



**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**NURSING WORKFORCE  
Fiscal Year 2020**

## Executive Summary

This Report is being provided to Congress as outlined in section 806(i) of the Public Health Service Act, which states, in part:

*Not later than September 30, 2020, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report that contains an assessment of the programs and activities of the Department of Health and Human Services related to enhancing the nursing workforce, including the extent to which programs and activities under this title meet the identified goals and performance measures developed for the respective programs and activities, and the extent to which the Department coordinates with other Federal departments regarding programs designed to improve the nursing workforce.*

This report describes the Health Resources and Services Administration's Nursing Workforce Programs, including the Nurse Corps Loan Repayment and Scholarship Programs. The report provides information regarding the efforts the Agency has taken to reach out to federal departments to improve these programs and the nursing workforce. The report also provides performance data to show program impact.

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## Acronym List

APR	Annual Performance Report
APRN	Advanced Practice Registered Nurse
ANE	Advanced Nursing Education program
ANE-NPR	Advanced Nursing Education - Nurse Practitioner Residency
ANE-NPRIP	Advanced Nursing Education - Nurse Practitioner Residency Integration Program
ANE-SANE	Advanced Nursing Education - Sexual Assault Nursing Education
ANEW	Advanced Nursing Education Workforce
AY	Academic Year
CNS	Clinical Nurse Specialist
CRNA	Certified Registered Nurse Anesthetist
CSF	Critical Shortage Facility
FY	Fiscal Year
GPRA	Government Performance and Results Act
HRSA	Health Resources and Services Administration
IAFN	International Association of Forensic Nurses
IPCP: BHI	Interprofessional Collaborative Practice: Behavioral Health Integration
LRP	Loan Repayment Program
NAT	Nurse Anesthetist Traineeship
NCHWA	National Center for Health Workforce Analysis
NEPQR	Nurse Education, Practice, Quality and Retention
NFLP	Nurse Faculty Loan Program
NP	Nurse Practitioner

NWD	Nursing Workforce Diversity
NWD – E2	Nursing Workforce Diversity – Eldercare Enhancement
PHS	Public Health Service Act
RN	Registered Nurse
RPNC	Registered Nurses in Primary Care
SET	Simulation Education and Training
VA	Department of Veterans Affairs
VBSN	Veterans Bachelor of Science Degree in Nursing
VNPC	Veteran Nurses in Primary Care

# I. Legislative Language

This report is being provided to Congress as required by section 806(i) of the Public Health Service (PHS) Act, which states:

*Not later than September 30, 2020, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report that contains an assessment of the programs and activities of the Department of Health and Human Services related to enhancing the nursing workforce, including the extent to which programs and activities under this title meet the identified goals and performance measures developed for the respective programs and activities, and the extent to which the Department coordinates with other Federal departments regarding programs designed to improve the nursing workforce.*

# II. Introduction

Nursing is the largest health profession in the United States with more than 3.8 million registered nurses (RNs) nationwide.<sup>1</sup> However, despite this number, maldistribution of nurses is projected to be a continuing issue for the profession. While the Health Resources and Services Administration (HRSA)'s National Center for Health Workforce Analysis (NCHWA) projects the overall national supply of nurses will outpace demand by the year 2030, there is projected to be an imbalance of RNs at the state and local community level and nursing shortages are expected to exist at a subnational level in various areas across the country. Many of HRSA's nursing workforce programs seek to address this by focusing on rural and underserved populations.

Diversity within the nursing profession is also important for improving our nation's health. Studies have shown that having a diverse nursing workforce is essential for progress towards achieving health equity in the United States.<sup>2</sup> According to a 2013 survey conducted by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 19 percent of the RN workforce. A 2015 NCHWA report titled "Sex, Race, and Ethnic Diversity of U.S. Health Occupations" shows that less than 17 percent of RNs are from racial/ethnic minority groups.<sup>34</sup> These findings suggest that the

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<sup>1</sup> "Nursing Fact Sheet," American Association of Colleges of Nursing: The Voice of Academic Nursing, accessed June 25, 2020, <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Fact-Sheet>.

<sup>2</sup> National Advisory Council for Nurse Education and Practice. Achieving Health Equity through Nursing Workforce Diversity. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/2013-eleventhreport.pdf>.

<sup>3</sup> National Center for Health Workforce Analysis. (2015). Sex, Race, and Ethnic Diversity of U.S. Health Occupations. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce.

<sup>4</sup> National Center for Health Workforce Analysis. (2015). Sex, Race, and Ethnic Diversity of U.S. Health Occupations. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce.

diversity of the nursing workforce does not adequately represent the diversity of the communities it serves.

HRSA's Bureau of Health Workforce administers the nursing workforce programs authorized by Title VIII of the PHS Act and is committed to increasing the number of nurses working in rural and underserved communities, and increasing diversity in health professions education and training programs, and in the health workforce. This commitment extends to ensuring that the United States has the right clinicians, with the right skills, working where they are needed.

### **III. HRSA Nursing Workforce Programs**

The following describes the nursing workforce programs authorized by Title VIII of the PHS Act and includes information on their purpose and the activities they conduct.

#### **Advanced Nursing Education**

HRSA's Advanced Nursing Education (ANE) programs include training support for advanced practice registered nurses (APRNs), nurse faculty, and sexual assault nurse examiners; also included are residency programs for practicing APRNs. These programs support a number of activities, including several traineeships; faculty and preceptor development activities; and longitudinal clinical immersion, with the aim of increasing the size of the advanced nursing workforce to provide quality care in rural and underserved community-based settings (i.e. Federally Qualified Health Centers). Developing APRNs is especially important because HRSA's NCHWA projects the demand for primary care physicians will increase to 239,460 full-time equivalents by the year 2025,<sup>5</sup> resulting in a supply shortage of 23,640 primary care physicians. APRNs can take on expanded roles to help meet this need for primary care services. Research suggests that training tomorrow's nursing workforce in rural and other community-based settings is more likely to produce providers who will ultimately serve these high need areas later in their career.<sup>6</sup> Table 1 below provides a summary of Fiscal Year (FY) 2020 awards for HRSA ANE programs.

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<sup>5</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland.

<sup>6</sup> Collins C., Challenges of Recruitment and Retention in Rural Areas. N C Med J. 2016 Mar-Apr; 77(2):99-101.

**Table 1: Advanced Nursing Education Award Information (FY 2020)**

<b>Program Name</b>	<b>Number of Awards</b>	<b>Award Amount</b>
Advanced Nursing Education Workforce Program	57	\$36,828,909
Nurse Anesthetist Traineeship Program	81	\$2,588,373
Advanced Nursing Education*	0	0
Advanced Nursing Education - Sexual Assault Nurse Examiners Program	20	\$8,950,405
Advanced Nursing Education - Nurse Practitioner Residency Program	36	\$22,274,752
Advanced Nursing Education - Nurse Practitioner Residency Integration Program	10	\$4,793,889
<b>FY 2020 Total</b>	<b>204</b>	<b>\$75,436,328</b>

\* Previous awards supported No-Cost Extensions with no allocation of funding for FY 2020.

