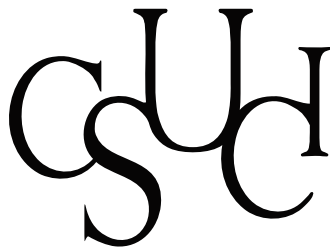


California State University Channel Islands

**Feasibility Study for Pre-licensure and RN to BSN
Baccalaureate Nursing Programs**

April 2006



Submitted to:
Board of Registered Nursing
State of California

By

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California State University Channel Islands
Feasibility Study for Pre-licensure and RN to BSN
Baccalaureate Nursing Programs

Introduction

This study establishes the feasibility of instituting a new generic nursing baccalaureate program (BSN) and a registered nurse (RN) to Bachelor of Science in nursing (BSN) program at California State University Channel Islands (CSUCI). CSUCI was founded in 2002 as the 23rd campus of the California State University System. The development of a baccalaureate program in this region has been under discussion by local nursing leaders for several years. Currently, there is immense and substantial support for a BSN program among the members of the Santa Barbara and Ventura County healthcare delivery and workforce development sectors as well as among the academic communities of CSUCI and regional community colleges. The establishment of baccalaureate and higher degree nursing programs in this regional area will serve two major significant purposes. First, such programs will produce more nursing graduates to ameliorate the acute nursing shortage in this area and, second, such programs will provide ADN-prepared nurses a regionally convenient opportunity to complete their BSN degrees.

California State University Channel Islands (CSUCI)

California State University Channel Islands is located not far from the Pacific Ocean in Ventura County and rests on 670 acres that was formerly the site of the Camarillo State Hospital. CSUCI formally opened on August 16, 2002, and is the newest campus in the California State University (CSU) system. The initial student body, composed of over 1300 full-time transfer students and first time freshmen was admitted in 2003. It is anticipated that by 2025 the

University will reach its full capacity of 15,000 students. There are currently 2,575 students seeking undergraduate and graduate degrees in 18 different majors. Students may choose degrees from 15 academic program areas. Additionally, six masters degree programs are offered through extended education special sessions. The University plans to increase the number of state supported degree programs during the next year in the disciplines of performing arts, political science, communication and early childhood studies. The BSN program that is being considered in this feasibility study will be housed in the University's Multiple Programs area until it reaches sufficient size and complexity to become a separate program area.

Currently there are 57 tenured and tenure track faculty members in the University, most of those having PhDs, and these faculty represent excellent diversity in ethnic origin representation at 21 % and female gender representation at 58%. Further, there are 27 full-time lecturers and 143 part-time faculty with similar percentages of ethnic and gender diversity of the full-time faculty that further complement the expertise of the teaching faculty, which totals 227.

Definition of the Geographic Area Served by CSUCI

At present, CSUCI draws the largest number of new students primarily from Ventura and Santa Barbara Counties. Planning for a public, four year University serving these counties began as early as 1965 when the state legislature approved funds for a site acquisition study. By 1974, California State University, Northridge (CSUN) had established a Ventura County campus to serve the population of the region. In 1997, the state legislature approved SB 623 and formally approved the formation of CSUCI with the support of community residents and local governmental agencies of Ventura County.

Description of the Characteristics of the Population in the Community

The description of the characteristics of the population of Ventura and Santa Barbara Counties will include the projected growth patterns of the population for the next fifteen years and a description of those growth patterns based on age groups, socioeconomic descriptors, primary and secondary educational needs of the population and other relevant variables.

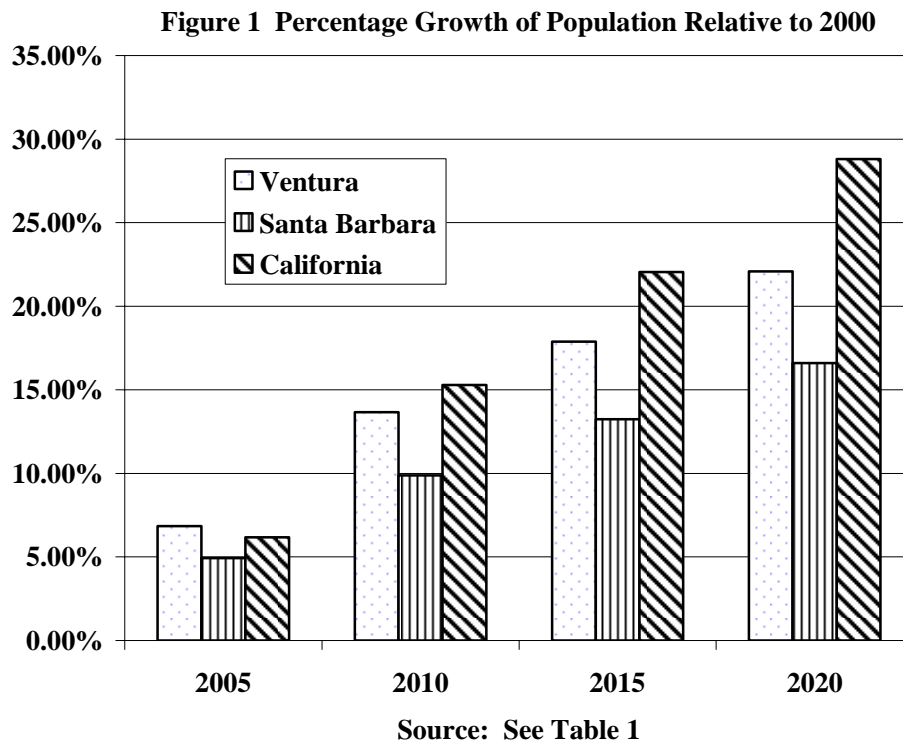
Projected Regional Growth

Table 1 presents the current overall population statistics and projections for Ventura and Santa Barbara Counties from 2000 through 2020. The 2005 percentage of population growth of Ventura County (6.83%) relative to 2000 statistics almost equals that of California (7.64%) as a whole. The projections for population growth for Ventura County (22.09%) by 2020 as compared to those for California (28.81%) are similarly vigorous. While Santa

Table 1 Population Projections for Ventura and Santa Barbara Cos. and California 2000-2020					
<u>County</u>	<u>2000</u>	<u>2005</u>	<u>2010</u>	<u>2015</u>	<u>2020</u>
Ventura	757,172	808,918	860,664	892,537	924,410
Santa Barbara	400,778	420,558	440,337	452,178	464,019
Both counties	1,157,950	1,229,476	1,301,001	1,344,715	1,388,429
California	34,043,198	36,644,983	39,246,767	41,549,254	43,851,741
Percentage Growth Relative to 2000					
	<u>2000</u>	<u>2005</u>	<u>2010</u>	<u>2015</u>	<u>2020</u>
Ventura		6.83%	13.67%	17.88%	22.09%
Santa Barbara		4.94%	9.87%	12.83%	15.78%
Both counties		6.18%	12.35%	16.13%	19.90%
California		7.64%	15.29%	22.05%	28.81%
Source: Department of Finance, Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000-2050, Sacramento, CA May 2004.					

Barbara County is projected to grow more slowly than that of Ventura County, accelerated growth of this region is also anticipated. Figure 1 also indicates the projected growth rates for Ventura and Santa Barbara Counties as compared to those of California in a bar graph in Figure

1. This data indicates that Ventura County is predicted to grow faster than Santa Barbara County for the next fifteen years. Ventura County is predicted to grow at about the same rate as California until 2015 when the growth rate is predicted to fall below that of California.



Age Group Considerations

Table 2 presents fifteen-year population projections broken down by age for both Ventura and Santa Barbara Counties as a whole. The top three rows of the table indicate the projected numbers in population growth through 2020 for both counties and as a group. The bottom

Table 2 Populations of Ventura and Santa Barbara Cos. by Age Groups

<u>County</u>	<u>Age Group</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>
Ventura	Under 15 yrs.	179,796	166,330	174,727
	15-19	55,924	67,713	56,250
	20-24	46,054	59,166	55,634
	25-29	47,754	45,910	63,204
	30-34	55,974	40,887	57,706
	35-64	293,907	370,226	357,566
	65-84	68,178	95,094	141,958
	85 & over	9,585	15,338	17,365
	Total	757,172	860,664	924,410
Santa Barbara	Under 15 yrs.	83,751	84,025	88,740
	15-19	31,852	33,752	29,268
	20-24	37,250	39,278	39,638
	25-29	27,665	33,497	41,601
	30-34	28,177	33,460	37,873
	35-64	141,114	163,472	162,653
	65-84	43,970	44,751	56,780
	85 & over	6,999	8,102	7,466
	Total	400,778	440,337	464,019
Both Cos.	Under 15 yrs.	263,547	250,355	263,467
	15-19	87,776	101,465	85,518
	20-24	83,304	98,444	95,272
	25-29	75,419	79,407	104,805
	30-34	84,151	74,347	95,579
	35-64	435,021	533,698	520,219
	65-84	112,148	139,845	198,738
	85 & over	16,584	23,440	24,831
	Total	1,157,950	1,301,001	1,388,429
Ventura Percentage Growth Relative to 2000	Under 15 yrs.	-	-7.49%	-2.82%
	15-19	-	21.08%	0.58%
	20-24	-	28.47%	20.80%
	25-29	-	-3.86%	32.35%
	30-34	-	-26.95%	3.09%
	35-64	-	25.97%	21.66%
	65-84	-	39.48%	108.22%
	85 & over	-	60.02%	81.17%
	Total	-	13.67%	22.09%
Santa Barbara Percentage Growth Relative to 2000	Under 15 yrs.	-	0.33%	5.96%
	15-19	-	5.97%	-8.11%
	20-24	-	5.44%	6.41%
	25-29	-	21.08%	50.37%
	30-34	-	18.75%	34.41%
	35-64	-	15.84%	15.26%
	65-84	-	1.78%	29.13%
	85 & over	-	15.76%	6.67%
	Total	-	9.87%	15.78%
Both Cos. Percentage Growth Relative to 2000	Under 15 yrs.	-	-5.01%	-0.03%
	15-19	-	15.60%	-2.57%
	20-24	-	18.17%	14.37%
	25-29	-	5.29%	38.96%
	30-34	-	-11.65%	13.58%
	35-64	-	22.68%	19.58%
	65-84	-	24.70%	77.21%
	85 & over	-	41.34%	49.73%
	Total	-	12.35%	19.90%

Source: Same as Table 1

three rows of the table project the relative percentages of growth for both counties by age, as well as showing this as a composite. These data indicate that for both counties all age groups are predicted to grow except for a minor decline in the 0-15 and 15-19 age groups composite. The bottom three rows of the table project the relative percentage by 2020. The largest increases are expected in the 25-29 age group (38.96%), the 65-84 age group (77.21%), and the over 84 age group (49.73%). Expansion of the older age groups may well be greater than other groups due to the expanding number of retirees in this region. These groups will most likely have more chronic and acute illnesses and that, in all likelihood, will create an increased need for nurses skilled in the community management of older persons afflicted with these illnesses.

Socioeconomic Considerations

Table 3 presents the composition of Ventura and Santa Barbara Counties based on racial/ethnic groups. The top three rows of the table indicate the projected numbers of population growth by racial/ethnic groups through 2020, first, for each county and then as a total population growth for both counties by racial/ethnic groups. Currently, the predominant racial/ethnic group in both counties is White, followed in order by Latino, Asian, African-American, multiracial and Native American. Data presented in Table 3 show that in both counties combined the percentage of members of the white group will decrease in both 2010 (19.35%) and 2020 (34.26%). Both the Asian (91.72%) and Latino (49.26%) groups, in contrast, will grow by the year 2010; and, by 2020 the Latino population will be the predominant racial/ethnic group in both counties. These changes in population composition suggest that nurses who are also fluent in Spanish will be particularly necessary.

