waits in the emergency department, and diverting patients to other facilities.

Gaps in Data

Data collection for the work environment presents unique challenges. While data for nursing workforce demographics and nursing education are collected routinely by the New Mexico Board of Nursing and New Mexico Higher Education Department, there is no central, state-level collection of work environment data. Data collection relies on the cooperation of various segments of the healthcare industry voluntarily responding to surveys. This is a cumbersome, expensive, and inefficient process. There is currently no process for routinely collecting data on agreed-upon indicators of work environment across the healthcare industry in New Mexico. The methodology to collect this data must include appropriate authority and accountability, allow for consistent data collection, protect proprietary data, and be user friendly. This data is a critical component to the overall view of the nursing workforce as it gives insight into employers' nursing needs, their ability to retain nurses, and the impact of nurse availability on access to care. The data is needed to determine needs, develop initiatives, and highlight progress.

Increasing Demand

Though the New Mexico nursing workforce is growing, of concern is its ability to keep up with increasing demands for healthcare. The healthcare needs of a growing population, the aging baby boomer generation, and healthcare reform will only increase the stress on the healthcare industry to provide services. As pointed out, over 71% of New Mexico nurses are over age 40, with 47% over age 50. Nurse retirements will increase rapidly over the next 15 years. The challenge is whether the state, through its nursing education programs and other initiatives, can keep up with the demand.

Expansion Capacity

Nursing education has increased their enrollment capacity and increased the number of students passing licensing examinations over the last few years. However, their ability to continue this expansion pace is questionable with current resources. In particular, the need for appropriate, permanent faculty salaries and funding is critical. A statewide assessment of infrastructure (i.e., classrooms and laboratories) and clinical sites is also needed.

Positive Work Environment

Of equal importance is the ability of employers to retain nurses in the workforce. To meet the challenges of the future, it will take not only producing more nurses, but retaining them as long as possible in the nursing workforce. Retention lies predominantly within the purview of employers. Two driving forces of retention is compensation and work environment. The data presented indicated that salaries in New Mexico are in line with surrounding states and national averages. The focus needs to be on supporting employers to create and/or sustain positive environments in which nurses want to stay and work.

Addressing the Nursing Shortage

What Has Been Done?

Over the past several years, several memorials and forums have been convened to develop recommendations and strategies for strengthening the nursing workforce. What follows is a summary of each:

Nursing Shortage Statewide Strategy Sessions (NS4)

In 2002, the University of New Mexico Health Sciences Center and the New Mexico Health Policy Commission convened a series of meetings of stakeholders to develop strategies for addressing the nursing shortage. Two major priorities were established:

- 1. Double the Number of Licensed Nursing Graduates in New Mexico.** By the 2004-2005 academic year, New Mexico nursing programs had increased the number of students admitted from 619 (1999-2000) to 1,115 (2004-2005). This expansion was the result of several initiatives:
 - The New Mexico legislature authorized and appropriated funds targeted for nursing program expansion initiatives. In fiscal year 2008, funding was for over \$3 million. While there were drawbacks to the use of these funds due to their being one year allocations, in the 2009 Request for Proposal, the funding is for a 2-year cycle.
 - The New Mexico legislature authorized and appropriated funds for a faculty loan repayment program. Nurse faculty must hold a masters degree in nursing or a doctorate in a related field. The loan repayment program provides loans for nursing faculty to achieve these advanced degrees and forgives portions of these loans in exchange for teaching in New Mexico nursing programs.
 - 2. Sustain the Effort Over the Long Term.** This priority has been supported by the following initiatives:
 - The New Mexico Center for Nursing Excellence was created in 2003 to be a clearinghouse for workforce data, best practices, career development, scholarships, recruitment, and retention.
 - There must be sound data on which to evaluate the current state of nursing in New Mexico and its components and on which to base initiatives. The NMCNE has worked over the last several years to develop an integrated data collection, analysis, and forecasting system for workforce, education, and workplace data. It produces a status of nursing report every year.
- The New Mexico legislature established and funded a student loan for service program. Students are awarded loans for their nursing education, and the loans are forgiven when the student works in high need areas of the state after graduation.
 - Leaders of the state's nursing programs have been working on creating a seamless articulation between nursing programs. The associate degree programs have developed an articulation plan for students for initial admission as well as transfer from licensed practical nursing programs to associate degree programs and from one associate degree program to another. Currently a plan is being developed for articulation from associate degree to bachelor degree.
 - Both the University of New Mexico and New Mexico State University have created fast track programs for those with bachelor degrees in related fields to receive a bachelor degree in nursing.

