

The Robert Wood Johnson Foundation and AARP Story:

How Our Partnership Advanced the Future of Nursing

Susan B. Hassmiller, PhD, RN, FAAN, and Susan Reinhard, PhD, RN, FAAN

The Robert Wood Johnson Foundation's (RWJF's) and AARP's partnership to create the Center to Champion Nursing in America (CCNA) was crucial to advancing the *Future of Nursing: Leading Change, Advancing Health* report recommendations. By housing CCNA at a major consumer organization (AARP), RWJF brought prominent attention to issues that are critical to consumers and the nursing profession. This article describes the partnership and the essential involvement of nursing organizations and their outside partners to strengthen nursing education, enable all nurses to practice to the full extent of their education and training, promote nursing leadership, and expand workforce diversity.

In 2007, the Robert Wood Johnson Foundation (RWJF) Board of Trustees noted that “no one entity or edict can, on its own, affect the quality and nature of patient care across all its dimensions and sites.... What the nation needs now is sustained collaboration...toward a shared and ambitious goal of high-quality care.”¹ RWJF, as the nation's largest philanthropy devoted to improving health and health care, increasingly recognized the importance of sustained collaborations and partnerships to improve care. Aligning Forces for Quality, a signature effort by RWJF to lift the overall quality of health care in 16 targeted communities, launched that year in part to address the need for collaboration. The program sought to build transformative partnerships among the people who give care, get care, and pay for care.

With a similar goal in mind, RWJF approached AARP and the AARP Foundation that same year about creating the Center to Champion Nursing in America (CCNA) to address nursing workforce issues that affect consumers, notably the nursing and nurse faculty shortage. RWJF viewed AARP—the nation's largest consumer membership organization and one of the most influential on health care policy—as a formidable partner, whose expertise, resources, and mission could strengthen its own efforts to improve health care. The Foundation believed that pursuing a cross-sector partnership and placing CCNA at a consumer organization, rather than housing it in a

traditional nursing organization, could bring prominent attention from outside the nursing community to nursing policy issues and amplify the efforts of nursing organizations. AARP offered a significant Washington presence and field offices in all 50 states, Puerto Rico, and the U.S. Virgin Islands, making it a powerful advocacy partner to RWJF to raise nursing policy issues to consumers, communities, and policymakers.

AARP and AARP Foundation agreed to the joint initiative. Long involved in health policy, AARP felt that older adults, many of whom manage complex and chronic conditions, rely on registered nurses to provide high-quality care. Championing registered nurses—who spend the most time with patients, families, and

KEY POINTS

- **Robert Wood Johnson Foundation's (RWJF's) cross-sector partnership with AARP to form the Center to Champion Nursing in America brought prominent attention from outside the nursing community to nursing policy issues and amplified nursing organizations' efforts to improve care.**
- **The RWJF and AARP partnership helped to advance the landmark Institute of Medicine recommendations on the future of nursing and build a national culture of health.**

communities—seemed a natural fit. With an initial \$10 million grant from RWJF, the AARP Foundation and AARP launched CCNA in the AARP Public Policy Institute.

EARLY SUCCESSES

CCNA initially focused on expanding nursing education programs, increasing the ranks of nurse faculty, and encouraging nurses to earn advanced degrees. Although RWJF had long been involved in promoting nursing education, it was a new area for AARP. CCNA made the case to AARP's executive leadership that nursing education fit within its portfolio, because a robust and well-prepared nursing workforce could benefit older adults. Furthermore, AARP leadership agreed that focusing on increasing the number of nursing faculty would help to solve the chronic nursing workforce shortage. Once AARP's leadership and the AARP Foundation gave the green light, CCNA ramped up its education work at the state and federal levels. It established nursing education capacity teams in 30 states. Each state coalition included nurses from education and practice, as well as consumers and stakeholders from outside the nursing field. AARP-funded staff managed the federal strategy, where they supported the idea of Medicare funding graduate nursing education in the 2010 Patient Protection & Affordable Care Act (the ACA).

CCNA also focused on promoting nursing leadership, diversity, and increasing people's access to care provided by all nurses, including advanced practice registered nurses (APRNs). The state and federal approaches led to a significant increase in APRNs, who could also serve as clinicians and nursing educators.

To help ground CCNA's work, CCNA created 2 national entities, the Champion Nursing Council and the Champion Nursing Coalition. The former comprised national nursing organizations that advised CCNA on relevant issues, and the latter consisted of several dozen nonprofit organizations and for-profit corporations, all of which have a vested interest in nursing. CCNA also created a steering committee on diversity, equity, and inclusion.

