



Rutgers Center for
State Health Policy

The Institute for Health, Health Care Policy and Aging Research

Evaluation of the New Jersey Health Initiatives Workforce Agenda Program

**Amy Tiedemann, Ph.D.
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Acknowledgements

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Evaluation of the New Jersey Health Initiatives Workforce Agenda Program

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Executive Summary

The *New Jersey Health Initiatives Workforce Agenda* grant program was a Robert Wood Johnson Foundation (RWJF) strategic initiative which supported New Jersey community organization efforts to address the shortage of registered nurses and nurse paraprofessionals in their locales. The project was administered by the New Jersey Health Initiatives (NJHI), an RWJF national program office that is supported through a grant to Rutgers University's Institute for Health, Health Care Policy and Aging Research. Nine organizations from across New Jersey were funded under this program to engage in recruitment and retention activities for registered nurses, certified nurse aides, or homemaker-home health aides in their communities. The NJHI program office contracted with the Rutgers Center for State Health Policy (CSHP) to conduct an evaluation of the initiative. The evaluation consisted of three major activities: mail surveys of grantees, in-depth case studies of selected grantee projects, and qualitative analysis of all grantee documents and materials. This report covers the findings emerging from these evaluation activities.

Findings

The nine *NJHI Workforce Agenda* grantees were a highly motivated and successful group. The funded projects were diverse in both their nursing workforce focus areas and the strategies used to address the nursing shortage. For example, some projects focused on stronger recruitment of students into nursing programs or career advancement opportunities, while others targeted the improvement of the work environment in an attempt to increase retention of nurses. Several projects contained a combination of recruitment, retention, or career development activities.

Surveys

Annually and at the close of the grants, CSHP mailed grantees a survey covering process issues including project progress, barriers and facilitators to grant work, leadership challenges, adequacy of the project supports, and the potential for sustainability and replicability of the project. The key findings of the surveys are as follows:

- Survey respondents reported that the grant program went very well, with an average score of 8.7 out of a possible 10.
- Most respondents reported their project accomplished most of the goals stated in the original project plan.
- The majority of grantees felt that their programs were valuable in addressing the nursing workforce issue in their targeted organization or community.
- Many respondents agreed that carrying out an evaluation of the grant was more difficult than they expected.
- The majority of grantees rated project communications, support from the parent organizations, staff commitment, and leadership very highly.
- Most agreed or strongly agreed that leadership was well organized, running the project appropriately, and managing the grant funds well.
- A good project coordinator and successful collaboration with partner organizations were mentioned by many as key factors for project success.
- The primary barriers encountered by grantees were the difficulty of collecting accurate data that could be used to demonstrate outcomes, changes in personnel, and challenges getting partner, staff, and parent organizational support.

Common Achievements, Challenges, and Policy Implications

CSHP also reviewed all grant related documents produced during the course of funding. Through analysis of these grant materials these common themes of achievement and challenge across the *NJHI Workforce Agenda* projects were identified:

- ***Collaboration*** - Many of the *NJHI Workforce Agenda* grantees strengthened the relationship between educational organizations and health care employers in their local area. These same collaborative efforts also posed significant challenges and required consistent attention. For several of the grantees, challenges occurred when the exact roles and responsibilities of each organization/group were not clearly defined at the outset.

- **Curriculum** - Several of the grantees developed or implemented unique, new curricula for educating nursing aides or nurses.
- **Leadership** - The findings clearly show that strong project leadership as well as support from high level administrators within the grantee organizations was critical to project success and sustainability efforts.
- **Faculty** - Several grantees experienced difficulty expanding nursing programs due to the challenge of finding faculty to teach planned courses.
- **Students** - Grantees working with students often encountered problems due to administrative hurdles. Students eligible for new programs often needed additional assistance moving through the program application process.
- **Time** - All grantees faced the issue of meeting project goals by the end of grant funding.

The *NJHI Workforce Agenda* projects also were affected by, and have implications for, New Jersey public policy. Through CSHP's discussions with grantees and review of their reporting and survey responses, three policy issues emerged as particularly relevant for this group of projects:

- Insufficient nursing faculty
- Preparation of certified nurse aides (CNAs)
- CNA and certified homemaker-home health aide (CHHHA) program regulation

Case Studies

CSHP selected three grantee projects for in-depth study that were innovative in their approach to solving the nursing shortage and also had strong potential to communicate lessons about successful collaboration and organizational cultural change. These projects also represent the various components of the nursing shortage issue, as well the diverse strategies for addressing such problems. The case study grantees were:

- Nurse Workforce Solution Project (Atlantic and Cape May Counties)
- One Day Per Week RN Program (Ocean County)
- A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses (Bergen County)

These in-depth case studies reiterate the findings from the annual and final survey as well as give further detail on some of the achievements and challenges experienced by many of the *NJHI Workforce Agenda* grantees.

Conclusions

The *NJHI Workforce Agenda* program was an effective and valuable endeavor that created a focus on nursing in communities and stimulated efforts to recognize and support the critical workforce of nurses. Each of the nine project teams funded under the *NJHI Workforce Agenda* initiative was dedicated to decreasing the nursing shortage in the local community and worked extremely hard throughout the grant period to accomplish their objectives. Many of the grantees' self-evaluations showed increased recruitment, retention, and job satisfaction among nurses and potential nurses within their communities. Grantees successfully built new collaborative relationships which better connected the education of nurses with the needs of health care employers. Grantees also expanded nurses' opportunities for career advancement and leadership within health care facilities. *NJHI Workforce Agenda* grantees also learned valuable lessons about collaboration, project management, and public policy.

Evaluation of the New Jersey Health Initiatives Workforce Agenda Program

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Introduction

The *New Jersey Health Initiatives (NJHI) Workforce Agenda* was an NJHI special project solicitation sponsored by the Robert Wood Johnson Foundation (RWJF) to support innovative projects that addressed workforce shortages in two health care occupations in New Jersey: registered nurses in the hospital setting and paraprofessionals in long term care institutions and home health care settings. The national program office for the RWJF New Jersey Health Initiatives is based at Rutgers University's Institute for Health, Health Care Policy and Aging Research.

The Robert Wood Johnson Foundation issued the *NJHI Workforce Agenda* request for proposals in January 2003 soliciting proposals for health care workforce shortage projects. Nine organizations from across New Jersey, including hospitals, community colleges, a community based provider, and a Workforce Investment Board, were selected to receive grants. Seven of these projects focused on increasing or retaining the number of registered nurses in communities while the remaining two focused on long term care paraprofessionals, including certified nurse aides (CNAs) or homemaker-home health aides (HHAs). Seven of the nine projects were funded for 3 years, beginning in October 2003 and concluding in September 2006; two of the projects were funded for a two year period, with those grants ending in September 2005. Table 1 shows the funded organizations, locations, project titles, and funding amount.

Table 1: Funded Organizations

Organization Funded	Location	Project Title	Grant Amount and Funding Period	Grant Project Directors
Atlantic/Cape May Workforce Investment Board	Atlantic and Cape May Counties	Nurse Workforce Solution Project	\$488,708 for 36 months	Mary Jean Burke Director, Nurse Workforce Solution Project
Camden County College	Camden County	Nursing/Allied Health Certified Nurse Aide Program	\$393,253 for 36 months	Robynn Anwar Project Director
Cathedral Healthcare System	Essex County	Nurse Education for Urban Hospitals	\$420,778 for 36 months	Neil DeHaan Director of Grants
Community Visiting Nurse Association	Somerset County	Collaborating for Paraprofessional Training, Literacy, and Job Success	\$232,091 for 36 months	Alyce Brophy President & CEO
Englewood Hospital and Medical Center	Bergen County	Career Development: Collaboration Across the Continuum	\$399,712 for 36 months	Edna Cadmus, Sr. Vice President, Patient Care Services
Jersey Shore Medical Center Foundation	Monmouth County	An Innovative Process for Work Environment Enhancement	\$272,619 for 24 months	Teri Wurmser Director, Ann May Center for Nursing
Liberty Health System, Inc.	Hudson County	RN Step-by-Step	\$289,828 for 36 months	Peggy Ensslin Project Director
Ocean County College	Ocean County	One Day per Week RN Program	\$458,252 for 36 months	James W. Brown Dean, Division of Health and Sciences & Human Performance
The Valley Hospital	Bergen County	A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses	\$264,533 for 24 months	Mary Jo Assi Clinical Projects Coordinator

The funded projects were diverse in both their nursing workforce focus areas and the strategies used to address the nursing and healthcare worker shortage. For example, some projects focused on stronger recruitment of students into nursing programs or career advancement opportunities, while others targeted the improvement of the work environment in an attempt to increase retention of nurses. Several projects contained a combination of recruitment, retention, or career development activities. The majority of projects involved

collaboration between organizations affected by the nursing and long term care paraprofessional worker shortage. The most common type of collaboration was between community colleges and hospital systems, though other arrangements existed as well, for example, between a visiting nurse service running a paraprofessional training program and long-term care facilities.

Program Evaluation and Technical Assistance

The NJHI program office engaged with the Rutgers Center for State Health Policy to conduct an evaluation of the *NJHI Workforce Agenda* and to provide direct technical assistance to the grantees in their evaluation and stakeholder communication efforts. The relationship between NJHI and CSHP first began in 2001 when CSHP was asked to “scan” the New Jersey health policy environment, and through discussions with senior health care stakeholders in the state, identify priorities for strategic funding.

After NJHI identified the *NJHI Workforce Agenda* grantees as the first cohort of strategic funding recipients, there were two primary goals of CSHP’s ongoing involvement in this RWJF grant program: (1) to evaluate the success of the *NJHI Workforce Agenda* Program, and (2) to provide technical support to the grantees in the form of environmental scans and direct technical assistance to help grantees establish outcome objectives and practical self-evaluation activities. CSHP’s technical assistance to grantees was part of the overall technical assistance support provided by the NJHI program office and RWJF.

For the program assessment, CSHP conducted three major activities:

- **Mail surveys (annual and final project)** – Annually, grantees were mailed a survey covering process issues such as project progress, barriers and facilitators to grant work, leadership challenges, and adequacy of the project support. After the close of grants, CSHP mailed a final project survey containing many of the same questions as the annual survey, but this survey also included new questions focusing on sustainability and potential replicability of the projects.
- **In-depth case studies** – CSHP used a case study approach to explore three grantee projects addressing different elements of the nursing shortage. The case study methods included in-depth interviews with grantee collaborative members and community stakeholders as well as close reading and analysis of all grantee reporting documents, presentations, and other grantee products.

- **Qualitative analysis of all NJHI Workforce Agenda materials** – CSHP reviewed all grant related documents produced during the course of funding and summarized commonalities and differences among grantee projects. The documents reviewed included grantee progress reports, NJHI and CSHP site visit notes, grantee PowerPoint presentations, open ended survey responses, and news coverage of grantees.

To provide technical assistance to the grantees, CSHP also engaged in several activities:

- **Environmental scan** – Throughout the program, CSHP conducted an ongoing scan of the state policy environment and labor market trends relevant to the program. The project team reviewed current scholarly literature, newspaper articles, and web sources and circulated pertinent information to the grantees and the NJHI program office. CSHP also assembled a resource guide for grantees which contained, in addition to other materials, a summary of key nursing and healthcare workforce issues based on a review of these sources. See Appendix A for an excerpt from the resource guide.
- **Meetings and presentations** – The CSHP project team interacted with grantees on many occasions during the grant period. The team attended all NJHI organized grant meetings and presented on various project related topics. See Appendix B for agendas from the grantee meetings.
- **Evaluation technical assistance** – CSHP provided hands-on technical assistance to help grantees establish outcome objectives and practical, useful self-evaluation activities. CSHP reviewed grantees' plans for evaluation of their projects, survey instruments, outcome charts and tables, and provided constructive feedback. CSHP also worked in-person with grantees during site visits. Evaluation research definitions, methods, and practical insights were included in the resource guide mentioned above. See Appendix C for table of grantees evaluation components.

The grantees required varying levels of evaluation activity support. Some grantees engaged independent evaluators to assess their programs and needed limited assistance from CSHP. For example, an evaluator for the Jersey Shore project team helped them design and conduct a thorough plan assessing changes in nurse autonomy, perceptions of control, nurse-physician relationships, and job satisfaction. The evaluation measured these outcomes for both

participating and non-participating hospital units in the grant and did so at baseline, one year, and two years after program implementation. Other grantees did not have evaluators and solicited advice from CSHP on designing an evaluation plan, identifying or creating survey questions, conducting data analysis, and presenting findings. This report provides the program evaluation and in-depth case study findings as well as discusses lessons learned from this initiative that may apply to future grant programs.

Annual and Final Project Survey Findings

CSHP conducted annual mail surveys and a final project survey with the grantees to determine how their grants were progressing and those factors that facilitated as well as challenged their project's success. By conducting the survey annually and at the close of the grants, the CSHP project team was able to examine issues that occur during the start-up phase of programs, as well as activities that generally occur towards the end of a grant period such as attempts at sustainability. At the start of their grants, the CSHP project team asked each grantee for a list of people who should be surveyed. The team was interested in surveying those persons who worked in the program, those who managed the program, and those individuals within the larger organization who had oversight of the program (i.e., the CEO) or whose support was important for its success. The survey respondent list was updated each year to capture grantees' new partners and team members who could give feedback in the survey.

The annual survey instrument included questions about the progress of the grant-funded program, the effectiveness of the leadership, how the project was functioning, and the usefulness of the support from NJHI staff and CSHP research team. Scheduled several months after the close of the projects, the final survey also included questions about the sustainability of the project, outcomes, and advice for others who might be interested in replicating the project. The results of the final survey provided interesting information about the factors that facilitated the overall *NJHI Workforce Agenda's* goal of addressing the nursing and healthcare workforce shortage.

