

Embeddedness in Community and Region

This study found that community colleges play a critically important role in the preparation of the nation's nursing and allied health professional workforce. For the millions of people who wish to work in the health care industry but live in rural areas throughout the United States where fewer alternative pathways to careers in nursing and other allied health professions exist, to paraphrase what Arthur M. Cohen and Florence B. Brawer (2003) said about community colleges generally, the choice is not between a community college nursing or allied health program and enrollment at another type of institution, the choice is between the community college and nothing.

The 2005 RUPRI study by Reid and Katsinas documented a shortage of nurses at the small hospitals, nursing homes, and other health care facilities served by nursing programs at rural-serving community and tribal colleges in severely economically distressed counties in the United States. Nursing programs, both Licensed Vocational Nursing/Licensed Practical Nursing (LVN/LPN) programs and Associate's Degree Nursing (ADN) programs, are important to these rural-serving community and tribal colleges. Student financial aid for nursing students is also critically important for institutions, and for the students they serve. Students in nursing programs at rural-serving community and tribal colleges are predominantly white and female; minorities and males are significantly under-represented. The lack of subsidized public transportation and child care for nursing students at rural-serving community and tribal colleges are frequently barriers that impact program completion. A shortage of nursing and allied health faculty exists at rural-serving community and tribal colleges that serve severely economically distressed regions of the United States. This negatively impacts student enrollments in these programs, and reduces the overall nursing and allied health professional workforce.

In summary, a nursing and allied health shortage was identified in all rural areas that were included in this pilot study, despite the fact that responding nursing and allied health program directors indicate significant nursing enrollment growth over the past five years. Financial aid for nursing and allied health students is critically important, as is the availability of subsidized public transportation and child care. Lastly, as the shortage of faculty negatively impacts student enrollment in these programs, thus reducing the rural nursing workforce pipeline, the issues facing the nursing/allied health faculty at rural-serving community and tribal colleges must be addressed in order to improve health care in the communities that they serve.

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The Role of Rural-Serving Community Colleges and Tribal Colleges in Expanding Pathways to Nursing and Allied Health Careers

A policy brief by the Education Policy Center at the University of Alabama for the MidSouth Partnership for Rural Community Colleges

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Executive Summary

While community colleges have long played a leading role in bolstering the quality and quantity of nursing and allied health professionals in rural America, a crisis looms:

- The Joint Commission on Accreditation of Health Care Organizations found more than 126,000 unfilled nursing positions in 2002 in hospitals across America (*August, 2002*).
- More than 90% of long term care facilities and home health agencies lack adequate nursing staff to administer basic care.
- The need to expand pathways for nursing practitioners and faculty is increasing as the workforce ages; the average age of nurses and nursing educators is 49 and 52, respectively.
- The shortage of nurses and allied health professionals and educators hits poor rural areas hard, and hits Native American reservation areas even harder. The American Organization of Nurse Executives' 1999 survey found that rural facilities routinely take longer to fill nursing vacancies in 15 of 22 nursing specialties than urban facilities—sometimes 60% longer.
- Community colleges supplied about 60% of the nation's registered nurses in 2000.
- Most rural health care facilities are staffed by nurses trained at nearby rural-serving community colleges, which also prepare most of the licensed practical nurses employed.
- Many allied health programs, such as EMT, Dental Hygiene, and Respiratory Therapy, do not exist in economically depressed, geographically isolated areas of the nation.