THE FUTURE OF NURSING REPORT: THE BLUEPRINT ARRIVES

In 2008, RWJF turned to the authoritative Institute of Medicine (IOM)—now known as the National Academy of Medicine—to conduct an independent study of how nurses could transform health care. The IOM released in late 2010 *The Future of Nursing: Leading Change, Advancing Health*,² a landmark report that identified the nursing profession as key to efforts to remake the US health care system and provide Americans with better access to the care they need. The report offered recommendations directed at health care organizations and providers, policymakers,

businesses, and educators—recommendations designed to strengthen nursing to improve Americans' health and health care. Following the report's publication, the AARP Foundation, AARP, and RWJF created the Future of Nursing: Campaign for Action,³ also coordinated by CCNA. RWJF believed that CCNA could serve as the ideal home to implement and coordinate the Campaign; as a consumer organization, AARP is focused on improving health for people through nursing. The report recommendations provided CCNA with more direction and concrete goals to expand its nascent work in education, leadership, and removing barriers to practice. To date, RWJF has provided \$86 million to CCNA, the Campaign, and various programs to advance the IOM recommendations; AARP has supplemented these funds through significant in-kind support, including AARP-funded staff and other funding.

RWJF and AARP selected 5 states to form the first action coalitions, state-based entities of the Campaign made up of nurses and a broad spectrum of partners—including health care providers, consumer advocates, policymakers, and business, academic, and philanthropic leaders—to advance the IOM recommendations. By 2012, action coalitions had formed in all 50 states and the District of Columbia. Many of the action coalition leaders had been involved in CCNA's earlier state-level work on building education capacity, and a large percentage of leaders and members of the action coalitions were graduates of RWJF's nursing leadership programs, including Nurse Faculty Scholars, Executive Nurse Fellows, and New Careers in Nursing programs.

In the 9 years since the Campaign began, the nursing field and its partners have made substantial progress in advancing the IOM recommendations and strengthening the nursing field. The highlights are as follows:

Improving Access to Care

Through AARP and state-based nursing coalitions, 9 states⁴ removed all statutory barriers that restricted nurse practitioner practice. These victories expanded access to high-quality health care and increased consumer choice. Another 6 states made substantial improvements to their laws, and 10 states made incremental improvements that have increased people's access to high-quality health care. In addition, in 2016, the US Department of Veterans Affairs (VA) improved veterans' access to care by allowing most APRNs to practice without restrictions at VA facilities.

Strengthening Nursing Education

The last decade has seen a revolution in nursing education,⁵ as the Campaign brought together hundreds of experts in education, business, and government to promote academic progression and make it easier for nurses to continue their education. RWJF provided \$10 million to fund the Academic Progression in Nursing

(APIN) program in 2012. APIN developed and tested education models in 9 states and then evaluated which ones were best at encouraging more nurses to continue their education. The Tri-Council for Nursing administered the program. APIN found that a shared curriculum—requiring a strong partnership among employers, community colleges, and universities—proved most effective at enabling more students to continue with their education. It enabled community colleges and schools of nursing to align their coursework so that students did not need to repeat classes and could more easily earn a bachelor's degree after receiving an associate's degree. RWJF also provided \$8 million in funds for the State Implementation Program (SIP), which enabled 34 action coalitions to use funds to advance the IOM recommendations; 21 focused on streamlining nursing education. Examples of projects include action coalitions working with associate's and baccalaureate degree programs to compare curricula and alter them as needed to allow students to progress without repeating coursework; other action coalitions created a web-based repository of information about academic progression.

In part, as a result of these efforts, a record number of nurses have graduated with bachelor's degrees since 2012. By 2017, nearly 56% of registered nurses held a bachelor's degree, compared with 49% in 2010.⁶ Joanne Spetz, PhD, the associate director of research at the Healthforce Center at the University of California—San Francisco, projected that about two-thirds of registered nurses (RNs) will have a bachelor's degree or higher by 2025.⁷ A new national effort to encourage academic progression and accelerate educational advancement for nurses across the country—the National Education Progression in Nursing Collaborative, or NEPIN—is now building on this work.⁸

Promoting Leadership

The Campaign launched the Nurses on Boards Coalition, an organization composed of national nursing and other organizations, as well as RWJF and AARP.⁹ The coalition's goal is to place 10,000 nurses on boards and other influential bodies by 2020. As of August 2019, nearly 6,500 nurses report serving on boards. All nurses serving on a local, state, or national board are encouraged to sign up to be counted by going on the Nurses on Boards Coalition website.⁹ In addition, 2 leadership programs were launched to propel mid-career professionals into senior leadership: the Breakthrough Nurse Leaders and the RWJF Public Health Nurse Leaders programs.