The annual surveys were sent six months into each grant year, approximately in May 2004, 2005, and 2006. Second mailings were sent to those who did not respond within one month. Response rates were very high for a mail survey and consistent over time: 45% in Year 1, 46% in Year 2, and 43% in Year 3. The total number of responses for the survey in each year was 26, 29,

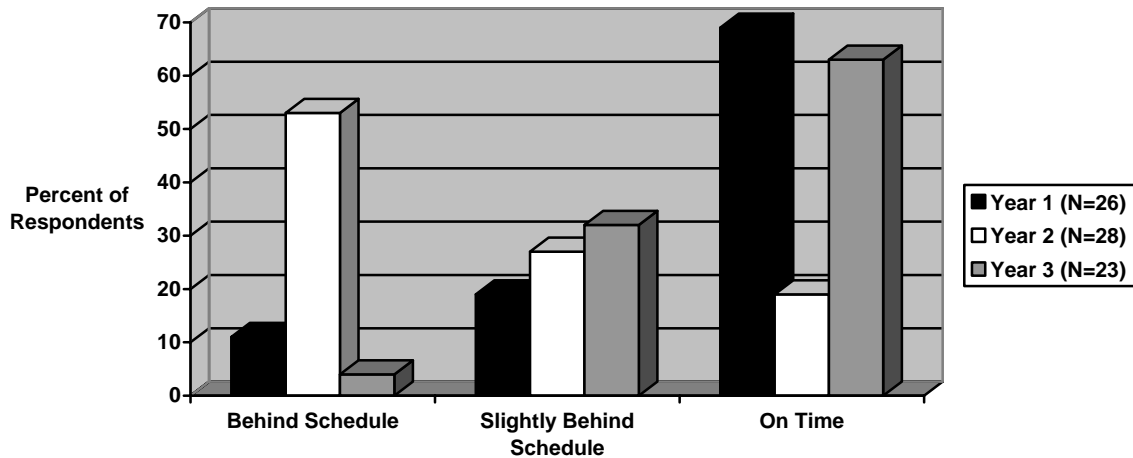
and 23, respectively. The final project survey was sent one to six months after the close of each projects' grant. The response rate for the final survey was 45% or 23 individual surveys.

CSHP compared survey responses from each of the three grant years. As is shown in the following tables and charts, responses were very consistent across the years and no statistically significant differences between years existed. The respondents were overwhelmingly positive about grant administration and management, achievements, and overall grant experience. See Appendix D for grantee survey instruments.

Survey Years 1-3

Over the course of three years, *NJHI Workforce Agenda* grantees managed their time well and overall survey respondents felt activities were proceeding according to the original project plan. Figure 1 shows that during Year 2 over 50% of grantees felt their projects were behind schedule but by Year 3 activities returned to schedule and over 60% said work was progressing on time.

Figure 1: How is your project proceeding compared to your original timeline?



Respondents were very positive about the projects' work processes, teamwork, shared goals, and leadership. These positive feelings were present in Year 1 and remained high through all grant years. Table 2 shows the means for questions concerning overall project strategies and practices. The questions were asked on a scale of 1 (Strongly Disagree) to 4 (Strongly Agree). The vast majority of responses across all three years were Agree or Strongly Agree for all questions.

Table 2. Responses for Questions Concerning Overall Project Strategies and Practices

Question*	Year 1 Mean	Year 2 Mean	Year 3 Mean
The project team has a clear and shared understanding of the problems we are trying to address	3.65	3.66	3.61
There is general agreement with respect to the goals of the project	3.62	3.62	3.78
Project funds support the appropriate activities	3.46	3.48	3.41
The project funding is adequate to support these activities	2.88	3.14	3.27
There is general agreement on the strategies the project uses to pursue its priorities	3.27	3.43	3.39
The project is essential to making significant progress in nursing shortage issues	3.65	3.69	3.73
The project seeks to promote the involvement of local organizations	3.46	3.50	3.55
The project draws upon the talents and abilities of a number of different organizations to accomplish its goals	3.23	3.61	3.50
Project leadership works collaboratively with organizational partners	3.63	3.57	3.86
Project leadership relates and responds well to other partners	3.50	3.57	3.64
The project team does a good job of communicating their accomplishments	3.48	3.66	3.61

*N varies for each question and each year due to non-response to particular questions and different total survey N by year. The range in number of responses is as follows: Year 1 N=24-26; Year 2 N=26-29; Year 3 N=22-23.

Survey respondents were also extremely positive about the performance of the grant project director. Again on the same 4 point scale with 4 being most positive, the mean for the majority of questions about the project directors' skills was above 3.5 in all years. Respondents ranked project directors' especially high for having a clear vision for the project and managing the grant funds well.

Table 3. Responses to Questions About Project Directors' Skills

Question*	Year 1 Mean	Year 2 Mean	Year 3 Mean
The project director has a clear vision for the project	3.83	3.79	3.83
The project director is respected in the community	3.71	3.69	3.65
The project director gets things done	3.72	3.69	3.45
The project director is respected by other project members	3.54	3.69	3.50
The project director is managing the grant funds well	3.52	3.81	3.75
The project director actively seeks others' views	3.65	3.61	3.57
The project director utilizes the skills and talents of many	3.58	3.59	3.52
The project director advocates strongly for his/her own opinions and agendas	3.35	3.34	3.33
The project director builds consensus on key decisions	3.46	3.48	3.48
The project director appropriately seeks other financial resources	3.27	3.59	3.48
The project director is responsive to the larger organization(s) in which he/she works	3.63	3.71	3.55
The project director is focused on project tasks to effectively keep the project on course	3.60	3.71	3.61
The project director is skillful in resolving conflict	3.50	3.36	3.33

*N varies for each question and each year due to non-response to particular questions and different total survey N by year. The range in number of responses is as follows: Year 1 N=23-26; Year 2 N=27-29; Year 3 N=20-23.

In light of the strong assessment of project work processes and project directors by respondents, it is not surprising that they also reported minimal disagreement between project members during the grant. Table 4 shows on a scale of 1 (None) and 4 (A Lot), most grantees felt they had little or no significant disagreements within their projects. Compared to other areas,

respondents did report higher levels of disagreement around determining the best strategies to achieve project goals and objectives. Most disagreement on this issue occurred in Year 1 and then declined in Years 2 and 3, presumably as project teams came to some consensus on strategies to use.

Table 4. Disagreement Among Grantees Within Projects

Question*	Year 1 Mean	Year 2 Mean	Year 3 Mean
Disagreement about the project mission and goals	1.42	1.21	1.45
Disagreement about specific objectives	1.58	1.46	1.64
Disagreement about the best strategies to achieve project goals and objectives	2.12	1.71	1.73
Personality clashes	1.52	1.56	1.59
Disagreement over power, prestige, and/or influence	1.46	1.21	1.45
Disagreement about who gets public exposure and recognition	1.62	1.14	1.36
Disagreement over the process of doing the work	1.44	1.29	1.55
Disagreement over inclusion/participation in the project decision-making process	1.38	1.32	1.32
Disagreement over energies to be spent on funding issues	1.48	1.11	1.45

*N varies for each question and each year due to non-response to particular questions and different total survey N by year. The range in number of responses is as follows: Year 1 N=23-26; Year 2 N=27-28; Year 3 N=20-22.

Over the course of their project work, grantees felt they were effectively supported by the larger organizations in which they presided, for example a hospital or community college. Respondents reported feeling the most supported during the first two years of funding with a slight decline for the third year (Table 5).

Table 5. Feelings of Support Among Respondents

Question*	Year 1 Mean	Year 2 Mean	Year 3 Mean
In general, the larger organization is supportive of the project	3.64	3.66	3.57
In general, the larger organization is respected by project team members	3.68	3.72	3.62
In general, the larger organization has a clear vision for the project	3.41	3.67	3.33
In general, the larger organization has continued to show interest in the project after the initial start-up period	3.59	3.72	3.33

*N varies for each question and each year due to non-response to particular questions and different total survey N by year. The range in number of responses is as follows: Year 1 N=22; Year 2 N=27-29; Year 3 N=21.

Grantees also felt supported by both the NJHI and CSHP staff. For example, during the third year of funding the average score on a question about the adequacy of support from the Robert Wood Johnson Foundation was 9.21 on a scale with 10 being the highest. For a question about the adequacy of technical assistance from CSHP on the same 10 point scale, the average response was 8.42.

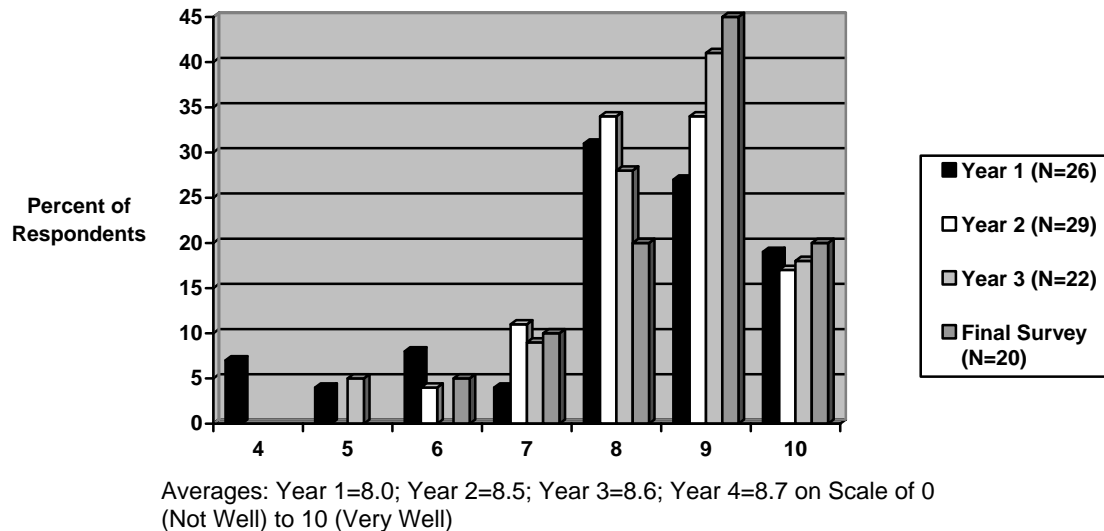
These findings from across the grant years show that *NJHI Workforce Agenda* grantees believe their projects were very well directed, managed, and supported with few significant difficulties or insurmountable obstacles.

Final Survey

The final grantee survey was sent to grantees after the close of their grants. This survey repeated some of the same questions from the annual one but also contained new questions focusing on plans for sustaining project activities, the potential for particular activities to be replicated by other organizations, and overall lessons learned. The following presentation of findings focuses on these new issues.

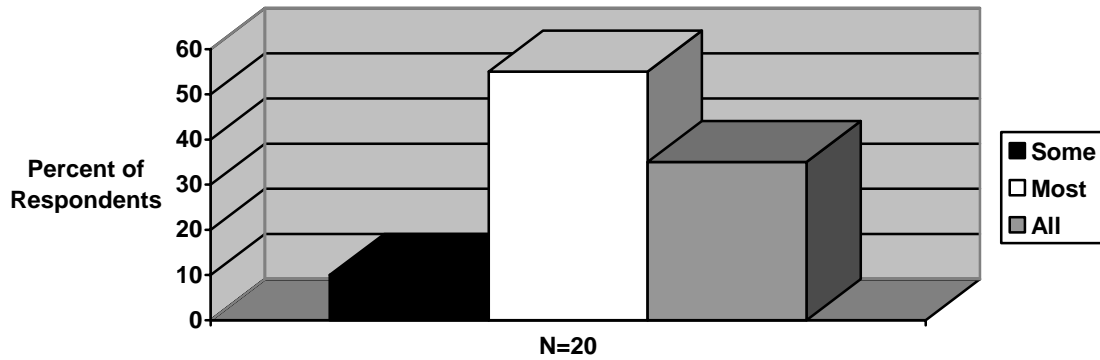
Reflecting their positive experiences throughout the grant period as detailed above, in the final survey the respondents rated the entire grant program well with an average score of 8.7 out of a possible 10. Respondents felt the projects were more successful over time. Figure 2 shows responses for all four surveys for the question on a scale of 0 to 10, with 10 being Very Well, “Overall, how would you say your project is going/went?” The highest percentage of respondents answered that the project had gone very well in the final survey compared to earlier surveys.

Figure 2: Overall, how well would you say your project is going/went?



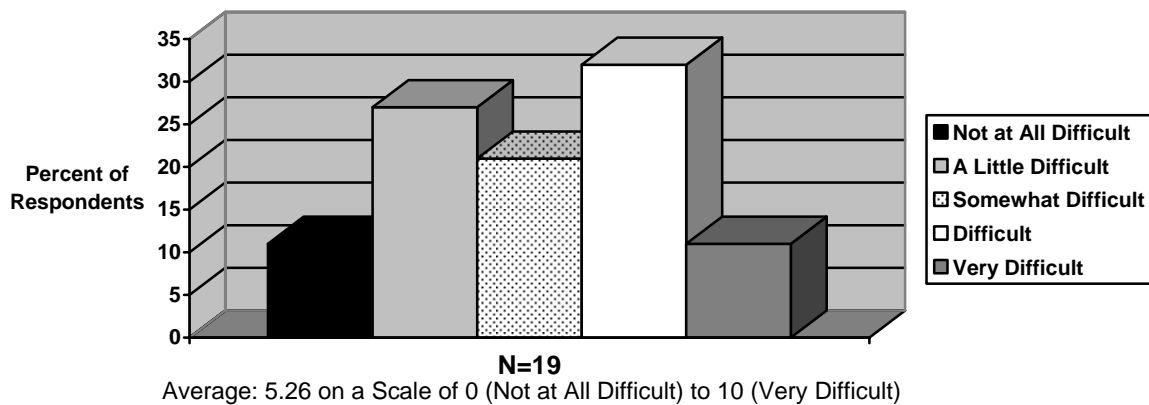
Also in the final survey, most respondents reported that most, if not all, of the project goals stated in their original project plan were accomplished.

Figure 3: How many of your project goals were you able to complete before RWJF funding ended?



While most respondents felt that they met their goals, many also agreed that carrying out particular grant activities was more difficult than they expected. For example, grantees found that completing the evaluation of their projects was difficult. Respondents were asked to rate the difficulty level of their evaluation work on a scale of 0 (Not at All Difficult) to 10 (Very Difficult). The average across these respondents was 5.26, indicating a fair amount of unanticipated demanding work.