Table 3 Populations of Ventura and Santa Barbara Cos. by Racial/Ethnic Groups

<u>County</u>	<u>Group</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>
Ventura	African/American	13,690	12,607	12,184
	Asian (inc. Pacific Is.)	43,705	95,266	121,713
	Latino/a	257,861	411,837	500,749
	Native American	3,974	16,674	23,781
	Multirace	12,604	15,712	18,591
	White	425,338	308,568	247,392
	TOTAL	757,172	860,664	924,410
Santa Barbara	<u>Group</u>			
	African/American	8,372	8,064	8,013
	Asian (inc. Pacific Is.)	16,835	20,801	26,963
	Latino/a	137,853	178,802	228,956
	Native American	2,228	4,619	5,921
	Multirace	6,633	9,038	11,511
	White	228,857	219,013	182,655
	TOTAL	400,778	440,337	464,019
Both Cos.	<u>Group</u>			
	African/American	22,062	20,671	20,197
	Asian (inc. Pacific Is.)	60,540	116,067	148,676
	Latino/a	395,714	590,639	729,705
	Native American	6,202	21,293	29,702
	Multirace	19,237	24,750	30,102
	White	654,195	527,581	430,047
	TOTAL	1,157,950	1,301,001	1,388,429
Ventura Percentage Growth Relative to 2000	<u>Group</u>			
	African/American	-	-7.91%	-11.00%
	Asian (inc. Pacific Is.)	-	117.98%	178.49%
	Latino/a	-	59.71%	94.19%
	Native American	-	319.58%	498.41%
	Multirace	-	24.66%	47.50%
	White	-	-27.45%	-41.84%
	TOTAL	-	13.67%	22.09%
Santa Barbara Percentage Growth Relative to 2000	<u>Group</u>	-		
	African/American	-	-3.68%	-4.29%
	Asian (inc. Pacific Is.)	-	23.56%	60.16%
	Latino/a	-	29.70%	66.09%
	Native American	-	107.32%	165.75%
	Multirace	-	36.26%	73.54%
	White	-	-4.30%	-20.19%
	TOTAL	-	9.87%	15.78%
Both Cos. Percentage Growth Relative to 2000	<u>Group</u>	-		
	African/American	-	-6.30%	-8.45%
	Asian (inc. Pacific Is.)	-	91.72%	145.58%
	Latino/a	-	49.26%	84.40%
	Native American	-	243.32%	378.91%
	Multirace	-	28.66%	56.48%
	White	-	-19.35%	-34.26%
	TOTAL	-	12.35%	19.90%

Source: Same as Table 1

in the near future. The proposed BSN program will be able to draw upon already established strengths in language instruction at CSUCI as all students at CSUCI are required to demonstrate language proficiency in a language other than English. Spanish will be strongly encouraged for BSN students at CSUCI along with emphasizing courses examining the influence of culture on health and health practices.

Emerging Educational Goals: Projected Changes in the Pipeline in Primary and Secondary Education

Table 4 presents data relative to the characteristics of primary and secondary schools in Ventura and Santa Barbara Counties. Ventura County (N=293) currently approaches having almost twice as many primary and secondary schools as Santa Barbara County (N=162), approximately one-third to one-fourth of which are private. Among the public schools, primary schools predominate. In both geographic areas combined, enrollment in grades 1-6 is the largest (53.11%), with high school enrolment representing the next highest (31.07%). Primary schools enroll 45.5% of public school students while high schools enroll 28.35%. The four-year derived drop-rate of 4.0 for Ventura County high school students is lower than that of Santa Barbara County (5.9), both of which are lower than that of California (10.8). Approximately one in four of the students (23.08%) enrolled in the Ventura and Santa Barbara schools have limited English skills, a percentage that is also close to, but below, the California rate (25.6%).

Table 5 presents the number of students who graduated from Ventura and Santa Barbara County high schools in the years from the 2000-01 through 2003-04 period. This table indicates that the number of persons graduating from high school in these counties is projected to grow by an average well over 20% from 2001 to 2010. The number of high school graduates in Ventura County is slightly over twice as large as that of Santa Barbara and that trend is projected to

Table 4 Selected Characteristics of Primary and Secondary Schools and Students in Ventura and Santa Barbara Counties 2004-05

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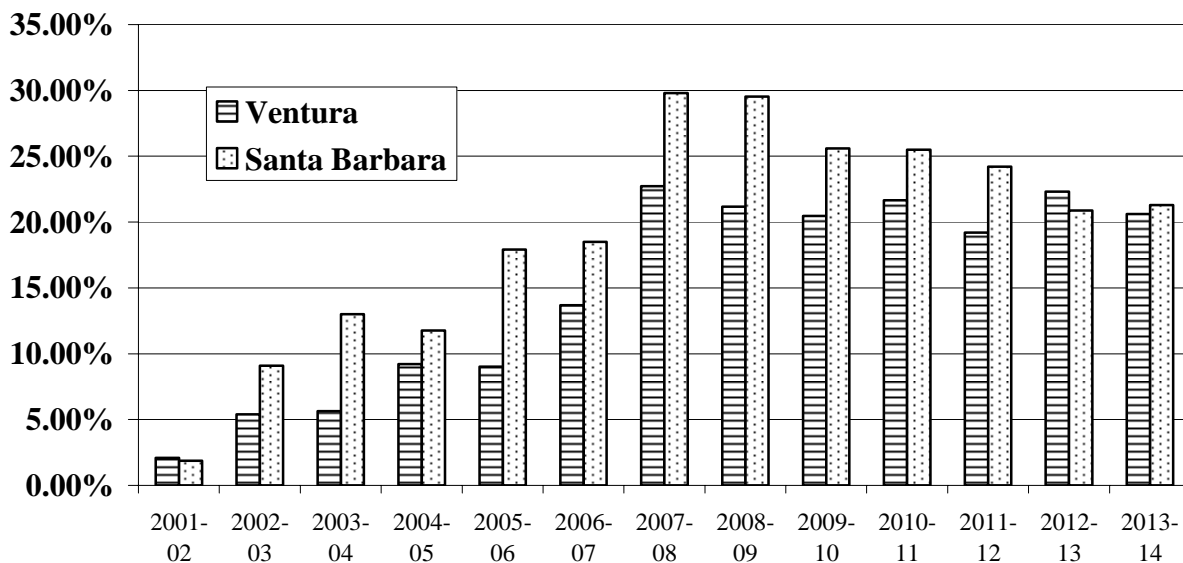
Table 5 High School Graduates for Ventura and Santa Barbara Counties Reported 2001-2003, Projected 2004-2013

	Ventura Co.		Santa Barbara Co.		Both counties	
	<u>High Sch Grads</u>	<u>% change from 2000-01</u>	<u>High Sch Grads</u>	<u>% change from 2000-01</u>	<u>High Sch Grads</u>	<u>% change from 2000-01</u>
2000-01	7,672		3,454		11,126	
2001-02	7,833	2.10%	3,519	1.88%	11,352	2.03%
2002-03	8,086	5.40%	3,768	9.09%	11,854	6.54%
2003-04	8,105	5.64%	3,903	13.00%	12,008	7.93%
2004-05	8,378	9.20%	3,860	11.75%	12,238	9.99%
2005-06	8,364	9.02%	4,073	17.92%	12,437	11.78%
2006-07	8,722	13.69%	4,093	18.50%	12,815	15.18%
2007-08	9,415	22.72%	4,483	29.79%	13,898	24.91%
2008-09	9,296	21.17%	4,474	29.53%	13,770	23.76%
2009-10	9,243	20.48%	4,338	25.59%	13,581	22.07%
2010-2011	9,334	21.66%	4,335	25.51%	13,669	22.86%
2011-2012	9,145	19.20%	4,290	24.20%	13,435	20.75%
2012-2013	9,384	22.31%	4,175	20.87%	13,559	21.87%
2013-2014	9,253	20.61%	4,189	21.28%	13,442	20.82%

Source: 2004 Series Public K-12 Enrollment Projections.

Demographic Research Unit, Department of Finance. October 2004

Figure 2 Percent Growth in High School Graduates Relative to 2000-01 in Ventura and Santa Barbara Counties



Source: 2004 Series Public K-12 Enrollment Projections.

Demographic Research Unit, Department of Finance. October 2004

continue. Figure 2 represents this data in a graphic format and it should be noted that the peak in high school graduates is projected to occur between 2007 and 2009, leveling off (2010-2014) to an approximate 21% to 22% increase over the 2001-2002 year period.

Table 6 compares the racial/ethnic composition of high school graduates from Ventura to that of California as a whole and the number of graduates who completed University of California (UC) and CSU required college preparatory courses by 2003/2004. These data indicate that the composition of racial/ethnic characteristics of recent high school graduates mirrors that of the population at large, and, that the predominant racial/ethnic group in both counties is White, followed in order by Latino, Asian, African- American, Native American, and multiracial. The data regarding racial/ethnic characteristics in recent high school graduates in these counties are similar to the data for California as a whole except for the greater percentage

Table 6 Racial/Ethnic Composition of High School Graduates from Ventura and Santa Barbara Counties and California 2003-04

	Ventura Co.		Santa Barbara Co.		Both counties		California	
	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>
	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>
African American	183	59	107	36	290	95	25,267	6,344
Asian*	564	295	191	103	755	398	48,770	25,451
Latino/a	2,840	543	1,663	357	4,503	900	121,418	26,327
Native American	81	18	34	9	115	27	3,040	677
Multirace**	67	23	8	2	75	25	3,411	918
White	4,421	1,745	1,837	935	6,258	2,680	141,573	55,963
Total	8,156	2,683	3,840	1,442	11,996	4,125	343,479	115,680
	Ventura Co. %		Santa Barbara Co. %		Both counties %		California %	
	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>	<u>all</u>	<u>UC/CSU</u>
Percentage Distributions	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>	<u>Graduates</u>	<u>courses</u>
African American	2.24%	2.20%	2.79%	2.50%	2.42%	2.30%	7.36%	5.48%
Asian*	6.92%	11.00%	4.97%	7.14%	6.29%	9.65%	14.20%	22.00%
Latino/a	34.82%	20.24%	43.31%	24.76%	37.54%	21.82%	35.35%	22.76%
Native American	0.99%	0.67%	0.89%	0.62%	0.96%	0.65%	0.89%	0.59%
Multirace	0.82%	0.86%	0.21%	0.14%	0.63%	0.61%	0.99%	0.79%
White	54.21%	65.04%	47.84%	64.84%	52.17%	64.97%	41.22%	48.38%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

*Includes Pacific Islanders and Filipinos.

**Includes non-responses.

Source: California Department of Education, California Basic Educational Data System

of those in the Asian (14.20% vs. 6.29%) group. Data in Table 6 indicate that a higher percentage of members in the White and Asian groups complete college preparatory courses throughout both counties consistent with California as a whole. Table 7 indicates the size of the 2000 year 15-19 year age group population and projects the percentage of projected change for the next three decades for both counties and for California. These data indicate a decline in the percentage of White and African American racial/ethnic groups and a substantial increase in percentage of Latino/a, Asian and Native American students in this age group over the next thirty years.

Data from these two tables have implications regarding the recruiting efforts for future nursing students. This indicates that outreach efforts of CSUCI need to include encouraging high school age students from the African American, Latino/a and Native American population to complete college preparatory courses and to seek nursing as a career.

