

## **126th Meeting of the National Advisory Council on Nurse Education and Practice**

**January 31, 2013  
DHHS Parklawn Building  
Rockville, Maryland**

### **Council Members Present**

Julie Sochalski, PhD, FAAN, RN, Chair, NACNEP  
CDR Serina Hunter-Thomas, MSA, RN, Designated Federal Officer, NACNEP  
Carol Brewer, PhD., RN  
Mary Lou Brunell, MSN, RN  
Mary Burman, PhD  
Lenora Campbell, DSN, RN  
Katherine Camacho Carr, PhD, ARNP, CNM, FACNM  
Sally Solomon Cohen, PhD, RN, FAAN  
Kathleen Gallo, PhD, RN, MBA  
Rosa Gonzalez-Guarda, PhD  
Susan Hassmiller, PhD, RN, FAAN  
Doris Hill, PhD, RN, CNOR  
Gerardo Melendez-Torres, RN  
Sandra Nichols, MD, FAANP  
Marc Nivet, EdD  
Sally Reel, PhD, RN, FNP, BC, FAAN, FAANP  
Monica Rochman, PhD, RN  
Linda Speranza, PhD, MS, MEd, ARNP-C  
Barbara Tobias, MD  
Arti Patel Varanasi, PhD, MPH  
David Vlahov, PhD, RN, FAAN  
Margaret Wilmoth, PhD, RN, FAAN

### **Council Members Absent**

Michael Bird, M.S.W., M.P.H.

### **Presenters**

Mary K. Wakefield, PhD, RN, FAAN, Administrator, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (USDHHS)  
Janet Heinrich, DrPH, FAAN, RN, Associate Administrator, Bureau of Health Professions (BHPr), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (USDHHS)  
Julie Sochalski, PhD, RN, FAAN, Chair NACNEP; Director, Division of Nursing, BHPr, HRSA

The 126th Meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was convened at the USDHHS Parklawn Building at 0900am on January 31, 2013 at Rockville, MD by CDR Hunter-Thomas, DFO for NACNEP.

## **Opening Remarks**

Dr. Julie Sochalski welcomed the NACNEP Council members and provided an update on the status of Bureau of Health Professions (BHPr) Division of Nursing programs and activities as well as NACNEP. She then introduced the first speaker, Dr. Mary K. Wakefield, Administrator, (HRSA).

Dr. Wakefield provided a status of the Agency's activities, and offered a welcome to both the new and ongoing NACNEP council members.

## **NACNEP Report Status – 11<sup>th</sup> Report**

Dr. Sochalski provided a historical perspective on the reports that NACNEP has produced in the past and followed with an update on the status of the NACNEP 11<sup>th</sup> report on workforce diversity that is currently under preparation. She noted that NACNEP's 2000 report, also on workforce diversity, offered recommendations that have yet to be fully realized and suggested it may be good to review them in light of the recommendations for the 11<sup>th</sup> Report. The framework for the "Nursing in 3D Summit" held last year nested workforce diversity within efforts to reduce disparities and improve health equity. Dr. Sochalski noted the recognition of health equity as the context within which to frame the goals for workforce diversity. She further noted the need to ensure the metrics are available to assess progress towards these goals.

Following Dr. Sochalski's presentation, the council members discussed the 11<sup>th</sup> Report draft recommendations.

- Dr. Hassmiller noted that the Robert Wood Johnson Foundation has funded 29 state action coalitions to pursue the recommendations from the IOM Report on the Future of Nursing, with one of the requisites for funding being a plan for increasing diversity.
- Dr. Nivet noted the need to build both the evidence of diversity initiatives and the grading of that evidence to determine if the mechanisms and diversity tools are effective. Members echoed the importance of identifying and promoting best practices in diversity, as well as the development of metrics to track success of diversity initiatives.
- Members noted the importance of incorporating admission criteria that embrace diversity. Standards other than grade point average need to be considered, especially for students from diverse backgrounds. In addition to admission rates, important to track progression to and successful graduation, as well as employment rates.
- AAMC developed a toolkit, "The Holistic Review Admissions Process" and have just completed a webinar on the importance of a holistic review that is available for Council review (<https://www.aamc.org/initiatives/holisticreview/about/>).

