

CRITICAL SKILL SHORTAGES INITIATIVE

Identification of Root Causes and Solutions

Licensed Practical Nurse

Registered Nurse

Prepared by the



**Southern
Economic
Development
Region**

SOUTHERN ECONOMIC DEVELOPMENT REGION CRITICAL SKILLS SHORTAGE INITIATIVE

Overview of the Southern Economic Development Region's (SEDR) Response to the CSSI

Due to past successes and the desire to be a successful regional system, the Southern Economic Development Region (SEDR) is applying for CSSI training funds as an early bird applicant. Included you will find the Root Causes and Solutions Reports for Nursing: RN and LPN and Education. With this initiative, the Southern Economic Development Region's partners are collaborating to ensure a prosperous future for the nineteen county area. Specifically, the workforce development system is working with economic development, local businesses, education, and labor organizations to create effective partnerships which will ensure a strong, vibrant economy in the next decade and beyond. As part of this process, the SEDR previously submitted Phase One: Identification of Industry Sectors. This submission is submitted in two sections and will complete **Phase Two: Root Causes and Solutions**.

Included in the **Section One: Root Causes Report**:

- Part One:** Description of the comprehensive methodology utilized:
- Employer Recruitment and Retention
 - Education and Training Capacity
 - Student/Worker Career Awareness and Access
- Part Two:** Regional Coalition and Industry Partner Engagement
- Required regional coalition partner input
 - Regional identification of root causes and solutions
 - Industry partner involvement and support
- Part Three:** Description of Root Causes
- Evidence used in identification of root cause
 - Ranking of root causes

Included in the **Section Two: Solutions Report**:

- Part One:** Regional Coalition and Industry Partner Engagement
- Required regional coalition partner input
 - Regional identification of solutions
 - Industry partner involvement and support
- Part Two:** Description of Solutions
- Description/Rationale of solution and root causes each addresses
 - Estimates of contribution for each solution

Part Three: Action Plan

- Description of responsibility and expected results for each solution strategy
- Reallocation/Leveraging of Other Funds and Resources

SECTION 1: ROOT CAUSES REPORT

Part One: Description of Comprehensive Methodology

The Southern Economic Development Region (SEDR) includes the counties served in Workforce Investment Areas 25 and 26. Representatives of education, workforce development, labor, economic development and business/industry have been aggressively preparing a plan of action for addressing critical skill shortages in the region.

Staff have employed two research methodologies to identify and describe critical skills shortages in the southernmost 19 Illinois counties served in the SEDR. Both quantitative and qualitative approaches have been employed to study the skill shortages phenomenon. Using this mixed-method research allowed staff to achieve complementary results by using focus group summits and local surveys to complement data.

As a part of this initiative, staff involved in the SEDR has worked closely with Drs. Richard Judy and Jane Lommel who conducted community audits for LWA 25 and 26. Sandra Hastings from Sandra Hastings and Associates and John Washburn professor of Workforce Education and Development of Southern Illinois University were involved to: facilitate a series of summits to more clearly focus on critical skills shortages, underlying root causes behind those shortages, and solutions to address shortages in southern Illinois.

In addition, data culled from the Community Audits for regions 25 and 26 were used to validate the recommendations of the focus groups and Steering Committee. The data used to make decisions included:

- Comparisons of national, state, and county economic and employment trends
- Economic and workforce projections for areas 25 & 26 (e.g., workforce shortfalls, migration patterns)
- Workforce skill gaps and long-term needs
- Recommendations for improvement

Gathering data from multiple resources insured a comprehensive evaluation of root causes and solutions within nursing in the Southern Economic Development Region.