In summary, the description of the current and projected population characteristics of Ventura and Santa Barbara Counties strongly supports the need of a geographically convenient four year baccalaureate nursing program. Ventura County has experienced an almost 7% growth rate since 2000 and is predicted to nearly double that growth by 2010. The rate of growth in total population is predicted to have more than tripled by 2020, representing a rate of expansion a little less than that of California. In addition to overall population growth, specific age groups of the population are predicted to grow faster than others. The predicted increase in the 15-19, 20-24 and 25-29 age groups by 2010 indicates an adequate pipeline that will increase the need for college education opportunities. This will most likely include an increased demand for BSN level nursing programs. The increase in 65-84 and the over 84 age groups indicates a probable increase in the incidence in chronic illness and an increase in the demand for chronic illness caregivers

Table 7 Reported and Projected 15-19 Year Age Groups in Ventura and Santa Barbara Counties and California by Racial and Ethnic Background – 2000 to 2030

Ventura Co.					Santa Barbara Co.			
	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>
African American	1,172	848	514	718	600	557	349	364
Asian*	3,137	5,219	5,233	8,928	1,370	1,343	1,412	1,624
Latino/a	23,670	40,719	36,875	36,519	13,024	15,821	16,876	18,838
Native American	330	1,476	1,678	2,242	176	426	363	376
Multirace	1,282	1,867	1,892	1,473	727	834	1,219	1,301
White	26,333	17,584	10,058	8,579	15,955	14,771	9,049	6,203
Total	55,924	67,713	56,250	58,459	31,852	33,752	29,268	28,706
Both Counties					California			
	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>
African American	1,772	1,405	863	1,082	172,985	235,301	197,153	233,361
Asian*	4,507	6,562	6,645	10,552	283,964	321,147	315,845	345,345
Latino/a	36,694	56,540	53,751	55,357	995,982	1,399,967	1,430,005	1,747,140
Native American	506	1,902	2,041	2,618	15,500	34,649	42,692	57,310
Multirace	2,009	2,701	3,111	2,774	62,989	85,145	100,416	66,782
White	42,288	32,355	19,107	14,782	932,970	879,319	779,760	746,219
Total	87,776	101,465	85,518	87,165	2,464,390	2,955,528	2,865,871	3,196,157
Decade by Decade Percentage Changes					Santa Barbara Co.			
	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>
African American		-27.65%	-39.39%	39.69%		-7.17%	-37.34%	4.30%
Asian*		66.37%	0.27%	70.61%		-1.97%	5.14%	15.01%
Latino/a		72.03%	-9.44%	-0.97%		21.48%	6.67%	11.63%
Native American		347.27%	13.69%	33.61%		142.05%	-14.79%	3.58%
Multirace		45.63%	1.34%	-22.15%		14.72%	46.16%	6.73%
White		-33.22%	-42.80%	-14.70%		-7.42%	-38.74%	-31.45%
Total		21.08%	-16.93%	3.93%		5.97%	-13.29%	-1.92%
Both Counties					California			
	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>	<u>2000</u>	<u>2010</u>	<u>2020</u>	<u>2030</u>
African American		-20.71%	-38.58%	25.38%		36.02%	-16.21%	18.37%
Asian*		45.60%	1.26%	58.80%		13.09%	-1.65%	9.34%
Latino/a		54.09%	-4.93%	2.99%		40.56%	2.15%	22.18%
Native American		275.89%	7.31%	28.27%		123.54%	23.21%	34.24%
Multirace		34.44%	15.18%	-10.83%		35.17%	17.94%	-33.49%
White		-23.49%	-40.95%	-22.64%		-5.75%	-11.32%	-4.30%
Total		15.60%	-15.72%	1.93%		19.93%	-3.03%	11.52%

*Includes Pacific Islanders.

Source: State of California, Department of Finance, Population Projections by Race/Ethnicity, Gender and Age for California and Its Counties 2000-2050, Sacramento, California, May 2004.

including nurses skilled in community and home care nursing. The data trends also indicate a further diversification of the population in terms of ethnicity, with the Latino/a ethnic group becoming predominant. This has implications for increased emphasis for more graduating

students with fluency in Spanish and for encouraging college preparatory classes among Latino/a high school students in order to affect the likelihood of increased college level enrollment of this group. Latino/a students residing in Ventura and Santa Barbara counties in the years ahead should provide a rich source of nursing students familiar with Latino/a culture and practice. This further indicates that a nursing curriculum in this area should incorporate culturally diverse content. The description of the current and projected population characteristics of Ventura and Santa Barbara Counties strongly indicates a present and continuing population sufficient to support a regional baccalaureate nursing program.

Healthcare Facilities and Emerging Healthcare Needs in Ventura and Santa Barbara Counties

In the year 2004, Ventura and Santa Barbara Counties had 14 licensed hospitals, eight of which were located in Ventura County and the remaining six were in Santa Barbara County. Of these 14 licensed hospitals, 13 were acute care and one was designated as psychiatric hospital (Table 8). The characteristics of these hospitals are summarized in Table 8 and Table 9. Only one of these facilities, Cottage Hospital, is a formally designated trauma center. Also, none are devoted solely to treatment of chemical dependencies.

Between the two counties, there are slightly over 2,500 hospital beds, an average of 2.09 beds/1000 population (Table 8 & 9). Table 8 indicates that in 2004, the total number of beds per 1,000 population was lower in Ventura County (1.94) than in Santa Barbara County (2.38); in turn, they both had fewer beds per 1,000 population than California (2.71). Of these beds, the

Table 8 Selected Characteristics of Hospital Care in Ventura and Santa Barbara Counties and California				
	<u>Ventura County</u>	<u>Santa Barb. County</u>	<u>Both Counties</u>	<u>California</u>
Licensed Hospitals (2004)	10	5	15	491
Designated trauma centers	-	-	-	
Acute care hospitals	7	5	12	
Psychiatric hospitals	2		2	
Chemical dependency recovery hosp.	-	-	-	
Number of beds (2004)	1,578	996	2,574	99,912
Acute care	1,097	661	1,758	69,871
Psychiatric	230	36	266	8,840
Chemical dependency recovery	-	-	-	416
Intermed/long term/dev. disabled care	251	299	550	20,785
Beds per 1,000 population	1.94	2.38	2.09	2.71
Acute care	1.35	1.58	1.43	1.90
Psychiatric	0.28	0.09	0.22	0.24
Chemical dependency recovery	-	-	-	0.01
Intermed/long term/dev. disabled care	0.31	0.71	0.45	0.56
Emergency Services - EMS (2004)				
Hospitals with EMS	7	5	12	
Percent of GAC hospitals with EMS	100%	100%	100%	
Avg. number of EMS visits /hospital	23,767	15,780	39,547	
Avg. percent of visits leading to admis.	12.46%	11.45%	12.06%	
In-patient Principal Procedures Performed	50,471	26,386	76,857	2,376,198
Procedures per 1,000 population (based upon 2000 data)	68.65	66.07	67.74	71.20
Types of Procedures Performed (percent)				
Obstetrical	22.82%	20.40%	21.99%	21.47%
Diagnostic/therapeutic	21.41%	21.75%	21.53%	26.42%
Digestive	13.21%	13.15%	13.19%	12.71%
Cardiovascular	11.51%	13.24%	12.10%	11.60%
Musculoskeletal	10.38%	11.99%	10.93%	9.01%
*An additional acute care general hospital, Marian Medical Center, reported that it was not in operation during 2004.				
Sources: Panels 1 and 2, "The State Utilization Data File of Hospitals 2004," Healthcare Information Resource Center, Office of Statewide Hospital Planning and Development. Panel 3, "California Perspectives in Health Care 2000," HealthCare Information Resource Center, Office of Statewide Hospital Planning and Development.				

majority (N = 1,758) were acute care beds while fewer were designated as psychiatric beds (N= 266) and as intermediate or developmentally disabled care beds (N= 550).

Only the number of beds reserved for long-term care was similar in the two geographic areas, while the number of acute care beds in Ventura County was larger than that of Santa Barbara County. Most of the acute care hospitals (88%) in Ventura County had emergency care departments, but all the acute care hospitals in Santa Barbara County offered emergency care. The number of emergency service visits was somewhat higher in Ventura, but there were two more hospitals offering emergency care. In both counties, only a small percentage (12.46% vs. 11.45%) required hospital admission for further treatment. The relatively low number of total emergency room visits resulting in hospital admissions may reflect a predominance of non-acute conditions among emergency room users and may suggest that many of the acute care hospitals in the area are providing emergency care treatment for persons whose medical insurance is limited or non-existent. The number of principal procedures performed per 1,000 population in 2000 was slightly lower in these counties when compared to California as a whole, but similar across the counties. The percentage of principal procedures in the count that were diagnostic or therapeutic was lower than in California; however, the percentages of obstetrical, digestive, cardiovascular and musculoskeletal procedures in the counties were slightly higher than in the state.

Table 9 displays 2005 hospital data for Ventura and Santa Barbara Counties from the Hospital Association of Southern California and from a questionnaire (Appendix A) distributed to seven selected agencies considered to be likely sites for clinical placements of CSUCI students. It should be noted that there are 14 regional health care agencies listed on Table 9, and that two former agencies that offer psychiatric care only (Table 8) are not included. Table 9 indicates there are 1098 acute care beds in Ventura vs. 729 in Santa Barbara, in addition to over 500 skilled nursing beds and 257 swing beds across the two counties.

Table 9 Characteristics of Ventura and Santa Barbara Hospitals (2006)							
Santa Barbara County	Licensed Beds	Acute Care	Skilled Nursing	Swing	Acute Psych.	Average Daily Census*	Planned Expansion
Lompoc Healthcare District	170	60	110				
Marian Medical Center	262	167	95	95			
Santa Barbara Cottage Hospital	436	375	41		20	242	
The Rehabilitation Institute	38	38					
Goleta Valley Cottage Hospital	122	67	40				
Santa Ynez Cottage Hospital	22	22					
Total Beds	1050	729	286	95	20		
Ventura County							
Community Memorial Hospital	240	240				165	
Los Robles Regional Medical Center	265	198	42	42		241	90 bed expansion underway & completed by 12/06
Ojai Valley Community Hospital	103	37	60	21		67	
Simi Valley Hospital	197	121	44			93	Adding 8 NICU and 13 ICU beds in 2007
Santa Paula Memorial Hospital	TBD (48)						
St. John's Regional Medical Center	266	244			22	146	65 beds will be placed back in service by 3/06
St. John's Pleasant Valley Hospital	180	81	99	99			
Ventura County Medical Center	215	172			43	N/A	
Total Beds	1514	1098	245	162	65	954	
Total Beds both Counties	2564	1822	531	257	85		
Source: Hospital Association of Southern California, Ventura/Santa Barbara Office							
* Source for this data was a questionnaire sent to seven selected hospitals.							

Because of geographical distances, not all of the agencies may be used for clinical placement of CSUCI nursing students, but many will be used for preceptored clinical experiences depending on the student's residence. All but one of the seven selected local agencies returned surveys, and they indicated that among these selected agencies, the average daily census is 954 persons.

Further, among these agencies there is an expected growth of 176 additional beds, most of which will occur by the end of 2006. The data from Tables 8 and 9 would clearly indicate that there are ample health care agencies available in the area to be utilized by an emerging generic baccalaureate program, particularly when considering the planned expansion of additional acute care beds.

Table 10 summarizes major characteristics of Ventura and Santa Barbara Counties and California's long-term care facilities. Table 10 indicates that Santa Barbara County had fewer long-term care facilities and beds than Ventura County, but has more beds per 1,000 population. There are fewer beds per 1,000 population in the combined counties than in California as a whole. Thus, there is considerable potential for significant expansion of acute care hospitals and long-term skilled nursing facilities in the next 10-15 years, particularly when considering the projected growth of the 64 year and older population.

Table 10 Long-Term Care Skilled Nursing Facilities and Beds Licensed in Ventura and Santa Barbara Counties and California in 2004			
	<u>Facilities</u>	<u>Beds</u>	
		<u>Total</u>	<u>per 1,000 population</u>
Ventura County	18	1,694	2.08
Santa Barbara County	13	1,079	2.57
Both counties	33	2,773	2.25
California	1,170	114,658	3.11
Note: Ventura County also has 2 congregate living facilities. Santa Barbara has 3 congregate living facilities and one intermediate care facility for the developmentally disabled.			
Source: Long-Term Care Facilities Listing, 2004, Healthcare Information Resource Center OSHPD. < www.oshpd.cahwnet.gov >			

A Health Profile of Ventura and Santa Barbara Counties

California's Center for Health Statistics, a unit in the California Department of Health Services, publishes an annual county-by-county overview of the health of the state's citizens. Tables 11-13 summarize key indicators in the 2005 report. In addition to presenting figures for Ventura and Santa Barbara Counties, comparison data are shown for California. Data about the relevant national objectives for 2010 developed by the federal government for mortality and morbidity by cause and incident are also presented. In addition, the relative rank for both counties on selected indicators in comparison to other California counties is shown.

