

# **HEALTHIER WISCONSIN PARTNERSHIP PROGRAM**

*Improving health through community-MCW academic partnerships*

## **PROGRESS REPORT**

### **GUIDELINES AND INSTRUCTIONS**

The vision of the Healthier Wisconsin Partnership Program (HWPP) is to improve the health of the people of Wisconsin. A set of guiding principles was established to provide a foundation and framework to effectively steward these funds. HWPP projects selected for funding were those that exemplified these Principles of Stewardship and advanced this vision.

To document the progress toward achieving the Principles of Stewardship and vision of HWPP, six-month progress reports (and a final report) are required from all funded projects to ensure progress of project outcomes against the objectives specified within the project proposal. Reports are also used to evaluate the overall impact of HWPP; therefore, reporting is a very important component of the award recipient's obligations.

Please complete and submit this Progress Report with all required sections and documents on or before the due date. Please respond to all questions. You may use as many pages as necessary, but please be as concise as possible. The information provided by your partnership informs HWPP's printed and electronic publications and will be shared with various audiences. HWPP may edit your submission.

- **The Progress Report should be completed on behalf of the whole project partnership.**
- **The Progress Report should include information on the prior six months of project-related activities.**
- **Send an electronic copy of the completed Progress Report to [healthierwisconsin@mcw.edu](mailto:healthierwisconsin@mcw.edu) in Microsoft Word format.**
- **All project partners must be publicly copied on the transmitting e-mail to HWPP.**



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## Healthier Wisconsin Partnership Program Progress Report

Project name: Collaborative Response to the Growing Wisconsin Health Workforce Crisis

HWPP Project Number: 2009I-07

(Check One)      Development Award – or –  Impact Award

Amount Awarded: \$ 300,000

Award Period: Beginning Date 7/01/2009 through End Date 6/30/2012

Six Month Reporting Period: Beginning Date 01/01/2011 through End Date 06/30/2011

In the space provided, please enter the project synthesis statement from your proposal.  
 This project addresses the health workforce shortage threatening our most vulnerable communities by providing the data collection and forecasting critically needed for workforce planning.

**1. Please provide a summary paragraph of your project’s outcomes during the last six months.**

The Collaborative continues to meet or exceed expectations and is moving forward with the project funded in part by this award. We are proceeding to mine the rich data source from the RN survey and prepare for the LPN nursing survey. We are trying to get the State to jumpstart data collection for physicians. Our key partners in the Collaborative have been hit by the effects of now multiple external events not anticipated when the application for this award was developed: the recession, health reform and a series of seismic changes in State government. State partners have been coping with major leadership changes in their departments-- downsizing, furlough days. All partners having experienced growing demands on their time through additional opportunities/threats related to American Recovery and Reinvestment Act of 2009 and Patient Protection and Affordable Care Act. But throughout this period, the partners continue to maintain their commitment to this project and are gaining deeper insight about what helps and hurts collaborative efforts such as ours.

**2. Per your originally submitted proposal (and including any approved changes) please list the specific objectives established by your project. Indicate if the objectives were: fully met, partially met or not met. Add additional rows as necessary.**

	<b>Objectives:</b>	<b>Fully met</b>	<b>Partially met</b>	<b>Not met</b>
1	<b>Goal 1: Expand data collection and analysis of the supply and distribution of WI registered nursing workforce with additional details on advanced practice nurses (APNs).</b> Obj 1.4 – Survey educational programs that prepare RNs for capacity data and share results.		X	
2	<b>Goal 2: Enumerate and analyze non-governmental public health workforce (paid and volunteer) in private, non-profit agencies, voluntary associations, and community-based organizations, statewide and locally (via a pilot in one region), who address core public health functions and essential services.</b> Obj 2.2 – Develop and pilot methodology to forecast non-governmental public health nursing workforce needs.		X	

3	<b>Goal 3: Expand WI's capacity to designate as many eligible Health Professional Shortage Areas (HPSA) as possible to maximize access to HPSA-linked resources and help with workforce planning.</b> <b>Obj 3.1</b> – Compile and analyze mental health HPSA data for non-designated areas.		X	
	<b>Obj 3.3</b> – Make dental and mental health workforce data available for statewide planning.		X	
4	<b>Goal 4: Expand existing nurse forecasting tool available in WI to incorporate various policy scenarios that may affect future supply and demand. Outcome Measure 4: Forecasted supply and demand projections based on various policy scenarios are available.</b> <b>Obj 4.2</b> – Perform scenario analyses for nursing workforce.		X	

3. For each numbered objective above, please indicate the results of activities used to achieve each objective that substantiate the rating of fully met, partially met or not met. Identify any obstacles or challenges encountered.