Figure 4: Difficulty of completing evaluation activities compared to original expectations



The grantees were also asked what factors facilitated their project work over the life of the grant as well as what barriers they faced. In terms of moving the projects forward, many cited the importance of the project coordinator/director, successful collaboration with partner organizations, and support from NJHI program office. The following are direct quotes concerning key elements to their success from respondents as written in open ended questions on the final survey:

- Project coordinator is highly organized, communicates well and is enthusiastic about the project.
- Excellent communication on project manager's part; good communication and passion to succeed is key.
- Support of grant administrators [who] provided guidance but allowed freedom for development of unique role.
- The clarity of the original proposal.
- The involvement of NJHI [program office] step-by-step in the entire process.
- The willingness of the grant partners to cooperate and achieve the goals and objectives.
- The willingness [by grant partners] to add staff and private dollars to achieve our goals.

In terms of internal barriers to the success of the projects, the grantees frequently mentioned the difficulty of collecting accurate data that could be used to demonstrate outcomes, changes in personnel (particularly among leadership), challenges getting partner, staff, and parent organization support, and time issues. For instance, grantees shared these barriers, again directly quoted from written responses:

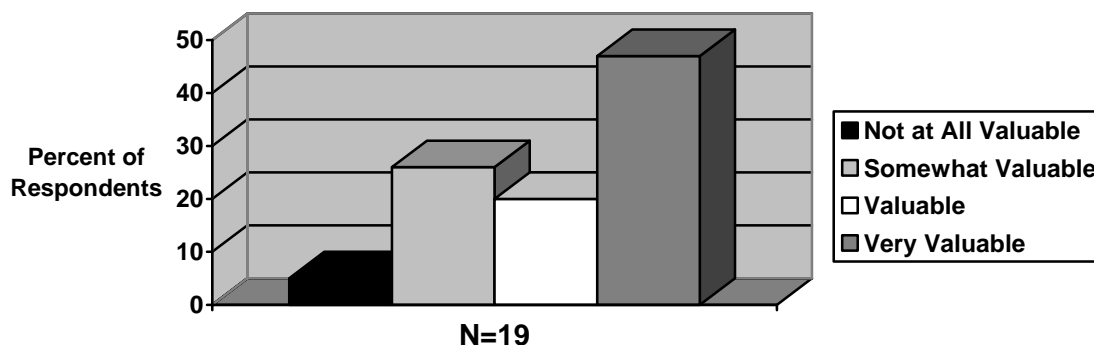
- Concerns of nursing and nursing support staff regarding realization of project concepts.
- Physician skepticism.
- DATA! Always hard to get accurate data.
- Change in personnel/leadership.
- Lack of support and cooperation from partner agencies.
- Resistance from staff.
- Timeline for grant very short--rushed over some implementation stages which caused set-backs down the road.
- Changing larger institutions takes time.

In addition to the internal barriers discussed above, external factors also presented challenges to the grantees' success. Lack of nursing faculty was a primary issue, as were the state regulatory requirements for CNAs and HHAs. Grantees cited the following impediments to their success:

- Changing employers is impacting workforce needs.
- Continued declining reimbursement from private insurance and Medicare and Medicaid makes staffing budgets tighter.
- Duplication of some procedures is a problem (fingerprinting, criminal background checks, testing) because CNAs and CHHAs are overseen by different NJ state agencies. (See Policy Implications section for more details on this issue)
- Lack of nursing faculty.

In spite of the barriers that grantees faced, almost all felt that their programs were valuable in addressing the nursing and healthcare workforce issues in their targeted organization or community.

Figure 5: How valuable was the project in improving the nursing shortage in your target organization/community?



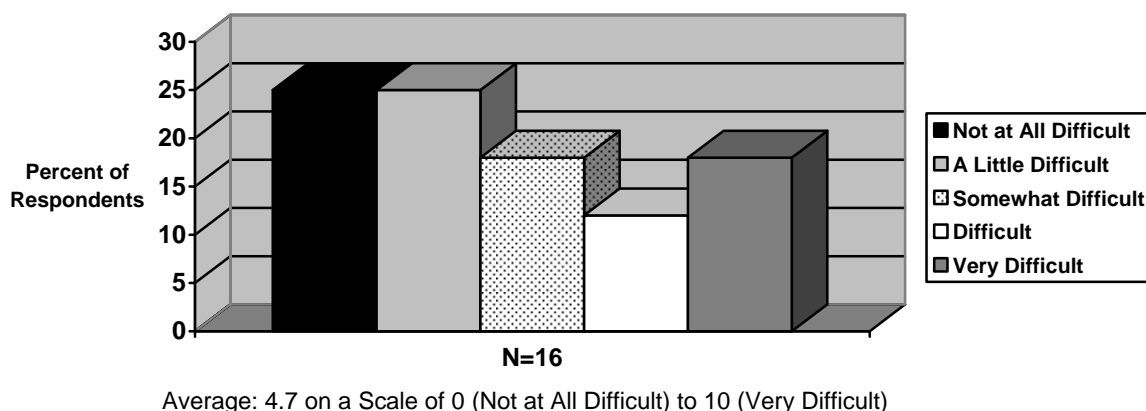
Average: 8.5 on a Scale of 0 (Not at All Valuable) to 10 (Very Valuable)

While most felt their project was valuable and they had accomplished most of their objectives, the survey respondents did have a number of suggestions if they were to engage in their project again. In general, the suggestions focused on project changes, leadership and staff, and data issues. Below are some more direct quotes on these issues:

- Project Changes
 - Increase the number of participants starting program since once someone drops out it's difficult to replace her or him.
 - Focus even more attention on addressing faculty shortage.
 - Have a copyright on our project and better communication between consultants and college.
- Leadership/Staff Changes
 - Have a project director who could facilitate better collaboration instead of creating alienation.
 - Prepare staff participants earlier in process.
 - Keep research [evaluation] process totally within organization instead of consulting with outside party.
 - Select a different lead agency or ensure its staff has skills needed. Find ways to get better day-to-day support from partner employers.
 - Increase pre-project awareness among staff on the pilot units. (See The Valley Hospital Case Study for more information on this issue)
- Data
 - [Develop] a better measurement process.
 - Codify [or give an ID to] everything!
 - Get more input from partners for ways to capture data and try to share more responsibility with partners.

Two major goals of this evaluation were to consider each project's sustainability once the NJHI grant was over and explore whether projects could/should be replicated by other organizations. In terms of sustainability, the survey findings show that many of the projects will continue, albeit in a modified form, within their respective organizations. Some survey respondents felt their projects would be difficult to sustain, while others felt they would not be difficult to continue.

Figure 6: How difficult will it be for your organization to sustain the project now that grant funding has ceased?

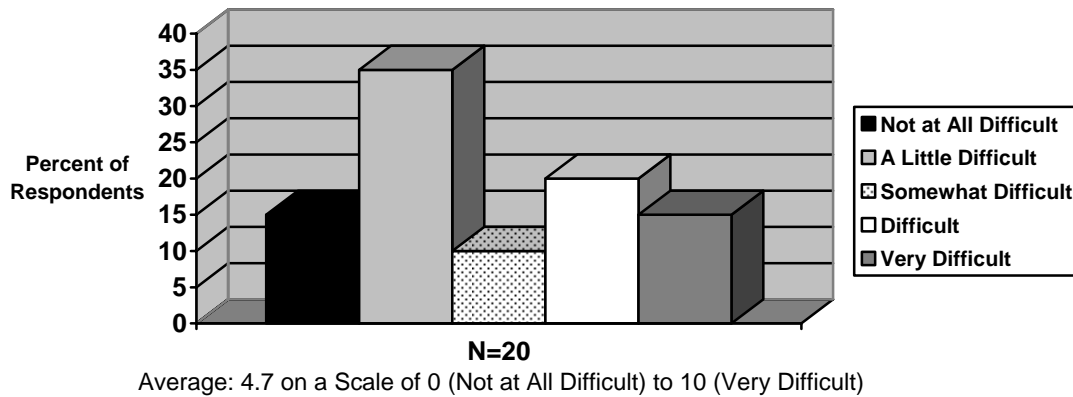


One major issue was frequently identified as a potential barrier for the sustainability of projects—funding. The grantees named a number of financial barriers to continuation including the economy, financial support for nursing faculty, and resources designated for programs within their organizations. For example, the grantees wrote about the following challenges related to funding:

- Ability to generate funding dedicated to education of staff to further the program.
- Need to initiate small charge [to students] for program to fund books, certification fees; need to identify source to cover expense of ESL instructor.
- Financial status of partners in changing healthcare environment.
- Need for adjunct faculty and clerical placements.

In terms of replicating their projects in other places, the survey respondents were also divided as to the difficulty of translating their particular activities into other environments. With an average score of 4.7 on a 0-10 scale, about half felt their project could be replicated without much difficulty, while the other half indicated at least some level of difficulty.

Figure 7: How difficult would it be for other organizations to replicate your project?



Observations about barriers for the project's replication in other environments included:

- Ability for organization's culture to assimilate this type of practice.
- Having all partners "on the same page" with goals and objectives.
- Keeping the commitment of the partners; they must see change/progress or they will break off and do "their own thing."
- Lack of resources.
- Need strong central support to keep program together; one agency needs to take lead and be willing to take responsibilities and time for operations/oversight.
- Procuring volunteers, building collaborations among competitors, credentialed instructors.

Finally, the final survey gave the grantees the opportunity to express the overall lessons they had learned from completing their *NJHI Workforce Agenda* grant. Grantees were very responsive to the question “Please describe the major lessons learned from your project that you feel other organizations attempting similar work should know.” The following are samples of the responses to this question:

- Be sure the lead agency understands the requirements of leading the project well.
- Provide for on-going evaluation of partners’ value to the project. If the value weakens and there is little interest, find other partners.
- Have a clear vision and realistic timeline; gather support and consensus early in project timetable.
- Realize that collaboration is labor intensive. You're not always going to agree on everything (compromise).
- Do the work required. Celebrate often to keep up the energy.
- Always be clear on the vision. We found that we had to make several adjustments in our approach and remain clear in communicating the vision.
- Set up strong [evaluation] measurements.
- Realize that everything takes more time than is allotted in a project schedule.
- Understand that the environment must be ready– the vision must be valued if change is to occur.
- [It’s] very difficult to start a group consortia but well worth the effort– very rewarding endeavor.

Workforce Agenda Program Overview: Common Achievements, Challenges, and Policy Implications

While the nine *NJHI Workforce Agenda* projects tackled their local nursing and long term care workforce shortage in quite different ways, some commonalities existed in their activities. Through an analysis of grantee documents and reports, the CSHP project team identified several achievements and challenges commonly shared by the grantees.

Common Achievements

Collaboration

Throughout their years of funding, many of the *NJHI Workforce Agenda* grantees strengthened the relationship between educational organizations and health care employers in their local area (Atlantic/Cape May WIB, Cathedral Healthcare System, Community VNA, Englewood Hospital and Medical Center, and Camden County College). Many of these educational institution/employer relationships seemed to be minimal or not well developed prior to the grant activities. Grantees created a structure for moving graduates of the nursing programs into open positions within local hospitals, nursing homes, and home care agencies. Uniquely focusing on the formative schooling years, Englewood Hospital and Medical Center worked with a local high school to initiate pre-nursing courses, including advanced placement level courses, within the school to increase interest in and knowledge of nursing careers. This program also had a volunteer component which brought high school students into the clinical environment. Many of the programs' participants entered nursing school upon graduating high school.

These collaborative projects also brought together healthcare providers in the same market who frequently had to compete for the limited number of available nurses and other healthcare professionals. Community VNA, for example, was able to foster a working relationship between long-term care facilities and home health agencies for the recruitment of CNAs and HHAs by creating a consortium where partners cooperated to train competent aides and find them employment among the consortium member facilities.

These partnerships not only fostered the success of *NJHI Workforce Agenda* goals, but in some cases led to subsequent collaborative activities on local health care issues. For example, the Atlantic/Cape May Workforce Investment Board and Atlantic Cape Community College collaborated on a grant proposal to fund a Health Professions Institute providing information and training on a wide variety of health care occupations.

Curriculum

Several of the grantees (Community VNA, Camden County College, Cathedral Healthcare System, Ocean County College, and The Valley Hospital) developed or implemented unique, new curricula for educating nursing aides or nurses. In the case of Ocean County College and

Community VNA, the development and implementation of the new curricula required surmounting significant hurdles, for example strong scrutiny and administrative challenges from state regulatory bodies, which demanded persistent effort by the grantees to initiate courses. The Valley Hospital initiated a new holistic curriculum with the goal of creating a culture change on hospital units through implementation of practices learned in the courses.

Leadership

The evaluation findings clearly show that strong project leadership as well as support from high level administrators within the grantee organizations was critical to project success and sustainability efforts. Grantees consistently communicated that a strong project director should be passionate about the project efforts, communicate project accomplishments, and have the ability to bring together organizations with sometimes competing interests. Many felt that they had such a director for the *NJHI Workforce Agenda* grant. Responses to the project director performance questions in the annual survey were overwhelmingly positive. As shown earlier in their open-ended responses, many survey respondents expressed the key role of dedicated, enthusiastic project leaders who provided a clear vision for project work and motivated the project team.

Fostering the leadership capabilities of the nursing workforce itself was also a part of several *NJHI Workforce Agenda* grants. At Jersey Shore Medical Center, nurses on participating units had the opportunity to choose areas for outcome improvement (e.g. patient satisfaction or number of falls), develop solutions, and evaluate the outcomes. Jersey Shore's evaluation showed an increase in nurses' perception of autonomy and control over the work environment and turnover rates for the participating units dropped by half from the start of the grant from 13.6% to 6.7%.