In support of these two major priorities, the NS4 report also recommended that a Clinical Teaching Institute (CTI) be created to support professional development for students and practicing nurses. The NMCNE created the Clinical Teaching Institute in 2005. The focus of the CTI has been to promote preceptor programs, prepare preceptors for students and new hires, and offer leadership skill development.

Senate Joint Memorial 37 (SJM37)

In 2005, the New Mexico Health Policy Commission released a report in response to Senate Memorial 37, *"A Study on the Impact of Nurse Staffing and Retention Issues on Workforce Development"*. All recommendations from SJM 37 are listed in Appendix A. The recommendations that have been accomplished are as follows:

1. **Staffing Guidelines.** The New Mexico Organization of Nurse Executives developed staffing guidelines in 2006. The implementation success in the state's hospitals is not known, though NMONE and the NMHA are currently assessing adoption of the guidelines and identifying barriers to adoption.
2. **Clinical Teaching Institute.** The institute is currently funded at \$90,000 per year through the New Mexico Department of Health.
3. **Nursing Program Expansion.** These funds through the New Mexico Higher Education Department have been increased to \$3.4 million/year.

House Memorial 17 (HM17) and Senate Memorial 18 (SM18)

In 2007, the state legislature passed House Memorial 17 and Senate Memorial 18. These memorials requested that the New Mexico Health Policy Commission study the impact of nurse recruitment and retention issues and make recommendations to address nurse vacancy and turnover. The recommendations of the task force are listed in Appendix B. To date, none of the recommendations have been acted upon.

New Mexico First Healthcare Town Hall

In 2007, New Mexico First conducted a statewide town hall to address multiple facets of health care in New Mexico. The recommendations related to workforce and workforce education are listed in Appendix C.

Senate Bill 127 was passed in the 2008 legislative session and signed into law by Governor Richardson. This bill expands loan and loan repayment programs and reduces many of the other financial barriers that might impede students considering careers in medicine. Funding included \$480,000 for loan repayments; \$250,000 for medical student loans for service; \$1 million for the dental residencies; \$7 million for dental residency center construction.

In support of the recommendation to expand cultural diversity and recruit minorities into health professions, the University of New Mexico Hospitals, in partnership with the Con Alma Foundation, has received funding through the Robert Wood Johnson Foundation to recruit and mentor minority students to nursing. The DIVERSITY (Develop/Increase the Voice of Ethnic, Racial Students and Interns Through Youth) program focuses on providing academic tutoring and nurse mentoring to ethnic minority high school students with the goal of motivating these students to pursue a career in nursing.

An indirect impact for nurses is the passage of Senate Bill 129, also signed into law by Governor Richardson in 2008. This bill established a Healthy New Mexico Task Force to mobilize the state against chronic diseases through coordinated plans for prevention, case management, and primary care. The recommendation from the town hall focused on using incentives tied to measurable wellness, prevention, and healthy lifestyle outcomes.

University of New Mexico Health Careers Pipeline Forum

In May 2008, the University of New Mexico Health Sciences Center Office of Diversity and the University of New Mexico Hospitals convened a two-day forum

of stakeholders to address the pipeline issues, from middle school through employment, for all health professions. Recommendations that impact nursing are listed in Appendix D. The implementation team has just begun their work, therefore no action has been taken on recommendations.