The following resources were used to identify root causes and solutions:

- Five Year Regional Development Strategy Report (August 1999)
- Grow Illinois (March 2003)
- Southern Illinois Workforce Investment Board Survey (November 2001)
- SIWIB ERISS Employer Survey (May 2003)
- Southern Illinois Regional Planning and Development Commission Report
- Southeastern Alliance of Illinois “Quality of Labor” survey
- Standard Occupational Classification information
- Illinois Department of Employment Security (IDES) LMI for state, county and local projections
- ES 202 wage data
- ONET job descriptions
- Bureau of Labor Statistics
- Training provider and enrollment data from the six local community colleges (i.e., John A. Logan, Shawnee, Rend Lake, Wabash Valley, South Eastern Illinois, and Frontier) as well as Southern Illinois University – Carbondale
- Illinois Hospital Association
- Illinois State Board of Education
- The Illinois Hospital Workforce Survey (2002)
- The Illinois Department of Regulations Professional Survey (2001)
- Illinois Board of Higher Education
- Illinois Community College Board
- WIA training provider student data
- Healthcare Summit (June 2003)
- Mayor’s Office of Workforce Development – Denver “CNA to LPN Training Program”
- South Dakota Department of Labor – “Good Samaritan Career Lattice Project”
- AccessSI Community Resource Directory for Southern Illinois

In summary, there are focus group data, statistical data, and data from other information resources to support the root causes and solutions in the nursing occupations within the SEDR.

Employer Recruitment and Retention

Data/Content Analysis

Of all of the skills shortages identified in the SEDR, nursing has been identified as the most critical. Data clearly shows that shortages in the supply of registered nurses and licensed practical nurses are those occupations where skills shortages should be addressed at the earliest possible time.

The data shown in Tables I – IX were used as a part of this analysis including long-term projections for SEDR, nursing enrollment data, and salary/wage data. These data were used in conjunction with data collected for extensive community audits conducted for LWA 25 and 26 by Workforce Associates, Inc. This quantitative information was used to focus specifically on healthcare shortage needs in registered nursing and licensed practical nursing.

TABLE I – SEDR Occupational Projections and Wage Data

Occupation	Average Entry Wage	Short-term projections (2004-2006)	Long-term projections (2000-2010)	Average Annual Job Openings due to:		
				Growth	Replacement	Total
RNs	\$13.97	336	489	49	69	118
LPNs	\$9.82	52	67	7	20	27

Source: IDES, Southern Economic Dev. Region Industry Staffing Patterns Report

TABLE II – LWA 25's Occupational Projections and Wage Data

Occupation	Average Entry Wage	Short-term projections (2004-2006)	Long-term projections (2000-2010)	Average Annual Job Openings due to:		
				Growth	Replacement	Total
RNs	\$14.76	144	308	31	41	72
LPNs	\$9.83	32	42	4	12	16

Source: IDES, Southern Economic Dev. Region Industry Staffing Patterns Report

TABLE III – LWA 26’s Occupational Projections

Occupation	Average Entry Wage	Short-term projections (2004-2006)	Long-term projections (2000-2010)	Average Annual Job Openings due to:		
				Growth	Replacement	Total
RNs	\$13.51	92	181	18	28	46
LPNs	\$9.59	20	25	3	8	10

Source: IDES, Southern Economic Dev. Region Industry Staffing Patterns Report

Registered Nurse - RN

For the area of registered nursing (RN), projected annual job openings are 118 from 2000-2010. Forty-nine of these come from new growth in the profession and 69 as replacement needs. This represents a 14.5% change. Total production for 2004 is estimated at 207 from area community colleges. Therefore, supply appears to exceed demand annually. In addition to the higher than reported openings, there is an adverse net migration with more RNs leaving the region than entering it. Summit participants also believe these data underestimate the problem. Healthcare facilities do not place openings through the Illinois Department of Employment Securities Skills Match. For example, Southern Illinois Healthcare (SIH), the second largest employer in southern Illinois, reported 55 RN vacancies on June 1, 2004. (See Attachment 1 for the current listing of openings throughout the SIH system on June 1, 2004). Retention of RNs is extremely difficult in smaller rural hospitals as administrators reported. The inability to offer comparable salaries and benefits in comparison with larger rural and urban hospitals makes retention difficult.