<b>Results of activities for each objective:</b>	
1	<p><b>Activities for Obj 1.4</b></p> <p><b>1.4.1 – Collect data from registered nursing education programs about planned expansion of student/learner capacity; Jan 2010</b></p> <p><b>Results:</b> Fully met. The Wisconsin Center for Nursing (WCN) selected the National Nursing Workforce Minimum Dataset “Education” for the nursing education collection strategy in Wisconsin. This dataset was developed by the National Forum of State Workforce Centers. The Forum reviewed collection strategies reported in the scientific literature, a review of states collecting nursing education data and survey results to identify the most critical items for the minimum dataset, and the appropriate measurement approach for each.</p> <p>The Wisconsin Nursing Education Survey (Attachment A) was launched online on February 22, 2011. Forty nursing programs were contacted including eight new nursing programs. The original deadline for submission was March 18, 2011. The response rate was 50% at that time so the deadline was extended to April 8, 2011. Follow-up messages and individual phone calls were made to schools not responding. The final response rate (28 of 40 programs) was 70%.</p> <p><b>1.4.2 – Collect data regarding barriers to increasing capacity; Jan 2010</b></p> <p><b>Results:</b> Partially met. Upon receipt of the report, WCN will review the information regarding planned program expansions of student/learner capacity, barriers to increasing capacity, and gaps in nursing education.</p> <p><b>1.4.3 – Compare capacity possibilities of educational programs; Mar 2010</b></p> <p><b>Results:</b> Partially met. The data have been sorted, cleaned and coded; 600+ variables identified and entered in SPSS. A doctoral student is currently working with the statistician. The co-researchers met on July 18, 2011 with the graduate student. The plan is to have an initial report in August, 2011 and a final report in September, 2011.</p>
2	<p><b>Activities for Obj 2.2</b></p> <p><b>2.2.1 – Estimate the provider to population ratio for the current non-governmental public health nursing workforce based on available data and the methodology developed by the expert panel; Jan – Dec 2010</b></p> <p><b>Results:</b> Fully met. The Department of Health Services, Division of Public Health completed the following activities related to Objective 2.2:</p> <ol style="list-style-type: none"> <li>1. Entered into a Memorandum of Understanding with the Department of Workforce Development to receive the registered nurse workforce data set, which originated from the data obtained during the registered nurse re-licensure process in 2010.</li> <li>2. Convened a public/community health workforce stakeholder meeting to: a) describe progress on the Public/Community Health Nursing Workforce Report, b) gain stakeholder</li> </ol>

perspective on proposed report layout and alignment with the Health Resources Services Administration (HRSA) National Sample Survey of Registered Nurses, and c) discuss proposed definition of public/community health nursing workforce.

3. Convened a workgroup and reached consensus on a definition of the public/community health registered nurse workforce.
4. Requested and secured tables and charts from the HRSA [Initial Findings from the 2008 National Sample Survey of Registered Nurses](#) so that the Wisconsin Public/Community Health Registered Nurse Workforce Report will be comparable and align with the HRSA Report.
5. Using the HRSA tables and charts, analyzed the entire Wisconsin registered nurse data set; queried, analyzed, developed narrative, charts and tables for the public/community health nursing workforce.
6. Developed a first rough draft of the Wisconsin Public/Community Health Workforce Report. Preliminary findings show there are 58.4 Public/Community Health registered nurses per 100,000 people (3,316/5,679,639 = 58.4/100,000). The academic partner, Dr. Peter Layde has offered and will review the final draft of this report. This indicates a willingness to engage in report development and shows that the academic partner is willing to personally commit to advancing project goals.
7. In cooperation with the Wisconsin Center for Nursing, submitted an abstract and were selected to present at the Wisconsin Public Health Nurse Conference on August 14, 2011.