Common Challenges

Collaboration

NJHI Workforce Agenda grantees were very successful in collaborating with partners, however, these collaborative efforts also posed significant challenges and required consistent attention. Challenges occurred when the exact roles and responsibilities of each organization/group were not clearly defined at the outset for several of the grantees. The defining and crystallizing of the organizations' roles required unanticipated work and time. For

example, Atlantic/Cape May WIB had significant challenges dealing with a large number of organizations. With limited program staff, keeping many collaborating organizations engaged in the process and providing needed information was difficult. Ocean County College experienced some internal conflict between college faculty and staff over ownership of newly created curriculum for the One Day a Week RN program. Community VNA used a successful strategy of starting with a small number of partners and, once these were established and working well, adding new partners.

Faculty

Several grantees (Atlantic/Cape May WIB, Cathedral Healthcare System, and Camden County College) experienced difficulty expanding nursing programs due to the challenge of finding faculty to teach planned courses. Faculty shortages required grantees to scale back the number of courses or staff courses in alternative, albeit non-ideal, ways. For example, the project director for the Camden County College project taught courses, taking her time away from other important project duties. While this problem is a well-known and national one, the level of effort/time required to find faculty and the impact on project goals proved to be considerably more than anticipated by *NJHI Workforce Agenda* grantees.

Students

Grantees (Cathedral Healthcare System, Community VNA, and Camden County College) working with students often encountered problems due to administrative hurdles. Students eligible for new programs often needed additional assistance moving through the program application process. For those programs where students would be employed upon graduation, the federally required criminal background check imposed a great barrier to student enrollment or employment and extra assistance was necessary for them to successfully complete the process.

In a related issue, grantees working with students spent considerable time developing and refining program eligibility criteria to select successful students from their target population. They (Cathedral Healthcare System, Community VNA, Camden County College, and Ocean County College) faced the challenge of finding a balance between reaching the students who would most benefit from the program but who would also be able to successfully complete it with the planned program supports. In the case of Liberty Health System, the minimum criteria determined to predict success in the program surpassed the skills of the majority of the target

group (foreign trained nurses) and resulted in elimination of one project component. Cathedral Healthcare System also had to refocus after offering the program to a wider group of students resulted in a higher drop-out rate than expected.

Mentoring

Several of the grantees (Atlantic/Cape May WIB, Cathedral Healthcare System, Community VNA, and Ocean County College) experienced difficulty implementing the mentoring and support group features of their projects. Difficulties included the inability to find mentors, scheduling conflicts for students, and underutilization of mentors. Cathedral explained in their final report, for example, that many of the students in the grant-supported community college nursing program were employed and could not take advantage of the available mentoring. For other grantees, because curriculum development and student recruitment efforts were paramount in Year 1 of funding, grantees perhaps placed less planning efforts on these mentoring and support aspects. The project directors began to focus more on these goals in Year 2 once nursing courses were established.

Time

Finally, all grantees faced the issue of meeting project goals by the end of grant funding. For the grantees (Jersey Shore Medical Center and The Valley Hospital) where funds were helping to expand existing activities and develop new related ones, completing all activities and evaluating them within two years was demanding. Project team members across several grantees mentioned that their programs had expanded too quickly, partly as a result of their attempt to meet grant objectives within a limited time frame. When grantees experienced delays in project components, they felt pressure to “catch up” and sometimes quickly expanded courses in order to do so.

Policy Implications

NJHI Workforce Agenda grantees worked to address the nursing shortage and related problems including high nurse turn-over rates within their local communities. Their projects, however, were affected by and have implications for New Jersey public policy as well. Again,

through the CSHP project team discussions with grantees and review of their reporting and survey responses, three policy issues emerged as particularly relevant for this group of projects:

- Insufficient nursing faculty
- Preparation of certified nurse aides (CNAs)
- CNA and certified homemaker-home health aide (CHHHA) program regulation

Nursing Faculty

Many of the *NJHI Workforce Agenda* projects involved expanding nursing education programs to increase the number of graduates available for employment in the local health care industry. In doing so, grantees confronted the existing nursing faculty shortage facing New Jersey as well as most other states. Grantees found it difficult to find faculty to teach new or expanded courses. The grantees had several ideas on how the shortage might be alleviated in the state. A few felt that allowing nurses with a master's in a non-nursing field, such as public administration, to teach could expand the number of individuals available for hiring as faculty. Nonetheless, most thought that requiring a minimum of a master's degree in nursing to teach was important and that the focus of policy efforts should be on other means of addressing the faculty shortage. For example, some suggested an increase in the allowable nursing student/faculty ratio could permit more students to be taught by current instructors (the current maximum ratio is 10:1 by law).¹ They also suggested that increasing pay for nursing faculty could draw more nurses into teaching positions as could adjusting nurse faculty workloads which are considerably larger than for faculty in other comparable disciplines.²

Paraprofessional Preparation

Several of the grantees expressed concern about the level of work preparedness upon certification for certified nurse aides in New Jersey. The Federal Nursing Home Reform Act of 1987 set a minimum of 75 hours of training for nurse aide certification and in New Jersey aides must complete the Nurse Aide in Long Term Care Facilities Training and Competency Program (NATCEP) which is a 90 hour program. Based on experiences with training CNA students however, some grantees feel 90 hours is not sufficient to prepare aides for the reality of work in a nursing home. To put New Jersey's CNA requirements in context for grantees, CSHP explored and shared information from other states. CSHP reviewed a recent report which outlines the CNA program requirements in selected states.³ The study reported on five states (MA, MI, PA, TX and WI) that by law require a minimum of 75 hours of training. State officials in these states said that most programs in their states actually went beyond these hours with ranges from 75 to 120

hours. Five other states covered in the report (CA, FL, ME, MD and NY) have a higher minimum ranging from 100 to 160 program hours.

Regulation

The grantees also identified the regulation of health care professions and programs by different departments within New Jersey, as a potential area for policy improvement. Grantees faced administrative difficulties because of this fragmentation when trying to implement innovative aspects of their programs. For example, Community VNA's project involved implementing a combined home health aide and certified nurse aide curriculum into one training program and employing graduating aides in either the home health environment or in nursing homes. As a result of insufficient information sharing between the NJ Department of Health and Senior Services which regulates Certified Nurse Aides and the NJ Board of Nursing within the Department of Law and Public Safety which regulates Certified Homemaker-Home Health Aides, program participants had to go through a criminal background check twice. This was a serious hardship for enrollees and some were unable to complete all appointments and paperwork in time for immediate employment after receiving certifications. This multi-department/multi-division regulatory oversight of various nursing professions is also seen within other states. For instance, NY, OR and DE regulate CNAs and home health aides within the same state department but in different divisions, PA has different departments regulating these occupations, while MA and CT have the same office for regulation of both CNAs and home health aides.⁴ Within New Jersey, *NJHI Workforce Agenda* grantees hoped that the sharing of critical information between the different departments regulating the health professions was on the horizon, which would considerably reduce administrative hurdles for students and employees moving between work in long-term care facility and community based care environments.

Policy Related Activities

Grantees expressed to New Jersey policymakers with whom they interacted while working on grant activities their desire for policy change in these and other areas. Some of these efforts were successful. For example, Community VNA lobbied to achieve a change in a state regulation that required dually certified CNA-HHAs to have seven hours of work within a home health environment to keep their HHA certification even when employed full time as CNAs. Some *NJHI Workforce Agenda* grantees had the opportunity to communicate project findings and voice suggestions for change to key state and national policymakers. Atlantic/Cape May WIB, Community VNA, Cathedral Health Systems, Englewood Hospital and The Valley Hospital

participated in the *Connect* project, a RWJF sponsored effort to foster relationships between community level organizations and members of Congress and other policymakers.⁵ Over the course of two visits in 2004 and 2005, representatives of these *NJHI Agenda Workforce* projects traveled to Washington, DC and met with Congressional leaders to explain their community level work to reduce the nursing shortage and the challenges they face. In almost every case, there has been some level of continued interaction between the grantee organizations and the member of Congress with whom they initially met. In the case of The Valley Hospital, after their meeting with Congressman Scott Garrett in June 2004, he visited the hospital the following August and held a town hall meeting with 35 nurses to solicit their views on the impact of the nursing shortage.

In-Depth Case Studies

NJHI and the CSHP project team selected grantee projects for in-depth study that were innovative in their approach to solving the nursing shortage and also had strong potential to communicate lessons about successful collaboration and organizational cultural change. The CSHP project team also wanted projects representing the various components of the nursing shortage issue, as well as the diverse strategies for addressing such problems. Below are the three projects selected and the reasons they were chosen for in-depth study.

- ***Nurse Workforce Solution Project:*** This project was selected because it proposed a program that would train new nurses as well as address the absence of nurse educators. This project also included a wide group of collaborating organizations.
- ***One Day Per Week RN Program:*** This program was selected because it implemented a unique structural change to nursing education programs by consolidating the instruction schedule to target the working student and by incorporating new elements of on-line learning at the undergraduate level. This approach has broad based appeal and could be replicated by other nursing programs at the post-secondary level.
- ***A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses:*** This project was selected for its focus on retention practices and a proposal to foster a unique cultural shift in a nursing work environment. Such challenging work can result in critical lessons for other organizations attempting to bring about cultural changes.

CSHP used two major sources of information to study each selected grantee. First, a site visit was conducted at each grant organization and other implementation locations. At these visits, CSHP interviewed project leadership as well as participants in grant activities. For example, CSHP spoke not only to project directors but also to students and hospital nursing staff who were participants in the grant programs activities. Transcripts of these interviews were reviewed and coded for themes. Secondly, CSHP reviewed all materials relevant to each grant project. Grantee progress reports, Power Point presentations, newspaper articles and project DVDs all provided details on implementation milestones, achievements, and barriers grantees encountered. The CSHP analysis of interviews and materials focused on the grant implementation process, outcomes attributable to the grant, major challenges, and important lessons for other organizations considering similar projects.

Below are the case study findings for the three selected projects which echo the findings from the annual and final survey as well as give further detail on some of the achievements and challenges experienced by many of the *NJHI Workforce Agenda* grantees.

Case Study No. 1

Grant Organization: Atlantic/Cape May Workforce Investment Board
Project Name: Nurse Workforce Solution Project
Location: Atlantic and Cape May Counties
Case Study Site Visit: June 13 and 14, 2006

Overview

The Nurse Workforce Solution Project was a broad, ambitious initiative which brought together health care partners in Atlantic and Cape May Counties. These partners had not previously worked closely together to address nursing workforce issues and some were market competitors. The project created a collaborative between the area's major health care providers, educational institutions, community organizations, and the local Workforce Investment Board (WIB) to identify strategic areas for investment with the goal of increasing the nursing supply as well as the number of nurse instructors. The collaborative model was very successful and the group completed several important activities which increased the nursing capacity of the region.

Objectives

A primary goal of the Workforce Solution Project was to use a collaborative model to address nursing workforce issues in the region. Specific project objectives were pursued within the collaborative structure. The stated objectives were to:

- Expand the number of nurse educators in Atlantic and Cape May Counties by 25% each year of the grant.
- Develop alternative training delivery systems so that graduation from RN programs increases by 30 graduates in each of the second and third years of the grant period.
- Increase enrollment in MSN programs and expand the number of masters level nurses by 10% in the third year of the grant.
- Increase enrollment of underrepresented and diverse populations in both conventional and alternative nurse educational programs by 10% each year.
- Expand system of mentoring, preceptor experience and educational supports that will increase retention of students and entry level nurses by 25%.

Implementation

The Atlantic/Cape May WIB assembled many of the collaborative health care partners prior to applying for the *NJHI Workforce Agenda* grant and many were involved in the grant writing and application process. The critical partners included the regional community college offering Associate in Science RN degrees, state college offering upper division (RN-BSN and MSN) programs, vocational technical schools, area hospitals, long term care facilities, and home care agencies. Upon receipt of the grant, partners began providing resources to achieve the project objectives. Early on, partner hospitals provided several of their staff nurses holding masters in nursing degrees to teach in the county college's nursing program through joint appointments. The college quickly began to increase the number of nursing students admitted to their associate degree program. Three hospitals each agreed to donate \$30,000 for two years to the college to defray the cost of supporting the larger number of students. Friday and Saturday clinical classes were instituted in the program to expand students' ability to complete the program. The state college utilized WIB research data and collaborative partner support to help pursue and procure the addition of a pre-licensure BSN program.

Provisional approval for thirty-six new associate degree program students was obtained in the Spring of 2006 and the first class began September 2006. Partners also worked together to encourage and support nurses to pursue MSN degrees through tuition reimbursement, providing

education advancement information, and allowing for expanded enrollment in MSN programs. The collaborative also began to develop the “*I CARE ABOUT NURSING*” (*ICAN*) initiative which is a multifaceted nurse volunteer program designed to educate the public about nursing careers and health literacy, mentor interested nursing candidates and nursing students at all levels of career development, enhance nurse recognition, and increase nursing education and scholarship opportunities. Several activities were launched to improve the mentoring of nursing students. Another initiative increased the number of specially educated nurse preceptors to better fill the needs of newly employed nursing staff in the acute care setting.

All of the collaborative activities were undertaken through a committee process, and separate committees and groups were formed to complete the work. For example, a subcommittee to the already existing WIB’s Health Workforce Committee, entitled the “Atlantic and Cape May Nurse Workforce Advisory Board”, was formed with community nurse leader and nurse educator membership. A “New Jersey Professional Development Alliance” workgroup with members from three partner organizations was formed and created a Regional Preceptor Workshop as part of the mentoring objective.

Challenges

The challenges to achieving outlined goals varied by each partner’s role in project activities. Identified from discussions with project partners, the major challenge faced by the county college was the administrative and financial strain caused by the very rapid increase in the total number of students in the Associate Degree Program in the first year of the grant. The school experienced a 45% increase in the total number of students in the program, from 70 to 156 students. Although the hospitals gave some assistance through providing instructors and financing, the logistics of absorbing so many new students at once proved difficult.

Given that many of the project partners had not previously worked together and some were competitors, establishing productive relationships among leaders of the WIB, colleges, and hospitals proved challenging. Additionally, several project members told us that the number of project goals was overly ambitious and created a stressed work atmosphere. Many said that narrowing the focus, perhaps on increasing nurse faculty OR on graduating more students rather than both, would have been more manageable.