A snapshot of Registered Nurse data is found at www.dpr.state.il.us. A Survey of Registered Nurses in Illinois published in June of 2001, surveyed RNs from July – December 2000. The survey reported both statewide data and Health Service Area (HSA) 5 data. The 19 counties contained in the SEDR are part of Health Service Area 5. In Illinois 73% of RNs work full time as opposed to 27% part time. In the HSA 5 which includes the counties of the SEDR, the trend was much higher for full time employment at 86.8% and part time at only 13.2%. Statewide, 58% of RNs are employed in hospitals. In HSA 5, 51.9% are employed in a hospital setting and 9.8% are employed in nursing homes. The largest percentage of unemployed RNs are retired, representing 39.7%. Another 27.2% of licensed RNs are working in another field. Within HSA 5, RNs working in another profession is 18.1%.

Licensed Practical Nurse - LPN

For LPNs, the projected annual job openings are 27 with 7 representing new growth in the profession and 20 from replacement needs. This represents a 9% change. Total production in the area was 124 suggesting again an oversupply. However, leakage from

the LPN specialty to RN appears to be one cause for LPNs not practicing as LPNs in southernmost Illinois. Also, healthcare providers indicated that IDES projections seriously underestimate the need for LPNs in nursing homes and physicians offices. Health care providers were baffled at the gross underreporting of LPN shortages in the LMI data. Every county in the SEDR has at least one nursing home/skilled care facility combined for a total of 103 in the 19 counties.

As part of an Illinois Department of Regulations LPN survey conducted in 2001 and found at www.dpr.state.il.us, the mean age of LPNs employed in Illinois was 45.2 years. The percentage of LPNs working outside the state was the highest ever at 15%. The percentage of Illinois LPNs employed by setting was:

	<u>State</u>	<u>HSA 5</u>
Nursing homes	41.8%	39.3%
Clinic/HMO/physicians/dentists offices	20.3%	17.3%
Hospitals	20%	26.2%

Retention of LPNs within nursing homes is difficult because many LPNs begin their professional career in the nursing home setting but do not remain. Many nurses prefer the hospital or clinical setting to working with the elderly in long term care facilities. Clinical offices offer the best work schedule, as reported by focus group participants, while hospitals often offer the best benefits and variety of tasks.

Education and Training Capacity

Registered Nurse - RN

The enrollment in RN formal academic degree programs has steadily declined in the last 16 years. Continued decrease in RNs enrolled in a formal academic degree program: went from a high of 13.7% in 1986 to the 2000 rate of 9.6%

Licensed Practical Nurse – LPN

Of important note was the continued decrease in the number of LPNs enrolled in continued academic study toward a degree. As of 2001, only 11.5% of Illinois LPNs were enrolled in an academic program (down from 17.3% in 1989).

Education and training capacity is described in Tables IV and IX.

TABLE IV - Healthcare Occupations Enrollment Data from Illinois Community College Board (ICCB) and Illinois Board of Higher Education (IBHE) for FY 2002

Occupation	Total enrolled in training program in SEDR for FY2002	Total completers in SEDR for FY 2002	Resource
RNs	282	87	ICCB/IBHE
LPNs	444	153	ICCB/IBHE

TABLE V – SEDR Training Provider/Education Institution Data

Occupation	Total enrolled in training programs – SEDR	Number of openings in program on average per year	Projections of number graduating in 2004	Projections of number graduating in 2005
RNs	284	298 full-time 30 part-time	207	228
LPNs	264	226 full-time 70-80 part-time	173	214
Total Nursing	548	624-634	380	442

Figures represent data obtained from all 6 Community Colleges that provide training in the SEDR (John A. Logan, Shawnee, Wabash Valley, Rend Lake College, Southeastern Illinois, and Frontier).

TABLE VI – Local Workforce Area 25’s Training Provider/Education Institution Data

Occupation	Total enrolled in training programs – LWA 25*	Number of Openings in Program on average per year	Projections of number graduating in 2004	Projections of number graduating in 2005
RNs	90	100 full-time 30 part-time (for 2 colleges)	79	108
LPNs	146 full-time 30 part-time	146 full-time 60 part-time (for 2 colleges)	109	140

*Figures represent data from both community colleges in LWA 25 – John A. Logan and Rend Lake College.