**2.2.2 – Examine available health status indicators by state, region and county (particularly summary health outcomes and disparities measures developed by UWSMPH Population Health Institute) for those measures most related to public health nursing functions; Jul 2010 – Jun 2011**

**Results:** Fully met. Reviewed the health status indicators by state, region and county.

**3 Activities for Obj 3.1**

**3.1.9 – Contact and ask mental health clinics in non-HPSA areas to update provider data in secure HPSA database; Jul 2010 – Mar 2011**

**Results:** Partially met. We have completed data collection on 13 non-HPSA counties and we are continuing to collect data on another 10-11 areas. Because of poor response to our on-line HPSA survey, we switched to using a phone survey which is more labor-intensive but is providing a better response rate.

**3.1.10 – Analyze data for non-HPSAs and complete HPSA applications for state primary care office to submit to federal HRSA for eligible areas; Oct 2010 – Sep 2011**

**Results:** Not met. See result above. This work will happen from July –December 2011.

**Activities for Obj 3.3**

**3.3.3 – Provide web access to mental health and dental HPSA service area data to help support community development and health workforce development; Jan- Jun 2012**

**Results:** Partially met. Dental data and maps were added to the web in March 2010. Updated dental data were compiled in June, 2011 and will be added to the web in fall 2011 to allow a 2-year comparison.

**4 Activities for Obj 4.2**

**4.2.1 – Gather specific requests on scenarios from policymakers and stakeholders; Feb 2010**

**Results:** Fully met. The goal of this activity was to collect specific, detailed, and, more importantly, realistic workforce scenarios affecting future supply of and demand for Registered Nurses in Wisconsin. These scenarios are meant to be analyzed using the Wisconsin nursing forecasting model (the Wisconsin Model) to estimate the future nursing supply-demand imbalance. This activity has been successfully completed and specific nursing scenario requests from the policymakers and stakeholders (particularly, our academic partner Dr. Peter Layde and the members of the Wisconsin Health Workforce Data Collaborative (WHWDC) have been received.

The intent of this activity was to make the forecasting work relevant to the stakeholder's specific needs by capturing their individual visions of the future of health care. Through a variety

of communication methods (email, phone, monthly Data Collaborative meetings, or in person), the stakeholders expressed their preferred scenarios to be analyzed using the Wisconsin Model. Prior to the solicitation of specific scenarios, members were familiarized with the forecasting tool's capabilities during several model demonstrations at the regular monthly meetings of the Data Collaborative. In the spirit of our established collaboration, every received input was examined for consistency with the existing forecasting tool's capabilities as well as for its contribution to the development of a more comprehensive set of workforce policies.

Since not all of our stakeholders attend the regular monthly meetings of the Data Collaborative, and, thus, have not seen the model's demonstration, we provided the following summary of the existing tool's capacity for scenarios analysis in an email:

**Supply Scenario Tools:** *The model allows running scenarios that change the 2010 RN-to-population ratio due to changes in the number or percent of future new graduates (due to a variety of educational capacity policy changes), future change in the RN labor force participation (due to a variety of economic, social, and cultural reasons, such as changes in retirement or diversity, excluding anticipated aging of the population which effect has already been embedded into the base model), future change in retirement patterns (this category is a subset of the labor force participation, and allows for a more specific focus on retirement issues), and future change in migration patterns. Factors can be changed in any projected year (2015, 2020, 2025, 2030, and 2035) and in any combination of these years.*

*The model allows for three types of scenarios: one period future change in the rate of any factors or a combination of several factors (after the change period, the ratios return to base conditions, and the nurses added to/subtracted from the supply filter through the remainder of the model under the base conditions, these are informally known as "spike" scenarios), change in some period that become the new standard ratio throughout the rest of the model (informally, these are "plateau" scenarios), and any combination of the previous two scenarios (informally, these are "lightning bolt" scenarios).*

**Demand Scenario Tools:** *The model allows running scenarios that change the 2010 RN-to-population due to changes of the base demand in the following settings: Nursing homes and extended care, home health care, inpatient care, emergency care, ambulatory surgeries in hospitals, ambulatory care, public health, other, and nurse educators. The model also allows scenarios that affect the overall demand, or demand in any of the above settings in any combination. Factors can be changed in the base year (2010), and in any projected year (2015, 2020, 2025, 2030, and 2035).*

**2010 Equilibrium (Supply/Demand Gap) Assumption:** *Ability to change the equilibrium assumptions is one of the unique features of the Wisconsin Model. Most supply and demand models assume fixed equilibrium conditions. This model starts with the assumption that the supply of RNs equaled demand for RNs in 2010. However, users can challenge the assumption of equilibrium in 2010, either for the total supply/demand or in a particular employment setting. Proposed scenarios may combine changes in supply, demand, and equilibrium assumption simultaneously.*