Table 11 summarizes major causes of mortality and morbidity during the 2001-2003 periods. The top row of the table indicates that both counties age-adjusted mortality rates from all causes both as individual counties and as combined counties are lower than that for California as a whole. The child poverty rate for each of the counties and the counties combined is below the rate for California (see bottom row of Table 11). The data related to age-adjusted rates for several specific causes of death in the individual counties and in the combined data for both counties are lower or equal to data for California as a whole. The only exception is a higher incidence of drug related death. Data from the combined counties' mortality rates are largely below the national objectives for 2010 except in suicide, motor vehicle accidents, homicide and drug-related deaths.

Similarly, all of the major rates of morbidity listed in Table 11 are lower in Ventura and Santa Barbara Counties for both individual and combined county data than for California as a whole. Of the major chronic diseases examined, the rates of cancer, coronary heart disease,

Table 11 Mortality and Morbidity Rates per 100,000 Population in Ventura and Santa Barbara Counties for Selected Causes 2001-03				

	County								National
	Ventura			Santa Barbara			Both counties	California	Objective for 2010
	Crude rate	Age-adj. rate	Rank*	Crude rate	Age-adj. rate	Rank*	Crude rate	Age-adj. rate	Age-adj. rate
Mortality									
All causes (average)	615.8	681.6	8	710.5	679.7	7	648.1	729.0	na
All cancers	145.7	160.8	13	162.6	161.3	14	151.5	169.6	159.9
Lung cancer	36.2	40.5	8	41.0	41.0	12	37.8	43.8	44.9
Female breast cancer	23.1	22.7	26	23.2	21.2	15	23.1	23.4	22.3
Suicide	9.0	9.2	12	10.2	10.2	20	9.4	9.5	5.0
Motor vehicle accidents	9.9	10.3	13	9.9	9.5	9	9.9	12.0	9.2
Homicide	4.0	4.1	33	2.0	2.0	13	3.3	6.7	3.0
Coronary heart disease	134.9	150.8	25	160.1	150.5	22	143.5	175.9	166.0
Cerebrovascular disease	43.9	49.4	12	58.5	54.1	24	48.9	55.6	48.0
Diabetes	18.9	21.5	38	17.9	17.6	27	18.6	21.3	na
Drug-related deaths	9.8	9.7	28	10.5	10.8	31	10.0	9.4	1.0
Morbidity (disease incidence)		Crude case rate	Rank*		Crude case rate	Rank*		Crude case rate	Crude case rate
Chlamydia		179.59	24		235.43	36	198.65	310.28	na
AIDS (13 & older)		5.00	24		6.34	30	5.46	14.73	1.00
Tuberculosis		8.12	44		6.61	39	7.60	9.16	1.00
Syphilis		0.21	27		0.49	35	0.31	2.72	0.20
Hepatitis C		0.04	24		0.16	36	0.08	0.19	1.00
Measles		0.08	55		**	-	0.06	0.05	0.00
Child Poverty Rate***		12.40%	16		16.80%	29	13.80%	19.00%	na

*Based upon age-adjusted rate among California's 58 counties.

**No reported cases.

***Children under 18 years of age living in poverty.

Source: Steven Shippen and Cheryl Wilson, *County Health Status Profiles, 2005*, Center for Health

Statistics, California Department of Health Services, Sacramento, 2005.

cerebrovascular disease and diabetes are somewhat lower in both Ventura and Santa Barbara counties when compared to California data. These could be expected to increase over the next two decades as the percentages of older county residents' increases. These data suggest certain implications for an emerging baccalaureate program. The curriculum should have a focus on the management of chronic diseases and the prevention of acute illness with exacerbation, and an emphasis on producing well-educated nurses who can provide community based care. In addition, that the curriculum should have an emphasis on health teaching and health promotion.

Current and Projected Demand for Nurses in Ventura and Santa Barbara Counties

The existence of a current nursing shortage in California and elsewhere in the United States is confirmed by a set of projections released by the federal government's Bureau of Health Professions in July 2002. Table 12 presents the projected supply and demand figures during the

Table 12 Supply and Demand Projections for FTE Registered Nurses Working in California and the United States 2000-2020					
<u>Region and year</u>	<u>Supply</u>	<u>Demand</u>	<u>Shortage</u>	<u>Relative shortage*</u>	<u>Percent increase in shortage (from 2000)</u>
California					
2000	154,002	166,665	-12,663	-8%	-
2005	162,645	181,054	-18,409	-10%	45%
2010	161,337	203,511	-42,174	-21%	233%
2015	153,654	231,711	-78,057	-34%	516%
2020	142,978	263,673	-120,695	-46%	853%
United States					
2000	1,899,243	1,999,950	-100,707	-5%	-
2005	2,012,444	2,161,831	-149,387	-7%	48%
2010	2,069,369	2,344,585	-275,216	-12%	173%
2015	2,055,491	2,562,554	-507,063	-20%	404%
2020	2,001,998	2,810,414	-808,416	-29%	703%
*Relative shortage is the percentage of total demand unmet by the projected supply. Source: "Projected Supply and Demand of Registered Nurses: 2000-2020," Tables 2-6, National Center for Health Workforce Analysis, Bureau of Health Professions, Bureau of Health Resources and Services Administration (U.S.HHS), July 2002.					

2000-2020 period for California and the United States as a whole. In each five-year segment shown, the relative shortage of supply of RNs over demand is greater by a tenfold increase in the absolute size of the California shortage during the 2000-2020 period. California goes from being one of three states with shortages exceeding 10,000 at the beginning of 2000 to having virtually twice as large a projected shortage as any other state by 2020 (120,695). California's nurse shortage becomes one of ten states with shortages of 45% or larger in 2020.

Budgeted Vacancies and Projected Need for Registered Nurses

As in all counties of California, both Ventura and Santa Barbara Counties have experienced an increased demand and decreased supply of registered nurses in the workforce. During the 2002-2012 periods the number of open nursing positions increased throughout the state. Table 13 represents the projected growth in nursing positions in California and in Ventura and Santa Barbara Counties. The bottom half of this table represents the projected growth in the number of vocational and practical nurses during the same period. Also of importance is the number of projected position separations, as these separations impact the total number of open positions. These data project twice as many open nursing positions from growth in Ventura County as that of Santa Barbara County, representing slightly over 1,400 open positions during this time frame.

The projected growth in the number of other health related occupational categories can be found in Table 14. These data indicate that in California, registered nurses had the greatest percentage of change in demand growth, while in both Ventura and Santa Barbara Counties they were second to health practitioners, technologists and technicians. Table 15 indicates the recent employment rates in registered nurses (RNs) and licensed vocational nurses (LVNs) in a three year interval from 2001 to 2004 in both counties as well as in 2004. This may be due to the lack

Table 13 Projected Openings for Nurses in California (2002-2012) and in Ventura and Santa Barbara Counties (2001-2008)					
	Projected openings from			Positions going to BSNs	
	<u>Growth in</u> <u>positions</u>	<u>Separations*</u>	<u>Total</u> <u>openings</u>	<u>Current</u> <u>=31% **</u>	<u>Recommended</u> <u>=67% ***</u>
Registered Nurses					
California 2002-2012	56,800	42,200	99,000	30,690	66,330
Ventura County (2001-08)	420	470	890	276	596
Santa Barbara Co. (2001-08)	260	260	520	161	348
Both counties (2001-08)	680	730	1,410	437	945
Licensed Practical and Vocational Nurses					
California 2002-2012	12,600	11,500	24,100		
Ventura County (2001-08)	60	140	200		
Santa Barbara Co. (2001-08)	40	90	130		
Both counties (2001-08)	100	230	330		
*Separations include openings due to retirements. **Estimate based upon "The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses," U.S. Department of Health and Human Services, Rockville MD. ***National Advisory Council on Nurse Education and Practice Recommendation for 2010, from "Strategies to Reverse the New Nursing Shortage, policy statement from Tri-Council members, 2002 < www.aacn.nche.edu/Publications/positions/tricshortage.htm >					
Source: Projected openings from California Occupational Projections 2002-2012, Occupational Employment Projections for California MSAs and PMSAs (counties 2001-2008) 2001-2008, California Employment Development Department, < www.calmis.ca.gov/htmlfile/subject/occproj.htm >					

of available nurses and the necessity to hire licensed personnel as a result of compliance with the California nurse/patient ratio legislation. In 2004, the average salary of the registered nurse was higher in Santa Barbara County than in Ventura County by \$1,650 per year but the average California salary was higher than that of Santa Barbara County by \$6,600 per year.

In summary, there are many factors leading to an increased demand for nurses in Ventura and Santa Barbara Counties during the next decade. These include total population

**Table 14 Projected Growth in Number of Positions in Selected Occupational Categories
in California and Ventura and Santa Barbara Counties**

	Number of Positions			Percentage
	<u>2002</u>	<u>2012</u>	<u>Difference</u>	<u>change</u>
California				
All occupations	14,457,800	17,149,500	2,691,700	18.6%
Health Practitioners, Technologists, Technicians, & Related Health Occ.	564,900	721,700	156,800	27.8%
Registered Nurses	201,600	258,400	56,800	28.2%
Licensed Practical and Vocational Nurses	52,900	65,500	12,600	23.8%
	<u>2001</u>	<u>2008</u>		
Ventura County				
All occupations	280,200	321,900	41,700	14.9%
Health Practitioners, Technologists, Technicians, & Related Health Occ.	10,100	11,520	1,420	14.1%
Registered Nurses	3,140	3,560	420	13.4%
Licensed Practical and Vocational Nurses	770	830	60	7.8%
Santa Barbara County				
All occupations	166,300	189,400	23,100	13.9%
Health Practitioners, Technologists, Technicians, & Related Health Occ.	5,060	5,850	790	15.6%
Registered Nurses	1,750	2,010	260	14.9%
Licensed Practical and Vocational Nurses	470	510	40	8.5%
Both Counties				
All occupations	446,500	511,300	64,800	14.5%
Health Practitioners, Technologists, Technicians, & Related Health Occ.	15,160	17,370	2,210	14.6%
Registered Nurses	4,890	5,570	680	13.9%
Licensed Practical and Vocational Nurses	1,240	1,340	100	8.1%
Source: California Occupational Projections 2002 - 2012, Occupational Employment Projections for 2001-2008 for Ventura and Santa Barbara counties, Labor Market Information Division, California Employment Development Department. < www.calmis.ca.gov/htmlfile/subject/occproj.htm >				

Table 15 Recent Employment and Annual Salaries of Nurses in Ventura and Santa Barbara Counties and California

Employment	<u>Registered Nurses</u>	<u>Licensed Voc./Practical Nurses</u>
Ventura County		
2001	3,130	770
2004	3,090	780
Percent change	-1.28%	1.30%
Avg. annual change	-0.43%	0.43%
Santa Barbara Co.		
2001	1,840	450
2004	1,980	610
Percent change	7.61%	35.56%
Avg. annual change	2.47%	10.67%
California		
2001	201,070	52,070
2004	223,170	52,870
Percent change	10.99%	1.54%
Avg. annual change	3.54%	0.51%
Mean Annual Salaries		
Ventura County		
2001	\$ 56,550	\$ 34,990
2004	\$ 58,670	\$ 36,720
Percent change	3.75%	4.94%
Avg. annual change	1.23%	1.62%
Santa Barbara Co.		
2001	\$ 51,340	\$ 36,490
2004	\$ 60,320	\$ 41,990
Percent change	17.49%	15.07%
Avg. annual change	5.52%	4.79%
California		
2001	\$ 57,940	\$ 36,970
2004	\$ 66,920	\$ 40,930
Percent change	15.50%	10.71%
Avg. annual change	4.92%	3.45%
Notes: 2001 was chosen as the base year for this table as data from Ventura Co. prior to then are considered unreliable. The county data shown are for the Ventura PMSA and the Santa Barbara, Santa Maria, Lompoc CA MSA, respectively.		
Source: "State and County Occupational Employment and Wage Estimates," U.S. Department of Labor, Bureau of Labor Statistics, Office of Employment Statistics. < www.bls.gov/oes/oes_data.htm >		

growth, an increase in people over 65 with projected relatively high mortality and morbidity rates for a number of chronic illnesses, the general state-wide shortage of registered nurse, and the recent (2004) ratio legislation that mandated lower nurse patient ratios. These increased

demands strongly support and indicate the need for an additional BSN program in the Ventura and Santa Barbara area. Particularly, this area should have a BSN program whose nurses can meet the needs of the community's progressively increasing chronic disease affected population.