TABLE VII – Local Workforce Area 26’s Training Provider/Education Institution Data

Occupation	Total enrolled in training program on First Day of Training– LWA 26	Number of Openings in Program on average per year	Projections of number graduating in 2004	Projections of number graduating in 2005
RNs	194	198	128	120
LPNs	88	80 full time	64	74

*Data submitted from all community colleges within LWA 26: Shawnee Community College, Wabash Valley College, Southeastern Illinois College, and Frontier Community College.

Retention is a serious issue for all community college nursing programs. The average drop rate as reported by the focus group participants is 25%. Students responding to informal surveys list lack of family support, lack of educational preparation, and support service issues such as: inadequate child care and transportation as reasons for withdrawal. The drop out rate challenge is magnified by the fact that hundreds await entry into the program while 25% of those entering do not complete the first semester.

TABLE VIII – Number of Individuals Tested for Entry into Nursing Programs

Program	SEDR	LWA #25	LWA #26
RN	493	158	335
LPN	1051	838	213

*Figures represent data obtained from all 6 training providers in SEDR (i.e., Shawnee, Wabash Valley, Southeastern Illinois, John A Logan, Frontier College, and Rend Lake College).

**TABLE IX – Qualified Nursing Student Applicants Not Enrolled
(Turned away or put on waiting lists)**

Program	LWA #25	LWA #26	SEDR
RN	41	92	133
LPN	126	87	213

*Figures represent data obtained from all 6 training providers in SEDR (i.e., Shawnee, Wabash Valley, South Eastern Illinois, and John A Logan, Frontier College, and Rend Lake College).

Student/Worker Career Awareness and Access

Lack of career awareness and development has been cited repeatedly by participants across partner groups. Labor, education, and health care participants have spoken at great length about the lack of career development in the K-12 system across occupations. Health care officials have achieved pockets of success in the SEDR. For instance, SIH hosts Career Fairs at a few regional high schools throughout the year in an attempt to bring information to young people. Salem Hospital sponsors a Job Shadowing program in the summer for youth in the area high school. These attempts are viewed by the CSSI

consortia and focus groups as limited and insufficient to recruit enough people into the critical skill shortage areas of nursing and health care in general.

Part Two: Regional Coalition and Industry Partner Engagement

Required Regional Coalition Partner Input

The Southern Illinois CSSI is a collaborative effort between workforce investment areas 25 and 26. The Southern 14 Workforce Investment Board guides the WIA 26 and MAN-TRA-CON, Corp. serves as the administrative entity for the Southern Illinois Workforce Investment Board of WIA 26. To ensure cooperation and involvement of both workforce areas in all components of the initiative, the following decisions were made:

1. CSSI project management responsibilities are shared by staff from both regions. Specifically, the co-chairs of the CSSI project (one from each area) have attended and/or shared facilitation of all of the meetings and shared the responsibility for designing and implementing the project activities.
2. The Steering Committee which has oversight responsibilities for the CSSI initiative consists of individuals representing area 25 and area 26 and is co-chaired by Bill Jackson, WIA 26 and John Rendleman, WIA 25. (See Attachment 2 for a list of Steering Committee members).
3. The Chairs of the Workforce Investment Boards from both areas presided over the original Regional Meeting at Southeastern Community College and a Regional Briefing held at John A. Logan College. In addition, the Steering Committee is led by Workforce Board members to review the work of the consortium committees and focus group meetings.
4. Consortia meetings involved all partners as witnessed in participant lists submitted in the Key Industry Sector and Related Occupations Report. As focus groups emerged in this part of the process, members of the previous consortia committees remained to serve as focus group participants representing an industry. (See Attachment 3 for a list of participants.)

Regional Identification of Root Causes and Solutions

In an effort to involve more coalition and industry partners, a CSSI Website was constructed at www.mantracon.org/cssi. The website includes project information, submitted reports, meeting dates and locations, and on-line root causes and solutions surveys for Nursing, Education, and Manufacturing. (See Attachment 4 for a copy of the surveys). To date, 113 hits have occurred on the website.