### ***Advanced Nursing Education Workforce Program***

#### Program Purpose and Grant Information

The Advanced Nursing Education Workforce (ANEW) program supports innovative academic-practice partnerships to prepare primary care APRN students through academic and clinical training with a focus on rural and underserved populations. The partnerships support traineeships as well as academic-practice program infrastructure for schools of nursing and their practice partners to deliver longitudinal primary care clinical training experiences with rural and/or underserved populations for selected advanced practice nurse practitioner (NP), clinical nurse specialist (CNS), and nurse-midwifery students in primary care programs. The partnerships also help link program graduates to the HRSA Health Workforce Connector, which helps connect eligible professionals to communities in need, and other existing support resources so they can find employment in rural and underserved community-based settings. For FY 2020, HRSA awarded 57 continuing ANEW grants for a total investment of \$36,828,909.

#### Program Activities

ANEW award recipients increase the number of APRNs, with a goal to fund institutions who are prepared to meet the primary care needs of rural and underserved communities. This goal is accomplished by providing traineeship funds to schools of nursing that prepare graduates to practice in these communities. The participating institutions select traineeship recipients. A recipient (student) must be enrolled in an advanced education-nursing program in the recipient institution for preparation as a primary care NP, CNS, and/or nurse-midwife. The student/enrollee must be pursuing a master's or doctoral degree, a combined RN to master's degree, nurse-midwifery certificate, or a post-graduate master's certificate. The student/enrollee must be prepared to sit for national nursing certification in the nursing specialty or field of study (as applicable) following graduation.



## ***Nurse Anesthetist Traineeship***

### Program Purpose and Grant Information

The Nurse Anesthetist Traineeship (NAT) program supports eligible entities to meet the cost of traineeships for individuals (full-time only) in nurse anesthesia degree programs, lessening the financial barrier to program completion and increasing the number of certified registered nurse anesthetists (CRNA) providing care, especially to rural and underserved populations. Through their holistic, interdisciplinary, and multi-modal approach, CRNAs play an integral role in appropriate use of opioids for patients receiving anesthesia, sedation, and pain management services for acute and chronic pain. CRNAs are the primary providers of anesthesia care in rural America and, in some instances, may be the sole provider of anesthesia services. Because the opioid crisis is most acute in rural America, CRNAs are often on the frontlines of the opioid crisis. The aim of the program is to increase the number of CRNAs nationally who are well prepared and well-positioned to practice independently and deliver evidence-based, high quality, and safe anesthesia and services related to the management and treatment of acute and chronic pain. For FY 2020, HRSA awarded 81 new NAT grants for a total investment of \$2,588,373.

### Program Activities

NAT grants are awarded to accredited institutions that educate RNs to become nurse anesthetists; recipient institutions, in turn, disburse funds to students in the form of traineeship support. NAT students may use traineeship funds during the period for which the traineeship is provided for full or partial costs of tuition and fees, books/e-books, and reasonable living expenses (stipends). By providing didactic and clinical teaching/training for NAT students in opioid addiction management and treatment and options for non-opioid pain management and anesthesia, the NAT award recipients support the U.S. Department of Health and Human Services and HRSA's priority to combat the opioid crisis, especially among rural and underserved populations. CRNAs can apply for and receive DATA-2000 waivers for the provision of medication-assisted treatment services that include the prescription of buprenorphine-containing medications for individuals with opioid use disorder. The CRNAs trained through the NAT program are also working on the frontlines during the COVID-19 global pandemic.

## ***Advanced Nursing Education Program***

### Program Purpose and Grant Information

The ANE program supports the enhancement of advanced nursing education and practice. ANE grant projects implement creative academic-practice partnerships within APRN primary care programs. Partnerships between academic institutions and rural and/or underserved primary care practice sites promote APRN students' readiness to practice upon graduation by improving training and competencies for both students and preceptors. Working collectively, these partnerships: facilitate the meaningful exchange of information to identify the needs of the community and the clinical workforce; use this information to enhance curriculum, preceptor recruitment, training, and evaluation; and shape the experiential training of APRN students to be better prepared upon graduation to provide care for rural and underserved populations. While funding for the ANE program ended in FY 2019, award recipients were still able to request a no-cost extension in FY 2020 to complete their activities.

### Program Activities

ANE award recipients establish and enhance academic clinical partnerships between schools of nursing and primary care facilities that are located in underserved and/or rural settings to yield enhanced curriculum and a meaningful training experience through: the assessment of APRN students' knowledge, skills, and abilities; the identification of specific training gaps to inform improvements to current curriculum and clinical training; the assessment of preceptor competencies and training gaps; and by the provision of necessary training to improve preceptor knowledge and skills. Formal and ongoing feedback mechanisms between schools and practice sites are developed. Clinical training opportunities are expanded in primary care settings located in underserved and/or rural settings and APRN students are placed in these primary care settings.

## ***Advanced Nursing Education – Sexual Assault Nurse Examiners Program***

### Program Purpose and Grant Information

The Advanced Nursing Education – Sexual Assault Nurse Examiners (ANE-SANE) program increases the number of RNs, APRNs and forensic nurses trained and certified as sexual assault nurse examiners (SANEs) in communities on a local, regional and/or state level. The goal of this program is to train providers to conduct sexual assault forensic examinations, which provide better physical and mental health care for survivors, better evidence collection, and lead to higher prosecution rates. Programs are required to form collaborative linkages (partnerships) to support training, participant recruitment, training access, practice experience opportunities, and practice retention efforts throughout the period of performance. Applicant organizations, like schools of nursing or other entities, that do not have a clinical practice component, are required to collaborate with multiple academic, clinical, and community-based practice sites to ensure they have linkages (partnerships) with practice sites. For FY 2020, HRSA awarded 20 continuing ANE-SANE grants for a total investment of \$8,950,405.

### Program Activities

ANE-SANE awardees recruit participants, preceptors, and clinical sites through formal and informal partnerships as well as through online and in-person educational recruitment events offering continuing education credits. ANE-SANE programs support participants in virtual and in-person didactic training and support travel to establish clinical training experiences so that participants obtain all required didactic and clinical hours toward SANE certification through either state agencies or the International Association of Forensic Nurses (IAFN). Several programs have even become IAFN-approved clinical skills locations and provide clinical hours for additional nurses above those supported through ANE-SANE. Grant recipients offer week/weekend-long skills “blitz” trainings that use simulation, standardized patients, and innovative technologies such as the Project ECHO tele-mentoring model.