Existing Nursing Programs in the Ventura and Santa Barbara Region

Currently there are no baccalaureate nursing programs, public or private, in Ventura or Santa Barbara Counties. Table 16 lists the educational institutions in the surrounding region of Los Angeles and Orange Counties that provide the opportunity for local nurses to obtain a

Table 16 Baccalaureate Programs in Nursing in the Region Surrounding Ventura and Santa Barbara Counties				
Institutions in Surrounding Regions of Los Angeles and Orange Counties	County	BSN (generic)	BSN (RN - BSN)	DEGRESS GRANTED BS DEGREES AWARDED 2002-03
<i>Public Institutions</i>				
CSU - Dominguez Hills	Orange		yes	181
CSU – Fullerton	Orange		yes	40
CSU - Long Beach*	Los Angeles	yes	yes	78
CSU - Los Angeles*	Los Angeles	yes	yes	68
CSU – Northridge	Los Angeles		yes	13
University of California, Los Angeles	Los Angeles		yes	15
<i>Private Institutions</i>				
Azusa Pacific	Los Angeles	yes		80
Biola University	Los Angeles	yes		21
Mount Saint Mary's College	Los Angeles	yes		66
Pacific Union College	Los Angeles		yes	30
University of Phoenix	Los Angeles		yes	26
Western University	Los Angeles	yes	yes	N/A
* Impacted Programs Sources: Board of Registered Nursing, BRN Approved Programs < http://www.rn.ca.gov/nursing/nursing.htm >; Table 5,in "CSU Undergraduate and Graduate Degrees Granted 2002-2003", CSU Chancellor's Office Statistical Reports < http://www.calstate.edu/AS/stat_reports/2002-2003/degree03.shtml >; and IPEDS College Opportunities Online (Awards/Degrees Conferred for individual institutions) < http://nces.ed.gov/ipeds/cool/Search.asp >.				

baccalaureate degree. All of these institutions require a one-way commute of one-to two-and-a-half. There are five California State Universities in Los Angeles and Orange counties, only two of which California State University, Los Angeles and California State University, Long Beach offer a generic baccalaureate nursing program. Three additional institutions San Francisco State University, California State University Northridge and University of California, Los Angeles are in the planning stages of offering some version of a generic program. All of the six public institutions in Table 16 offer RN – BSN programs and two San Francisco State University and California State University, Dominguez Hills have on-line completion programs. There are six private institutions in the surrounding region and two of these have on-line RN to BSN completion programs. Even though there are a variety of programs available in Los Angeles and Orange Counties, none are geographically convenient to Ventura and Santa Barbara Counties. California State University, Los Angeles responded to the need for a traditional RN to BSN program in the area and offered an on-site program at Santa Barbara Cottage Hospital for a few years beginning in 2000. That program was sponsored by the hospital and was available for hospital employees but has now been converted to a graduate program via video conferencing and web based methodologies.

Table 17 lists the community colleges in Ventura and Santa Barbara Counties that have nursing programs granting ADN and/or LVN degrees. The collective number of students on the waiting lists of the local ADN colleges (ADN = 864; LVN = 64) reinforce the need for a generic baccalaureate program in the region. It should also be noted that Table 16 lists those California State University programs that are impacted or that have a greater student demand than capacity. Both CSUs offering a generic nursing program California State University, Los Angeles and California State University, Long Beach are currently impacted. Discussions are underway with the CSU Chancellor's Office about the possibility of obtaining early impactation status so that

supplemental criteria for admission could be utilized. Based on advance information for CSUCI of a potential program, 250 prospective students have provided contact information to the Interim Director in the event that the Nursing Program is approved by the Board of Registered Nursing (BRN). Graduates of the local community college programs offering the ADN will also find CSUCI's RN to BSN program geographically convenient. Since these programs appear to be collectively admitting 240 nursing students annually (see Table 17), at least some are likely to be interested in earning BSN degrees after receiving their RN licenses. When these graduates are added to RNs in the area who have been waiting for a local completion program, there would appear to be an adequate pool of students in the two county regions ready to enter an RN to BSN completion program at CSUCI.

Table 17 Associate Degree Programs in Nursing in the Ventura and Santa Barbara Region (2004-05)

Community Colleges in the CSUCI Service Area	County	Current Enrollment		Waiting List	Admission Sequence
		ADN	LVN		
Allan Hancock Community College	Santa Barbara	30	30	LVN & RN 60	RN & LVN = once a year
Moorpark Community College	Ventura	143	N/A	ADN 347	Fall, Spring & Summer
Santa Barbara City College	Santa Barbara	117	39	ADN 202 LVN 64	Twice a year
Ventura Community College	Ventura	216	N/A	ADN 315	Twice a year, August and January
Sources: Board of Registered Nursing, BRN Approved Programs < http://www.rn.ca.gov/nursing/nursing.htm > and California Community Colleges Chancellor's Office Data Mart, Student Program Awards http://www.cccco.edu/divisions/tris/mis/reports.htm					

The Directors, Deans and Chairpersons of the local community colleges are among the nursing leaders serving on the Nursing Advisory Board for CSUCI. There has been ongoing dialogue about the need for a baccalaureate program in Ventura County and these nursing leaders

and others in nursing service administration have been consulted regarding program development and the proposed curriculum and program objectives. The Advisory Committee has held regular meetings beginning in September, 2005, and the agenda and minutes for these meetings are provided. (Appendix B).

Clinical Agencies to be Utilized for Clinical Placements and Plans for Facility Expansion

There is a rich variety of healthcare facilities in Ventura and Santa Barbara Counties, offering multiple opportunities for clinical placement of nursing students (Tables 8 & 9). Of these healthcare facilities, 16 are licensed hospitals and 14 currently offer acute care services. CSUCI will likely utilize the regionally convenient facilities to the campus, and these include Santa Barbara Cottage Hospital, Community Memorial Hospital, Los Robles Regional Medical Center, Ojai Valley Community Hospital, Simi Valley Hospital, St. John's Regional Medical Center, St. John's Pleasant Valley Hospital and Ventura County Medical Center. In addition to the 14 acute care facilities, CSUCI will also place students in public health agencies and community health agencies and clinics for the upper division clinical experiences.

The academic institutions and the healthcare agencies in the Ventura/Santa Barbara area have developed a consortium to process the academic clinical placement requests for the region. This is accomplished through the submission of a matrix of available clinical rotations by the clinical agencies and these are matched to the academic requests for student placements. CSUCI will become a part of this consortium and will process the clinical requests through this system. The initial needs of CSUCI will be modest, as the beginning generic class size of 33 students will be placed in basic medical surgical settings in three clinical groups of ten students for the first and second semesters. Subsequently, during the third and fourth semesters, rotating placements in pediatrics, OB/GYN and Psychiatric/Mental Health settings will be required. The

last semesters of the program will likely use community-based settings such as public health, health clinics, home health, retirement communities, and in preceptored leadership and work study courses. The proposed RN to BSN completion program will also utilize primarily community-based settings with a focus on health promotion, health teaching and symptom management and in settings not excessively utilized by ADN and LVN students.

A small survey of seven local healthcare agencies in the Ventura and Santa Barbara area was performed to assess the total number of budgeted vacancies, number of available student placements and day and time, and policies on preceptored experience and work study and plans for expansion (See Appendix A). The results of this survey are presented in Table 18. Of the seven agencies surveyed, six responded. Of those who responded, many answered Question # 3 (Appendix A) “How many total budgeted vacancies do you have for registered nurses?” with information about the total number of budgeted positions for nurses, not vacancies. Data was entered as N/A for “not applicable.” None of these agencies specified educational level for nurses but rather required an RN license. This is not uncommon in acute care facilities in areas with predominantly ADN graduates. All but two facilities had work study programs in place and all provided preceptored clinical experiences. Two facilities claimed additional availability for clinical placement on days during the week and four had availability on afternoon or evening shifts. One had openings only Sundays and one agency had no open placements. Most did not indicate a specific day as available but some offered weekend clinical placements.

Ventura and Santa Barbara Counties Facility Expansion Plans

Tables 9 and 18 provide information concerning facility expansion in Ventura and Santa Barbara Counties extracted from the Agency Survey (Appendix A) and are focused on the healthcare agencies in the Ventura and Santa Barbara region only. When taken as a composite, there are as many as 176 additional acute care beds planned over the next year.

Table 18 Survey of Local Healthcare Agencies Concerning Vacant Positions, and Availability of Work Study Preceptors & Student Clinical Placements							
AGENCIES	RN Vacancies	Minimum Education For RN	Work Study	Preceptor Available	Units Available for Student Placements	Open Time/ Days	Expansion Plans
Community Memorial Hospital	N/A	ADN & RN License	Yes	Yes	Medical/Surgical Pediatrics Obstetrics	Sundays Only	
Los Robles Hospital and Medical Center	N/A	ADN & RN License	No	Yes	Medical/Surgical Pediatrics Obstetrics Mental health Geriatrics ICU ER	Weekends and PM's for most units	90 bed expansion underway & completed by 12/06
Ojai Community Hospital	3	ADN & RN License	Yes	Yes	Medical/Surgical SNF ICU	Days and PM's	
Santa Barbara Cottage Hospital	N/A	ADN & RN License	No	Yes	Medical/Surgical Pediatrics Obstetrics Mental health ICU	Days and PM's MTH &F most units. Psych and Peds. free in Summer	
St John's Regional and Pleasant Valley Hospitals	N/A	ADN & RN License	Yes	Yes	Medical/Surgical Pediatrics Obstetrics Mental health Geriatrics ICU	Weekdays in afternoon and PMs Weekends	65 beds will be placed back in service by 3/06
Simi Valley Hospital	10	ADN & RN License	Yes	Yes	Medical/Surgical Pediatrics Obstetrics ICU	None	Adding 8 NICU and 13 ICU beds in 2007
* Source for this data was a questionnaire sent to seven selected hospitals by CSUCI.							

In conclusion, given the rather modest need for CSUCI clinical placements during the initial program start-up and the projected growth of acute care beds in Ventura and Santa Barbara Counties, there will be adequate clinical rotations for all programs in the area. The CSUCI nursing program will be flexible concerning clinical hours when necessary and may explore the use of evening, weekend and in some courses, 12 hour clinical rotations. The later portions of

the generic program and the majority of the clinical placements in the RN to BSN completion program will be in community-based settings where there is ample opportunity.

Description of the Nursing Programs Being Proposed for California State University Channel Islands

The initial nursing program proposed for CSUCI will be a generic baccalaureate program. In the year following the implementation of the first generic nursing courses, an RN to BSN completion program will begin.

Target Dates and Projected Enrollments

The present timeline for the development and implementation of a generic nursing program establishes that the one year lead time should be ample to complete the required steps leading to program approval and implementation. The first nursing students are scheduled to be admitted to the University in fall 2006 to complete an initial year of prerequisite courses. These students will begin taking nursing courses in their second (sophomore) year (2007) and will graduate three years later (Table 19). This is consistent with the curriculum plan of most other CSU nursing programs where students complete an initial pre-nursing year comprised of math and science, behavioral science, and general education courses followed by required nursing and additional non-nursing courses over the next three years. The current goal is to admit 30-33 generic students each year to accommodate a probable attrition of 10 %

Table 19 Projected Admission Sequence and Enrollment for Nursing					
Program	2007	2008	2009	2010	2011
Generic					
Admitted Fall 07	33	30	30		
Admitted Fall 08		33	30	30	
Admitted Fall 09			44	40	40
Admitted Fall 10				44	40
Admitted Fall 11					44
Total Number Generic Students	33	63	104	114	124
RN-BSN					
Admitted Fall 08		24	24		
Admitted Fall 09			24	24	
Admitted Fall 10				36	36
Admitted Fall 11					36
Total Number RN -BSN Students		24	48	60	72
Total Number Undergraduate Students	33	90	152	174	196
Expected Graduates			54	54	76

(3 students), using the usual student to faculty ratio in the early pre-licensure clinical laboratory courses of 10:1. This would represent four clinical groups (cohorts) of ten students each. The current plan is to phase in the RN to BSN completion program during the junior year of the first generic program cohort, fall semester 2008 and admit 24 students. These RN to BSN students may be admitted one or two semesters earlier to complete non-nursing requirements. This would represent 2 groups of 12 students each. The student faculty ratio in these upper division clinical courses will be 12:1 due to maturity of the students and a decreased need for intensive supervision. The number of generic students admitted in fall 2009 and in subsequent years will be increased to 44 and the number of RN to BSN completion students will also be increased to

36 students each year (Table 19). There is a possibility of obtaining additional state funding that would allow the admission of an additional cohort of 30 students a year to the program. A proposal to the CSU Chancellor's Office has been submitted and if approved, would begin in the spring, 2008. This additional funding for generic nursing programs would become a permanent funding source. Table 19 does not reflect this additional admission sequence since it is still tentative.