*During the scenarios solicitation process, we provided examples of the kinds of nursing scenarios we were looking for:*

*Scenario 1: The RN labor force participation rate decreases by 5% after the recession ends since labor force participation increases for nurses during recessions. The participation rate remains 5% lower than the base ratio through 2035.*

*Scenario 2: Future generations begin to postpone retirement. The retirement rate drops by 10% in 2025 and remains 10% below the base ratio through 2035.*

*Scenario 3: Real wages for RNs increase by 10% every 5 year. According HRSA's 2004 report, a 1% increase in wage causes a .8% increase in graduation and a .3% increase in labor force participation rate.*

*Scenario 4: Educational capacity increases to allow for a maximum of 3,500 new graduates per year, and students fill the programs to capacity.*

*Scenario 5: Modern Nursing, a monthly magazine aimed towards young nurses in the workforce, names Wisconsin as America's number one state for registered nurses in 2020. Net migration increases by 400% in 2020 then goes back to base levels through 2035. (This is an example of recruitment policies to lure nurses to Wisconsin.)*

*As a result of the scenario solicitation process, we have received nursing*

*scenarios from many members of the Data Collaborative, representing various stakeholder organizations. The represented organizations include the Wisconsin Hospitals Association, the Division of Public Health, Department Health Services, the Wisconsin Department of Workforce Development, the Rural Wisconsin Health Cooperative, and the Wisconsin Center for Nursing, among others.*

*The received scenarios focused on many issues affecting future supply of and demand for Registered Nurses in the state. Most notably, we received scenarios focusing on national health care reform, state and federal budget cuts, changes to Social Security and Medicare, educational distribution of new nurses, wage increases, and others.*

#### **4.2.2 – Prepare sensitivity analyses based on specific requests from policymakers and stakeholders; Mar 2011 – Feb 2011**

**Results:** Partially met. The work on this activity, which began in March 2011, is still in progress. We are on track to have this work successfully completed and marked as fully met by the scheduled completion date of February 2012.

Once the specific scenarios were received from the stakeholders, they were translated into the language that the forecasting model can understand. This was an especially challenging process since many scenarios did not fit exactly into the parameters available in the model. Through additional assumptions and by rewriting the scenarios as a change in the RN-to-population ratios, all scenarios were adapted for the use with the Wisconsin Model.

To the extent possible, the stakeholders were provided with the results from the model based on their submitted scenarios. Currently, we work on creating a realistic set of scenarios to be agreed by the member of the Data Collaborative. This set of scenarios will come from the specific scenarios already received from the members as well as additional scenarios gathered after the initial solicitation period.

As an additional product delivery, beyond the mentioned deliverables in the original grant language, we have prepared and published two reports based on this work: a short document summarizing the forecasting work and a detailed technical report providing further details about the forecasting methodology. The two-page summary document is available at [http://dwd.wisconsin.gov/oea/RN\\_Forecasting\\_Model.pdf](http://dwd.wisconsin.gov/oea/RN_Forecasting_Model.pdf). It summarizes the forecasting model and provides the supply and demand forecasts from the base case model. Additionally, a detailed technical report describing the Wisconsin Model's technical inner workings is available at [http://dwd.wisconsin.gov/oea/RN\\_Technical\\_Report.pdf](http://dwd.wisconsin.gov/oea/RN_Technical_Report.pdf).

#### **4. Summarize any lessons learned.**

**Goal 1:** To meet the goal to survey the Wisconsin nursing education programs, WCN intended to use data from the yearly reports from the Wisconsin schools of nursing to their accreditation agencies. Unfortunately, the data were not comparable for the analysis needed to address the HWPP goals and the WCN statutory requirements. Therefore, working with the nursing education programs to come to an agreement about using the national minimum nursing education dataset was time consuming. In addition, finding a nurse researcher and gaining IRB approval of the proposal was labor intensive and time consuming.

**Goal 2:** 1) The Health Resources Services Administration may be viewed as a willing partner that will assist Wisconsin in developing aligned workforce data reports; 2) stakeholder involvement is essential in developing a useful workforce report; 3) content experts are required to provide discipline specific perspectives, provide substantive contributions to workforce report narrative and definitions based on industry standards, and report review.