Some recipients have employees based at one or two clinical locations, and some have community-based models that provide coverage for larger geographic regions. A recipient was able to schedule 24/7 coverage of all seven hospital emergency departments in the four counties served by their ANE-SANE program and has not had an unmet need, as a SANE-trained nurse has been available when needed by sexual assault patients in the four counties. Other recipients

use validated tools, such as Qualtrics, to assess nurses for vicarious trauma.<sup>7</sup> Recipients also offer a mix of resilience and support interventions to combat burnout. Several recipients have developed and/or are participating in multidisciplinary Sexual Assault Response Teams with law enforcement, social services, community services, etc. ANE-SANE recipients are also working with hospitals and health systems to develop clinical policies that best support the provision of quality care and services for survivors of sexual assault.

## ***Advanced Nursing Education - Nurse Practitioner Residency Program***

### Program Purpose and Grant Information

The Advanced Nursing Education – Nurse Practitioner Residency (ANE-NPR) Program prepares new NPs in primary care for practice in community-based settings through clinical and academic focused 12-month NP residency programs, with a preference for those projects that benefit rural or underserved populations. All projects are required to establish academic clinical partnerships, provide NP resident and preceptor interprofessional team-based training, designate project staff, participate in cohort collaboration, and provide employment assistance post residency to connect program participants to primary care employment, especially in rural and/or underserved areas. In FY 2020, HRSA awarded 36 ANE-NPR grants for a total investment of \$22,274,752. These grants consisted of 24 Track 1 projects, where recipients spend up to a year developing a new NP residency program, and 12 Track 2 projects, where recipients expand or enhance existing NP residency programs within the first 3 months of the ANE-NPR Program start date.

### Program Activities

The ANE-NPR Program offers the two tracks described above, Track 1 to develop new NP residency programs and Track 2 to expand and enhance existing NP residency programs. Recent NP graduates are provided interprofessional team-based, clinical, and didactic training experiences along the practice continuum in primary care community-based settings. Preceptors are also recruited, trained, developed, supported, and evaluated as program collaborators who improve NP resident, preceptor, and clinical staff professional development. All projects develop a strong academic clinical partnership feedback loop for rapid cycle quality improvement, participate in cohort collaboration, designate project staff, and implement employment assistance strategies to connect residency program participants to primary care employment, especially in rural and/or underserved areas.

## ***Advanced Nursing Education Nurse Practitioner Residency Integration Program***

### Program Purpose and Grant Information

The Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP) expands and/or enhances existing 12-month NP residency programs that are accredited or in the accreditation process, in primary care or behavioral health and operate in an integrated, community-based setting. ANE-NPRIP also encourages award recipients to assist primary care

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<sup>7</sup> For the ANE-SANE program, vicarious trauma is the term used to describe emotional residue of exposure that healthcare workers have from working with trauma survivors, as they hear their trauma stories and become witnesses to the pain, fear, and terror that they endured.

and behavioral health NP residency completers to remain in these settings. For FY 2020, HRSA made 10 awards for a total investment of about \$4.8 million. Award recipients are projected to train approximately 47 students over the 3-year project period.

Program Activities

ANE-NPRIP projects must conduct a primary care or behavioral health NP residency program in an integrated community-based setting, establish project linkages with relevant educational and health care entities and must have in place or establish an academic clinical partnership to develop and implement the ANE-NPRIP. These partnerships must include an ongoing feedback mechanism with rapid cycle quality improvement; an academic clinical partnership Advisory Council; and NP resident support in the form of salaries to full-time residents who are licensed and certified NPs receiving 12 continuous months of immersive clinical and didactic training at a primary care or behavioral health community-based entity. Award recipients will recruit and train participants; provide interprofessional team-based, clinical, and didactic training experiences along the practice continuum in integrated community-based settings; and provide post-residency employment support and participate in a Cohort Collaboration. In order to provide support to each other, and ensure project success, award recipients are required to collaborate (face-to-face and/or virtually) at least quarterly in the first project year and at least twice annually during the period of performance with other ANE-NPRIP award recipients, as well as participate in HRSA-driven program evaluations during and upon completion of the period of performance.

**Nurse Faculty Loan Program**

The Nurse Faculty Loan Program (NFLP) provides funding to accredited schools of nursing to offer loans to students enrolled in advanced education nursing degree programs who are committed to becoming nurse faculty. Table 2 below provides a summary of FY 2020 NFLP awards.

**Table 2: Nurse Faculty Loan Program Award Information (FY 2020)**

<b>Program Name</b>	<b>Number of Awards</b>	<b>Total</b>
Nurse Faculty Loan Program	81	\$26,687,624

Program Purpose and Grant Information

The NFLP increases the number of qualified nurse faculty nationwide. The NFLP also aims to expand telehealth services, decrease the financial barrier of serving as nurse faculty, and address the U.S. Department of Health and Human Services and HRSA priorities of increasing nurse faculty members in rural and underserved areas. In exchange for full-time employment post-graduation as nurse faculty, the program authorizes cancellation of up to 85 percent of any such loan, plus the ensuing interest. NFLP fund recipients must contribute an Institutional Capital Contribution that is equal to at least one-ninth of the Federal Capital Contribution award. Eligible applicants are schools of nursing offering fully accredited advanced nursing education programs and are located in the United States or any of its territories that prepare students as nurse faculty.

The NFLP fund recipients provide loan support to students for a maximum dollar amount of \$35,500 per academic year (AY). NFLP student loan funding does not exceed 5 years of support and loans can be used to cover the costs of full or partial tuition, books, fees, and other educational expenses. NFLP graduates receive loan cancellation for each complete year of full-time employment as nurse faculty for 4 years, at 20 percent cancellation of the original loan amount after years 1, 2, and 3 and 25 percent of the original loan amount after year 4. The remaining 15 percent principal plus interest balance of the NFLP loan is repayable over a 10-year period, beginning 9 months after the graduate completes the advanced nurse education program and ceases to be enrolled as a student in the advanced nurse education program, or ceases to be employed as full-time nurse faculty. For FY 2020, HRSA awarded 81 new NFLP grants for a total investment of \$26,687,624.

#### Program Activities

The NFLP supports institutions committed to preparing advanced degree nursing students to serve as nurse faculty, especially those with a focus on doctoral preparation, thereby addressing the national nursing faculty shortage. NFLP also addresses the nationwide primary care provider shortage by encouraging APRNs to serve as preceptors within an academic-practice partnership framework. NFLP student borrowers are required to gain or maintain full-time employment, within 12 months of graduation, as a nurse faculty member at an accredited school of nursing, or part-time nurse faculty member at an accredited school of nursing in combination with another part-time faculty position or part-time clinical preceptor/educator position affiliated with an accredited school of nursing that together equates to full-time employment.