Curriculum Design

While it is beyond the scope of this feasibility study to present a complete discussion of the curriculum, a brief overview will be given. The curriculum for the generic and RN to BSN program has been approved by the CSUCI Academic Senate (March 28, 2006) and the nursing course descriptions from that approved curriculum document can be found in Appendix C. The curriculum design is consistent with the American Association of Colleges of Nursing's *Essentials of the Baccalaureate Curriculum* (1998) and the regulations required by the California Board of Registered Nursing (BRN).

The total number of units required for the generic nursing student is **133** semester units, including **54** units of general education, **13** units of required additional preparation for the major courses, and **66** nursing units. The same requirements must be met by the RN to BSN transfer student, but these students may apply **70** transfer units toward the BSN including a varying number of general education units.

Generic (Basic) Nursing Program

During the initial year (freshman) pre-nursing students will complete prerequisites. These prerequisite courses will consist of three essential general education courses, four natural science prerequisites and two additional lower division general education courses. These essential general education courses will include: 1) Writing; 2) Oral Communication; and 3) Critical

Thinking. The science prerequisites will include 1) Anatomy and Physiology; 2) Microbiology; and 3) Integrated Chemistry, all with related laboratory experiences. Two social science courses will be required, namely introductory Anthropology and Psychology. The total general education package for students at CSUCI is 48 lower division semester units and 9 units of upper division interdisciplinary general education. While much of the required BRN content will be integrated into the nursing courses, other courses have been selected from other disciplines to increase the student's depth and breadth of understanding and to provide multiple perspectives on factors related to health and well being. The following courses are required for the major and meet either lower division or upper division general education requirements *and* do not add additional units to the major. These courses are 1) NRS 260 Nutrition for Therapeutics and Health; 2) PSY 213 Developmental Psychology; 3) ANTH 443 Medical Anthropology: Cross Cultural Perspectives on Health and Healing; and 4) BIOL 432 Principles of Epidemiology and Environmental Health.

Nursing Courses

There are **66** units of nursing courses in the major excluding the nutrition course (NSG 260), **32** in lower division and **34** in upper division. This represents 38 units of didactic courses and 28 units of clinical laboratory courses. In most cases these courses are corequisite to one another, are content linked and exercise theory through practice. The clinical laboratory courses, with exception require three (3) hours of clinical experience for every one (1) unit of credit. The upper division courses are designed to build on the lower division content and provide foundation for the nursing care of high-acuity patients in diverse clinical settings. The student becomes more independent, functions more autonomously, requires less rigorous supervision, and the practice site for health care delivery shifts progressively from the acute care arena to the community. The BSN-educated nurse is prepared to practice in all health care settings. Nursing

courses with 300 and 400 course numbers contain content that is considered baccalaureate level content. Table 20 presents the list of titles and corresponding semester units for the nursing courses. Complete course descriptions can be found in Appendix C.

Table 20 CSUCI Nursing Courses		
Lower Division Nursing Courses	Course Title	Units
NRS 200	Introduction to Professional Nursing Practice	2
NRS 201	Professional Nursing Practice Laboratory	2
NRS 203	Therapeutic Nursing Communication Laboratory	1
NRS 204	Pharmacology of Nursing Practice	2
NRS 220	Nursing Care of Adults with Acute and Chronic Illness I	2
NRS 221	Nursing Care of Adults with Acute and Chronic Illness Laboratory I	2
NRS 222	Nursing Care of Adults with Acute and Chronic Illness II	4
NRS 223	Nursing Care of Adults with Acute and Chronic Illness Laboratory II	4
NRS 230	Nursing Care of Infants, Children and Families	4
NRS 231	Nursing Care of Infants, Children and Families Laboratory	4
NRS 240	Psychiatric and Mental Health Nursing	3
NRS 241	Psychiatric and Mental Health Nursing Laboratory	2
	Total Lower Division Units	32

Table 20 CSUCI Nursing Courses (cont)		
Upper Division Nursing Courses	Course Title	Units
NRS 306	Pathophysiology	3
NRS 340	Health Promotion and Patient Education	3
NRS 350	Nursing Research	3
NRS 401	Advanced Clinical Assessment Laboratory	2
NRS 420	Nursing Care of the Complex Client Across the Continuum	3
NRS 421	Nursing Care of the Complex Client Across the Continuum Laboratory	3
NRS 452	Community Health Nursing	3
NRS 453	Community Health Nursing Laboratory	3
NRS 460	Nursing Leadership and Professional Issues	4
NRS 461	Nursing Leadership and Professional Issues Laboratory	3
NRS 488	Transition to Professional Nursing Practice	2
NRS 491	Transition to Nursing Practice Internship	2
	Total Upper Division Units	34

In CSU nursing programs, a student completes prerequisite courses prior to admission to the major (pre-nursing courses). These courses are to be completed within the first year of admission to CSUCI (i.e., the pre-nursing year). In the CSUCI curriculum design, this pre-nursing year is followed by three years of nursing courses. Table 21 illustrates the pre-nursing sequence and the sequence of the lower division and upper division courses approved by the CSUCI Academic Senate.

Table 21 Generic Nursing Major Course Sequence		
YEAR	FALL	SPRING
1	Any A2 English (3) Any A3 Critical thinking (3) BIOL 210 (4) CHEM 110 (4) PSY 100 (3) 17	BIOL 211 (4) BIOL 217 (4) COMM 210 (3) ANTH 102 (3) Comp 101 (3) 17
2	NRS 200 (2) NRS 201 (2) NRS 203 (1) NRS 204 (2) NRS 240 (3) NRS 241 (2) PSY 213 (3) NRS 260 (3) 18	NRS 220 (2) NRS 221 (2) NRS 230 (4) NRS 231 (4) NRS 306 (3) Any C1 Art (3) 18
3	NRS 222 (4) NRS 223 (4) Any B3 (3) Any C3a (3) POL SCI 150 (3) 17	NRS 350 (3) NRS 340 (3) ANTH 443 (3) Any D (3) C2 LIT (3) NRS 491 (2) 17
4	NRS 420 (3) NRS 421 (3) NRS 401 (2) BIOL 432 (3) HIST (3) 14 Optional NRS 493 work study	NRS 452 (3) NRS 453 (3) NRS 460 (4) NRS 461 (3) NRS 488 (2) 15 Optional NRS 493 work study

In the above curriculum design, lower division nursing classes are offered at CSUCI in the third, fourth, and fifth semester of the nursing program. While the placement of this lower division nursing content in these semesters may not change, the CSUCI nursing program will collaborate with Moorpark Community College to share this educational experience.

Collaborative Generic Nursing Curriculum

It is highly likely that many of the students initially seeking admission to the CSUCI nursing program will have completed many of their prerequisites and general education courses at a community college. A unique feature of the generic nursing curriculum is that CSUCI will collaborate with Moorpark Community College, and many of the lower division nursing courses will be completed at that institution, while some will be completed at CSUCI. This will utilize the strengths of both programs, permit the sharing of faculty, and preserve resources. The exact mechanism of suspending the student's matriculation with CSUCI while the student is completing these courses at the community college is still under consideration. Additionally, some form of dual enrollment may be used to allow the student to take courses at both institutions simultaneously. This will be needed so that the student can transfer a maximum of 70 semester units from a community college to CSUCI and not exceed that limit. The following sequence is proposed to meet the prerequisite requirements, BRN support requirements and lower division nursing requirement without exceeding the 70 allowable transfer units. Table 22 represents the proposed collaborative generic nursing program.

As was previously discussed, CSUCI has submitted a proposal to the CSU Chancellor's Office for additional permanent FTES funding that would allow an increase in nursing student capacity. If funded, CSUCI would be able to admit 33 students twice a year. These students would be pre-nursing majors beginning in fall 2006 and begin nursing classes in the spring 2008. Table 23 illustrates the likely course sequence for these additional students.

RN to BSN Nursing Program

This RN to BSN track is designed for the practicing nurse who has completed a nursing program in a community college and is seeking a Bachelor of Science (BSN) in nursing. These students have passed the NCLEX examination and have a nursing license to practice in California. These RN to BSN transfer students will still be required to meet the **45** units of

Table 22 Course Sequence for the Proposed Collaborative Generic Nursing Program		
YEAR	FALL	SPRING
1 Community College	Any A2 English (3) Any A3 Crit. think. (3) BIOL 210 (4) CHEM 110 (4) PSY 100 (3) 17	BIOL 211 (4) BIOL 217 (4) COMM 210 (3) ANTH 102 (3) Any C1 ART (3) 17
2 Community College	NRS 200 (2) NRS 201 (2) NRS 203 (1) NRS 240 (3) NRS 241 (2) 10	NRS 220 (2) NRS 221 (2) NRS 230 (4) NRS 231 (4) 12
2 At CSUCI	NRS 204 (2) NRS 260 (3) 5	PSY 213 (3) NRS 306 (3) 6
3 Community College	NRS 222 (4) NRS 223 (4) Comp 101 (3) 11	
3 At CSUCI	Any B3 (3) Any C3a (3) 6	NRS 350 (3) NRS 340 (3) ANTH 443 (3) Any D (3) C2 LIT (3) NRS 491 (2) 17
4 At CSUCI	NRS 420 (3) NRS 421 (3) NRS 401 (2) BIOL 432 (3) POL SCI 150 (3) HIST (3) 17 Optional NRS 493 work study	NRS 452 (3) NRS 453 (3) NRS 460 (4) NRS 461 (3) NRS 488 (2) 15 Optional NRS 493 work study

mandatory lower division GE courses either by transferable course work or certification of general education requirements by previous academic institutions. An additional **9** units of upper

division general education courses will be required to total 54 units. Any deficits in general education requirements will be met at CSUCI. These students will also be held to the same non-

Table 23 Generic Course Sequence for Spring 2008 Nursing Majors			
YEAR	FALL	SPRING	SUMMER
1	ENG 105 (3) MATH 230 (3) BIOL 210 (4) CHEM 110 (4) 14	BIOL 211 (4) BIOL 217 (4) COMM 210 (3) ANTH 102 (3) C1 ART (3) 17	
2	PSY 100 (3) NRS 260 (3) SPAN 101 (3) BIOL 202 or MATH 203 (3) 12	NRS 200 (2) NRS 201 (2) NRS 203 (1) NRS 204 (2) NRS 240 (3) NRS 241 (2) PSY 213 (3) 15 <i>Admit Here</i>	NRS 220 (2) NRS 221 (2) NRS 230 (4) NRS 231 (4) NRS 306 (3) 15
3	HIST (3) BIOL 432 (3) POL SCI 150 (3) C2 LIT (3) 12	NRS 350 (3) NRS 340 (3) ANTH 443 (3) *Any D UDIDGE (3) 12	NRS 491 Internship (2) COMP 101 (3) NRS 222 (4) NRS 223 (4) 13
4	NRS 442 (3) NRS 443 (3) NRS 460 (4) NRS 461 (3) NRS 490 (2) 15 Optional NRS 493 work study	NRS 420 (3) NRS 421 (3) NRS 401 (2) 8 Optional NRS 493 work study	

*Any Category D Upper Division Interdisciplinary GE

nursing course requirements as the generic students. These students will articulate **32** transfer credit units for lower division (pre-licensure) nursing completed at a community college. The content in the lower division nursing courses proposed for CSUCI are consistent with those offered in Associate Degree Nursing (ADN) programs and contain the same pre-licensure content required by the BRN. Placing pre-licensure, BRN-required nursing course work at the

lower division level will allow for ease of articulation with community college nursing units. The remaining 33 upper division units will focus on course work related to health promotion and patient education strategies, issues in healthcare delivery, community health nursing, discharge planning and home care, nursing case management, leadership and nursing research. There are two additional courses that have been developed for the RN to BSN student to assist in their transition from the ADN to the BSN nursing role. These courses are NRS 310 Professional Role Transition for the Transfer Student (3) and NRS 311 Professional Role Transition Seminar for the RN. At present the goal is to sequence the curriculum so that it can be completed with a year of prerequisite course work and two additional years comprised of mainly nursing content. This curriculum sequence is illustrated in Table 24.