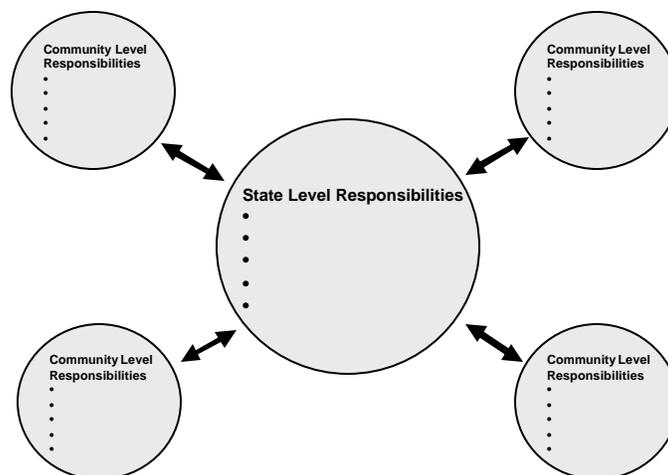
The Move to Action

Who Owns the Issues?

As outlined earlier in this report, there have been multiple groups who have generated recommendations for addressing nursing shortage issues. However, to date, there has been little action on many of these recommendations. Two shortfalls have been identified. First, there is not a single group or point of accountability for coordinating efforts to move these recommendations forward. Second, these recommendations have been made from a statewide perspective. While the statewide perspective is needed for some issues, it is acknowledged that each community has its own concerns related to nursing issues.

These regional, community forums are an opportunity to move from talk to action by building consensus on a structure and process that will establish both responsibility and accountability that will support the implementation of the recommendations, both at a state and local community levels. Participants at the forums will also have the opportunity to provide their input for prioritizing the many recommendations on the table in the areas of nursing education, recruitment, and retention.

The task is to answer some key questions in order to complete the picture below.



The key questions to consider include:

1. Who are the key players at the state and community level? Who needs to be at the table to ensure the recommendations are represented and implemented?
2. What are the distinct responsibilities of the state level group and the local community groups?
3. What is the interface needed between the state and community groups? How should these groups interact with each other to ensure a collaborative effort?
4. How do the state and community groups achieve the appropriate authority to ensure the recommendations are implemented?
5. How can the state and community groups be held accountable? What are the measures of success?

The New Mexico Board of Nursing and the New Mexico Center for Nursing Excellence look forward to engaging those stakeholders who are interested in moving from talk to action on these very important issues and are willing to ensure the structure and process agreed to are administered effectively.

Appendix A: Senate Joint Memorial 37 Recommendations²⁷

Theme: STAFFING	
<p>1. Develop demographic information, tracking of quality measures, and guidelines for staffing.</p>	<p>Establish a collaborative effort between the New Mexico Hospital Association and nursing associations to develop baseline demographic information, ongoing tracking of nursing specific quality measures, and develop voluntary consensus guidelines for staffing based on "best practices." When developed, guidelines would be reported online through the Hospital Association along with other hospital quality indicators. The collaborative effort would establish New Mexico specific baseline measures and indicators linked to staffing and retention plans for nursing staff. To report accurate staffing and retention data it would be most effective to report online. The online reporting format would require an appropriation of \$125,000 to the New Mexico Hospital and Health Systems Association for Information Technology (IT) development of the online reporting system.</p>
Theme: WORK ENVIRONMENT	
<p>2. Fund demonstration project for lift/transfer equipment and safety training.</p>	<p>Appropriate funding (as much as \$1.7 million) for a demonstration project with hospitals and long-term care facilities throughout the state. The project will demonstrate the benefits of installing lift/transfer equipment and provide safety training to staff as a means of achieving increased patient safety and an improved work environment for staff. The project will ideally be conducted with facilities and vendors offering a match in some form (whether it be dollars or equipment) and going through an application process. The demonstration project will document findings such as:</p> <ul style="list-style-type: none"> • rates of injuries, • number of Workers Compensation claims, • rate of sick leave, • rate of retention among any staff who "touch" (i.e., lift or transfer) patients, and • increased recruitment of new staff. <p>Ideally, this project will lead to changes in the work environment and develop a culture of safety for patients as well as nursing staff.</p>
<p>3. Continue development of Clinical Teaching Institute.</p>	<p>Appropriate \$500,000 to continue development of the Clinical Teaching Institute within the Center for Nursing Excellence. The Clinical Teaching Institute will research, develop, and implement initiatives that enhance and support clinical education, professional development, facilitate best practices, and promote cultural diversity. Initial state funding will establish a record of public/private partnership and will enhance the state's position for federal and foundation funding. The Clinical Teaching Institute would be maintained with additional appropriations of \$150,000 per year for infrastructure.</p>

²⁷ New Mexico Health Policy Commission, Senate Joint Memorial 37 Report, *A Study of the Impact of Nurse Staffing and Retention Issues on Workforce Development*, October, 2005, pp. 16-18.