In order to gather input from a larger group of participants, advertisements for the April and May focus group meetings were published in the Southern Illinoisan covering WIA

25 and most of WIA 26. In addition, four regional newspapers in WIA 26 covered areas the Southern Illinoisan did not. The website was part of the advertisement. (See Attachment 5 for a copy of the newspaper advertisement). Hundreds of invitations and surveys were mailed to potential participants identified through the Dunn and Bradstreet listings for Health Care, Educators, Economic Development, Business and Industry, and labor.

The Health Care focus group meetings were held as follows:

April 15, 2004	Marion
May 17, 2004	Marion
May 18, 2004	Harrisburg

Industry Partner Involvement and Support

Key stakeholders in the focus groups were asked to identify the root causes and possible solutions for the severe nursing shortages plaguing the SEDR. Hundreds of hours have been spent with industry partners through the original Consortia Committees and the Focus Groups which followed. Independent interviews with Scott Seabourne, Southern Illinois Healthcare Corporation and Cheryl Dillon, manager of six independently owned nursing homes in the SEDR added data and information for consideration. Interviews with Pat Bauer, Public Relations/Volunteer Services Director for the Franklin Hospital in Benton and Brad Futrell, Assistant Administrator of Hamilton Memorial Hospital in McCleansboro added a small, rural perspective. In addition, Brad is an officer in the Southern Illinois Healthcare Human Resource Association. He shared common concerns of the group and also brought state-wide perspective through his work with the Illinois Hospital Association.

A Steering Committee meeting, with representation from all stakeholders within both workforce areas, was held on May 23, 2004. Participants studied data and input gathered. They recommended the root causes and solutions outlined in this report.

Part Three: Description of Root Causes

Evidence Used in Identification

RN

Data from the 2001 Illinois Department of Regulations Survey reported the overall RN supply will decrease over the next decade as the more experienced RNs retire. The mean age of RNs surveyed was 45.9 and only 10.1% are under the age of 30. In 2000 over 30% of RNs reported having 21-35 years of nursing experience. Over 55% of RNs surveyed identified work schedule as important when making job selections. The mean age of RNs surveyed was 45.9 and only 10.1% are under the age of 30. The data confirms the concerns of focus group participants. According to the health care facility managers, RNs have constant opportunities for advancement and or bonuses for changing

facilities. Mobility is an advantage for the employee as reported by nursing labor unions but a distinct disadvantage to employer loyalty. Over one-third of RNs surveyed were dissatisfied with nursing salary (23.7% somewhat dissatisfied/10.4% very dissatisfied). Tables I – IX report data also used in discussion and identification of root causes.

LPN

Nursing home administrators participating in the focus groups remarked that due to late state payments by the Department of Public Aid and continually lower reimbursement rates, nursing homes are unable to pay competitive salaries or bonuses to attract and keep LPNs. The data in the Illinois Department of Regulations LPN survey conducted in 2001 seems to reinforce that observation with 83.3% of LPNs surveyed very satisfied or somewhat satisfied with their current nursing position. In contrast, however, only 57.3% reported some degree of satisfaction with their salary. Tables I – IX report data also used in discussion and identification of root causes.

A number of causes were identified at focus groups and the Steering Committee meeting for healthcare shortages of both registered nurses and licensed practical nurses. These included:

- Hundreds of people are on waiting lists for community college programs who would like to enter these occupations but are not able to enroll in a program. The capacity of institutions to meeting needs for those desiring training is limited.
- Lack of understanding of career opportunities and benefits within health professions especially in the formative career development years of high school limits adequate academic preparation.
- The inability of community colleges to employ faculty for teaching RNs and LPNs, especially for clinical experiences, affects the capacity of institutions to prepare workers for these occupations.
- Inflexible hours in the healthcare workplace; stress and/or burnout; and better opportunities elsewhere are contributing factors to the need for replacement workers.
- The "border-town" influences of Cape Girardeau, Paducah and Evansville and the greater St. Louis area, have an impact on new nurses leaving the area for better paying positions.