- The IOM Report, *The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in Health Professions*, has 11 criteria that NACNEP may want to consider and recommend be tested.
- Dr. Vlahov discussed “Diversity in Action,” a faculty group at UCSF that has assembled modules and conducts training with the faculty on cultural awareness in curricular materials and interactions with students, and seeks feedback from students. The group goes beyond the efforts generally taken by an “Office for Diversity” by diffusing its activities throughout the nursing community and engaging other schools to ascertain their efforts to promote effective diversity strategies.
- Dr. Cohen noted that while New Mexico is home to a large Hispanic, Latino, and Native American demography, the University of New Mexico still faces formidable challenges in recruiting and retaining a diverse faculty body.
- Members discussed the need to include a broad definition of diversity, one that includes financial and socially disadvantaged students, gender, and other dimensions.
- Members noted the importance of identifying and disseminating successful diversity strategies beyond those supported in HRSA funded projects. A particular challenge is faculty diversity, i.e., recruitment, development and support/retention of diverse faculty.

### **NACNEP 12<sup>th</sup> Report Framework**

Dr. Sochalski provided an overview of the work the Council had undertaken at its previous meeting on the strategic priorities for nursing workforce development, which is the topic for the Council 12<sup>th</sup> Report. The Council members discussed the inventory of issues and priorities generated by the Council:

- Regarding interprofessional education, the council recommended including discussion of the hospital's healthcare arena. The conversation currently focuses on the academic educational settings.
- Members also recommended looking at the nursing workforce as a whole and their competence in meeting the public's need. The Council asked how to provide education needed to try to ensure today's nurses are prepared to meet today's needs. The future nursing workforce cannot be projected from today's workforce and its use. Not only increasing ethnic racial minorities but making sure our workforce is diverse by gender and culture.
- Another council member noted the need to broaden the scope of discussions of workforce development to include such domains as the social sciences, ethics, economics, and dealing with different communities. Economists, anthropologists and political scientists should be included in the discussion. Just staying within the health professions won't produce a diverse workforce that can make meaningful contributions.

- Another council member asked if opportunities are available to work with other divisions so as to perhaps increase the number of stakeholders.
- Part of the issue is the use of technology and to think strategically how to train future nursing professionals in the use of different technologies and not just electronic medical records. Asking the question what can be readily implemented or replicated and as the workforce is trained, enabling them to think critically about the technology and not just necessarily accepting it.
- The council members stated that they also have to recognize there's an insurance market reform. There's going to be personal health records. So communication is not only going to be important but the piece that needs to be recognized is that the public will be educated.
- Historically nurses have been educated to function primarily in the hospital. Today's environment, though, places the focus on primary care, and registered nurses are not being prepared to function in primary care practices. There are many cross cutting issues in reimbursement, education and team based care and primary care.

### **Closing Remarks**

Dr. Julie Sochalski thanked the council members for their comments and introduced BHPR Associate Administrator Dr. Janet Heinrich. Dr. Heinrich provided an overview of the activities that took place within the Bureau during the fiscal year 2012.

- FY2012 appropriation was about \$670 million. For FY2013 it is about \$500 million.
- Top priorities include enhancing the clinical training capacity.
- Expansion of primary care with physician assistants and nurse practitioner training.
- Address health disparities by increasing workforce diversity.
- Geriatric Training Program expansion.
- Alzheimer's disease expansion training programs.
- BHPr's National Center for Health Workforce Analysis- Report on Nursing Workforce to be released soon.
- Office of Performance Measures
- Veteran's Initiative to enter healthcare professions

### **Public Comment**

The public comment session was opened at 1205. No comments were offered.

### **Adjournment**

CDR Hunter-Thomas adjourned the meeting at 12:30 pm.



Julie Sochalski, Chair, NACNEP

February 28, 2013

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Date

CDR Serina Hunter-Thomas, Designated Federal Officer, approved the meeting minutes.

Serina Hunter-Thomas

February 28, 2013

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CDR Serina Hunter-Thomas, DFO, NACNEP

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Date