Theme: OVERALL RETENTION	
4. Increase Medicaid reimbursement.	Medicaid reimbursement rates should be increased. The SJM 37 task force emphasizes that healthcare organizations cannot maintain high quality staff members when Medicaid reimbursements remain low.
5. Establish a pool fund to demonstrate effectiveness of mentoring/orientation programs.	Establish partnerships between public and private agencies to facilitate nurse retention based on demonstrated best practices in mentoring new graduate nurses. SJM 37 task force requests appropriation to establish a pool fund to demonstrate the effectiveness of the mentoring and orientation programs. The University of New Mexico Hospital and Carlsbad Medical Center have been very successful with their programs which last from three to six months. A pool fund would help facilities offset their costs to have mentors work with new graduates.
Theme: NURSING EDUCATION PROGRAMS	
6. Add nursing education program funding to general budget.	Continue \$2 million additional funding for nursing education programs. However, funding could be better utilized if it were added to the general budget (recurring) rather than a year-to-year appropriations. Nursing programs will be better prepared to conduct long range planning and budgeting for their programs if the funding is added to their overall program funding.
7. Develop standardized reporting measures for program costs.	Request the Higher Education Department, in partnership with nursing associations and professional organizations, and in collaboration with the Department of Workforce Development and the Department of Labor, to develop standardized reporting measures for program costs, i.e., what does it cost the institutions to operate their programs and graduate a student. Currently, each university and community college reports their data concerning cost to educate students, overhead expense and faculty costs, graduation rates, etc. in varying formats. There is no consistency between institutions. Establishment of consistent baseline measures will lead to greater accountability for the institutions and better data for health and workforce policy planners.
8. Increase funding for nursing education programs.	Funding for nursing education programs must be increased overall. To continue the education of a significant number of new nursing students, the \$2 million appropriation is insufficient. Programs will require a significant percentage increase to their general funding in order to sustain program growth. That percentage may be 25 to 30%, but the need will be documented and verified by generating the information as described above.
9. Increase capital outlay funding for nursing education facilities.	Capital outlay funding for nursing education facilities must likewise be increased to meet the demands of increasing and maintaining student enrollment at higher levels.
10. Monitor articulation of coursework between nursing education programs.	Require that the Higher Education Department monitor the articulation of coursework to be completed and enforced between nursing education programs.
11. Study the educational track for nurses.	Enact a memorial to study the educational track for nurses, including ease of career path, financing options, encouragement of life-long learning, and support for attaining higher levels of education.

