According to a recent publication from the Colorado Health Professions Workforce Policy Collaborative, “a significant gap exists between the health care workforce Colorado needs in the future and the workforce it will have without public and private interventions. It is clear that the combined forces of health care reform, an aging population needing more care and the impending retirement of many health care providers will create an extremely challenging health care workforce challenge. ... If current trends continue, Colorado will have a significant health care workforce shortage in the future. Indeed, in many parts of the state – including rural, frontier and inner city areas – that shortage already exists.”

Caring for Colorado developed its funding priority in health care workforce as part of a focus on ensuring sufficient capacity in the safety net to meet increasing demand for care. Health insurance coverage alone is not sufficient to ensure that every Coloradan has a regular source of medical care.

Much of Caring for Colorado’s workforce funding has been directed to strengthening the nursing workforce. Available data support the need for this focus. The Colorado Center for Nursing Excellence publication, *Quick Facts on Nursing Supply and Demand for Nursing Education*, gives the following overview:

- Projected increases in demand for nurses due to health care reform, baby boomer nurse retirements and Colorado’s growing older population will cause an increased need for nurses across the state.
- The health care and social service sector provides employment to 11 percent of Colorado employees. It is second only to retail in its total job volume, with 253,000 employees and generates an annual payroll of over $11 billion.
- Even without factoring in any impact of health care reform, the Colorado Department of Labor and Employment projects a need for 18,990 additional registered nurses from 2008 to 2018.
- Colorado will face a rapidly increasing demand for health care during the coming decade because the state’s population will expand by one million and there will be 389,000 more adults over 65.
Colorado needs 1,780 more nurses – now – to reach the national average nurse to population ratio.

In September of 2011, the Colorado Health Institute published *Colorado’s Nurse and Nurse Aide Workforce: A Portrait*. This paper drew on three surveys of Colorado nurses and nurse aides. Key findings include:

- Employment opportunities for Colorado’s CNA, LPN and RN occupations are expected to grow by more than 20 percent by 2020. It remains to be seen if there will be a sufficient number of new professionals to meet demand.
- One-third to one-half of Colorado nurses and nurse aides grew up in a rural area. LPNs and RNs from rural areas were more than twice as likely to practice in rural areas compared to their counterparts who grew up in urban areas. Overall, CNAs, LPNs and RNs practiced primarily in urban areas.
- Most CNAs and LPNs received their training in state, whereas most RNs were trained elsewhere.
- Up to one-quarter of Colorado nurses and CNAs said they planned to leave their current position or their profession in the next five years. LPNs and RNs most frequently described insufficient wages, too much stress and lack of respect as their reasons for leaving.
- One-third to one-half of CNAs, LPNs and RNs expressed interest in seeking further education.

The primary challenges nursing programs face when working to increase their capacity include:

- Availability of masters-prepared faculty at community colleges
- Sufficient clinical placement opportunities

### CARING FOR COLORADO FUNDING HISTORY

Caring for Colorado has established a niche for its funding in support of strengthening the health professions in Colorado that is complementary to that of the other health foundations. Because both Colorado Health and The Trust have directed most of their workforce funding to highly trained/educated providers, CFC’s history of funding early pipeline programs and supporting the training of CNAs and RNs has filled what would otherwise be an important gap.

Through fiscal year 2011, CFC had awarded 91 grants, totaling $4.12 million in the broad category of Health Professionals Workforce. These grants supported:

- **Pipeline programs**: High school programs designed to introduce students to careers in health. Most prepare students to sit for the CNA exam upon graduation and most have strong relationships with local community colleges where students can continue to pursue education in the health professions. CFC grants have supported such programs in Pueblo and the San Luis Valley and have been instrumental in starting new programs in the Falcon School District and in Colorado Springs.
- **Strengthening RN programs at community colleges**: Many of these grants have provided funding to purchase high fidelity patient simulation technology, a key component in clinical training for nurses.
- **Starting new nursing education programs**: CFC grants have helped start new BSN (Bachelor of Science in Nursing) at Adams State in Alamosa, Metropolitan State in Denver and Mesa State College in Grand Junction. Foundation grants have also helped expand capacity for nurse training at community colleges across the state, including Otero Community College in La Junta; Lamar Community College; Trinidad Community College at its sites in Trinidad, Salida and Alamosa; Community College of Denver; Arapahoe Community College; Northeastern Community College and Aurora Community College.
• **Home care workforce:** CFC is the lead foundation and recipient of a Robert Wood Johnson Foundation grant as part of the Partners Investing in Nursing Program. The goal of the grant is to strengthen the home healthcare workforce in Colorado. In light of the Colorado’s expected population, in particular among those 65 and older, home healthcare will become an increasingly important sector of the health professions workforce.

• **Other health professions:** Two grants to redesign the four-year curriculum at the University of Colorado School of Medicine; a grant to assist with national recruiting efforts on behalf of Colorado’s Family Medicine Residency programs; two grants to support the creation of a BA/BS-MD program at the University of Colorado (designed to recruit rural and minority students into medicine); a grant to help create the Colorado Physicians of Color; and, grants to the University of Colorado School of Pharmacy to create a rural pharmacist-based diabetes education program.

**HEALTH PROFESSIONS FUNDING STRATEGIES AND PRIORITIES: 2012-2013**

The primary goal of many of CFC’s workforce grants has been to build the capacity of the health professions workforce. Accordingly, outcome measures include: (1) number of new CNAs and/or RNs enrolled and graduated (including graduation rates), (2) pass rates on licensing exams and (3) post-graduate employment rates in nursing positions. Pipeline programs also measure the number of graduates pursuing continuing education in health care professions (e.g., enrollment in nursing school).

**Prioritized Activities for 2012-2013**

In September 2010, the Board of Directors adopted the following tactics in pursuit of CFC’s Health Professions Workforce Strategy:

- Work with foundation and academic partners to ensure that Colorado’s health care workforce is adequate for meeting the demand for health care, both in urban centers and rural communities throughout the state.
- Seek opportunities to strengthen community college and four-year college nurse training programs.
- Expand pipeline programs that introduce high school students to health careers.
- Work with the Center for Nursing Excellence to enhance the home healthcare workforce through the Robert Wood Johnson Foundation-funded Partners Investing in Nursing Program.
- Explore opportunities to support new concepts in health professions training, such as inter-professional education and how to provide care in a team environment.

In addition to the approved funding tactics, CFC is increasing its efforts to:

- Work with community colleges, especially in rural areas, to explore the possibility of community-specific funding to address the need for masters-prepared faculty.
- Investigate opportunities to expand the use of innovative technologies to address faculty shortages.
- Fund high fidelity patient simulation as a means to provide clinical training.