Introduction

Background and context: The 2005 Reid-Katsinas RUPRI Study¹

To better study challenges, barriers, and opportunities related to career pathways in nursing and allied health professions in rural America, our study employed a mixed-method research design. In Phase I, U.S. Department of Education IPEDS data was analyzed to identify specific characteristics of the nursing students at all U.S. community colleges and, more specifically, at the 24 rural-serving community colleges that participated in the Ford Foundation's Rural Community College Initiative (1994-2003). These 24 colleges are all physically located in severely distressed counties defined by the Appalachian Resource Commission (Appalachia, the Lower Mississippi Delta, the Texas/Mexican Border region, the Four Corners region of the southwest, and the High Plains). Six of the 24 were federally designated Tribal Colleges, and most of the 24 were classified as Associate's-Public, Rural-serving Small Colleges (under 2,500 headcount enrollment) or Associate's-Public, Rural-serving Medium Colleges (between 2,500 and 7,500 headcount enrollment) in the Carnegie Foundation for the Advancement of Teaching's 2005 Carnegie Basic Classifications (2006a, 2006b). Phase II used federal National Study of Postsecondary Faculty (NSOPF) 1999 faculty survey data to compare characteristics of all U.S. community college faculty to faculty at the 24 RCCI colleges. Based upon Phase I and Phase II, two surveys were developed, one to survey nursing and allied health faculty at

the 24 RCCI colleges, and a second to survey rural-based hospitals and community health centers that are physically located near the 24 rural-serving community colleges. All 24 RCCI colleges and 45 of the rural hospitals and community health centers responded to these surveys.

Nursing Programs (ADN & LVN/LPN) are Important to Rural-Serving Community & Tribal Colleges

Nursing Program Directors report Associate Degree Nursing (ADN) programs at 15 of the 18, and Licensed Vocational/Practical Nursing (LVN/LPN) programs at 17 of the 18 publicly-controlled, non-tribal rural-serving community colleges surveyed. Just 1 of 6 tribal colleges offered the ADN, and just 2 LVN/LPN programs. Nearly all programs (95%) experienced growth over the past 5 years, with future growth predicted by 91% of respondents. All rural-serving small colleges offer LVN/LPN degree programs, and 100% of rural-serving large colleges offer ADN programs.

Many Allied Health Programs are not offered in America's distressed regions

Many Allied Health (AH) programs beyond ADN and LVN/LPN nursing programs are not offered by the community and tribal colleges that serve America's economically distressed rural regions. Six common AH programs were assessed: (1) Radiologic Technology; (2) Respiratory Therapy, (3) Dental Hygiene, (4) Patient Care Technology (PCT), (5) Emergency Medical Technology (EMT), and (6) Paramedicine. Of the 18 public rural-serving colleges, 17 offered at least 1 AH program; only 2 of the 6 tribal colleges offered any AH program (1 each). The most widely offered AH program, EMT, was found at 14 of the 24 colleges (58%). Only 7, 5, and 4, respectively, of the 24 had Radiologic Technology, Respiratory Therapy or Dental Hygiene, and PCT or Paramedicine programs. In general, the smaller the college, the less likely a full range of AH programs was offered. The AH programs were almost non-existent at the tribal colleges (none had Radiologic Technology, Respiratory Therapy, Patient Care Technology, or Paramedicine, and just 1 had programs in Dental Hygiene and EMT). Of the 144 possible AH programs that these 24 colleges could have offered, just 39 (27%) actually were offered. Yet existing AH programs had growing enrollments (89% over past five years), and 100% of those offering AH programs today predicted growth over the next five years.

Qualified Faculty: A barrier in extending Nursing and Allied Health Programs

When asked to rank barriers to program expansion, for ADN and LVN/LPN nursing programs, the top-ranked factor cited was finding and keeping qualified nursing faculty (64%). This leads directly to limiting program admissions. Lack of qualified faculty was also the top-ranked factor limiting other AH program expansion, with respondents indicating limits on AH student enrollments due to a lack of faculty (70%) and available clinical sites (100%). Faculty recruitment and retention is thus a major challenge for both Nursing and AH programs at these colleges.