Theme: NURSING EDUCATION FACULTY RECRUITMENT AND RETENTION	
12. Develop funding formula for nursing faculty to increase baseline salaries.	The SJM 37 task force recommends that unique funding formula be developed for nursing faculty to increase their baseline salaries. Nursing faculty positions have competed with hospital staff positions in terms of salary. Therefore, overall salary increases for nursing educators are critical to attract new and retain existing faculty.
13. Make Nurse Education Fund permanent and recurring and establish criteria for disbursement of funds.	Appropriate funding for HB 509, 2005, which established the Nurse Education Fund within the Higher Education Department to enhance the ability of nursing educators to obtain graduate level degrees. The SJM 37 task force would request that the funding be made permanent and recurring. The Higher Education Department, in association with professional nursing organizations, establishes criteria for disbursement of funds to include a loan-for-service requirement. Nursing representatives are to be included on review panels when determinations are made for selection of loan recipients.
14. Allow for one-time amnesty for private and federal loan repayment-for-service.	Enact legislation to allow for one-time amnesty for private and federal loan repayment-for-service to present teaching faculty. The Higher Education Department will determine criteria for disbursement of funds to include number of years of teaching service in consideration to the overall amount of student loans.
15. Develop partnerships with private sector to fund nursing faculty and share staff.	Nursing education programs to develop collaborative partnerships with private organizations and local businesses to fund nursing faculty, i.e., an endowed chair within a department or staff sharing. Staff sharing programs similar to this have been developed and are shown to be effective at St. Vincent Hospital in Santa Fe and San Juan Regional Medical Center in Farmington.
16. Provide tax incentives to fund nursing faculty.	Legislation to offer tax incentives for the for-profit healthcare organizations and others to fund faculty in nursing education programs.
17. Assure availability of benefits to retired nursing faculty who return to teach.	Assure availability of benefits provided to retired nursing faculty who return to teach on a part-time basis. Regulations must be changed within the Education Retirement Act (ERA) to allow for 90 days to return versus the current one year requirement, similar to the Public Employees Retirement Association (PERA) change.
Theme: KINDERGARTEN-12TH GRADE EDUCATION	
18. Use curricula from National Consortium of Health, Science, and Technology Education.	The Public Education Department (PED) should join the National Consortium of Health, Science, and Technology Education to inform future health professionals. The Consortium offers health curricula to its members. Several schools throughout the state, including Rio Rancho and Highland High School, have been very successful with implementation of the programs.
19. Fund full-time health issues staff member.	Fund a full-time health issues staff member within the Public Education Department. The health issues representative would serve as facilitator within the National Consortium and would address math and science preparation in anticipation of health career professions.
20. Fund Health Occupations Student Association Chapters.	Fund and support Health Occupations Student Associations chapters throughout the state.

Theme: HEALTH POLICY COMMISSION RECOMMENDATIONS	
21. Upgrade infrastructure and equipment for nursing programs.	Support capital funds to upgrade the infrastructure and equipment for nursing programs.
22. Increase stipend/number of loan-for-service programs and tie to masters programs.	Increase the stipend in the loan-for-service program at the Higher Education Department and the number of loans available to those who wish to continue practicing nursing in the state and tie funds to quality Masters Degree programs.
23. Allow continuing education program hours at workplace to count towards degree.	Continuing education program hours at the workplace should count towards a B. S. nursing degree.
24. Review cost analysis of reducing travel agency nurses.	Further cost analysis regarding the reduction of travel agency nurses.
25. Make rural health a high priority.	The Board of Nursing and the Department of Higher Education make rural health a high priority.

Appendix B: House Memorial 17 and Senate Memorial 18 Recommendations²⁸

The House Memorial 17 work group:

Theme: WORKFORCE DATA	
1. Develop plan for health workforce data.	Requests the 2009 Legislature direct the Department of Health, Higher Education Department (HED) and the Health Policy Commission (HPC) to convene a task force to develop a plan for health workforce data to encompass all health professions in all healthcare settings.
Theme: NURSING EDUCATION	
2. Increase funding for nursing education expansion.	Recommends the 2009 Legislature increase the amount of funding to the HED for nursing education expansion. The funds will be used by the HED institutions for the following areas: <ul style="list-style-type: none"> • faculty salaries, • clinical sites/experiences, • emphasis on collaboration between institutions, and • increasing public-private partnerships.
3. Study needs for transition from nursing into nursing faculty.	Recommends the HED convene a work group of nurse educators, employers, board of nursing, nurses, and nursing organizations to study and recommend what is needed in the recruitment, education, and transition from nursing into new nursing faculty at higher education institutions.
4. Study needs for nursing faculty salaries.	Recommends the 2009 Legislature task the HPC and HED to study and make recommendations regarding nursing faculty salaries.
Theme: NURSING WORK ENVIRONMENT	
5. Pursue Magnet or Nurse Friendly Accreditation.	Encourages New Mexico's hospitals to pursue Magnet ²⁹ or Nurse Friendly ³⁰ Accreditation. Recommends the 2009 Legislature fund a one-time \$15,000 grant to a qualified organization for consultative fees associated with establishing a Magnet or Nurse Friendly Accreditation model. Recommends the 2009 Legislature names and directs a work group to explore incentives for hospitals and other healthcare facilities to achieve Magnet or Nurse Friendly Accreditation.
6. Form Nurse Satisfaction and Retention Committees.	Encourages each hospital in New Mexico to form a "Nurse Satisfaction and Retention Committee" to be made up of at least 50% working staff.
7. Mandate Nursing Acuity Committees.	Recommends the 2009 Legislature mandate a "Nursing Acuity Committee." The committee will establish guidelines for hospital nurse-patient acuity practices. This legislation can be modeled after Illinois law (SB867).