### **Nurse Education, Practice, Quality and Retention Programs**

HRSA's Nurse Education, Practice, Quality and Retention (NEPQR) programs address national nursing needs, and strengthen the capacity for basic nurse education and practice under three priority areas: education, practice, and retention. NEPQR programs support academic, service, and continuing education projects to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce.

Table 3 below provides a summary of FY 2020 awards for the NEPQR programs.

**Table 3: Nurse Education, Practice, Quality and Retention Award Information (FY 2020)**

<b>Program Name</b>	<b>Number of Awards</b>	<b>Award Amount</b>
Interprofessional Collaborative Practice: Behavioral Health Integration Cooperative Agreements	17	\$8,266,338
Veteran Nurses in Primary Care Training Program Cooperative Agreements	7	\$3,296,338
Registered Nurses in Primary Care Training Cooperative Agreements	42	\$27,044,048
Simulation Education Training Program	5	\$2,199,874
Veteran Bachelor of Science in Nursing Program Cooperative Agreements	5	\$0*
<b>FY 2020 Total</b>	<b>76</b>	<b>\$40,806,598</b>

\* Awards supported No-Cost Extensions with no allocation of funding for FY 2020.

In FY 2020, NEPQR supported 76 cooperative agreements totaling approximately \$40.8 million. Current NEPQR investments focus on preparing the current and future workforce in coordinated care delivery models, expanding nursing practice arrangements in non-institutional settings, improving access to primary health care, providing care for underserved populations and other high-risk groups such as persons with substance use disorders, and increasing the enrollment of veterans in Bachelor of Science in Nursing degree programs. As required by section 805 of the PHS Act, preference in funding is given to projects designed to substantially benefit rural or underserved populations or to help meet the public health nursing needs in state or local health departments.

### ***Interprofessional Collaborative Practice: Behavioral Health Integration Program***

#### Program Purpose & Cooperative Agreement Information

The Interprofessional Collaborative Practice: Behavioral Health Integration (IPCP: BHI) Program was designed to expand the practice of integrating behavioral health providers into nurse-led primary care teams to increase access to care, enhance care coordination, and improve patient outcomes in underserved community-based settings. The program strengthens nursing capacity to advance the health of patients, families, and communities. The program provides quality coordinated care and other skills needed to practice in existing and emerging organized health systems. In FY 2020, HRSA awarded 17 new cooperative agreements for a total investment of \$8,266,338.

### Program Activities

IPCP: BHI recipients provide interprofessional, integrated care in nurse-led primary care teams in community-based settings. With the use of HRSA's six-level framework for integration, each recipient provides an initial assessment on current level of behavioral health integration and structural changes necessary to enhance current or new levels of integration and on-going assessments through the duration of the cooperative agreement. To increase the quality and access to integrated care, awardees provide interprofessional education and training for care team providers and clinical staff on behavioral health integration competencies, screening and treatment of individuals with co-occurring physical and behavioral health needs. To demonstrate methods to improve access to primary health care in medically underserved communities,<sup>8</sup> awardees establish and/or expand nursing practice arrangements in non-institutional settings (e.g., community-based clinics such as Nurse Managed Health Centers, school-based clinics, and Federally Qualified Health Centers).

### ***Veteran Nurses in Primary Care Training Program***

#### Program Purpose & Cooperative Agreement Information

The Veteran Nurses in Primary Care (VNPC) Training Program was designed to recruit and train military veteran nursing students to practice at the full scope of their license in community-based primary care teams. In addition, the program provides professional development opportunities and educational support for practicing RNs/preceptors aimed at developing primary care expertise and skillsets to provide high-quality care that addresses the unique needs of veterans. The program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to deliver value-based primary care, improve the distribution of the nursing workforce, increase access to care, and improve population health outcomes by strengthening the capacity for basic nurse education and practice. For FY 2020, HRSA awarded seven continuing cooperative agreements totaling \$3,296,338.

#### Program Activities

VNPC recipients recruit veterans who are interested in primary care to participate in 150 hours or more of primary care extended practicums in a community setting, and provide wrap around support services that will enable the veterans to progress through the RN curriculum and pass state licensing exams. Wrap around services include the following: addressing veterans' financial concerns, unique needs and stressors, building upon skills already learned during enlistment, screening for hidden disabilities, signs of emerging mental health issues, chronic musculoskeletal pain from war, or traumatic brain injuries impacting learning, tutoring, test prep, writing, and time management classes, and providing mentors with skills relevant to veterans. . VNPC also provides preceptor training and continuing education for nurses working at their clinical partner sites to bring them up to date on the current, expanded role of RNs. The faculty

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<sup>8</sup> A medically underserved community is defined as a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor's Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, this also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

set protocols to help admissions office personnel understand G.I. Bill benefits and military transcripts, and civilian students learn about military culture and experiences through clinical exercises, symposiums and case scenarios.

### ***Registered Nurses in Primary Care Training Program***

#### Program Purpose & Cooperative Agreement Information

The Registered Nurses in Primary Care (RNPC) Training Program was designed to recruit and train nursing students and RNs to practice to the full scope of their license in community-based primary care teams. The goal of this program is to increase access to care, with an emphasis on chronic disease prevention and control, including mental health and substance use disorder conditions. The program aims to achieve a sustainable primary care nursing workforce equipped with the competencies necessary to address pressing national public health issues. The program also seeks to improve the distribution of the nursing workforce in areas of need, improve access to care, and improve population health outcomes by strengthening the capacity for basic nurse education and practice. For FY 2020, HRSA awarded 42 continuing RNPC cooperative agreements totaling \$27,044,048.

#### Program Activities

RNPC recipients establish or expand academic-practice partnerships to train nursing students and support current RNs in non-institutional settings, such as community-based primary care settings. HRSA also encourages partnerships with other non-institutional settings, such as National Health Service Corps sites, Community Health Centers, Federally Qualified Health Centers, Health Center Program Look-Alikes, Nurse-Managed Health Clinics, Rural Health Clinics, and Indian Health Services sites. The RNPC Training Program supports partnerships between academia and clinical practices. To improve access to primary health care in medically underserved communities, RNPC partnerships implement a system for recruitment of primary care-oriented undergraduate nursing students most committed to practicing in non-institutional settings. Recipients provide longitudinal clinical training experiences for undergraduate nursing students in community-based primary care. The RNPC Training Program supports continuing professional development in primary care for practicing RNs, clinical preceptors, and faculty, as well as enhanced didactic and clinical training curricula to integrate primary care, population health, and interprofessional education.

### ***Simulation Education Training Program***

#### Program Purpose & Cooperative Agreement Information

The Simulation Education Training (SET) Program enhances nurse education and strengthens the nursing workforce through the expansion of experiential learning opportunities. This includes using simulation-based technology, including equipment, to advance the health of patients, families, and communities in rural and medically underserved areas experiencing diseases and conditions that affect public health such as: high burden of stroke, heart disease, behavioral health, maternal mortality, HIV/AIDS, and/or obesity. This program strengthens the capacity of undergraduate public health nursing students to address the complex health care



needs of those living in rural and medically underserved areas. For FY 2020, HRSA made five new SET awards for a total investment of approximately \$2.2 million.