**Goal 3:** In order to keep up with the volume of HPSA work, we have learned that clinics need to share more responsibility for timely reporting of their psychiatrist/physician data. We need to limit the number of times we contact clinics for their psychiatrist data. Repeated non-response from clinics means that we need to discontinue working on their HPSA area and cannot apply for new HPSA designation to give clinics access to HPSA benefits. We have to keep moving ahead with other HPSAs and our ongoing annual HPSA reviews.

**Goal 4:** The future cannot be predicted with absolute accuracy. Even so, the forecasting model, which was expanded with the funding provided by the MCW grant, sheds light on Wisconsin's RN supply and demand. The model estimates the magnitude of the supply-demand gap, and allows policymakers and stakeholders to analyze policy intervention plans required to close the approaching gap. However, it is important to emphasize that the quality of the forecasting results depends strongly on the quality of the input data used to prepare these forecasts. Lack of historic supply and demand data makes it virtually impossible to measure labor market

trends. The assumption about constant RN-to-population ratios will be challenged through observed trends as the RN License Renewal Survey continues to be administered every two years.

As mentioned earlier, the supply side data comes from the 2010 RN License Renewal Survey. Wisconsin law requires every RN in the state to complete this workforce survey when renewing his or her license. Thus, in essence, this is a census of RNs in Wisconsin, yielding a high quality supply database. **It is important to note that in order to assure the consistency of RN forecasts over time, the next rounds of the RN Survey must preserve the questions and answers used to populate the Wisconsin Model.**

The quality of data on the demand side, however, can, and should, be improved. The accuracy of the demand projections is determined by the quality of the health care usage data, which needs to be improved. Efforts should be made to collect robust, Wisconsin specific data elements that are required for the demand model. Many health care settings are already surveyed on the employer side, but the surveys do not ask the questions necessary to determine health care usage by age. Existing surveys could be enhanced to improve the data for demand projections.

Finally, there is currently no way of conclusively determining equilibriums, shortages, or surpluses. More robust staffing and vacancy surveys on the employer side would help to more accurately predict market imbalances. Also, employer surveys would act as a check on staffing intensities measured through the survey.

The list of limitations and suggestions for improvement are not meant to diminish the quality of the model results. The models provide accurate and reliable projections of nursing supply and demand. Sensitivity analysis and versatility are probably the most valuable components of the model. Sensitivity analysis will allow users to estimate the efficiency of policies, which will help to determine if the benefits of a policy outweigh the costs. The models have the versatility to run almost any type of scenario. Also, the option to change the equilibrium assumption is a unique feature. Overall, this model provides a new and unique tool that will help Wisconsin policy makers take proactive steps towards determining the gap between nursing supply and demand.

The following are possible next generation model enhancements:

- The current version of the forecasting model does not account for geographic distributional issues of RNs supply and demand in Wisconsin. Future work on the forecasting models could look at these distributional issues by producing gap forecasts for different regions in the state as well as the breakdown of rural versus urban areas.
- A possible way to determine better health care would be to prepare forecasts for different educational level and correlate them to health outcomes. Forecasts for separate employment settings may prove helpful for policy makers working on drafting public policies aimed at reducing nursing shortages in specific employment settings.
- The current version of the Wisconsin Model does not address the issue of patient care quality which is often at the center of any health care policy. Future versions of the forecasting model would need to incorporate health outcomes in order to improve policy results. One possible approach to achieve this merger between health outcomes and the number of nurses may be to link forecasting model's result with the county health status profiles.

5. Please address the project's achievements regarding the MCW Consortium's guiding principles (Principles of Stewardship) by addressing **all** of the following items:

- Describe how your community-MCW academic partnership evolved over the last six months of the project. What successes were experienced in the partnership? What barriers were encountered by the partnership (e.g., organizational or physical barriers, level of commitment toward a common goal, etc.)?

The community partners continue to work very well with each other and are very grateful for the ongoing collaboration with our academic partner. The processing of changes and invoicing for this project that had been a major burden for the community partners has been remedied through the problem solving and cooperation of HWPP staff and our academic partners. We are most grateful!

- Describe the project's efforts to collaborate (beyond the community-MCW academic partnership) to capitalize on the strengths of and coordinate with other efforts in the community.