From the project director's and project evaluator's perspective, an unexpected challenge was the difficulty in gathering data and statistics from partners to monitor and conduct the project evaluation. Although partners had agreed to provide these data prior to the grant, project leaders faced some unwillingness among colleagues to share numbers on certifications of current nurse employees, vacancy rates, new hires, and student characteristics that could be used to track representation, progress, and exam scores. The absence of this information made it difficult for the leaders to gain a baseline picture of the status of the nursing workforce in Atlantic and Cape May Counties to assess changes attributable to grant activities.

Outcomes and Sustainability

Because of the project's many distinct goals and the lack of access to key information, a controlled evaluation of outcomes was difficult to achieve. However, there are several clear indicators of the project's success and benefit to the community. The project clearly met the objective of substantially expanding enrollment in and graduation from nursing programs. By the end of the grant, the county college had increased the number of enrolled students by 100 from pre-grant enrollment of 70 and has committed to maintaining enrollment of at least 170 students in the associate degree program. In addition, during the grant period, local hospitals increased tuition reimbursement for their employees in nursing programs, and contributed more support for scholarship and fellowships. According to one project team member, vacancies for nursing positions in one local hospital have been reduced significantly, from approximately 35 openings at the start of the grant to only five or six currently. As a consequence, the hospitals' needs are now being better met by the increased graduation of RNs. Additionally, several partners explained that one of the greatest benefits of this project was the trust built between partners and their recognition that collaboration on workforce issues, rather than isolated strategies, is valuable and effective.

Many of the activities started under this grant will be sustained. For example, as mentioned, the college will continue to admit a higher number of students to the associate degree nursing program and new faculty hires will remain in place. Curriculum and strategic programs that were developed, the Friday and Saturday clinical classes and Nursing Instructor Orientation program for instance, will be continued by the college as well. The costs and administration of the ICAN program will be absorbed by the hospitals.

Finally, this grant effort has spawned other activities aimed at addressing additional health care workforce issues in the Atlantic and Cape May County area. For example, the collaborative worked together to procure funding for a Health Professions Institute based at Atlantic Cape Community College. This is a central location for information on and training for many non-nursing medical professions. The success of the collaboration on the Nursing Workforce Solution project provided a model for health care organization cooperation that can be used to address various community health system problems.

Lessons Learned

The strongest theme expressed by the partners in the Nursing Workforce Solution project was how valuable collaboration across stakeholders is for addressing health workforce issues. The isolated strategies used previously, nurse sign-on bonuses for example, were not effective in addressing the regional problem of linking the health education, employer, and professional communities. The collaborative involvement of high level administrators and executives from across organizations was critical for the implementation and effectiveness of activities.

The importance of having enforceable agreements for data sharing between partners prior to launching a workforce initiative was another important lesson learned by the WIB. Although everyone felt grant activities had an impact, the data to measure and show outcomes was often withheld or very difficult to obtain. Executing data sharing agreements prior to the grant makes expectations clear and increases the grantee's ability to identify the most effective strategies related to their objectives.

Finally, the Nursing Workforce Solution partners learned the importance of focusing objectives and project activities. Five objectives covering diverse target populations and workforce issues proved challenging to manage. Concentrating on fewer closely related objectives can allow grantees to do a few things very thoroughly and increase the likelihood of project success and sustainability.

Case Study No. 2

Grant Organization: Ocean County College (OCC)
Project Name: One Day per Week RN Program
Location: Ocean County
Case Study Site Visit: October 24, 2006

Overview

The Ocean County College One Day per Week RN Program (ODPW) was designed to help individuals currently employed in a healthcare field, especially non-traditional students, pursue a nursing degree. The project involved the development of an alternative academic schedule covering all required course content, on-line nursing course curriculum for key subject areas, recruitment of students, and attainment of commitments from local hospitals to market the program and provide clinical training space. OCC was successful in developing the on-line course materials and the One Day per Week students scored as well or better than students in the traditional nursing program, according to preliminary analysis of student achievement data.

Objectives

The overarching goal of this project was the implementation of a nursing program where students attend a colloquium and have clinical experience one day a week and receive the remaining instruction through an on-line format. Such a program allows students who may not otherwise be able, to pursue a nursing degree while continuing their employment. OCC's specific project goals as stated in their proposal are as follows:

- Develop online components to the didactic portions of the entire nursing curriculum that would allow a significant portion of the course content to be taught in a web-assisted or blended manner.
- Organize all classroom, laboratory, and clinical face-to-face learning experiences in such a way that they will be delivered in a single day of the week.
- Facilitate the participation of all major hospitals in Ocean County and major portions of Monmouth County in this program and assist these institutions to market the program to their motivated current health care employees.
- Establish northern and southern training facilities in Ocean County within existing hospitals that will serve as learning centers where didactic sessions, on-site nursing laboratories, and clinical instruction occur under one roof. Each center would be capable of adding 30 additional [students] per year when the program is fully implemented.

- Be consistent with the existing nursing program at Ocean County College which maintains one of the highest NCLEX-RN licensing exam pass rates in the state.
- Recruit students who are currently employed as licensed practical nurses, nursing assistants, and emergency medical technicians at participating institutions. Particular attention would be directed toward students who are considered “non-traditional” or who are members of communities that have been historically under-represented in the nursing profession.

Implementation

The idea for the One Day a Week RN Program was developed by faculty and administrators at Ocean County College with a desire to help a larger number of interested and highly qualified students receive nursing instruction. In the first year of the grant, faculty began writing curriculum to be used on-line and the college began the search for an instructional designer who could assist with developing the web-based courses. The college sought approval for curriculum changes and the new program from the New Jersey Board of Nursing and the National League for Nursing Accrediting Commission (NLNAC). The college also developed program admission criteria which included pre-requisite course grades and current field of employment.

The 15 week semester for traditional students was modified for the One Day a Week students to be driven by the course content. The result was that two semesters were extended to 20 weeks. The instructional schedule was also modified so that students could receive clinical experience, nursing laboratory experience, and classroom instruction during their one day on the college and hospital campuses.

During the initial phase of the grant, the college also secured space for clinical experiences and instruction at local hospitals. The first in-coming program class was scheduled to meet at Southern Ocean County Hospital on the face-to-face instruction day. The college also began its marketing campaign which included advertising in newspapers, radio programs, and cable stations to create awareness of the program. The response was tremendous, and, in the first six months of the grant, the college had a strong list of potential students for the initial class.

Challenges

OCC encountered several significant hurdles to implementing its innovative nursing instructional program. The college initially planned that the faculty members who had conceived of the project would handle the administrative responsibilities of the grant while continuing their teaching and other faculty-related responsibilities. However, it became clear early on that wearing “both hats” would be difficult. Therefore, a nurse at the college who was acting in an administrative capacity was hired as the project director. Faculty members then focused on developing curriculum for the on-line program and course instruction.

OCC also faced an unexpected challenge from the New Jersey Board of Nursing with regard to the approval of the on-line nursing curriculum. The Board considered the program a significant change from traditional instruction and decided to bring in an expert consultant to review the entire program. This caused a delay in implementing the curriculum but approval for its use was eventually granted. Other project delays, for example the late hiring of an instructional web designer, would have postponed the start date in any case. Ultimately, all issues were resolved by the fall of 2004, and the initial nursing class was admitted in January 2005.

OCC also unexpectedly discovered that by extending the number of weeks in the semester to 20, students were encountering difficulty receiving federal financial aid which assumes a 15 week semester. As a consequence, all post-grant ODPW cohorts will return to a traditional 15 week semester; however each face-to-face day will be extended in hours.

Finally, there was some internal conflict between project team members and some nursing faculty over several aspects of the project. First, disagreements arose over sharing of the on-line curriculum developed as part of the program within and beyond the OCC environment. Some faculty felt this new curriculum should not be shared freely and should be considered the property of the faculty member who created it. Other project members felt the curriculum should be shared to promote an innovative instructional design and assist other institutions in implementing a similar program. Also, several faculty with whom the CSHP team spoke expressed concern that the ODPW program expanded very quickly (from 20 students in the first class to 40 in the second) and was getting national attention and promotion without any class yet graduating nor any assessment of the students’ quality at the bedside being completed. This group of faculty would have liked to monitor the first cohort through to employment for a better

understanding of their achievements and skills before promoting the merits of the on-line instructional design. Some faculty also expressed concern that they were being pulled in a direction of teaching with which they were uncomfortable. However, the countervailing perspective shared by some others, including both faculty and non-faculty, was that faculty should be more receptive to new modes of teaching and willing to learn new instructional skills to apply modern technology.

Outcomes and Sustainability

The OCC grant project team monitored the multiple project components closely and although the first ODPW cohort had not yet graduated by the end of the grant, several milestones were clearly achieved. OCC compared student achievement among the grant program cohort to traditional students. In most courses and content areas, Fundamentals of Nursing for example, the ODPW students performed at a higher level than traditional students. A stronger indicator of program success is the cohort pass rate for the NCLEX-RN exam which students take after graduation. Grades for the exam are now available and the success rate for this cohort was 100%. Toward the goal of recruiting a diverse student body into the program and targeting non-traditional students, although only 7% of Ocean County's population is minority, 25% of the first ODPW class admitted and 15% of the second class were minorities.

Throughout the grant, the project director and other team members were very active in promoting the program and presenting its features and preliminary outcomes to various audiences and through publications. As a result, the college has been contacted by several associate degree nursing programs in and out of the state to learn about the program and receive support for implementation in their locations. Ocean County College is strongly committed to the program and plans to expand the on-line course offerings to include pre-requisite requirements for the nursing program. OCC is also establishing a partnership with Atlantic Cape Community College and Burlington County Community College to establish a cohort at Southern Ocean County Hospital. Another cohort is being established with Saint Barnabas Healthcare System to be initiated in the fall of 2008.

Lessons Learned

The Ocean County College NJHI grant experience demonstrates that an innovative, internet based way of teaching nursing curriculum can result in high student achievement and increase the ability of students to pursue a nursing degree. The experience also pointed to

several issues other organizations should consider before taking on similar efforts. For example, prior to implementation organizations should determine who has ownership over newly created on-line course curriculum and how the material will ultimately be used. Also, those starting a one day a week nursing program should seriously consider the opinions of long-time nursing instructors concerning the quality of instruction and ultimately the care of patients and their input should shape program elements and overall design.

Finally, the OCC program was successful for a group of carefully selected students already working in a healthcare field. Other organizations considering the program should likewise carefully reflect on which students are to be admitted, as this teaching model may not work for all types of students. The model had great potential, however, to provide certain students who may not otherwise have the opportunity to become registered nurses.

Case Study No. 3

Grant Organization: The Valley Hospital
Project Name: A Return to Caring and Healing: Enriching the Professional Practice Environment for Registered Nurses
Location: Bergen County
Case Study Site Visit: December 20, 2005

Overview

The Valley Hospital (TVH) used *NJHI Workforce Agenda* funds to support the development of a holistic nursing training program for registered nurse employees as well as the integration of holistic practices into patient care at the hospital. Because many program components were in place prior to grant funding, TVH requested two years of support rather than the three for most other *NJHI Workforce Agenda* projects. During the grant period, TVH was very successful in recruiting RNs into the holistic practice training program and piloting specific practices on hospital units.

Objectives

The Valley Hospital's three overarching proposal goals were to:

- Improve nurse job satisfaction and nurse recruitment and retention by providing an integrated continuing education and practice model that would promote career advancement, a caring culture, and nursing autonomy within professional practice.

- Identify the “best practices” within the education and practice model having the greatest impact on the “Categories for Improvement” at The Valley Hospital and resulting in increased participation in the career advancement programs.
- Articulate identified “best practices” to the nursing community.

TVH planned to achieve these goals through specific activities including: providing career training in holistic services, creating a new holistic service practitioner position at the hospital, integrating the American Holistic Nurses’ Association Corporation (AHNCC) standards into daily patient care, and evaluating all activities to identify best practices and other findings to be shared in nursing publications.

Implementation

In the first six months of the grant, TVH selected hospital units and individual nurses to participate in the Integrative Healing Arts Program (IHAP), launched the initial course, began baseline data collection for evaluation, and began the recruitment process for a holistic practitioner. The two pilot units from which nurses were invited to participate in IHAP met the following selection criteria: participation in patient satisfaction surveys, high staffing levels so that a large number of nurses could attend the program, and a strong nurse manager on the unit. A non-participating unit was also selected as a control group for comparison purposes.

TVH had a previous working relationship with the Birchtree Center for Transformational Leadership, a holistic education consultant, and they had conducted one full IHAP program at the hospital prior to grant funding. The program curriculum at TVH included nutrition and supplementation, communication and leadership skills, clinical aromatherapy and massage, guided imagery, medical musical therapy, and self care.

In the initial phase of the grant, TVH also developed a job description for and successfully hired a Holistic Practitioner. This person’s role was to assist the pilot units in integrating the practices they learned into daily patient care, to serve as a facility wide resource on holistic practice, and work with patients and families applying the principles of holistic practice.

The project leadership also developed a comprehensive evaluation plan during this phase. They planned to track both nurse and patient satisfaction using several different questionnaires including the “Organizational Climate Caring Questionnaire” and the “Nursing Work Index –

Revised.” TVH also planned to conduct focus groups with participant and non-participant nurses to let nurses reflect on their experiences and gauge reaction to course material, efforts to implement learned practices, and any work climate changes on the units.

Challenges

One difficult challenge for the project was to complete all objectives in the two year time frame of the grant. Although TVH had substantial project elements in place prior to funding, including a relationship with a holistic education vendor and buy-in from senior hospital administration, completing and adequately evaluating the IHAP courses within two years proved very demanding on the TVH project team. Likewise, creating a cultural change within hospital units is a slow process and the full outcome of the IHAP courses and new holistic care practices may not be seen for some years.