Program Activities

SET award recipients develop and implement innovative and reliable evidence-based simulation training programs that include provisions for rural or medically underserved populations experiencing diseases and conditions that affect public health such as: high burden of stroke, heart disease, behavioral and mental health, maternal mortality, HIV/AIDS, and/or obesity. Simulation training programs must include the use of collaborative, interprofessional team-based care, and integration of Public Health Nursing Competencies; establish or enhance strategic academic, practice, and community partnerships to inform simulation scenarios; and provide longitudinal community health-based clinical experiences for nursing students to improve access to primary care within medically underserved communities. In addition, recipients will allocate a full-time academic nursing faculty/coordinator to support best practice simulation scenarios.

***Veterans Bachelor of Science Degree in Nursing Program***

Program Purpose & Cooperative Agreement Information

Funding for the Veterans Bachelor of Science Degree in Nursing (VBSN) program ended in 2018. Five cooperative agreements received no-cost extensions in FY 2019 and FY 2020. The program was designed to increase enrollment, progression, and graduation of veterans from Bachelor of Science in Nursing (BSN) programs. The program prepared veterans to make the transition from their military role to that of a civilian nurse. These schools provided enhanced support services to veterans enabling their enrollment, retention, graduation, and successful passage of the National Council Licensure Examination for Registered Nurses.

**Nursing Workforce Diversity Programs**

In FY 2020, the Nursing Workforce Diversity (NWD) programs supported 36 grants totaling approximately \$17 million. NWD awardees increase nursing education opportunities for individuals from disadvantaged backgrounds, including ethnic and racial minorities who are underrepresented among RNs. NWD programs increase access to high quality, culturally aligned RN providers that reflect the diversity of the communities in which they serve, facilitate diploma or associates degree RNs to become baccalaureate-prepared RNs, and prepares practicing RNs for advanced nursing education. Table 4 below provides a summary of FY 2020 awards for the NWD programs.

**Table 4: Nursing Workforce Diversity Award Information (FY 2020)**

<b>Program Name</b>	<b>Number of Awards</b>	<b>Award Amount</b>
Nursing Workforce Diversity Program	34	\$16,011,857
Nursing Workforce Diversity - Eldercare Enhancement Program	2	\$975,976
<b>FY 2020 Total</b>	<b>36</b>	<b>\$16,987,833</b>

## ***Nursing Workforce Diversity Program***

### Program Purpose & Grant Information

The NWD program supports innovative projects that strengthen and expand the comprehensive use of evidence-based strategies shown to increase the recruitment, enrollment, retention, and graduation of students from disadvantaged backgrounds in schools of nursing. These students from disadvantaged backgrounds include racial and ethnic minorities who are underrepresented among RNs, and individuals who are educationally and/or economically disadvantaged. For FY 2020, HRSA awarded 34 continuing NWD awards for a total investment of \$16,011,857.

### Program activities

NWD recipients implement a comprehensive systems approach to include five evidence-based strategies successful in supporting students from disadvantaged backgrounds from enrollment through graduation. This approach includes the assessment of the social determinants that impede the educational success of students from disadvantaged backgrounds, identification of the needs of these students, and implementation of tailored, evidence-based strategies to address the social determinants and needs. Evidence-based strategies include academic and peer support tailoring services necessary to facilitate and maintain success of students; professional, academic, and peer mentoring; internal and external partnerships; and student financial support and holistic review incorporating admissions criteria that are evidence-based, driven by the mission of the school of nursing, and consider more than just academic metrics. Award recipients also receive training and technical assistance for holistic review and diversity training from a health professions organization selected by the award recipient.

## ***Nursing Workforce Diversity - Eldercare Enhancement Program***

### Program Purpose & Grant Information

The NWD – Eldercare Enhancement (E2) program strengthens the eldercare workforce in rural communities where there are health care disparities related to access and delivery of care through the expansion of these opportunities for students from disadvantaged backgrounds. NWD-E2 aims to achieve a sustainable eldercare nursing workforce and equip the nursing students with the competencies necessary to address health care disparities related to access and delivery of care of elderly populations in rural and underserved areas. For FY 2020, HRSA made two new NWD-E2 awards for a total investment of \$975,976. Awardees are projected to train 60 students over the 2-year project period.

### Program activities

NWD-E2 award recipients implement a comprehensive systems approach using all of the following evidence-based strategies: assessment of the social determinants of education that impeded the educational success of students from disadvantaged backgrounds; professional, academic and peer mentoring; student financial support; academic, clinical, and community partnerships; and extensive education and training opportunities to produce a competent eldercare nursing workforce. NWD-E2 partnerships are required to implement a system for recruitment of nursing students from disadvantaged backgrounds most committed to practicing

in settings that improve access to eldercare in medically underserved communities; provide enhanced clinical training experiences for undergraduate nursing students in community-based settings, including primary care delivery sites, with an emphasis on eldercare; and enhance didactic and clinical training curricula to integrate the care of elderly populations in rural areas and underserved areas with an emphasis on chronic disease prevention, population health, and health equity.

## Nurse Corps Loan Repayment and Scholarship Programs

The Nurse Corps addresses the distribution of nurses by supporting nurses and nursing students committed to working in communities with inadequate access to care. In exchange for scholarships or educational loan repayment, Nurse Corps members fulfill their service obligation by working in Critical Shortage Facilities (CSFs)<sup>9</sup> located in Health Professional Shortage Areas and medically underserved communities around the nation, which include rural communities and other identified geographic areas with populations that lack access to primary care and behavioral health services. Table 5 below provides a summary of anticipated FY 2020 Nurse Corps awards.

**Table 5: Nurse Corps Scholarship Program and Loan Repayment Program Award Information (FY 2020)**

<b>FY 2020 Awards</b>	<b>Number of Awards</b>	<b>Award Amount</b>
Nurse Corps Loan Repayment Program	756	\$51,047,355
Nurse Corps Scholarship Program	257	\$26,372,121
<b>FY 2020 Total</b>	<b>1,013</b>	<b>\$77,419,476</b>

The Nurse Corps Loan Repayment Program (LRP) supports the recruitment and retention of professional RNs, including APRNs, NPs, and CRNAs who are committed to working in CSFs or as faculty in accredited schools of nursing. The Nurse Corps LRP decreases the economic barriers associated with pursuing careers in CSFs or in academic nursing by repaying 60 percent of the principal and interest on eligible nursing education loans in exchange for 2 years of full-time service at a CSF or in academic nursing with an optional additional 25 percent of additional loan repayment in exchange for a third year of full-time service at a CSF. In FY 2020, HRSA made 756 awards for Nurse Corps LRP with a funding level of \$51 million.