Increasing Workforce Diversity

The number of minority students and men enrolled in and graduating from nursing programs is increasing, and the Campaign continues to seek ways to broaden the diversity of the profession to match the US population

by encouraging action coalitions to incorporate diversity plans into their education and leadership efforts. Between 2010 and 2017, the number of minority RN graduates increased by 43%, and the number of male RN graduates increased by 64%.^{10,11}

LEVERAGING THE CAMPAIGN'S WORK TO ADVANCE THE IOM RECOMMENDATIONS

Neither RWJF nor AARP could have achieved the Campaign's successes on its own, nor could the Campaign have accomplished as much without the steadfast backing of the national nursing community, as well as the tenacity and toil of action coalition leaders and members, including the broad spectrum of business, philanthropic, health care, and community partners who support the Campaign and the state action coalitions with time and funding. For example, in every state where there has been legislation to enable APRNs to practice to the full extent of their education and training, AARP state offices have either supported it, participated in a coalition, or led efforts. This demonstrates the value of having a cross-sector collaboration among diverse stakeholders, committed entities, philanthropic organizations, consumers, nurses and all health care professions.

RWJF provided funds to strengthen nursing education, while CCNA's staff administered SIP, guiding states individually to meet their goals and convening them to build on each other's work. The SIP efforts to strengthen nursing education included in-person meetings, webinars, and teleconferences—collaborations that allowed states to learn from each other and match the academic models to their regional needs. Both RWJF and AARP tapped their experiences with leadership and diversity to advance the IOM recommendations. RWJF and AARP in 2014 initially brought together 19 major nursing organizations to discuss ways to promote nursing leadership; and later that year, the organizations announced their partnership to form the Nurses on Boards Coalition. Created and launched at CCNA, it transitioned to the American Nurses Foundation, and finally became an independent, 501c3 organization. In addition, the Breakthrough Nurse Leaders and the Public Health Nurse Leaders programs were modeled after RWJF's seminal leadership programs. RWJF and AARP underscored their commitment to diversity by requiring all action coalitions that applied for funding from RWJF to incorporate a diversity plan in their states.

OVERCOMING CHALLENGES AND TRANSITIONING TO A CULTURE OF HEALTH

One of the early challenges confronting the Campaign was broadening its base beyond nursing. Nurses made up the heart of the Campaign, but advancing the IOM recommendations required steadfast support from payers, hospital chief executive officers, policymakers,

foundations, and others outside of the nursing field. The Campaign required each action coalition to be led by both a nurse and non-nurse partner. Another early challenge was raising adequate funds to support the work of the volunteer-run action coalitions. Initially, RWJF provided the action coalitions with no grant money, and the coalitions were expected to find their own funding sources to pay for operation expenses and initiatives. That, however, proved to be a growing challenge for many of the coalitions. In 2012, RWJF initiated the APIN and SIP grants to aid states. States that received grants were required to secure a match of 1 dollar for every 2 dollars of RWJF funding, a step that was intended to get more partners involved in the action coalitions and increase long-term sustainability. The action coalitions responded: They raised more than \$54 million in addition to RWJF funds as of December 31, 2018.

Perhaps the greatest challenge—and opportunity—facing the Campaign was incorporating RWJF's strategic shift to building a culture of health. Under then-president Risa Lavizzo-Mourey's leadership, RWJF's mission expanded from improving the health and health care of all Americans to building a culture of health that would enable all in our diverse society to lead healthy lives, now and for generations to come. RWJF became fully invested in addressing all of the complex social and economic factors that affect health, such as the neighborhoods people live in, the schools they attend, the jobs they hold, or the discrimination that they face. Achieving health equity—defined as everyone having a fair and just opportunity to be healthier—became an essential focus of building a culture of health.¹²

The action coalitions had been singularly focused on building the capacity of the nursing workforce by advancing the IOM recommendations on the future of nursing. RWJF and AARP faced a strategic communications challenge: They needed to expand their work to incorporate building a culture of health, so they enlarged their vision. The Campaign sought to strengthen nursing education, permit all nurses to practice to the full extent of their education and training, promote leadership, and expand workforce diversity to promote health and well-being and to improve health equity for all. This framework also complemented AARP's mission to empower people to choose how they live as they age. CCNA held a series of culture of health regional meetings in 2016; at these meetings, action coalition leaders mapped their ongoing work to building a culture of health. The Campaign leadership stressed that nurses have enabled people to live healthier lives since the days of Florence Nightingale and Lillian Wald, and subsequently, nurses should have a central place in building a culture of health. Action coalitions also broadened their coalitions to include more diverse and community partners to incorporate the mission to build a culture of health.

A SECOND FUTURE OF NURSING REPORT

As the Campaign continues to advance the IOM recommendations on the future of nursing, the nursing profession stands poised to lead to advance health. To determine how nurses can best be engaged and supported to build a culture of health, RWJF and the National Academy of Medicine announced a collaboration in 2019 to conduct a second report on the future of nursing. The report, to be released at the end of 2020, will chart a path for the nursing profession to help the United States to build a culture of health, increase health equity, and improve the health and well-being of the US population in the 21st century. The committee overseeing the report will examine the lessons learned from the Future of Nursing: Campaign for Action, as well as the current state of science and technology, to inform their assessment of the capacity of the profession to meet the anticipated health and social care demands from 2020 to 2030.