TVH also encountered an unexpected occurrence as nurses began implementing practices in the pilot units. Nurses not taking the courses felt excluded from activities and were uncertain about what changes would take place on the units related to holistic practice. To address this problem, the project team initiated an orientation for non-participating nurses, which included an overview of holistic practice and the expected effect on pilot units. Also, participating nurses had difficulty starting the practice of setting intentions, the act of reflecting on goals for the day as a group before a shift. Nurses were asked to begin the activity very soon after the start of IHAP courses and some did not feel ready to do so. Some nurses felt the practice too closely resembled “praying” and were uncomfortable participating.

Finally, TVH required that 50% of a unit be available to attend the IHAP during normal shift hours with the intention of creating a critical mass of individuals with holistic practice knowledge to foster cultural change on the unit. This criterion, however, caused severe scheduling difficulties and burden on non-participating nurses. Some of these nurses also resented the absence of course participants which created tension on the unit.

Outcomes and Sustainability

As mentioned before, while it is very early to assess cultural change due to the program, TVH reported encouraging results from their evaluation activities. TVH's final report detailed the following:

- 4-8% increase in the sense of caring among nurses on the pilot units while a 4% decrease on control unit as measured by the Organizational Climate Caring Questionnaire.
- 70-90% improvement in category statements on pilot units on the "Nursing Work Index – Revised" while 70% improvement on control unit.
- 0% turnover rate on pilot units while 2.38% on control unit.
- 5.7-8.6% improvement in patient satisfaction scores on study units while only 1.2% on control unit.

TVH's qualitative evaluation methods as well as CSHP's interviews also revealed important findings. Many of the participating nurses felt the experience of learning holistic practice improved their relations with co-workers, their ability to care for themselves, and their care of patients. Many were greatly appreciative that the hospital administration was supportive of holistic practice and consequently were excited about remaining employees at The Valley Hospital. Project team members have presented findings in nursing publications as well as at conferences and individual consultations for interested parties.

TVH's intention is to not only sustain the holistic practices begun during NJHI funding but expand training and integration of practices across more hospital units. The hospital opened a Center for Advancement of Holistic Knowledge and Practice, and hopes that this Center can serve as a source of knowledge for other institutions interested in implementing holistic practice for patient care.

Lessons Learned

Compared to New Jersey hospitals as a whole, TVH is unique in several ways that may have fostered success of this program. TVH hospital has a shared governance structure where nurses at all levels are involved in decision making about system-wide patient care. Within this structure, a Holistic Practice Council was formed which brought holistic practice ideas into the larger hospital care planning system rather than keeping them isolated and on the margins of hospital operations.

By trying to implement new nursing practices quickly (by necessity in some cases because of the grant cycle), TVH learned that a slower process of practice integration is more appropriate. It also became clear that educating non-participating nurses on what holistic practice is and what they can expect from those attending training is critical.

Initially many of the physicians at TVH were skeptical or dismissive of the value of holistic nursing. Through the work of the Holistic Practitioner at the hospital, however, they began to see its value and in some cases became champions for its use. Several project members relayed a story about how one physician became convinced of the effectiveness of holistic practice. A cancer patient at the hospital had continual infections that even the strongest antibiotics could not control and the patient was in acute pain. The holistic practitioner was called in and used tea tree oil along with other healing methods and the patient's infections eventually subsided. With the practitioner's care, this patient was free from infections for the first time in months. After this incident, the attending physician began to call for the holistic practitioner's care for many of his patients. TVH learned that evidence of effective practice is what will most convince physicians. Several individuals told us that their approach has been to show that evidence, through real patient improvement, to one physician at a time with the hope that their support of holistic practice as a valid patient care method will increase.

Conclusions

Each of the nine project teams funded under the *NJHI Workforce Agenda* was dedicated to decreasing the nursing shortage in the local community and worked extremely hard for the grant period to accomplish their objectives. Many of the grantees' self-evaluations showed increased recruitment, retention, and job satisfaction among nurses and potential nurses within their communities. Grantees successfully built new collaborative relationships which better connected the education of nurses with the needs of health care employers. Grantees also expanded nurses' opportunities for career advancement and leadership within health care facilities.

Along the way, the *NJHI Workforce Agenda* grantees learned valuable lessons about collaboration, project management, and public policy. Some specific lessons include:

- Community collaboration on nursing workforce issues is a valuable strategy but clear expectations of partners should be established prior to beginning work.
- The development of new educational curriculum to fit the needs of the modern student requires dedicated instructors, institutional support, as well as knowledge of state-level nurse education rules and regulations.
- The nursing faculty shortage is a pressing issue that affects the supply of nurses in communities of all types.
- There are clear opportunities for increasing cooperation and information sharing between the state offices that regulate the health professions in New Jersey.

The *NJHI Workforce Agenda* initiative was successful from a grant administration perspective as well. Grantees felt very supported by the many activities and tools provided by the NJHI Program Office and the Robert Wood Johnson Foundation, including, for example the communications workshop hosted by NJHI and CSHP (see Appendix C for Agenda). Some grantees did make suggestions for the support of future NJHI projects. Specifically, some suggested grantees could benefit from further advice on the preparation of required progress reports and project budgets. In addition, the *NJHI Workforce Agenda* grantees encouraged the Program Office to continue offering training opportunities and suggested sessions on effective means of collaborating and on project specific evaluations.

The evaluation by the CSHP was not designed to measure changes in the nursing shortage within local communities or across New Jersey. Rather, the evaluation was meant to assess the success of the program in terms of the grant implementation and administration process. In that regard, the *NJHI Workforce Agenda* program was an effective and valuable endeavor that created a focus on nursing in communities and stimulated efforts to recognize and support the critical workforce of nurses.

Endnotes

1. Board of Nursing Regulations, Subchapter 1, 13:37-1.10.
<http://www.state.nj.us/lps/ca/laws/nursingregs.pdf> Accessed June 5, 2007.
2. Reinhard, S., Wright, B., Cook, M.E. *New Jersey's Nursing Faculty Shortage: A Technical Report for the Robert Wood Johnson Foundation*. New Brunswick, NJ: Rutgers Center for State Health Policy, January 2007.
3. Hernandez-Medina, E., Eaton, S., Hurd, D., White, A. *Training Programs for Certified Nursing Assistants*. AARP Public Policy Institute, March 2006.
http://www.aarp.org/research/longtermcare/nursinghomes/inb122_cna.html
4. State specific information was gathered by calling State Boards of Nursing and Departments of Health, and searching state websites.
5. <http://www.rwjf.org/grantees/connect/index.jhtml>. Accessed June 5, 2007.

Appendix A: NJHI Resource Guide Supplement: Categories of Caregivers

NJHI Resource Guide Supplement November 2004

Categories of Caregivers

Licensed Practical Nurse (LPN): is a member of a health care team that exercises sound nursing judgment and participates in a large share of the direct patient care. In addition LPNs contribute to the planning, implementation, and evaluation of nursing care at all settings.

Education:

- LPN programs are usually a year long and can be found at technical/vocational schools, community and junior colleges, hospitals, and colleges and universities.
- The programs are a mix of classroom study and supervised clinical practice.
- Classroom study covers basic nursing concepts, anatomy, physiology, medical-surgical, administration of drugs, etc. Clinical practice is completed in a hospital, but at times can be done in other health care settings.

National/State Licensing:

- At the completion of a state-approved practical nursing program all students are required to pass a licensing examination also known as the N-CLEX-PN.
- The Board of Nursing under the Department of Consumer Affairs is the responsible body who oversees LPN licensing. They board can be reached at 124 Halsey Street, 6th Floor, Newark, NJ 07101 or 973-504-6430.

Scope of Practice:

- LPNs primarily provide basic bedside care under the direction of physicians and registered nurses.
- In hospitals LPNs will perform many of the direct patient care duties such as taking vital signs, preparing and administering injections and enemas, applying dressings, and treating bedsores.

- In a non-hospital setting, LPNs in addition to duties mentioned above will assist in bathing, dressing, and personal hygiene.
- LPNs could also take part in evaluating patient needs, developing care plans, and supervising nursing aides.

Medical Assistant (MA) – performs routine administrative and clinical tasks within all areas of the health care sector.

Education:

- Attend an accredited medical assistant program. These programs vary by state and are usually offered in postsecondary vocational school, community colleges, etc.
- The programs are one year or less with a certificate or diploma awarded at completion. Two programs would result in an associate’s degree.
- Courses include: anatomy, physiology, typing, transcription, first aid, medical law, etc.

National/State Licensing:

- There is no licensing required for medical assistants but NJ requires students to take a test at the completion of their program and be a certified member of American Medical Technologies (AMT), the American Association of Medical Assistants (AAMA), or the National Center for Competency Testing (NCCT).
- In NJ medical assistants must attend a school that has a program accredited by the Committee on Accreditation of Allied Health Education Programs (CAAHEP).

Scope of Practice:

- The main tasks that are expected range from office/paperwork to patient care and in general, medical assistants report directly to a physician, health practitioner, or office manager.
- “New Jersey regulations of clinical duties according to the State Board of Medical Examiners grants medical assistants the ability to administer subcutaneous and intramuscular injections under the supervision of a physician” (*The Lawful Scope of a Medical Assistant’s Practice*, www.amt1.com).

Nurse Practitioner (NP): is a registered nurse that has been board certified and focuses on prevention, wellness, and education. This is considered an advanced practice nurse.

Education:

- Once awarded a baccalaureate degree in nursing and obtaining the licensure as a registered nurse one can apply to a NP program.
- NP programs are 1-2 years long and focus on advance training in diagnosing and treating illness. Most NP programs offer a certification and/or a master's degree.
- There are several different kinds of certified NP specialties, these include: Family, Pediatric, Adult, Geriatric, Women's Health Care, Neonatal, Acute Care, Occupational, Certified Nurse Midwife, and Certified Registered Nurse Anesthetists.

National/State Licensing:

- Nurse Practitioners are required to take the highest level national specialty certificate exam.
- The national certificate exam will depend on the NP specialty area.
- Each specialty area exam will vary and require completion of a program within that specialty.
- NPs will also be required to fulfill a certain number of continuing medical education hours which will vary among specialties and by state.
 - The Board of Nursing under the Department of Consumer Affairs is the responsible body who oversees NP licensing. They board can be reached at 124 Halsey Street, 6th Floor, Newark, NJ 07101 or 973-504-6430.

Scope of Practice:

- Nurse practitioners work in collaboration with a physician to provide care for people of all ages.
- Nurse practitioners are known for providing care in both urban and rural setting and can be found in all health care organizations from private offices to health maintenance organizations.
- Major services that NPs provide are physical examinations and medical histories, immunizations and preventive care, diagnosis, treat, and manage chronic illnesses, and prescribe medications.
- NPs are supervised by physicians or a nurse executive.

Unlicensed Assistive Personnel (UAP): consist of **Certified Nurse Assistant (CNA), Personal Care Assistant (PCA), and Home Health Aide.** These groups are caregivers who provide patients with basic care assistance of daily tasks.

Certified Nurse Assistant (CNA)

Education:

- A CNA certificate program can be complete within six-to-twelve weeks and is usually available at a community college or medical facility.
- Students will be given training on basic nursing skills, anatomy and physiology, nutrition, and infection control.
- In addition to classroom instruction students will be participating in several hands on experiences during their required clinical sessions.

National/State Licensing: There is no specific licensing exam required to become a CNA. Programs and regulations may vary from state to state.

Scope of Practice:

- CNAs work under the supervision of a nurse.
- A CNA assists with a patient's basic care needs such as bathing, grooming, and feeding.
- CNAs can also setup medical equipment and check patients' vitals.

Personal Care Assistant (PCA) and Home Health Aide

Education:

- PCA and Home Health Aide complete a similar training program which includes a 76-hour course with a combination of classroom and clinical instruction.

National/State Licensing:

- There is no licensing exam necessary but students are required by the New Jersey Board of Nursing to complete a competency evaluation and receive a criminal background check.

Scope of Practice:

- PCAs and Home Health Aides are required to be supervised by a registered nurse.
- PCAs and Home Health Aides perform duties that are consistent with that of a CNA.

Physician Assistant (PA): is a licensed health care professional who works under the management of a medical doctor.

Education:

- PAs are required to complete a comprehensive educational curriculum accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) following the achievement of a bachelor's degree.
- The PA program is 26 months long and includes classroom and laboratory sessions that cover basic medical and behavioral sciences. Once the classroom instruction is complete students with then begin their clinical rotations in all major medical specialties.
- PAs are expected following graduation to maintain ongoing continuing medical education.

National/State Licensing:

- Physician Assistants are required to take a national certification examination developed by the National Commission on Certification of PAs and the National Board of Medical Examiners.
- The national exam known as *Physician Assistant National Certifying Exam (PANCE)* is administered four times in 2004 and 2005 and consists of 360 multiple-choice questions.
- PAs are also required to maintain 100 hours of continuing medical education every two years.
- In addition a recertification is required every six years.
 - The Board of Medical Examiners under the Department of Consumer Affairs is the responsible body who oversees PA licensing. They board can be reached at 124 Halsey Street, 7th Floor, Newark, NJ 07101 or 973-504-6534.

Scope of Practice:

- Physician Assistants can work in all areas of medicine and areas of responsibility depend on training, experience, and state law.
- In most cases, the PA will handle similar patients as the supervising physician. If the patient has more complicated medical issues and requires more than routine care, the PA will refer to patient to see the physician.
- PAs are allowed to prescribe medication in 48 states (including NJ), the District of Columbia, and Guam.

Sources used:

International Federation of Licensed Practical Nurses, Inc. <http://www.nflpn.org/education.htm>. Date accessed: Oct. 14, 2004. Occupational Outlook Handbook. *Department of Labor*.

http://www2.jobtrak.com/help_manuals/outlook/ocos102.html. Date accessed: Oct. 22, 2004.

Information About PAs and the PA Profession. *American Academy of Physician Assistants*.

<http://www.aapa.org/geninfo1.html>. Date accessed: Oct. 25, 2004. P.A. Programs. *NJ State Society of Physician Assistants*. <http://www.njsspa.org/programs.html>. Date accessed: Oct. 25, 2004.

What is a Nurse Practitioner? *American College of Nurse Practitioners*.