Ranking Order of Root Causes

RN

- For RN's the issue is one of geographic migration. While the local community colleges are probably preparing more RNs than needed to fill local demand, for

financial reasons RNs may choose to work in areas outside of Illinois such as St. Louis, Cape Girardeau, Paducah, and Evansville. Nurses in these areas can work three 12-hour shifts at \$40 per hour contrasted with \$14-30 per hour for a nurse working in southernmost Illinois. Also, most shifts in southern Illinois are 8 or 12-hour shifts which may not be conducive to raising a family particularly when the nurse must work evenings, weekends, or midnights.

- A significant problem identified by healthcare providers is the lack of understanding by young people regarding their interests, abilities and aptitudes and how they might relate to the future pursuit of a career in the health professions. Young people are often not exposed to the variety of healthcare careers. Providers have been actively working with local school districts to initiate career awareness programs and job shadowing activities so that health occupations is "on the radar" of potential occupations for high school students concerned about their future. Far too little is being accomplished in the area of career development in nursing.
- A primary root cause of the healthcare shortage in southern Illinois relates specifically to the age of the existing workforce. The age of RN's is estimated to be more than 40 years of age. Many are leaving the position causing needs for substantial numbers of replacements.

LPN

- For LPNs the issue is one of career migration. LPNs needed in long-term care facilities and physician's offices often seek employment with local hospitals where benefits may be higher. Once in the hospitals, many choose to improve themselves by attending a registered nursing program to command higher salaries. Work with the Southern Illinois Healthcare Human Resource Organization suggests that causes associated with geographic and career migrations are key to understanding the healthcare shortages in the area.
- Pipeline issues in LPN were also mentioned many times by both hospital and nursing home participants. The criteria used for entrance into the LPN program center completely on the test score and the relative placement among the cohort testing for entrance in any given year. Health care officials asked for more placements in the LPN program by the community colleges.
- Nursing homes commented that LPNs often leave long term health care facilities for hospital positions since nursing homes do not offer the same type of care that a nurse can experience in the hospital setting. Nor are they able to offer the same compensation as hospitals.

SECTION 2: SOLUTIONS REPORT

Part One: Regional Coalition and Industry Partner Engagement

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A Steering Committee meeting, with representation from all stakeholders within both workforce areas, was held on May 23, 2004. Participants studied data and input gathered. They recommended the root causes and solutions outlined in this report.

Part Two: Description of Solutions

The variety of summits and focus groups held to address critical skills shortages in the healthcare occupations focused on a number of potential solutions for addressing RN and LPN shortages. These included:

- Expanding the knowledge base of young people and adults so they are aware of potential career opportunities in the healthcare professions.
- Reimbursement for tuition and expenses for students wanting to pursue training as an RN or an LPN.
- Increasing training opportunities for people desiring to enter nursing.

- Ongoing training to address the employability skills of nurses.

Research of existing local incentive programs for professional development and training were examined. State-wide and federal incentive programs were also examined in an attempt to validate the solutions the SEDR groups proposed. Solutions for the nursing shortage mirrored the discussions of our CSSI project. (See Attachment 6 for a summary of local, state and federal incentive programs).

Description /Rationale of Solution and Root Causes Addressed

Since all partners identified the lack of career awareness in discussions concerning the root causes of the nursing shortage, one of the SEDR's solutions is to disseminate information in the *Southern Business Journal*, published by the Southern Illinoisan newspaper. In order to disseminate vital information to interested students, parents, guidance, and career counselors in the high school and community college level, a supplement would highlight Health Care each month. The Health Care supplemental section would identify all existing health care facilities in the Southern Economic Development Region. Each month, various health care facilities and career opportunities would be showcased. The section would also address suggested high school curricula and community college programs of study with entrance requirements. The *Southern Business Journal* publishes monthly and also produces a special quarterly issue. The Southern Business Journal is also placed on the web in its entirety. Additional issues would be sent to each high school in the SEDR. Presently, this publication is a regional effort to unite business and economic development. With the addition of the Health Care supplement, workforce would become part of this important regional effort. The dissemination of information has not only short-term but long-term effects.