CCNA continues to work with nursing organizations and a broad spectrum of partners to advance the recommendations on the first future of nursing report and build healthier communities. It will also likely use the recommendations from the second future of nursing report as a blueprint for its work in the next decade to partner with a broad coalition of nursing organizations and others to enable everyone in America to live a healthier life, supported by a system in which nurses are essential partners in providing care and promoting health equity and well-being. RWJF looks forward to the launch of the new report and hopes to see a broad spectrum of nursing and other partners coalesce around the recommendations from the second future of nursing report.

REFERENCES

1. Lavizzo-Mourey R. *Building Bridges to Better Health Care*. 2008. Robert Wood Johnson Foundation. Available at: <https://www.rwjf.org/en/library/annual-reports/building-bridges-to-better-health-care.html>. Accessed January 17, 2019.
2. Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2011. Available at: <https://www.nap.edu/read/12956/chapter/2>. Accessed January 17, 2019.
3. AARP. The Future of Nursing. Available at: www.campaignforaction.org. Accessed August 23, 2019.
4. Campaign for Action. Current Activity on Removing Barriers to Practice and Care. 2019. Available at: <https://campaignforaction.org/resource/current-activity-removing-barriers-to-practice-and-care/>. Accessed January 18, 2019.
5. Campaign for Action. Compendium Tracks Key Decade of Change for Nursing Education. 2017. Available at: <https://campaignforaction.org/compendium-tracks-key-decade-change-nursing-education/>. Accessed January 18, 2019.
6. Campaign for Action. New Resource Highlights Nurses Heeding the Call to Earn Their BSN. 2019. Available at: <https://campaignforaction.org/new-resource-highlights-nurses-heeding-the-call-to-earn-their-bsn/>. Accessed January 29, 2019.
7. Spetz J. Projections of progress toward the 80% bachelor of science in nursing recommendation and strategies to accelerate change. *Nurs Outlook*. 2018;66(4):394-400.

8. NEPIN: National Education in Nursing Collaborative website. Available at: <https://nepincollaborative.org/>. Accessed January 25, 2019.
9. Nurses on Boards Coalition website. Available at: <https://www.nursesonboardscoalition.org/>. Accessed January 24, 2019.
10. American Association of Colleges of Nursing. 2010-2011 Enrollment and graduations in baccalaureate and graduate programs in nursing. Washington, DC: Author; 2011.
11. American Association of Colleges of Nursing. 2017-2018 Enrollment and graduations in baccalaureate and graduate programs in nursing. Washington, DC: Author; 2018.
12. Braveman P, Arkin E, Orleans T, Proctor D, Plough A. *What Is Health Equity?* 2017. Robert Wood Johnson Foundation. Available at: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>. Accessed August 23, 2019.

Susan B. Hassmiller, PhD, RN, FAAN, is currently serving as the Senior Scholar-In-Residence and Senior Adviser to the

President on Nursing at the National Academy of Medicine from January 2019 through December 2020. In this role, she is serving as a key member of the leadership team for the Future of Nursing 2030 report. She is also the Robert Wood Johnson Foundation Senior Adviser for Nursing, and in partnership with AARP, Hassmiller also directs the Foundation's Future of Nursing: Campaign for Action. She can be reached at shassmiller@rwjf.org. Susan Reinhard, PhD, RN, FAAN, is senior vice president and director, AARP Public Policy Institute and chief strategist at Center to Champion Nursing in America in Washington, DC.

1541-4612/2019/\$ See front matter
Copyright 2019 by Elsevier Inc.

All rights reserved.

<https://doi.org/10.1016/j.mnl.2019.07.005>



Education.
Advocacy.
Community.

AONL Health Care Finance for Nurse Executives

Become a Pivotal Player in the C-Suite

Rapid changes in health care challenge care providers to maintain margins while faced with rising costs and increasing outcomes. Nurse executives will gain the tools necessary to collaborate in high-level financial strategic decisions and be a part of those industry-shaping conversations.

Program outcomes include:

- Recognition of clinical and financial integration needed to achieve quality care outcomes
- Communication skills necessary to effectively participate in C-suite dialogues on finance
- Comprehension of revenue cycle processes, budgeting processes and financial reporting

Visit [AONL.ORG/EDUCATION](https://aonl.org/education)
for program details and upcoming dates.



This program is co-taught by the American Organization for Nursing Leadership (AONL) and the Healthcare Financial Management Association (HFMA).