<http://www.nurse.org/acnp/facts/whatis.shtml>. Date accessed: Oct. 27, 2004. About NPs. *NP Central*.

<http://www.npcentral.net/consumer/about.nps.shtml>. Date accessed: Oct. 27, 2004

Sources used: Career as a Medical Assistant. *American Medical Technologists*. <http://www.amt1.com>.

Date accessed: Oct. 14, 2004. McCarty, Michael N. The Lawful Scope of a Medical Assistant's Practice. *AMT Events*. March 2003.

Appendix B: NJHI Grantee Meeting Agendas

**New Jersey Health Initiatives Annual Meeting
Building a Healthier New Jersey
Princeton, New Jersey
March 3-4, 2004**

Agenda

Wednesday March 3, 2004

11:30 a.m. – 12:30 p.m.	Registration	Amphitheater lobby
	Lunch at RWJF (optional)	Dining room
12:30 p.m. – 1:00 p.m.	Introductions and Welcoming Remarks Amphitheater Gretchen Hartling, NJHI Co-Director Calvin Bland, RWJF Chief of Staff; NJHI Director Pamela Dickson, RWJF Senior Program Officer Bruce Siegel, MD, MPH, NJHI Advisory Committee Chair	
1:00 p.m. – 2:00 p.m.	<i>The Courage Of Our Convictions:</i> <i>Making It Happen In The Social Sector</i> Mark Murphy, Executive Director, The Fund for New Jersey; NJHI Advisory Committee Member	Amphitheater
2:00 p.m. – 2:15 p.m.	Break	

2:15 p.m. – 3:45 p.m.

Breakout Sessions

- *Access to Health Services* Conference Rm. 1616
Pamela Dickson, RWJF Senior Program Officer,
Health Care Group
Carolyn Ballard, Deputy Director, State Action for
Oral Health Access
Judy Stavisky, RWJF Senior Program Officer, Health Group
Moderator: Katharine S. Pinneo

- *Substance Abuse & Mental Health Treatment* Conference Rm. 1607
Karen Gerlach, RWJF Senior Program Officer,
Health Group
Victor Capoccia, RWJF Senior Program Officer,
Health Group
Kristin Schubert, RWJF Program Associate, Health Group
Moderator: Mary Pat Angelini

- *Healthy Communities* Conference Rm. 1605
Robin Mockenhaupt, RWJF Deputy Group Director,
Health Group
Jamie Bussel, RWJF Program Associate, Health Group
Kathryn Thomas, RWJF Senior Communications Officer
Moderator: Jeffrey Vega

- *Nursing & Paraprofessional Workforce Issues* Amphitheater
Margaret Koller, Senior Project Manager
Rutgers Center for State Health Policy
Sandra Howell-White, Senior Policy Analyst
Rutgers Center for State Health Policy
Amy Tiedemann, Research Analyst
Rutgers Center for State Health Policy
Moderator: Jack Dembow

3:45 p.m. – 4:00 p.m.

Break

4:00 p.m. – 5:00 p.m.	<i>Accessing Information on the Web</i> Ka-Neng Au, Business Librarian, Rutgers University	Amphitheater
5:00 p.m. – 6:00 p.m.	Reception	Atrium
6:00 p.m.	Dinner <i>Recognition of graduating NJHI grantees</i>	Dining room

Thursday March 4, 2004

7:30 a.m. – 8:30 a.m.	<i>Refresher on Report Writing</i> NJHI Staff	Amphitheater
8:30 a.m. – 12:00 p.m.	<i>Communicating the Greater Good</i> Andy Goodman 8:30 – 9:45 a.m. “The Four Connecting Points” 9:45 – 10:00 a.m. Break 10:00 – 11:00 a.m. “Storytelling as Best Practice” 11:00 – 12:00 p.m. Storytelling development session	Amphitheater
12:00 p.m. – 1:00 p.m.	Luncheon	Atrium
1:00 p.m. – 2:00 p.m.	<i>Communicating the Greater Good</i> – Conclusion Participants Share Stories	Amphitheater
2:00 p.m. – 3:00 p.m.	<i>Cover the Uninsured Week</i> Stuart Schear, RWJF Senior Communications Officer	Amphitheater
3:00 p.m. – 3:30 p.m.	Wrap-up Gretchen Hartling, NJHI Co-Director	Amphitheater

**New Jersey Health Initiatives
Planning Useful Evaluation Workshop
Thursday, March 3, 2005
The Robert Wood Johnson Foundation**

Agenda

8:30 a.m.	Registration	Amphitheater Lobby
9:15 a.m.	Welcome & Introductions Gretchen Hartling, Co-Director, NJHI Mary Ann Scheirer, Presenter Kathleen Haynie, Presenter	Amphitheater
9:30 a.m.	Using Evaluation Through the Project Life Cycle	Amphitheater
10:15 a.m.	Using Logic Models for Project Improvement	Amphitheater
10:45 a.m.	Break	
11:00 a.m.	Breakout Session 1 – Logic Models	Amphitheater
Noon	Lunch	Atrium
12:45 p.m.	Breakout Session 2 – Logic Models	See breakout assignments
1:15 p.m.	Logic Models Wrap-Up/Q & A	Amphitheater
1:30 p.m.	Tools for Planning Evaluation	Amphitheater

2:15 p.m.	Break	
2:30 p.m.	Breakout Session 3 – Evaluation Questions & Measures	See breakout assignments
3:15 p.m.	How to Find the Evidence for “Evidence-Based Intervention”	Amphitheater
3:45 p.m.	Final Summary/Q & A	Amphitheater
4 p.m.	Workshop facilitators available for consultations	Amphitheater

B. Combating Obesity

Pembroke

Room

Moderator: Mary Pat Angelini, NJHI NAC

RWJF National Initiatives Addressing Obesity

Jamie Bussel, Program Associate, RWJF

Panel Discussion

NJHI Grantee Panelists:

Eric Schwartz, MD, Henry J. Austin Health Center

Sandy Mansonet, Jewish Renaissance Foundation

Gerry Mackenzie, NJ Department of Health & Senior Services

Susan Walsh, MD, Plainfield Neighborhood Health Center

3 p.m. – 3:15 p.m. Break

3:15 p.m. – 5:15 p.m. **Concurrent Sessions**

A. The Importance of Cultural Competence

Ballroom

Ivan Juzang, MEE Productions

B. Building Successful Coalitions – Panel Discussion

Pembroke

Room

Moderator: Jeffrey Vega, NJHI NAC

NJHI Grantee Panelists:

Mary Jean Burke, Atlantic Cape May Workforce Investment Board

Mary Ann Roper, CentraState HealthCare

James Edwards, Community Health Care, Inc.

Tom Ruben, Jewish Family Service of Atlantic County

Connie Greene, St. Barnabas Behavioral Health

6:30 p.m. Dinner Ballroom

Presentation to Graduating Grantees

AIDS Coalition of Southern New Jersey

Angel's Wings

Covenant House New Jersey

ElderCare Ethics Associates

Genesis Counseling Center

Friday, April 29

7:00 a.m. – 8:30 a.m. Breakfast Southampton Room

8:30 a.m. – 10:15 a.m. ***Assessing Cultural Competence as a Process to Reduce Health Disparities***

Ballroom

Gisela Prieto, Facets Caliente Communications

Sullae Choe, Facets Caliente Communications

10:15 a.m. – 10:30 a.m. Break

10:30 a.m. – Noon **Concurrent Sessions**

A. RWJF Project Connect

Ballroom

Nicole Barsamian, Barsamian Associates

Rita Manno, Princeton Partners

Ben Milder, Burness Communications

B. Workforce Session Pembroke

Room

Margaret Koller, Rutgers Center for State Health Policy

Amy Tiedemann, Rutgers Center for State Health Policy

Susan Reinhard, Director, Rutgers Center for State Health Policy & NJHI NAC

Ruben Fernandez, NJHI NAC

C. Grantee Focus Group: Indicators of Success

Devon Room

Mary Ann Scheirer, Scheirer Consulting

Noon – 1:30 p.m.

Lunch

Ballroom

Closing Remarks

Gretchen Hartling

**New Jersey Health Initiatives
Grantee Meeting
October 5, 2005**

Agenda

- 9:30 a.m. – 10:00 a.m. ***Registration & Continental Breakfast***
- 10:00 a.m. – 10:15 a.m. ***Welcome & Opening Remarks***
Calvin Bland, Chief of Staff & Special Advisor to the
President/CEO, RWJF; Director, NJHI
Pamela Dickson, Deputy Director, Health Care Group,
RWJF
Gretchen Hartling, Co-Director, NJHI
- 10:15 a.m. – 10:30 a.m. ***Update on RWJF's Nursing Initiatives***
Susan Hassmiller, Senior Program Officer, RWJF
- 10:30 a.m. – 10:45 a.m. ***Overview of RWJF/CSHP Impact Framework Project***
Susan C. Reinhard, Professor & Co-Director, Rutgers CSHP
- 10:45 a.m. – 11:00 a.m. ***How is the NJ Hospital Association Addressing
Nursing Workforce Issues?***
Geraldine Moon, Senior Vice President, Hospital
Operations, NJ Hospital Association
- 11:00 a.m. – 12:00 p.m. ***Grantee Updates & Discussion***
Ocean County College
Cathedral Health Services
Atlantic Cape May Workforce Investment Board
Camden County College
- 12:00 p.m. – 1:00 p.m. Lunch

1:00 p.m. – 2:15 p.m.

Grantee Updates & Discussion (cont'd)

Community VNA

Liberty HealthCare System

Englewood Hospital

Meridian Health System

The Valley Hospital

2:15 p.m. – 2:30 p.m.

Closing Comments & Wrap Up

**New Jersey Health Initiatives
Workforce Agenda Grantee Workshop
March 9, 2006**

Agenda

- | | |
|-------------------------|--|
| 9:00 a.m. – 9:30 a.m. | Registration and Continental Breakfast |
| 9:30 a.m. – 10:00 a.m. | Welcome and Opening Remarks
Calvin Bland, Chief of Staff & Special Advisor to the
President/CEO, RWJF; Director, NJHI
Gretchen Hartling, Co-Director, NJHI |
| 10:00 a.m. – 12:00 p.m. | Best Practices for an Effective PowerPoint
Presentation
Linda Widdop, Technology Trainer, NPower PA |
| 12:00 p.m. – 1:30 p.m. | Lunch and Opportunity to Revise Presentations |
| 1:30 p.m. – 2:30 p.m. | Grantee Draft Presentations
Workforce Agenda Grantees |
| 2:30 p.m. – 3:15 p.m. | Elements for a Successful Communication Strategy
Gretchen Hartling, Co-Director, NJHI
Diane Hagerman, Communications Officer, NJHI |
| 3:15 p.m. – 3:30 p.m. | Closing Comments and Wrap Up |

**New Jersey Health Initiatives
Workforce Grantee Meeting
November 8, 2006
Robert Wood Johnson Foundation - Princeton, NJ
PSM Room**

Agenda

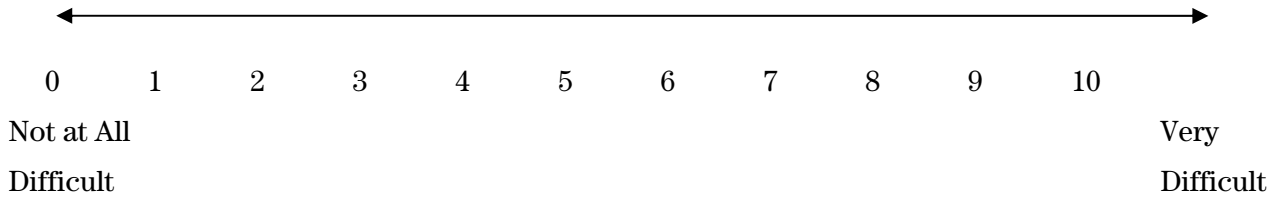
- 9:00 a.m. Registration & Continental Breakfast
- 9:30 a.m. ***Welcome & Opening Remarks***
Gretchen Hartling, Co-Director, NJHI
Calvin Bland, Chief of Staff & Special Advisor to the President, RWJF
Director, NJHI
- 9:45 a.m. ***Findings of Annual NJHI Workforce Grantee Surveys***
Sandy Howell-White, Senior Policy Analyst, Rutgers Center for State
Health Policy
- 10:45 a.m. ***Cross-Cutting Themes of NJHI Workforce Projects &
Opportunities to Impact State Policy***
Amy Tiedemann, Senior Research Analyst, Rutgers Center for State Health
Policy
- 11:45 a.m. ***Discussion: Next Steps – Where are You Headed***
- 12:30 p.m. Lunch

Appendix C: Table of Grantees' Evaluation Components

Grantee Organization and Project Titles				
	Atlantic Cape May Workforce Investment Board	Cathedral Healthcare System	Englewood Hospital and Medical Center	Jersey Shore Medical Center Foundation
	Nurse Workforce Solution Project	Nursing Education for Urban Hospitals	Career Development: Collaboration Along the Continuum	An Innovative Process for Work Environment Enhancement
Methods for Satisfaction/ attitudinal evaluation (may include job or patient satisfaction surveys, etc.)	Student (each class and post-graduation), instructor (each class), and mentor (pre/post) satisfaction surveys; focus groups (pre/post)	Focus groups (Y1, Y2); case study; student competency and attitudinal surveys (pre/post)	Several satisfaction and career development surveys (pre then annual)	Patient (ongoing), nurse (baseline, end Y1, end Y2), and employee (quarterly) satisfaction surveys
Methods for Course/Program evaluations	Evaluation surveys on training delivery systems (each class)	Focus groups; classroom observations	Retreat evaluations	Focus groups, interviews, and detailed program notes on all components (Y1, Y2)
Methods for Tracking Rates (may include: enrollment, attendance, retention, turnover, placement, graduation rates, etc.)	Graduation, employment, and minority enrollment rates	Attendance and drop-out rates; review of student documents	Recruitment, retention, enrollment, application, volunteer hour, turnover, and vacancy rates; minority breakdown	Vacancy, turnover, certification, education level, and financial indicator rates
Methods for Tracking Student test scores and final grades		Test scores (pre/post)	GPA over 4 years	
Methods for Assessing Community Impact			Tracking number of inquiries and requests for info	