The Nurse Corps Scholarship Program (SP) awards scholarships to individuals who are enrolled or accepted for enrollment in an accredited school of nursing in exchange for a service commitment of at least 2 years in a CSF after graduation. Nurse Corps SP awards reduce the financial barrier to nursing education for all levels of professional nursing students and increase the pipeline of nurses who will serve in CSFs. In FY 2020, HRSA made 257 awards for Nurse Corps SP with a funding level of \$26.4 million.

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<sup>9</sup> A CSF is a public or private nonprofit health care facility located in, designated as, or serving a mental health or primary medical care Health Professional Shortage Area.

## Contracts

In FY 2020, HRSA awarded several contracts that provide support to the ANE, NEPQR, and NWD programs. REI Systems, Inc. was awarded \$570,054 to provide information technology support to HRSA’s Division of Nursing and Public Health programs. This support includes enhancements to the Electronic Handbooks System used to manage awardee applications and reporting. John Snow, Inc. was awarded \$323,210 to provide awardee support and training, technical assistance, analytical support, data verification, reporting-related materials, and Electronic Handbook support and enhancements to the programs that report to the Uniform Data System. By the end of FY 2020, HRSA awarded \$49,000 to provide marketing for the ANE-SANE program and \$150,000 to provide marketing for the Nurse Corps Programs. Integrated Work was awarded \$34,664 to support topic-based learning collaborative that facilitate peer learning and program sustainability between awardees. Table 6 below provides a summary of FY 2020 contracts for HRSA nursing workforce programs.

**Table 6: Contracts Information**

<b>Contract Name</b>	<b>Number of Contracts</b>	<b>Contract Amount</b>
REI Systems, Inc.	1	\$570,054
John Snow Incorporated	1	\$323,210
ANE-SANE Marketing	1	\$49,000
Integrated Work	1	\$34,664
Nurse Corps Marketing	1	\$150,000
<b>Total</b>	<b>5</b>	<b>\$1,126,928</b>

## IV. Nursing Workforce Program Performance

Nursing workforce programs authorized by PHS Act Title VIII submit Annual Performance Reports (APRs) to HRSA at the end of each AY in July to comply with statutory and programmatic requirements for performance measurement and evaluation (including specific Title VIII requirements), as well as the Government Performance and Results Act of 1993 (GPRA)<sup>10</sup> and the GPRA Modernization Act of 2010<sup>11</sup> requirements. HRSA’s National Center for Health Workforce Analysis and Office of Planning, Analysis, and Evaluation submit all performance metrics and requirements to the Office of Management and Budget for public comment and formal approval. Specific performance measurement requirements for each program may be found on the HRSA website at <https://bhw.hrsa.gov/grants/reportonyourgrant>. These Office of Management and Budget-approved measures allow HRSA to show progress in meeting U.S. Department of Health and Human Services and HRSA objectives and demonstrate programmatic compliance with applicable statutory requirements.

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<sup>10</sup> Pub. L. No. 103-62, 107 Stat. 285 (Aug. 3, 1993).

<sup>11</sup> Pub. L. No. 111-352, 124 Stat. 3866 (Jan. 4, 2011).

In the APR, awardees report on the prior AY's training and graduation counts associated with their training grant. APRs for AY 2019-2020, the most recent AY completed, will be submitted to HRSA in August 2020. HRSA will report on results from these most recent reports in the FY 2022 Congressional Justification. As a result of this timeline, outputs and outcomes from the programs described in this report contain results through AY 2018-2019. Performance data from these programs presented below indicate programmatic success with increasing supply of primary care workforce as well as a focus on the geographical distribution of providers to areas where they are needed most.

Please note: the following Nursing Workforce programs began program implementation during AY 2019-2020 and do not currently have outputs or outcomes available: ANE-NPR, NEPQR-VNPC, NEPQR-SET, and NWD-E2 programs.

## **Advanced Nursing Education Workforce Program**

During AY 2017-2018 through AY 2018-2019, the first 2 years of the program, recipients of the ANEW Program trained a total of 7,445 APRN students in disciplines that prepare them for careers as primary care NPs, primary care CNSs, and/or nurse-midwives. This program has produced 2,190 APRN graduates to date who were ready to enter the health care workforce. Over the two AYs, these graduates represent a 1 percent increase in the nationwide supply of APRN in the United States.<sup>12</sup>

To provide clinical training experiences to nursing students, ANEW recipients partnered with 2,642 clinical training sites in primary care settings (73 percent), medically underserved communities (62 percent), and/or rural areas (32 percent). Across 2 years, this program provided direct funding to 2,250 individuals. The majority of these funded students spent part of their experiential training in primary care settings (86 percent), providing more than 738,000 hours of direct patient care. Sixty-nine percent of directly funded students also provided over 510,000 hours of patient care in medically underserved communities. One year post-graduation employment data collected on nearly 40 percent of the first year graduates showed that 66 percent were employed in a medically underserved community and/or rural area.

## **Nurse Anesthetist Traineeship Program**

The NAT program aims to increase the number of CRNAs providing care, especially to rural and underserved populations. Between AYs 2014-2019, the NAT program supported 7,971 nurse anesthetist students, of whom 6,492 graduated from their degree programs and were ready to

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<sup>12</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Brief Summary Results from the 2018 National Sample Survey of Registered Nurses, Rockville, Maryland.

enter the nursing workforce. Graduates from the NAT program over these 5 years increased the supply of nurse anesthetists in the United States by 18 percent.<sup>13</sup>

Additionally, nurse anesthetists supported by HRSA's NAT program accounted for over 90 percent of all nurse anesthetists trained in the United States during AY 2014-2015.<sup>14</sup> Nursing students supported by this program also receive training and provide clinical care in underserved communities. Over the last five AYs, 77 percent of supported students received clinical training in medically underserved communities, and 41 percent trained in primary care settings, both of which increase the likelihood of graduates working in these key areas after they complete their training. Of the 6,492 graduates, 5,344 provided employment data that was available as of 2019, 57 percent are currently employed as CRNAs in medically underserved communities and/or rural areas, and 26 percent are employed as CRNAs in primary care settings.

## **Advanced Nursing Education Program**

The ANE program increases the number of qualified nurses in the primary care workforce by improving advanced nursing education through traineeships as well as through curriculum and faculty development. The program includes a preference for supporting rural and underserved communities. During the last 5 years of the program, between AY 2014-2019, the ANE Program trained 9,543 advanced nursing students and produced 7,219 graduates who were ready to enter the health care workforce. Based on the most recently available data from the National Sample Survey of Registered Nurses, the ANE program graduates increased the nationwide APRN supply by 2 percent over the 5 year period.<sup>15</sup> Additionally, the ANE program accounted for 5 percent of all NPs who graduated in the United States during AYs 2015-2017.