In another effort to aid in career awareness and development, special activities, such as job shadowing, should be designed for young people beginning with middle and high school years to provide them with a variety of career awareness experiences in healthcare occupations. This includes assuring youth have sufficient academic preparation for entering into nursing (math and science), a clear expectation of working conditions in the healthcare field. Through the CSSI project, a successful program can be established which will remain in place after the Career Coordinator may not be grant funded. The CSSI funds will have long-term impact on area high schools and healthcare facilities.

To meet the need for exposure to nursing career opportunities, a virtual tour of area health care facilities in the 19 county area would be created and conducted by male and female nurses working in the nursing field. Guided tours through various hospital and nursing home facilities would allow youth and adults who have interest to develop that interest at their convenience via a website. This virtual tour would be available within all One Stop Centers in the 19 counties and through a Youth Career Center website hosted through the One Stop Centers. The virtual tour will be available through the Web but also on CD for greater mobility and ease of use where the Internet is not available. It is

believed that the Virtual Tour will not become out-of-date for years. It is the hope of the groups that the impact will be short term and long term.

In order to supply more entry level nurses, it will be important "to grow our own" and target special populations that may be more likely to stay in the region for employment. A solution identified by healthcare providers is to develop special programs to allow CNAs to enroll in training as LPNs and for LPNs to receive additional training to become an RN. The region should target single parents who are most likely to stay in the region with a program taught on evenings or weekends, using clinical sites alternated between the first and second shifts in hospitals and nursing homes. Incentive and scholarship programs would increase the probability that graduates would remain at the facility for at least the minimum-required years. Data would indicate that some will stay with the facility out of a sense of loyalty for their assistance, as well.

To aid in the admission of more nursing students, the focus groups and Steering Committee recommend that community colleges increase the capacity of LPN and RN (Associate Degree Nursing) classes each fall. In addition, the partners believed that adjusting the admission criteria so that prior experience in the healthcare professions is weighted would increase the retention rate of accepted students since they will have proven a knowledge of and desire for a nursing career. This solution will have positive impact for years.

Nursing mentor/tutors for WIA eligible students enrolled in LPN and RN programs would provide the academic support and encouragement that many college nursing directors said would help the retention rate of participants.

The creation of WIA pre-vocational workshops in preparation for the nursing exam will be created with the assistance of nursing instructors. This will help students to score better on the entrance exam increasing their chances for entrance and to better prepare them academically to ensure success and retention.

Estimates of Contribution for Each Solution

The Health Care Supplement to the Southern Business Journal will require 10% time of the MAN-TRA-CON news and graphic design staff person. In addition, whichever institutions participate will also have staff time associated with creating articles for their program or facility. The cost for two full-color pages for 16 editions over a 12 month period will be approximately \$30,000. Facilities may be asked to contribute a minimal amount for the marketing value of their space in any given issue.

Job shadowing experiences at local health care facilities will require the time of a Career Coordinator who would organize and facilitate career fairs, career information packets for instructors and guidance counselors, and work with local health care facilities and education agencies for credit experiences within the program. This Career Coordinator would also facilitate the Virtual Tour and articles for submission in the Southern

Business Journal. Cost of the Career Coordinator would be paid out of the CSSI grant with in-kind space, and staff time at both the health care and education agencies.

Increased capacity in nursing classes at the community colleges will require additional staff. Regulations governing clinical experiences mandate a maximum of 10 per clinical instructor. In a semester, approximately 10 credit hours of clinicals are offered at an approximate cost of \$500 per semester hour. The cost for one semester would be approximately \$5,000. One of the larger health care providers is willing to pay for the clinical instructor in one of the community colleges, as well as assist in locating a willing, qualified instructor

The Mentor/Tutor plan for WIA eligible customers in nursing programs will require coordination with each of the community college nursing programs. The mentor/tutors would be hired at an approximate cost of \$20 per hour. It is expected that the colleges will be willing to share this cost. However, colleges were not in a position at this writing to commit actual dollar amounts since they do not have a state budget for their institutions. It is hoped that by mid-month when requesting training dollars, the colleges would be willing to submit plans for reallocation of existing funds.

The pre-vocational workshops would use WIA re-directed dollars and utilize MAN-TRA-CON and local adult education personnel. Where possible, adult education funds will supplement the cost of instruction.