²⁸ New Mexico Health Policy Commission, HM17/SM18 Report. *Nurse Recruitment and Retention in N NM Hospitals*, October, 2007, http://www.hpc.state.nm.us/documents/HM17_SM18_Nurse%20Recruitment%20and%20Retention.pdf

²⁹ Magnet Recognition is the highest national award for nursing excellence given by the American Nurses Association. The award recognizes nurses as integral to influencing positive patient outcomes. Research indicates that nurse satisfaction and patient outcomes are higher in magnet-designated hospitals.

³⁰ Nurse Friendly designation indicates that the practice environment of a healthcare facility values and supports nurses.

Appendix C: New Mexico First Healthcare Town Hall Recommendations³¹

During the town hall, 18 recommendations were identified by participants. Of those 18 recommendations, the following are applicable to the nursing shortage.

Theme: ACCESS TO QUALITY CARE	
1. Provide incentive funding.	In order to recruit and retain a larger number of healthcare professionals, lawmakers and the private sector should provide sustainable, permanent funding for incentives, especially for those providing services to rural and underserved areas. These incentives could include things such as: <ul style="list-style-type: none"> • Increased student loan forgiveness and repayment, • Tax abatements, • Reimbursements for uncompensated services.³²
2. Ensure diversity.	So that adequate and appropriate access to quality healthcare is assured for individuals from diverse backgrounds, the public/private sector should: <ul style="list-style-type: none"> • Provide diversity and cultural competency training to healthcare professionals and all ancillary healthcare workers, • Recruit healthcare professionals from diverse backgrounds, and • Provide alternative accommodations to reduce cultural, linguistic, physical and cognitive barriers.
3. Increase educational system capacity.	So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase the capacity of New Mexico's educational system to produce healthcare workers, including but not limited to: <ul style="list-style-type: none"> • Stipends, • Daycare, • Scholarships, • Prerequisite training, and • Incentives to recruit and compensate quality faculty.³³

³¹ New Mexico First, Town Hall Final Report, *Strengthening New Mexico Healthcare: Access, Coverage, and Economics*, May 2007, p. 7.

³² Ibid, Recommendation was edited for clarity. Original: approved during the town hall So that a greater number of health care professionals can be recruited and retained, lawmakers and the private sector should provide sustainable, permanent funding for incentives including but not limited to increased student loan forgiveness and repayment, tax abatements, reimbursement for uncompensated services, and especially for providing services to rural and underserved areas.

³³ Ibid, Recommendation was edited for clarity. Original: So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase New Mexico healthcare educational capacities, including but not limited to stipends, daycare, scholarships, prerequisite training, and incentives to recruit and compensate quality faculty.

Appendix D: University of New Mexico Health Careers Pipeline Forum Recommendations³⁴