Table 24 Proposed Curriculum Sequence for the RN to BSN Student				
YEAR	FALL		SPRING	
1	BIOL 203* (3)		CHEM 110* (4)	
	Any D (3)		ANTH 443 (3)	
	NRS 260* (3)		NRS 306 (3)	
		9		10
2	NRS 340 (3)		NRS 420 (3)	
	NRS 310 (3)		NRS 421 (3)	
	NRS 311 (2)		NRS 401 (2)	
	NRS 350 (3)		Elective * (3)	
		11		11
3	NRS 452 (3)		NRS 460 (4)	
	NRS 453 (3)		NRS 461 (3)	
	BIOL 432 (3)		Elective * (3)	
		9		10

* If needed

Resource and Support Services Availability at CSU Channel Islands

California State University Channel Islands is a vibrant learning environment that is growing quickly both in terms of numbers of students and faculty and in its capital program. At least four major capital projects are under construction or nearing completion in 2006, including the Town Center with a variety of restaurants with apartments over retail space, book store and amenities, Phase 1C of 242 units of mixed houses, town homes and apartments for faculty and staff, and, in 2008, the John Spoor Broome Library and 462 units of Phase II Student Housing

Student Support Services

The Division of Student Affairs supports and enhances learning and the University community through quality activities, facilities, programs and services. They include: Educational Opportunity Program (EOP); University Outreach; the Multicultural and Women's and Gender Center; Disability Accommodation; Personal Counseling, Student Health Services; Admissions and Recruitment; Records and Registration; and Financial Aid.

Educational Opportunity Program (EOP)

EOP is funded by the CSU system on 20 of the system's 23 campuses. Because the state legislature has not funded an expansion of EOP to include campuses added to the system after 1995, CSUCI made a commitment to fund this student centered program that provides college access to students whose educational and economic circumstances have limited their college educational opportunities, from its own campus budget. EOP aids in the success of students by providing a comprehensive program of active and targeted support aimed at increasing academic accomplishment and individual empowerment. EOP provides educational access and academic, personal, social and economic support services for students whose educational and economic circumstances have limited their educational opportunities. In the 2005/2006 academic year, there were 51 students in the EOP program: 18 freshmen, 16 sophomores and 17 upper division students.

The EOP Summer Bridge Program was established in 2004 to provide an orientation to college life, review basic skills, and provide academic advisement and support to incoming EOP students. Through a residential program, Summer Bridge assists incoming freshmen with needed support as they prepare for the rigors of university work. Summer Bridge focuses on mathematical skills, creative reading and writing, study sessions and tutorials, and other activities that are part of the full Summer Bridge experience. Participants benefit from personalized attention, individualized instruction and accessibility to campus resources. Approximately 19 incoming EOP students attended the two-week residential summer bridge program in 2005. Additional information about EOP at CSUCI is available at <http://www.csuci.edu/studentlife/eop.htm>

University Outreach Programs

These programs seek to motivate and prepare low-income and historically under-represented elementary and middle school students to pursue and successfully complete postsecondary education. These include the 2004/2005 - Pathway to College Program. The Pathway to College Program is three hours in length and includes a presentation, campus tour and activities designed to inform and motivate students to pursue postsecondary education. The program is geared toward K-8th grade students from low-income and educationally disadvantaged areas in Ventura County. Through the Pathway to College Program, approximately 1,718 elementary and middle school students visited the campus in the 2004/2005 academic year.

The 2004/2005 - After School Program is a program at Frank Middle School that is one semester long in which one-hour interactive and hands-on workshops are conducted on a weekly basis. At the end of the semester-long program, students have an opportunity to visit CSUCI and spend a “day in the life of a college student.” Approximately 40 middle school students attend

the after school program at Frank School. Workshops included the following topics: Career Interest and Exploration, The Systems of Higher Education in California, College Admissions Requirements, Researching Colleges and Universities, Financial Aid, Challenges of First Generation College Students, The Financial Aid Application Process and Earning Potential Associated with a College Degree.

The Outreach Ambassador Program

This is a volunteer program whereby CSUCI students can actively participate in early outreach activities. Opportunities include: classroom presentations, student panel presentations, conduct group tours, organize conferences and workshops. Approximately 10 students participate in the outreach ambassador program. Students have given an average of five hours a week in volunteer time for the program.

In the 2004/2005 academic year, the University Outreach Program has provided opportunities for over 2,000 K-8th grade students in Ventura and surrounding counties to visit and have exposure to college students, college life and the CSUCI campus. Data derived from the campus visit evaluation forms demonstrates that 88% of students who visited the campus said that they wanted to attend college. In the 2005/2006 academic year, special attention will be given to further developing and improving upon the above mentioned programs.

Programs and Priorities to Assist with Admission

In order to ensure that CSUCI is available to serve the needs of students in the region, the Enrollment Management and Student Success Committee established local admission targets to ensure that local freshman and transfer applicants have priority in attending CSUCI. As of Spring 2006 the University has been able to accommodate all qualified local applicants who choose to attend CSUCI. Additionally, to facilitate the transfer of local community college students, CSUCI developed Transfer Admission Guarantee (TAG) agreements with Moorpark

College, Oxnard College, Ventura College and Santa Barbara Community College. This agreement is available at

[http://www.csuci.edu/students/TAG - Student Agreement%28FINAL%29.pdf](http://www.csuci.edu/students/TAG_-_Student_Agreement%28FINAL%29.pdf)

CSUCI maintains articulation agreements with 10 local feeder community colleges and has course or major articulation agreements in place with 109 California Community Colleges. A total of 4,914 courses were articulated as of January 2006. Information about course and program articulation is available through ASSIST, an online student-transfer information system that shows how course credits earned at one public California college or university can be applied when transferred to another. ASSIST is the official repository of articulation for California's public colleges and universities and provides the most accurate and up-to-date information about student transfer in California.

CSUCI embraced this joint effort of the Academic Senate CSU and the CSU Chancellor's Office in the development of Lower Division Transfer Patterns (LDTP). The central purpose of developing these patterns is to help community college students who wish eventually to transfer to the CSU to choose efficient patterns of classes, so that they may graduate in a more timely fashion and without having taken excess units. All CSUCI undergraduate majors have developed a lower division transfer pattern to assist local students in transferring from the community college. The summary of LDTP information is available at:

[http://www.csuci.edu/app/taskforcereports/2005/LDTP Program Grid.doc](http://www.csuci.edu/app/taskforcereports/2005/LDTP_Program_Grid.doc)

Plans for Marketing

The University plans to market and recruit prospective pre-nursing students by adding the major to university recruitment publications and on the website. Individual "major sheets" available both in print and on the web will provide students with major and requirements leading to the baccalaureate degree and eligibility for nursing licensure. The University has developed

and maintains many publications and websites and has assigned program faculty and staff to provide prospective and on-going students with information about academic programs and direct early outreach programs offered through the Division of Student Affairs such as EOP which have been described previously. Faculty and staff meet regularly with high school and community college counselors to inform them about upcoming programs such as the new nursing program at CSUCI.

Personal Counseling Services

These services provide high quality, confidential, short-term counseling free of charge to students. The counseling staff is committed to helping students develop their maximum potential while pursuing their educational and personal goals. Services available include individual and group counseling, consultation for faculty, staff, and parents, and educational programs to the campus community.

Student Health Services

These services are offered to regularly enrolled students, in most cases, at no charge to see a physician or nurse practitioner. Services include diagnosis and treatment of acute illness and injuries, physical examinations, family planning, immunizations, PAP smears, TB testing, HIV testing, STD screening and treatment, pregnancy testing, emergency care, hepatitis testing, and health education program. Students are referred as needed to seven no cost Ventura County Medical Clinics throughout Ventura County.

Disability Accommodation Services (DAS)

These services assist students with disabilities to realize their academic and personal potential through a commitment to academic success through assisting students to overcome environmental barriers and providing them with the academic accommodations that reduce the impact of their disabilities on their CSUCI experience. DAS provides a broad range of quality

support services to meet the needs of students with all types of physical, psychological and learning disabilities. Services include: 1). liaison with campus programs and departments; 2) disability management counseling; 3) assistive software; 4) test proctoring; 5) scribes for exams; 6) alternate format services; 6) note takers, taped lectures, readers, and sign language interpreters; and 7) Computer Aided Real-time Translation (CART).

Student Housing

Student housing consists of apartment-style living arrangements tailored for the academic-minded student who wants quality on-campus housing at a reasonable price. Amenities include a full kitchen with stove and range, frost-free refrigerator, microwave oven, satellite television and internet connectivity as well as laundry facilities, pool, Jacuzzi and social room. The Islands Café provides an attractive meal plan. A Resident Director and nine Resident Assistants provide services and support depending on the needs of the residents to enhance the overall collegiate experience. A full service gym is accessible across the street. Off campus housing information is also readily available from the office staff.

The University Library

The University Library and its programs enhance CSUCI's academic programs. The library contains a rich collection of print and digital resources. The library holds 65,000 bound volumes and has access to over 5,000,000 books in the other 22 CSU libraries through an electronic request system. Turn around time takes 2-3 days. Interlibrary loan is also available for books not held in the CSU and for articles and reports. The library holds approximately 160,000 electronic books. The Ebrary database contains 38,000 electronic books with numerous scientific and technical titles.

Digital content is one of the strengths of the CSUCI library. Students and faculty have access to over 28,000 electronic journals and over 80 commercially available data bases

including a CINAHL digital subscription. The databases provide access to articles, statistical data, images, reports, historical and current newspapers, manuscript collections, music, and sounds. This rich information environment enhances our students' ability to write well documented papers and create multimedia presentations. All digital content is accessible 24/7.

The library also has an active electronic reserve and course pack service that faculty use for class assignments. Over 44,000 hits have been over the past year. The current library facility seats over 190 students. There are 41 computer workstation students can use within the library. An innovative wireless classroom is used as the center of the library Information Literacy instruction.

The library has an active media development unit assisting both faculty and students in designing, creating, and implementing various media projects and academic poster sessions. Students are assisted in developing class assignments while faculty work with a media talented staff to develop electronic courseware and/or locally developed digital collections and/or databases.

The John Spoor Broome Digital Teaching Library is projected to be completed in 2008 at a cost of \$45 million dollars. This facility will have 173,000 square feet and will be a unique and innovative architectural and information resource showcase for Ventura County. This facility will blend old and new structures to create a truly 21st century teaching-learning center. The library project will merge the mission architecture of the largest building on the campus with a modern glass structure, combining both styles into a single student-centered digital teaching library. The John Spoor Broome Library will expand and enhance the library's current efforts in developing digital services and collections. The centerpiece of the new library will be the main reading room and information commons where first and second floor stack areas will be visible on three sides. In addition to the main reading room, the first floor will contain four electronic

classrooms, a computer lab, and group study areas. The staff work area will bring together both public and technical services personnel into a single space, providing a collaborative team environment conducive to a learning organization.