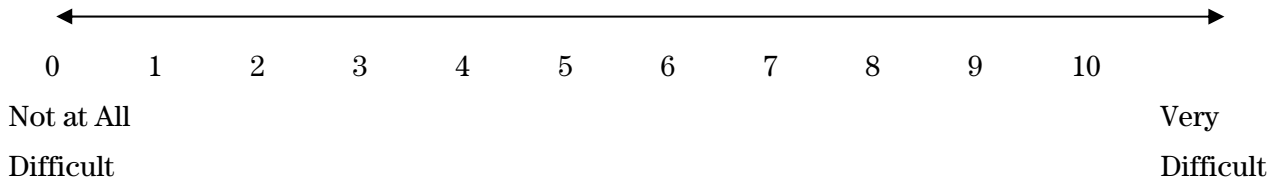
Grantee Organization and Project Titles					
	LibertyHealth System, Inc	Ocean County College*	The Valley Hospital	Camden County College	Community VNA
	RN Step-by-Step	One Day Per Week RN Program	A Return to Caring and Healing	CCC Nursing/Allied Health Program	Collaborating the Paraprofessional Training, Literacy, and Job Success
Methods for Satisfaction/attitudinal evaluation (may include job or patient satisfaction surveys, etc.)	Satisfaction survey (Y1); exit interview/survey (May 2004)	Monthly online student survey; employer (end of semester) and mentor (mid and end of semester) student performance surveys	Nurse and patient satisfaction surveys (pre/post); caring surveys (pre/post); focus groups (midway/post)	Post-graduate survey (May 2004), community resource survey (May 2004)	Job satisfaction survey (bi-annually); support groups
Methods for Course/Program evaluations		Student exit interviews; program evaluation and student survey (post); marketing strategies survey		Course evaluation survey (March 2004)	Course evaluations (each class)
Methods for Tracking Rates (may include: enrollment, attendance, retention, turnover, placement, graduation rates, etc.)	Enrollment, vacancy, employment, and retention rates	Licensing exam pass rates	Enrollment, retention, holistic certification, and RN publication rates	Program completion, enrollment, vacancy, job attainment, and attrition rates	Attendance, course completion, criminal background check, employment, retention, diversity, and complaint rates
Methods for Tracking Student test scores and final grades	Knowledge exam scores (pre/post); tracking of passing scores			Test scores	Exam scores; course grades
Methods for Assessing Community Impact		Alumnae and future employer surveys		Contact w/ employers	

9. How difficult do you believe it would be for other organizations to replicate your project?



9a. What particular issues might create barriers for your project's replication?

10. How difficult do you believe it will be for your organization to sustain your project once grant funding has ceased?



10a. What particular issues might create barriers for the sustainability of your project?

Additional comments regarding the overall progress in the project: _____

Section 2. Project Management

11. How are decisions usually made regarding your Workforce Agenda priorities, plans, and actions?

Check the main way you think decisions are usually made. **(Please check only one)**

- The Project Director makes decisions independently.
- The Project Director confers with Project members to make decisions.
- The Project Director confers with Project members and other agencies to make decisions.
- Other, specify: _____

12. Please circle the number that indicates how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
The PROJECT team has a clear and shared understanding of the problems we are trying to address.	4	3	2	1	8
There is general agreement with respect to the goals of the PROJECT.	4	3	2	1	8
PROJECT funds support the appropriate activities.	4	3	2	1	8
The PROJECT funding is adequate to support these activities.	4	3	2	1	8
There is general agreement on the strategies the PROJECT uses to pursue its priorities.	4	3	2	1	8
The PROJECT is essential to making significant progress in nursing shortage issues.	4	3	2	1	8
The PROJECT seeks to promote the involvement of local organizations.	4	3	2	1	8
The PROJECT draws upon the talents and abilities of a number of different organizations to accomplish its goals.	4	3	2	1	8

PROJECT leadership works collaboratively with organizational partners.	4	3	2	1	8
PROJECT leadership relates and responds well to the other partners.	4	3	2	1	8
The PROJECT team does a good job of communicating their accomplishments.	4	3	2	1	8

13. Please circle the number that indicates how strongly you agree or disagree with the following statements about the Project Director. If you are the Project Director, please answer the questions about yourself.

The Project Director:	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Has a clear vision for the PROJECT.	4	3	2	1	8
Is respected in the community.	4	3	2	1	8
Gets things done.	4	3	2	1	8
Is respected by other PROJECT members.	4	3	2	1	8
Is managing the grant funds well.	4	3	2	1	8
Actively seek other's views.	4	3	2	1	8
Utilizes the skills and talents of many.	4	3	2	1	8
Advocates strongly for his/her own opinions and agendas.	4	3	2	1	8
Builds consensus on key decisions.	4	3	2	1	8
Appropriately seeks other financial resources.	4	3	2	1	8
Is responsive to the larger organization(s) (hospital, school, etc.) in which he/she works.	4	3	2	1	8
Is focused on PROJECT tasks to effectively keep the project on course.	4	3	2	1	8
Is skillful in resolving conflict.	4	3	2	1	8

14. With respect to the larger organization(s) (hospital, school, etc.) in which the project is based, please circle the number that indicates how much you agree or disagree with the following statements.

Note: If more than one organization is involved, please specify the organization in the space provided and complete a table for each additional organization.

In general, the larger organization: (Specify_____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Is supportive of the PROJECT.	4	3	2	1	8
Is respected by PROJECT team members.	4	3	2	1	8
Has a clear vision for the PROJECT.	4	3	2	1	8
Has continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

14a. In general, the larger organization: (Specify_____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Is supportive of the PROJECT.	4	3	2	1	8
Is respected by PROJECT team members.	4	3	2	1	8
Has a clear vision for the PROJECT.	4	3	2	1	8
Has continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

14b. In general, the larger organization: (Specify_____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Is supportive of the PROJECT.	4	3	2	1	8
Is respected by PROJECT team members.	4	3	2	1	8
Has a clear vision for the PROJECT.	4	3	2	1	8
Has continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

15. Please circle the number that best represents your opinion of how much conflict within your project is caused by each of the following factors.

	None	A Little	Some	A Lot	Don=t Know
Disagreement about the project mission and goals.	1	2	3	4	8
Disagreement about specific objectives.	1	2	3	4	8
Disagreement about the best strategies to achieve project goals and objectives.	1	2	3	4	8
Personality clashes.	1	2	3	4	8
Disagreement over power, prestige, and/or influence.	1	2	3	4	8
Disagreement about who gets public exposure and recognition.	1	2	3	4	8
Disagreement over the process of doing the work.	1	2	3	4	8
Disagreement over inclusion/ participation in the project decision-making process.	1	2	3	4	8
Disagreement over energies to be spent on funding issues.	1	2	3	4	8

Additional comments regarding the management of the project: _____

Section 3. Project Supports

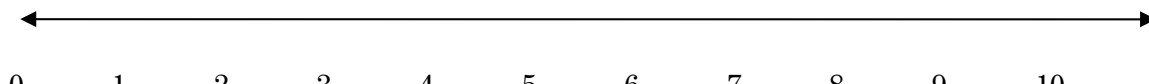
16. Please rate the adequacy of the support you have received from RWJF for your overall project implementation.



Not Adequate Completely Adequate Don't Know

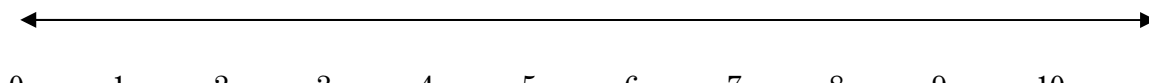
17. In what project areas, if any, could you use more support from RWJF and what type of assistance would be most helpful? _____

18. Please rate the adequacy of the technical assistance you have received from Rutgers Center for State Health Policy (CSHP) for the evaluation/assessment aspect of your project.



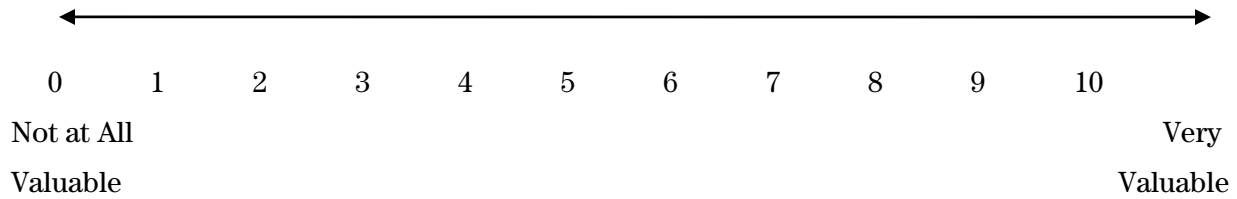
Not Adequate Completely Adequate Don't Know

19. How useful for you was the Rutgers Center for State Health Policy site visit to discuss your project evaluation?



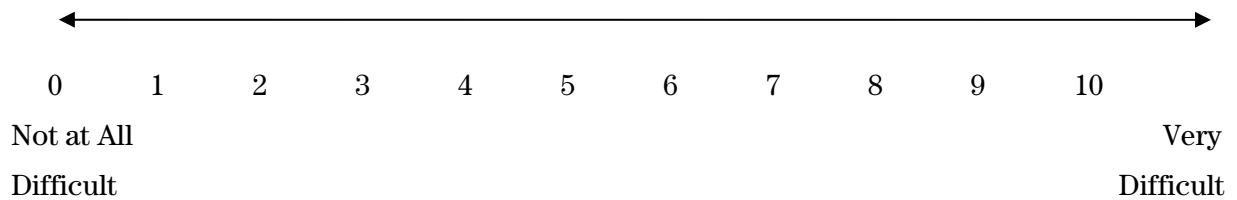
Not at All Useful Very Useful Don't Know

8. Rate how valuable your project was in improving the nursing shortage in your target organization/community during the grant.



8a. If you answered 5 or less, please explain. _____

9. How difficult do you believe it would be for other organizations to replicate your project?



9a. What particular issues might create barriers for your project's replication in other environments? _____

10. Do you plan to continue or are you currently continuing the project started under the NJHI grant?

____ Yes (go to 10b and c) ____ No (go to 10a then skip to 11)

10a. If no, why not? _____

Section 2. Project Management

13. Please circle the number that indicates how strongly you agree or disagree with the following statements about the management of your project during the grant.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
The PROJECT team had a clear and shared understanding of the problems we were trying to address.	4	3	2	1	8
There was general agreement with respect to the goals of the PROJECT.	4	3	2	1	8
PROJECT funds supported the appropriate activities.	4	3	2	1	8
The PROJECT funding was adequate to support these activities.	4	3	2	1	8
There was general agreement on the strategies the PROJECT used to pursue its priorities.	4	3	2	1	8
The PROJECT was essential to making significant progress in nursing shortage issues.	4	3	2	1	8
The PROJECT sought to promote the involvement of local organizations.	4	3	2	1	8
The PROJECT drew upon the talents and abilities of a number of different organizations to accomplish its goals.	4	3	2	1	8
PROJECT leadership worked collaboratively with organizational partners.	4	3	2	1	8
PROJECT leadership related and responded well to the other partners.	4	3	2	1	8
The PROJECT team did a good job of communicating their accomplishments.	4	3	2	1	8

16. With respect to the larger organization(s) (hospital, school, etc.) in which the project was based, please circle the number that indicates how much you agree or disagree with the following statements.

Note: If more than one organization was involved, please specify the organization in the space provided and complete a table for each additional organization.

In general, the larger organization: (Specify _____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Was supportive of the PROJECT.	4	3	2	1	8
Was respected by PROJECT team members.	4	3	2	1	8
Had a clear vision for the PROJECT.	4	3	2	1	8
Continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

16a. In general, the larger organization: (Specify _____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Was supportive of the PROJECT.	4	3	2	1	8
Was respected by PROJECT team members.	4	3	2	1	8
Had a clear vision for the PROJECT.	4	3	2	1	8
Continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

16b. In general, the larger organization: (Specify _____)	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Was supportive of the PROJECT.	4	3	2	1	8
Was respected by PROJECT team members.	4	3	2	1	8
Had a clear vision for the PROJECT.	4	3	2	1	8
Continued to show interest in the PROJECT after the initial start-up period.	4	3	2	1	8

17. Please circle the number that best represents your opinion of how much conflict within your project was caused by each of the following factors during the grant.

	None	A Little	Some	A Lot	Don't Know
Disagreement about the project mission and goals.	1	2	3	4	8
Disagreement about specific objectives.	1	2	3	4	8
Disagreement about the best strategies to achieve project goals and objectives.	1	2	3	4	8
Personality clashes.	1	2	3	4	8
Disagreement over power, prestige, and/or influence.	1	2	3	4	8
Disagreement about who got public exposure and recognition.	1	2	3	4	8
Disagreement over the process of doing the work.	1	2	3	4	8
Disagreement over inclusion/ participation in the project decision-making process.	1	2	3	4	8
Disagreement over energies to be spent on funding issues.	1	2	3	4	8

18. Regarding the management of the project overall, were there specific individuals who made a substantial difference for the success of the project?

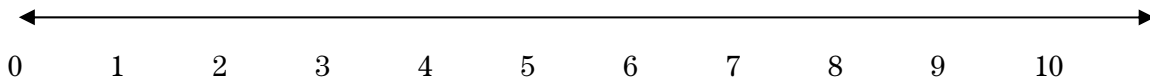
____ Yes ____ No

18a. If yes, who and how did they contribute? _____

19. Finally, please describe the major lessons learned from your project that you feel other organizations attempting similar work should know? _____

Section 3. Project Supports

20. Please rate the adequacy of the support you received from RWJF throughout your grant funding.



Not Adequate

Completely Adequate Don't Know

21. In what project areas, if any, could you have used more support from RWJF and what type of assistance would have been most helpful? _____

26. Overall, what was the most effective project support you received during your grant?_____

27. What would you have changed about the kind of support you received or the way you received support?