Theme: EDUCATION AND WORKFORCE POLICY	
<p>1. Simplify credentialing and utilize retired and inactive licensed professionals.</p>	<p>In order to address the healthcare workforce shortage and to improve the healthcare of all New Mexicans by maximally utilizing existing resources, state government and/or oversight agencies should develop a credentialing system for all licensed health professionals that is unified and reciprocal, standardized, and streamlined, as well as develop a system for supporting and utilizing retired and inactive licensed health professionals. For example, one strategy might include providing standardized continuing education to ensure competency and centralized re-entry allocation assistance.</p>
<p>2. Establish a clearer healthcare career pathway structure.</p>	<p>So that more New Mexicans choose healthcare careers and professions, stakeholders should establish a recognized and institutionalized healthcare career pathway structure that includes multiple entry and exit points, support services, employers, and mentors.</p>
<p>3. Transform the healthcare philosophy and culture to patient and caregiver-centered care.</p>	<p>So that New Mexico has an accessible, quality, and holistic healthcare system, all stakeholders should commit to transforming the healthcare philosophy and culture to patient and caregiver-centered care, including:</p> <ul style="list-style-type: none"> • providing intentional, purposeful, and interactive exposure through mentorships and internships at every level of education for every student • encouraging training institutions to stay involved in the professional lives of their graduates throughout their careers • training and hiring multi-professional, multi-disciplinary health teams • providing practice relief support to staff for time off <p>The Planetree model is an example of this type of holistic healthcare system.³⁵</p>
Theme: COMMUNITY-BASED CARE AND TRAINING	
<p>4. Support integrated, interdisciplinary care that is appropriate to the community.</p>	<p>In order to provide quality education and employment experience, multi-disciplinary pipeline training opportunities, and optimal healthcare, including a broad definition of primary care, (such as oral, behavioral, vision, etc.), an interdisciplinary model should be developed and supported. (One example is the Health Commons model³⁶.) The healthcare workforce, rural and tribal authorities, and governments (i.e., city, county, tribal, state, federal) should review and assess current models, analyze, develop, fund, and operate functions of community appropriate, integrated, interdisciplinary care.</p>

³⁴ New Mexico First, Forum Final Report, *Looking to the Future: Preparing for the Next Generation of Health Careers*, June 2008, pp. 6-9

³⁵ Planetree is a model of healthcare that promotes the importance of human interaction in creating a healing environment, complementary therapies to expand the choices offered to patients, and expanding the boundary of healthcare to include interventions to support healthy communities. www.planetree.org

³⁶ The Health Commons model is a seamless system of social, behavioral, and medical services for the uninsured created to address the social determinants of disease, reduce health disparities, and foster local economic development in two inner-city neighborhoods and two rural counties in New Mexico. Kaufman MD, Arthur et al, "The Health Commons and Care of New Mexico's Uninsured," *Annals of Family Medicine* 4:S22-S27 (2006).

<p>5. Fund math/science teachers and develop sites for community-based training.</p>	<p>So that more students are academically and professionally prepared, the New Mexico Public Education Department (PED) and New Mexico Higher Education Department (HED) should fund recruitment, retention, and professional development for math and science teachers. The New Mexico Public Education Department, New Mexico Department of Health, and University of New Mexico Hospitals should develop multiple sites of community-based health profession training using all rural colleges and programs such as the HERO program³⁷ and Telehealth³⁸ to increase the number of professionals.³⁹</p>
<p>Theme: EDUCATION AND WORKFORCE RESOURCES</p>	
<p>6. Increase resources for core academic and career awareness programs.</p>	<p>So that all New Mexico students (pre-school through college) will be adequately prepared by meeting or exceeding standards for success in healthcare education and knowledgeable of career options available, the federal and state governments should significantly increase resources for core academic programs and career awareness programs in all public schools.</p>
<p>7. Provide resources to expand education infrastructure and faculty.</p>	<p>So that all eligible New Mexico residents who want to enter the healthcare pipeline will have reasonable access to health care educational opportunities and an adequate number of trained healthcare professionals can meet the healthcare needs of New Mexicans, the federal and state governments should provide appropriate and adequate resources to expand health professions education infrastructure and faculty.</p>
<p>8. Develop marketing plans and tools.</p>	<p>So that there is an adequate supply of health professionals, a marketing plan should be developed and implemented for students (pre-school through college) to promote health professions career awareness and preparation and for urban, rural, and tribal communities to recruit and retain healthcare providers. The marketing plan should include, but not be limited to:</p> <ul style="list-style-type: none"> • establishing a network of rural and tribal providers who would prepare each new healthcare provider and the provider's family for entering the community by establishing a peer group for continuous support • providing sponsors and mentors from professional and community groups • offering community marketing "tool-kits" <p>The New Mexico Department of Health should spearhead the development of the marketing plan in collaboration with healthcare professionals from all cultural backgrounds, school educators and students, representatives from healthcare clinics and employers, community and tribal leaders and families, and Indian Health Services and other state agencies.</p>
<p>9. Increase resources for evidence-based programs.</p>	<p>So that improved outcomes can be accomplished for family resiliency (i.e., hardiness) including children, health education, as well as career outcomes and satisfaction, federal, state, and private entities should increase funding and reimbursement for evidence-based intervention and prevention programs.</p>