See below section re "maximizing impact." The Collaborative's Steering Committee meets monthly in-person (with some calling in as needed) in the conference room of the Secretary of Workforce Development. Active participants each month typically include senior staff from the following organizations:

- Marquette University
- Medical College of Wisconsin
- Rural Wisconsin Health Cooperative
- School of Medicine & Public Health, University of Wisconsin
- Wisconsin Area Health Education Centers
- Wisconsin Center for Nursing
- Wisconsin Department of Health Services
- Wisconsin Department of Workforce Development
- Wisconsin Hospital Association
- Wisconsin Medical Society
- Wisconsin Department of Health Services, Division of Public Health

In addition, we have collaborated with local and national agencies on the following activities:

**State Agency Collaboration:** To facilitate analyzing the 2010 Wisconsin registered nurse workforce data set, DHS and DWD entered into a Memorandum of Understanding. This demonstrates state agency coordination.

**Federal and State Agency Collaboration:** HRSA contributed tables and charts from [Initial Findings from the 2008 National Sample Survey of Registered Nurses](#) so that the Wisconsin Public/Community Health Registered Nurse Workforce Report will be comparable and align with the HRSA Report.

**Public/private Sector Collaboration:** The Wisconsin Center for Nursing Executive Director, DPH State Public Health Nursing Director, DPH State Health Plan Officer, in consultation with the DPH Workforce Development Director reached consensus on a definition of the public/community health registered nurse workforce. Additionally, the DPH Workforce Development Director and the Wisconsin Center for Nursing Executive Director submitted an abstract and were invited to present at the Wisconsin Public Health Nurse Conference on August 16, 2011.

- Describe the project's efforts to maximize impact on the health of the people of Wisconsin by focusing on documented innovations and/or evidenced-based practices developed or used through this project.

The below activities are performed with in-kind support of the participants and are not funded by MCW:

On May 25th, we wrote the Wisconsin Partnership Program at the UW School of Medicine and Public Health and the Consortium on Public and Community Health at the Medical College of Wisconsin to suggest that there is a need and benefit for the two schools to reconsider their roles re supporting workforce data collection, analysis and forecasting. Our "ask" was not about funding the Collaborative but asking the question about how our state can best address this complex piece of missing public health infrastructure in our state.

We have done a lot as a collaborative with MCW's support but we believe our state needs a more stable infrastructure than can be accomplished through current sets of grant opportunities.

As of this writing it is not known definitively whether or not the two Schools will choose to discuss this issue together but it is clear that our request for innovation by both schools is being taken seriously. While we do not know the right answer we are certain that this is a critically important question.

On June 27th, Consortia leadership met with the Wisconsin Department of Workforce Development Secretary Scott Baumbach as well as two representatives of Dave Ross, Secretary of the Department of Safety and Professional Services, John Murray, his Executive Assistant and Tom Ryan, Bureau Director and staff for the Medical examining Board.

Our purpose was to ask for their cooperation in implementing "Concurrent Data Collection" with State Credential Renewals starting this October for Physicians (MD), Physicians (DO) and Physician Assistants (PA). The meeting was particularly productive, and while implementation is by no means assured, participants felt that our suggestion was being taken seriously.

- Describe the project's efforts to be measurable and accountable through effective oversight and rigorous evaluation, including involvement of the affected communities.
  - Evaluation of this project involves three elements: **Progress** (how our Collaborative is adhering to key deadlines), **Process** (how the Collaborative is working together as a team) and **Outcome** (whether the Collaborative has achieved its overall goal of providing workforce data and analysis to plan for health workforce shortages in the future).