In its last year of operation, ANE recipients partnered with 1,193 health care delivery sites (e.g., ambulatory practices, physician's offices, hospitals, etc.) to provide clinical and experiential training to students. Over 59 percent of clinical training sites provided interprofessional education. Approximately 46 percent of these clinical training sites were located in medically underserved communities and 62 percent were in primary care settings. Additionally, ANE recipients developed or enhanced 355 academic courses and activities that trained 6,243 individuals. Finally, more than 1,500 individuals participated in 39 ANE-supported continuing education courses focused on nursing education.

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<sup>13</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Brief Summary Results from the 2018 National Sample Survey of Registered Nurses, Rockville, Maryland.

<sup>14</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Brief Summary Results from the 2018 National Sample Survey of Registered Nurses, Rockville, Maryland.

<sup>15</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2019. Brief Summary Results from the 2018 National Sample Survey of Registered Nurses, Rockville, Maryland.

## **Advanced Nursing Education – Sexual Assault Nurse Examiners Program**

The ANE-SANE program provides advanced nursing education to increase the number of RNs, APRNs, and forensic nurses, trained and certified as sexual assault nurse examiners. AY 2018-2019 was the first year of data collection for the ANE-SANE program. The program supported 563 students and produced 59 graduates who were trained to conduct sexual assault forensic examinations. Nearly 45 percent of SANE trainees were RNs, focused on forensics. More than half of all SANE graduates intended to seek employment or further education in a rural area (22 percent) and/or in a medically underserved community (31 percent). The ANE-SANE recipients partnered with 95 clinical training sites (e.g., hospitals, emergency rooms, and academic institutions) where approximately 81 percent of these training sites were located in medically underserved communities and/or rural settings.

## **Nurse Faculty Loan Program**

The NFLP program seeks to increase the number of qualified nurse faculty by awarding funds to schools of nursing who in turn provide student loans to graduate-level nursing students who are interested in becoming faculty. Since AY 2014-2015, this program has supported the training of advanced nursing education students, producing 3,422 nurses with advanced degrees who are eligible to apply to competitive nurse faculty positions. Of these graduates, 71 percent earned a doctoral or terminal degree in their field, and 29 percent earned a master's-level degree. Graduates of this program reported their employment intentions upon completion of their degree. Results indicated that 97 percent intended to teach in the field of nursing. Follow up employment status was assessed for these graduates one year after program completion. With over a 70 percent response rate, cumulative data over the five AYs showed that 83 percent of graduates obtained a faculty appointment (full-time, part-time, or more than one part-time) in universities or colleges across the nation.

## **Interprofessional Collaborative Practice: Behavioral Health Integration Program**

The IPCP: BHI program addresses the significant unmet need for behavioral health services in community-based primary care settings. The program expands evidence-based practices into nurse-led primary care teams to increase access to care, enhance care coordination, and improve patient, family, and community outcomes in rural and underserved communities.

Between AYs 2014-2019, this program trained a total of 28,227 individuals that were part of nurse-led interprofessional education teams. The most common disciplines of professionals that participated on the interprofessional teams were: RNs, pre-licensure nurses, clinical social workers, medical assistants, and family NPs. In order to provide experiential training and to increase access to high quality behavioral health services during the last AY, award recipients partnered with 65 clinical training sites located in medically underserved communities (77 percent) and in primary care settings (77 percent). In addition to providing clinical training,

these sites played a key role in improving health care access to vulnerable populations. More than 80 percent of the clinical sites served older adults and/or individuals with mental illness or substance use disorders. A significant number of sites also served homeless individuals (68 percent) and people with disabilities (65 percent).

## **Registered Nurses in Primary Care Training Program**

The RNPC is a 4-year training program with the purpose of recruiting and training nursing students and current RNs to practice to the full scope of their license in community-based primary care teams. The goal is to increase access to care, with an emphasis on chronic disease prevention and control, including mental health and substance use conditions.

The RNPC program began during AY 2018-2019 in which it trained 831 individuals in primary care nursing programs and added 169 graduates to the nursing workforce. Over one third of nursing students received training in substance use disorder treatment (37 percent) and/or opioid use disorder treatment (39 percent). In the first year of this program, trainees increased access to care by providing over 14,000 direct patient encounters in rural areas, in addition to providing more than 39,000 contact hours in medically underserved communities. RNPC awardees also partnered with 307 training sites to provide experiential training. Nearly all training sites were located in medically underserved and/or rural communities (91 percent) and most specialized in primary care services (70 percent).

## **Veterans Bachelor of Science Degree in Nursing Program**

The VBSN program was designed to increase enrollment, progression, and graduation of veterans from BSN degree programs. During its operation over five AYs 2014-2019, the VBSN program graduated 966 veterans who received their Bachelor of Science in nursing. Nearly 40 percent of these veteran nurses who graduated are now employed or pursuing additional training in medically underserved communities and/or rural areas. A majority (86 percent) of the new nurses that completed this program received clinical and/or experiential training in medically underserved communities and/or rural areas. During its last year, AY 2018-2019, the NEPQR-VBSN award recipients partnered with 302 training sites (e.g., hospitals, ambulatory practices, educational institutions, etc.), providing 3,839 clinical training experiences for trainees of this program.

## **Nursing Workforce Diversity Program**

The NWD program increases nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented among RNs. The program supports disadvantaged nursing students through student stipends, scholarships and through a variety of pre-entry preparation, advanced education preparation, and retention activities. Between AYs 2014-2019, the NWD Program trained 21,538 nursing students and produced 15,876 graduates. The NWD nursing students in degree programs were either pre-licensure student trainees (22 percent) or undergraduates receiving their Bachelor of Nursing (BSN) degree (12 percent). Additionally, NPs and APRNs accounted for 7 percent of all



trainees. The balance of trainees in these programs (59 percent) were academic support program participants receiving varying levels of assistance.

Among those trained between 2014 and 2019, all participants either came from a disadvantaged background (72 percent) and/or were underrepresented minorities (47 percent). More than a quarter of nursing students self-identified as Hispanic (28 percent) and nearly one in five self-identified as Black or African American (19 percent). NWD nursing students were nearly five times more likely to be Hispanic and two times more likely to identify as Black or African American compared to national nursing estimates.<sup>16</sup> As ensuring a national health workforce that is diverse and representative of the communities it serves has been shown to facilitate the delivery of effective, high quality, culturally sensitive, and patient-centered care, the NWD program has demonstrated success toward meeting this HRSA priority for the nursing workforce.