³⁷ The Health Education Resource Office (HERO) is an initiative to bring health education and information to rural counties as well as rural needs to Health Education & Research Institutions. Description provided by forum participant.

³⁸ Telehealth is a delivery mechanism for health-related services and information using telecommunications technologies. It is an expansion of telemedicine in that it includes preventive and curative aspects of healthcare and utilizes a variety of technology solutions.

³⁹ The authoring group recommended the following addition to the recommendation, however due to time constraints, the full group was unable to review the addition: "Stipends and loan repayment should be explored by NM HED & NM DOH and introduced to the legislature."

Theme: COLLABORATION	
10. Commit time and resources for collaboration.	So that we can improve student achievement through evidence-based education programs, all stakeholders should commit time and resources to collaborate and educate students about the relevancy of core curriculum to healthcare professions.
11. Collaborate for timely implementation.	So that the healthcare pipeline can be strengthened and improved, community groups and organizations should engage in meaningful collaboration that results in timely implementation of proposed initiatives.
12. Collaborate locally to ensure cultural acclimation and accommodation.	To ensure cultural acclimation and accommodation for students and health care providers, community leaders and health care stakeholders should improve recruitment and retention efforts through sustainable collaboration.
13. Create an alliance.	In order to create an environment that attracts, recruits, retains, mentors, and supports a diverse student and practitioner base, an alliance comprised of underserved, rural and tribal communities, government, educational systems, and healthcare workforce will be created.
Theme: INCENTIVES	
14. Provide local incentives.	So that all New Mexicans receive consistent health care services from a stable healthcare workforce, the governing bodies, communities, and employers should establish partnerships to promote educational, financial, and other support systems as incentives to recruit and retain healthcare educators and providers in the community.
15. Provide incentives to employers and healthcare professionals.	So that rural and tribal communities receive increased healthcare resources, all stakeholders and the legislature, should distribute resources that are incentives to employers and healthcare professionals for increased recruitment, training, and retention and for positive health outcomes.
Theme: TECHNOLOGY	
16. Create web portal for career awareness.	To increase the pool of qualified healthcare professionals by increasing career awareness, federal and state departments of health should produce a website portal focused on all healthcare careers with the course studies needed and links to available schools. This web portal should provide specific information on certifications, degrees, and curriculum with links to local health care professionals who will make contact with the portal user.
17. Distribute information regarding resources widely.	So that the health career pipeline is healthy and viable in New Mexico, the New Mexico Public Education Department (PED) and the New Mexico Higher Education Department (HED) should establish a speaker/mentor bureau as well as collaborate with appropriate stakeholders to establish a repository of resources and widely disseminate information regarding best practices, educational funding opportunities, specific job vacancies, and information for communities and families.
18. Optimize use of technology for data, information, and education.	To provide better accessibility to healthcare information, health professional education, and data for New Mexico urban, rural, and tribal areas, the state should optimize the use of technology to include a strategic marketing plan, web portal, and data tracking system. This plan should be facilitated by the New Mexico Higher Education Department (HED), institutions of higher education, and private employers.

<p>19. Integrate and utilize telehealth.</p>	<p>So that students at all grade levels and health professionals with different backgrounds at different locations can be engaged in pursuing health careers that will address the health care needs of rural and tribal communities and so that healthcare professionals can be retained, telehealth should be integrated and utilized. For example, with financial support from federal, state, and private funding sources, the Telehealth Alliance, the New Mexico Telehealth and Health Information Technology Commission, and University of New Mexico Center for Telehealth could provide the planning, implementation, and integration of telehealth into a broad spectrum addressing recruitment and retention in all health professions.</p>
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