Part Three: Action Plan

Description of Responsibility and Expected Results

For the Health Care supplement to the Southern Business Journal, MAN-TRA-CON staff will take the lead in writing the articles to be published. In addition, MAN-TRA-CON staff will take the necessary pictures to make the information catch the interest of the readers. Various health care facilities throughout the SEDR will be given the opportunity to submit interest surveys. Community colleges would also be offered the opportunity to submit articles on their existing training programs.

The expected result would be greater information and awareness of health care facilities, existing scholarship and tuition incentive programs, and better career preparation. The end result would be more enrollments in nursing programs.

To meet the need for exposure to nursing career opportunities, a virtual tour of area health care facilities in the 19 county area would be created and conducted by male and female nurses working in the nursing field. A multi-media company will produce the virtual tour with the assistance of material from volunteer health care facilities. Health care facilities would provide the space, time, and nurse guides. MAN-TRA-CON, Corp. with the assistance of the Southern 14 Board staff would make the virtual tour available with in all One Stop Centers in the 19 counties and through a Youth Career Center

website hosted through the One Stop Centers. A Career Coordinator would coordinate this project.

The expected result would be greater information and awareness of health care facilities, existing scholarship and tuition incentive programs, and better career preparation. The end result would be more enrollments and successful completions in nursing programs.

In consortium and focus group discussions, health care educators within community colleges heard health care facilities and labor voice concern with the limited number of nursing slots available within the SEDR. After months of discussion, community colleges responded they are willing to open 10 additional slots for their LPN and RN (ADN) programs, if this project can assist with the additional instructor necessary for clinicals with this increase. Several health care providers in the area, not currently providing clinical sites, are willing to work with their respective community college in providing sites for clinical instruction. Discussions and investigations are continuing to seek other assistance in providing this necessary clinical experience for the increased nursing classes.

An increase of at least 50 graduates at both RN and LPN levels throughout the SEDR would be expected as a result of the increase in class size.

The community colleges in the SEDR vary in the availability of tutors within the nursing programs. All of them spoke of the great need for mentoring and tutoring. In fact, the consensus of the group was that perhaps the mentoring aspect was as important as the actual academic tutoring. Practicing or retired nurses are the target group for providing this mentoring/tutoring. It is expected that \$20 per hour would be sufficient for the mentor/tutor program. All colleges involved in the discussions were willing to allocate space and materials for the mentor/tutors. The target group for the assistance of the mentor/tutor will be WIA eligible students enrolled in the full or part-time nursing programs.

It is expected that retention rates will rise so that more nurses will graduate to help fill the shortages throughout the SEDR.

The Workforce Investment Boards of WIA 25 and 26 are dedicating funds to meet the critical shortage in nursing. Pre-vocational workshops in preparation for the nursing exams are being created with the assistance of the community college nursing directors and instructors. Math and science and employability skills will be targeted.

It is expected that the pre-vocational workshop will increase the number of WIA participants entering the nursing programs throughout the SEDR.

Reallocation /Leveraging of Other Funds

Workforce Investment Title 1B funds will be set aside for ITAs in the nursing fields and for costs associated with the pre-vocational nursing workshops. Both Workforce Boards are committed to reallocating funds to address this shortage. Title 1B Youth funds will be utilized to assist the Career Coordinator in establishing a Web-based Youth Career

Center. Adult education funds will be utilized when possible. Local community college funds will be used to assist with the Mentor/Tutor program. Local health care providers will also be moving dollars and staff time to the Southern Business Journal project, the Virtual Tour, and the cost of clinical instructors. These leveraging efforts are described fully above.

Final Comments

The Southern Economic Development Region has designed and fully implemented an inclusive process that has engaged key community stakeholders in identifying root causes and solutions for the critical shortage within the nursing occupations. Nineteen counties, representing over 13% of the land mass in Illinois create a diverse, rural area with varying needs. The Consortia committees, focus groups, and Steering Committee members have labored over data; identified existing programs and resources; and worked together in an unprecedented manner. As the cry for “Regionalism” is heard throughout our area, the CSSI project has been a catalyst for working together for the good of the region.