The Nursing Collection

In 2006, CSUCI will purchase a starting collection that is suggested in the Brandon Hill list of books for libraries that serve nursing programs. All of the books will need replacement every 3-5 years. In addition the major index for nursing literature is CINAHL (Cumulative Index to Nursing and Allied Health Literature) with an annual cost of approximately \$2,000 has been subsidized by the CSU system for each campus and will be provided in the library. CINAHL provides indexing and access to a few full text titles that are part of the Brandon Hill list of suggested Nursing Journals. Library access to the rest of the full list of journals suggested will cost \$20,000 and will be provided initially by extramural funding.

Software expenses will be somewhat high initially for the Nursing Collection. ADAM Interactive Anatomy Software costs approximately \$2200 and a dedicated server will be required to run the software. Additionally, educational software for Nursing, physiology, and anatomy will cost another \$20,000. The estimated costs to operate the nursing library in 2007 are \$50,000 and \$25,000 each year thereafter.

Finally, the Library is a welcoming and engaging learning environment conducive to inquiry and research and serves as a social and cultural focal point of the University. The Library holds events for students and for faculty throughout the year. The Library is open 24 hours per day during final exam week and serves coffee and refreshments to students.

Proposed Nursing Skills Laboratory

The University proposes the renovation of 3,150 gross square feet in

an existing building to house the Regional Clinical Simulation Technology Laboratory (Nursing Simulation Lab). The project would have 2,700 assignable square feet, and would include six human patient simulator lab stations, 12 computer stations, and lab support areas. A preliminary CAD to scale is provided in Appendix D. The purpose is to provide educational capacity for 33 pre-licensure nursing students by incorporating evolving healthcare delivery system innovations that maximize the use of clinical simulation technology in educating nurses. The proposed renovation/construction schedule is to begin in August, 2007 with completion in February, 2009 at a proposed cost of \$1,170, 249. An additional request for \$426,600 has been submitted to the CSU Chancellor's Office for equipment and laboratory supplies for the proposed nursing skills laboratory.

Proposed Faculty Needs

The program will seek to employ both full-time and part-time or adjunct faculty. To meet professional accreditation standards, it will seek tenure track positions for at least one-half of the positions. Further, doctoral preparation will be required for tenure track faculty. A doctorate either in nursing or a related field will qualify an applicant for a tenure track position in nursing. In order to be a full member of the CSUCI academic community and to be eligible for tenure track positions, these faculty will be held to the same educational standards as those in other disciplines. The optimal size of full-time nursing faculty needed for a new baccalaureate program is estimated based on the diversity of the clinical expertise of the faculty employed and the projected rate of growth of the program. Based on the projected growth rate of the program and the necessity for diversity of areas of clinical expertise, Table 25 projects the faculty needs through 2010. This table does not reflect the faculty recruitment needs should the proposal for nursing capacity expansion be approved.

Table 25 Projected Faculty Needs for the Nursing Program					
Nursing Program Faculty/Personnel	2006-2007	2007-2008	2008 – 2009	2009 - 2010	2010-2011
Nursing Director	1	1	1	1	1
Nursing Faculty:					
Medical/Surgical	1	1	1	2	2
Mental Health	1	1	1	1	1
OB/GYN		1	1	1	1
Pediatric		1	1	1	1
Community Health			1	1	2
Total Faculty	3	5	6	7	8
Staff Positions	1	1	1	1	1

In order to meet BRN criteria for faculty approval, the faculty must be determined to be clinically competent in the areas related to their teaching assignments. The clinical areas in which faculty can be classified are medical/surgical, obstetrics, pediatrics, psychiatric/mental health and/or geriatric nursing. There will need to be one full-time faculty qualified in each of these areas and these clinical areas correspond to the student clinical experiences required by the BRN in pre-licensure course content. Professional accreditation standards classify faculty in clinical specialties based on their clinical experience.

Faculty Hiring

In addition to the Director scheduled to be hired in fall 2006, two additional full-time positions will be hired during the spring semester of 2007 to prepare the curriculum and to teach in the first year of the program. In the first semester of the sophomore year, the nursing courses will focus on acquisition of fundamental clinical skills, providing basic patient care in acute care and clinic settings, basic psychiatric/mental health nursing, developing basic patient communication skills, nursing assessment, and patient care planning. The second semester of this year will include obstetrics and pediatric nursing and the first medical/surgical experience that will require two additional faculty with these areas of clinical expertise in the fall of 2007. In the junior year, nursing courses will include advanced medical surgical nursing and lead to community health nursing. It is anticipated one additional position will be added this year. This faculty will need to have expertise in community health nursing. In this newly developing program, all of these areas of clinical expertise might not be met by a small full-time faculty, so highly qualified part-time faculty may be utilized. There are some faculty who may be qualified in more than one clinical area such as obstetrics and pediatrics or psychiatric/mental health and medical/surgical nursing, but most faculty have a single area of expertise

Program Director

Dr. Karen Jensen has been appointed the Nursing Program Director for the nursing program with responsibilities beginning in August 2006. Dr. Jensen formerly chaired the Associate Degree Programs at Mount St. Mary's College and was Coordinator of Health Sciences at Moorpark College.

Dr. Jensen holds a Doctorate in Philosophy degree and Masters Degree in Nursing from the University of California Los Angeles. Her undergraduate BSN is from Marquette University in Milwaukee, Wisconsin. Dr. Jensen has also taught and had administrative positions at Mount St. Mary's College. At Moorpark College she assumed responsibility for the Nursing,

Radiological Technology, Emergency Medical Technician-B, Certified Nursing Assistant and Health Information Technology programs. Dr. Jensen serves on a number of local boards including Ventura Nurse Education Council, Tender Loving Care Hospice Advisory committee, Ventura County Regional Planning Committee, Volunteers 4 You!, President, Regional Health Occupations Resource Center Advisory Committee, and Ventura County Regional Healthcare Advisory Committee. Dr. Jensen's vitae can be found in Appendix E.

Budgetary Provisions

Initial Budget and Start-up Costs

There is considerable community excitement and support regarding starting a BSN nursing program in the region of Ventura and Santa Barbara Counties. The letters of support for the program come from local health care agencies, local community colleges and the academic community of CSUCI. These letters can be found in Appendix F. In addition to support in the form of verbal and written opinion, there have been generous monetary donations from various sources to be used for initial program planning and development. Table 26 lists sources of funding, the various amounts, and purpose of the grants, gifts and CSU contributions from the 2005/6 through the 2008/9 academic years. Many of these initial funds have been made available as start-up funds for consultants for the purpose of curriculum development and program planning. These funds will also be used for operating expenses, staff support, and faculty

Table 26 Funding for CSUCI Nursing Program Planning and Start-up					
Source	Use	2005/06	2006/07	2007/08	2008/09
Private					
Community Memorial Hospital	Program Planning	\$38,300			

Los Robles Hospital	Program Planning	\$38,300			
Santa Barbara Cottage Hospital	Program Planning	\$30,000			
Simi Valley Adventist Hospital	Program Planning	\$19,150			
St .John's and Pleasant Valley Medical Center	Program Planning		\$50,000		
Ventura County Medical Center	Program Planning	\$38,300			
County of Ventura Contract	Planning, Design, Implementation of first 33 student cohort	\$107,136	\$122,864		
Public					
FIPSE Grant	Planning, Design, Implementation of first 33 student cohort	\$63,347	\$135,053		
Chancellor's Office	Additional Nursing FTES 06-07		*\$603,516	*\$603,516	*\$603,516
Chancellor's Office	State-Funded Nursing Skills Lab Facility Improvements			*\$1,170,249	
CSUCI funding for ongoing faculty/staff and operating expenses	Start up funds		\$139,450		
Ongoing CSUCI Funding based on FTES generation				TBA	TBA
Foundations					
Robert Wood Johnson	Philanthropic capacity for nursing in Ventura County		*\$115,445		

*Proposals have been submitted but funds have not yet been awarded salaries in advance of the generation of FTES.

Local medical centers and hospital systems have collectively donated \$164,050 for program planning and implementation in the 2005/2006 academic year. The County of Ventura has provided \$107,136 for 2005/2006 and an additional \$122,864 for planning, curriculum

design and implementation for the first cohort of 33 students in fall, 2007. St. John's Hospital will provide an additional \$50,000 in the 2006/2007 academic year.

Public funding through a FIPSE grant will provide \$63,347 in the 2005/2006 academic year and another \$135,052 for the 2006/2007 academic year. These private and public funds total \$642,449 and this in addition to the CSUCI budget of \$139,450, should be sufficient to finance the expected start-up costs including initial faculty salaries for the 2006/2007 academic year.

Additional proposals have been submitted to the Chancellor's Office for program capacity expansion in the amount of \$603,516 yearly and for nursing program facilities improvement for the development of a nursing skills laboratory (\$1,170,249). A collaborative grant has been submitted to Robert Wood Johnson Foundation for 2006/2007 for planning philanthropic support for larger nursing education issues in Ventura County.

Ongoing Budgetary Provisions

CSUCI has provided a budget for 2006/2007 of \$139,450 to be used for ongoing faculty and staff salaries, equipment and operating expenses. This funding is in advance of the generation of FTES. By the end of the 2007-2008 academic year, the nursing program will begin to generate FTES. As the enrollment begins to increase and additional FTES are generated, the faculty and staff salaries and operating expenses for the nursing program will be funded on state support. It is projected that by the 2008-2009 academic year (Table 25) the program would require 1 program director, 5 full-time faculty, and 1 staff person. With the addition of the increased enrollment from the beginning of the RN to BSN program, these positions will be covered by state supported funds generated from the student tuition production.

It is anticipated additional funding sources will be sought for program expansion during the on-going nursing shortage and funds will be sought from donations from community partnerships, private foundations, and through state and federal grants. The program will operate

on state support but new program options, capacity expansion and possible off-site BSN completion program will be supported through “soft” money and through self-support special sessions.

Conclusion

This study demonstrates the critical need for a baccalaureate nursing program in Ventura and Santa Barbara Counties and indicates that establishing the program at CSU Channel Islands is feasible. This area is a rapidly developing Southern California region in terms of increasing population and it is projected to continue this growth pattern to 2020. Major increases in the number of persons 65 and over are also expected. As healthcare agencies hire nurses to keep pace with the needs of a growing, diversifying and aging population, there will be ample demand for new nurses in the community. Furthermore, there are enough high school graduates who will be interested in a nursing career to fill the projected 30-60 nursing slots in the CSUCI program.

There are sufficient licensed hospitals in the Ventura and Santa Barbara region. These hospitals provide a wide range of services appropriate to prepare students for the pre-licensure content and at the baccalaureate level. Additionally, there is strong demand for additional nurses in the local healthcare facilities and the projected plans for healthcare expansion will produce additional acute care beds in the next 5 years, thus further increasing the demand for new nurses.

The CSUCI nursing program will work with the Ventura and Santa Barbara consortium of nursing programs and healthcare agencies to locate clinical placement sites for this new generic nursing program. Data from the local healthcare agencies indicate that additional clinical placement opportunities are still available. Planned healthcare agency expansion will increase opportunities for student clinical placements in the local area over the next five years. In the later years of the BSN curriculum, the clinical placements will be primarily community based and these placements are not in great demand by ADN and LVN programs.

Both the campus academic community and the local healthcare community are supportive of establishing a baccalaureate nursing program. The physical campus is expanding rapidly and plans include the creation of a state of the art nursing skills laboratory. Other physical resources and buildings on the campus are available to support a new nursing program including student housing, lecture classrooms and laboratories, and plans for a new library.

There is outstanding community support for establishing the program. This is evident in the participation of the local healthcare agencies, community colleges, and public health community in program planning activities, funding, and declarations of support. Funding to establish the program has already been provided by private and public sources and CSUCI. Additional funds have been sought for 2006/2007 and if granted, these new funds will be used to build a nursing skills laboratory, purchase nursing skills laboratory equipment and supplies, hire additional faculty and expand program capacity .

The administration of CSUCI is committed to the development of the nursing program. Resources for faculty positions, staff support and operating expenses for a 30 student generic program will be included in CSUCI budget allocations starting in 2006/2007. It is anticipated that additional private foundation and local healthcare agency funds and grants will be secured for future program expansion.

In summary, a new nursing baccalaureate degree program at California State University Channel Islands is crucially needed in a community and a university that both support and desire its creation.