- With regard to progress, the evaluator reviewed the four progress reports of the Collaborative: January 2010, July 2010, January 2011 and July 2011. It is the opinion of this evaluator that the timeline has been adhered very well considering the challenges mentioned previously in this report, many of which could not have been anticipated. The work is steadily and methodically being accomplished. What is not as apparent in the progress reports is the dedications of the members to not only meet their own timelines, but to support each other through review of all members' work. Goal Coordinators reported progress at every monthly meeting of the Collaborative and members contributed to in-depth discussion while providing support and advice.
  - With regard to process, as a result of the evaluation plan developed by the Evaluator and agreed upon by the Collaborative, a survey was conducted in January 2010 measuring our success in working collaboratively. After reviewing the results of the evaluation tool, it was suggested that at the end of each Collaborative meeting, members be asked to reflect on the process of collaboration in the meeting. This exercise allows members to identify what went well, what could have been handled differently, and whether the meetings were productive. A review of the minutes between July, 2010 and June, 2011 reveals that with little exception, members feel that we continue to make significant progress in collaborative efforts. The January, 2010 survey will be redistributed to Collaborative members in August, 2011 in order to compare responses to determine progress or unresolved issues. A report of the results will occur in the December, 2011 report.
- Describe the project's efforts to effect systemic change by emphasizing prevention, innovation and/or capacity building.
    - At the heart of this project is capacity building for the collaborative acquisition, analysis and forecasting of health workforce data. Our identification and solving of barriers with the RN census is facilitating the Collaborative partner's current and future work in other disciplines.
    - This project has played a significant role in keeping workforce capacity building as a high priority issue across multiple disciplines and amongst a diverse array of organizations.
    - Due to Collaborative partner actions, in good part incited by the promise seen in our grant funded activities, workforce data collection at the time of licensure has become a statewide advocacy priority for the Collaborative's multiple participants.
    - Establishing public/community health provider to population ratio in light of population health indicators contributes to an understanding of the capacity required to protect and promote the health of the public.

- Using the following table, describe your project's efforts to leverage HWPP funding from other funding sources for complimentary project activities.

<b>Funding Source</b>	<b>Amount</b>	<b>Indicate pending or confirmed</b>	<b>Briefly state how these funds expand or compliment your HWPP project efforts</b>
The Faye MacBeath Foundation in collaboration with the Wisconsin Center for Nursing (WCN) received notification in June that they have received a 3-year Partners Investing in Nursing's Future grant from the Robert Wood Johnson Foundation	\$480,000	CONFIRMED - Final budget is being negotiated	This proposal provides funding to WCN to gather and analyze "demand data" for nurses in Wisconsin. The proposal was presented as the last remaining information needed to add to the nurse supply data and nursing education data in order to make informed decisions and recommendations regarding the future of nursing in Wisconsin.
Wisconsin Partnership Program Community-Academic Partnership Fund—Development Grant	\$50,000	PENDING – Invited to submit a full proposal ONLY	A Letter of Intent (LOI) (Attachment B) was submitted to apply for funding that will provide the opportunity for the Collaborative to expand the work currently being undertaken by this project. The LOI was submitted in June, 2011 and was invited to submit a full proposal, due on September 30, 2011.

- Using the following table, describe efforts to disseminate the project’s learnings, publicity or published materials. **Attach copies of these materials with the transmitting email or mail to HWPP.**

Type of dissemination effort: conference, publication, publicity, etc.	Disseminated to:	Indicate pending or confirmed
<b>Publications:</b> <ul style="list-style-type: none"> <li>▪ Acord LG, Dennik-Champion G, Lundeen SP, Schuler SG. Vision, grit and collaboration: How the Wisconsin Center for Nursing achieved both sustainable funding and established itself as a state health care workforce leader. 2010; 11(2):126-131.</li> </ul>	Journal: Policy, Politics, and Nursing Practice (Attachment C)	Confirmed
<b>Conference Breakout:</b> <ul style="list-style-type: none"> <li>▪ Hansen, Judith and McKenney, Nancy, 2011. <i>Wisconsin Public Health and Community Health Registered Nurse Workforce Report Reflection Panel.</i></li> </ul>	14 <sup>th</sup> Annual Public Health Nursing Conference “Public Health Nurses Lead the Way” Tuesday, August 16, 2011 Holiday Inn Hotel & Convention Center, Stevens Point	Confirmed
Hansen, J.M. <i>Wisconsin 2010 RN Survey Results At a Glance Brochure</i>	<ul style="list-style-type: none"> <li>▪ Participants (50) at the annual LEAP Linking Education &amp; Practice conference, Madison WI</li> <li>▪ Members of the Forum of State Nursing Centers (30) annual meeting, Chicago, IL</li> <li>▪ Participants of the Aurora Healthcare IOM Future of Nursing Forum (50), Milwaukee, WI</li> <li>▪ PDF file posted to existing WCN website <a href="http://www.wicenterfornursing.org">www.wicenterfornursing.org</a> and being reposted to new website that is being developed</li> </ul>	Confirmed (Jan, 2011)
Hansen, J.M. <i>“Your Wisconsin Center for Nursing: Leading Today for the Workforce of Tomorrow”</i> Powerpoint presentation on 2010 RN Survey results & At a Glance Brochure	<ul style="list-style-type: none"> <li>▪ Members of the Lakeshore District Nurses Association (20) of WNA, Cleveland, WI</li> <li>▪ Participant breakout session at the annual Wisconsin Organization of Nurse Executives (50) WONE, Wisconsin Dells, WI (Attachment D)</li> <li>▪ Participants at the annual WI Public Health Association conference, Appleton, WI (Attachment E)</li> </ul>	Confirmed (Apr, 2011 & May, 2011)
Cook, A.E. Presentation & <i>Wisconsin 2010 RN Survey Results At a Glance Brochure</i>	Members of Sigma Theta Tau-Milwaukee Eta Nu, Delta Gamma, Tau Mu, Tau Sigma chapters (60) Milwaukee, WI	Confirmed (Apr, 2011)
WCN Conference <i>“The IOM Report: Building the Future of Nursing in WI.”</i> <i>Wisconsin 2010 RN Survey Results At a Glance Brochure</i>	Conference participants received the “At a Glance” brochure in their packets (229), Wisconsin Dells, WI	Confirmed (May, 2011)