## **Nurse Corps Loan Repayment and Scholarship Programs**

In FY 2019, the most recent year completed, the Nurse Corps LRP received over 4,894 new and continuation applications and the SP received 2,170 new and continuation applications. HRSA made a total of 1,079 new and continuation Nurse Corps awards (853 LRP and 226 SP) to applicants. Of the 853 Nurse Corps LRP awards, 711 new and continuing awards were made to participants serving at CSFs—98 percent at CSFs in high-need Health Professional Shortage Areas (high-need Health Professional Shortage Areas are defined as areas with a score of 14 or higher, and the average Health Professional Shortage Area score for the FY 2019 CSF placements was approximately 17). Of these 853 LRP awards, HRSA made 142 Nurse Corps LRP awards to nurse faculty participants—18 percent serving at schools of nursing with at least a 50 percent enrollment of students from disadvantaged backgrounds. Nearly 68 percent of SP awards were awarded to bachelor's degree students, 27 percent to master's degree students, 5 percent to associate's degree students, and 0 to nursing diploma students.

As of September 30, 2019, the Nurse Corps LRP field strength includes 1,928 RNs and nurse faculty members fulfilling multi-year service commitments. Further, 84 percent of Nurse Corps alumni remained at a CSF for up to 2 years beyond the completion of their Nurse Corps service commitment.

In FY 2019, there were 197 Nurse Corps SP graduates from accredited schools of nursing. As of September 30, 2019, 65 were serving in a CSF and four in nursing residency programs; 128 were actively seeking employment. Graduates have up to 9 months from the date of graduation to obtain a nursing license, accept an offer of employment from a program-approved facility, and begin full-time or part-time (if approved) clinical services at a CSF.

Nurse Corps LRP and SP participants self-report demographic data. Of the participants who reported on sex, race, and ethnicity, the majority were female and White, with Black or

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<sup>16</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015), Rockville, Maryland.

African-American the largest minority group (Table 7). HRSA requests Hispanic/Latino and Non-Hispanic/Non-Latino ethnicity data in the electronic application separately from gender and race data. Applicants may choose to report on any of these demographic areas in whole or in part. As a result, Hispanic/Latino and Non-Hispanic/Non-Latino data may be over-reported as this information is the only metric for capturing ethnicity. Table 7 below provide details of FY 2019 demographics for Nurse Corps programs.

**Table 7: Nurse Corps Loan Repayment Program and Scholarship Program Participants' Demographic Characteristics**

<b>FY 2019 Demographics</b>	<b>Nurse Corps LRP</b>		<b>Nurse Corps SP</b>		<b>Total</b>	
<b>Total Awards</b>	<b>853</b>		<b>226</b>		<b>1,079</b>	
<b>Sex</b>	#	%	#	%	#	%
Female	744	87.22%	190	84.07%	934	86.56%
Male	102	11.96%	35	15.49%	137	12.70%
Undisclosed	7	0.82%	1	0.44%	8	0.74%
<b>Race</b>	#	%	#	%	#	%
White	634	74.33%	124	54.87%	758	70.25%
Black/African-American	138	16.18%	80	35.40%	218	20.20%
Asian	36	4.22%	16	7.08%	52	4.82%
American Indian/Alaskan Native	17	1.99%	7	3.10%	24	2.22%
Native Hawaiian/Pacific Islander	4	0.47%	0	0.00%	4	0.37%
Two or More Races	33	3.87%	13	5.75%	46	4.26%
Undisclosed	36	4.22%	14	6.19%	50	4.63%
<b>Ethnicity</b>	#	%	#	%	#	%
Hispanic/Latino	83	9.73%	26	11.50%	109	10.10%
Non-Hispanic/Non-Latino	724	84.88%	187	82.74%	911	84.43%
Undisclosed	46	5.39%	13	5.75%	59	5.47%

## **V. Coordination Efforts with Federal Stakeholders**

HRSA and HRSA's Nursing Workforce programs also coordinate with other federal and non-federal entities, examples of these coordination efforts include:

- In 2018, HRSA's Division of Nursing and Public Health collaborated with HRSA's Office of Women's Health, the Department of Justice - Office of Violence Against Women and Office of Victims of Crime, the Centers for Disease Control and Prevention - Minority Health & Health Equity, Substance Abuse and Mental Health Services Administration, and Indian Health Service to solicit input in the development and implementation of the ANE-SANE program. This collaboration increased awareness about the ANE-SANE program announcement among federal stakeholders, provided an opportunity to learn from best practices, and created a platform to discuss future coordination efforts.
- HRSA's Division of Nursing and Public Health collaborated with the Future for Nursing: Campaign for Action (an initiative of a collaboration between the U.S. Department of Health and Human Services Office of Minority Health, American Association of Retired Persons Foundation, and Robert Wood Johnson Foundation) in order to support increasing the diversity of the nursing workforce. As a part of this collaboration, HRSA was featured on the Learning Collaborative platform to disseminate information about health workforce programs and funding opportunities. HRSA's Division of Nursing and Public Health participates in planning activities to increase training and support for underrepresented student populations in schools of nursing.
- In order to leverage resources and maximize use of the Collaborative Model of Behavioral Health, the IPCP: BHI program collaborated with the National Institute of Mental Health and Advancing Integrated Mental Health Solutions Center. This collaboration resulted in conducting coaching calls for over 1,200 healthcare providers and conducting 12 site visits to ensure the implementation of the Collaborative Care Model and adherence to proper protocols and operational integrity.
- The VNPC program and the Department of Veteran Affairs (VA) coordinate efforts to support VNPC award recipients. VNPC awardees are encouraged to partner with VA Medical Centers to provide the longitudinal clinical training required for the VNPC program. All of VNPC award recipients collaborate with the VA for activities such as recruitment, curriculum advisement and advisory boards. All of the VNPC projects have a version of military recognition status and/or military veteran services on their campuses with linkages to VA services. Through these coordination efforts, the VA's BSN scholarship fund prioritized former VBSN students and current VNPC students.

## **National Advisory Council for Nursing Education and Practice**

National Advisory Council for Nursing Education and Practice advises and makes recommendations to the Secretary and Congress on policy matters arising in the administration

of Title VIII of the PHS Act, which authorizes the nursing workforce training programs discussed above, including a range of issues relating to the nurse workforce, nursing education and nursing practice improvement. In addition, the Advisory Council is responsible for submitting an annual report to the Secretary and Congress on its activities, including findings and recommendations concerning the activities under Title VIII. HRSA regularly review these reports in order to help inform future competitions within these programs.

## **VI. Summary and Conclusions**

HRSA's Nursing Workforce Programs are an integral part of the federal government's efforts to develop the nursing workforce. These programs have proven to be effective mechanisms to address the needs of rural and underserved communities as well as to improve the diversity within the nursing profession. HRSA works with a variety of federal stakeholders to help inform our programs. These investments support essential development of the nursing profession and align nursing education and practice with the needs of the nation.