Commitment to Place is Strong

More than 70% of Nursing/AH program directors at the 24 colleges listed remoteness of their institutions and lower salaries as detractors to recruit faculty. Yet commitment to place was quite high, with most citing the small-town atmosphere of the rural regions that their colleges served as a plus in retaining faculty. This likely means that the most successful strategy to recruit new faculty for Nursing and AH programs in economically distressed rural areas will likely be "growing your own," perhaps using student loan forgiveness as one tool to initially recruit faculty. Another possible strategy would be for states to subsidize the higher faculty salaries associated with high demand program areas, such as nursing, allied health, computer science, and engineering technology educators

Poor Students, Financial Aid, and the Barriers of Transportation and Child Care

Mirroring the national data, the majority of students in nursing and allied health programs at the 24 RCCI colleges were female. Nationally, 36,204 of the 40,366 students enrolled in ADN programs in 1999, or 90%, were female. Of the 570 ADN students at the 18 public rural-serving RCCI colleges, 498 (87%) were female. Of the 42 ADN students enrolled at the 6 RCCI tribal colleges, 39 (93%) were female and just 3 were male. The predominance of females was also observed among students enrolled in LVN/LPN programs: nationally, of the 11,656 students enrolled in LVN/LPN programs, 10,748 (92%) were female. Of the 402 students enrolled in LVN/LPN programs at the 24 RCCI colleges, 368 (92%) were female.

The students served by these colleges were very poor. Twenty colleges (87%) report more than 60% of their students received financial aid, and 14 said more than 80% of all students were on financial aid. Transportation was cited as a barrier to access by 88% of respondents, and child care was identified as problematic by 88%. Only 29% reported that their college offered on-campus housing to ameliorate the transportation challenge. More than 60% stated that their college lacked sufficient local and state support. Despite the recession's end, 38% identified the economic health of their college's local region as flat economically, while 50% stated their area was distressed or severely distressed.

Challenges and Barriers in the Field: Practitioners' perspectives

Practitioners at hospitals and community health clinics were also surveyed concerning challenges and barriers. Using GIS software, healthcare facilities near the rural-serving public community and tribal colleges were identified. A total of 49 facilities near the RCCI colleges in Appalachia were identified, of which 16 (33%) responded. Forty-eight were identified in the Delta-South region, of which 14 (29%) responded. Twenty-three were identified in the Northern Plains region, of which 9 (39%) responded, and 24 were identified near the RCCI colleges in the Southwest, of which 7 (29%) responded. Not surprisingly, only one of the facilities was a critical access hospital with highly specialized surgical capacity. Most were general medical and surgical hospitals and long term care facilities.

Where ADN and LVN/LPN programs existed nearby, the nursing graduates provided by the local rural-serving community and tribal colleges were of critical importance in providing a trained, skilled nursing and allied health professional workforce for these healthcare providers. Of the 47 responding facilities, just 11 (23%) reported that ADNs comprised less than 20% of their nursing workforce, while 20 (39%) reported that ADNs comprised between 21 and 40% of their total nursing workforce, and 16 (35%) reported that ADNs comprised 41% or more of their total nursing workforce. The LVNs/LPNs prepared by the colleges in their regions also were of importance, as 25 facilities reported that LVNs/LPNs comprised more than 20% of their total nursing workforce.

A nursing shortage was reported by 78% of respondents, and 56% reported a shortage of other allied health professionals. Interestingly, among practitioners reporting a shortage of AH professionals, 100% reported a nursing shortage as well. The local rural-serving college played an important role in creating pathways directly into the nursing profession: just 13% of the responding hospitals and community health clinics indicated their nursing staff consisted of more than 40% who possessed the Bachelor's of Science in Nursing (BSN) degree, and 35% indicated their nursing staff consisted of more than 40% of persons with the ADN degree. Nearly 9 in 10 (87%) said that their local community college was the key reservoir from which to recruit nurses. Seven of 10 reported child care and transportation as barriers for their currently employed nursing staff, and 63% said lower salaries were a factor when recruiting nurses. Diversity is a challenge, with a predominantly white workforce, even in healthcare facilities serving Native Americans in Indian Country.