6. Please provide a success story that highlights an achievement within your partnership, a project participant’s experience or a change made within a system.

Individuals representing various segments of the clinical laboratory workforce participated in a Clinical Workforce Report 2010 Reflection Panel during the January 31, 2011 Wisconsin Health Workforce Data Collaborative meeting. Panelists included: Erin Bowles, MT (ASCP), Acting Director, Wisconsin Clinical Laboratory Network, Wisconsin State Laboratory of Hygiene, who contributed a large urban healthcare and public health system perspective; Barbara Hill, MT (ASCP), Manager, Proficiency Testing, Wisconsin State Laboratory of Hygiene, who reflected on the report from a quality assurance training perspective; Sue Raab, EdD, Department Chair, Clinical Laboratory Science Program, UW Stevens Point, who contributed an academic insight; Barbara Saar, MLS (ASCP)<sup>CM</sup>, Quality Assurance Program Specialist Senior, Division of Quality Assurance, Wisconsin Department of Health Services, St. Croix Regional Medical Center, St. Croix Falls, who contributed rural healthcare system insights. These discussions enlightened Collaborative members about the many challenges facing the clinical laboratory workforce which affect supply and demand. A member of the Collaborative and reflection panel were also invited to present key findings of the report to the State Laboratory Collaborative and reflection panel were also invited to present key findings of the report to the State Laboratory of Hygiene Board of Directors meeting on February 15, 2011. The Clinical Laboratory Workforce report has sparked two fundamental changes: 1) well-informed discussions that highlight priorities for further workforce planning; 2) established a common frame of reference for constructive workforce dialogue across public and private sectors.

Additionally, one of the objectives of Goal 4 is to create a forecasting tool that can be used to examine possible directions of the state's registered nurse workforce. Input from health care experts within the group was vital for the successful completion of this objective. Thanks to the collaborative efforts of program partners, a tool that reflects a unique nature of the nursing profession was created. This tool offers the flexibility to health care policymakers to examine a variety of policy scenarios and is able to meet their specific needs. This success would not have been possible without the collective knowledge of project partners.

7. Please summarize any changes approved by HWPP that occurred during this reporting period by addressing the following items:

- Summarize any approved budget changes **during this reporting period.**

Personnel changes during this reporting period affected the project budget. We needed to shift funds in order to accommodate the work of community partners on this project (see below).

- Summarize any approved personnel changes **during this reporting period.**

Personnel changes to the project needed to be changed due to the following reasons:

- The Wisconsin Department of Health Services discovered several things as they gained more experience with the new online HPSA survey and poor response rate from clinics: 1) the work is more complex and labor intensive than originally expected; 2) The HSPA Specialist had some but not all of the needed skill sets, so needed to add an additional position (HPSA Coordinator) to do more analytic work and process coordination; and 3) The complexity of mental health HPSA data collection and developing report capacity, required additional IT consultation to complete the required work commitments. These items/activities brought upon personnel changes that needed to be made resulting in creation of two new positions and dropping one position.
- The Wisconsin Department of Workforce Development discovered that they no longer needed a position (Computer Programmer) and decided to drop the position from the project.
- Job replacement and title change for the Wisconsin Center for Nursing. Judi Hansen is the new Executive Director and Sue Schuler has stepped down. Ms. Schuler continues on the project as Goal 1 Coordinator.