



Building a Diverse APRN Workforce in Louisiana

Executive Summary

The U.S. population will be considerably older and more racially and ethnically diverse by 2060, according to projections released by the U.S. Census Bureau. These projections of the nation's population, by age, sex, race and Hispanic origin, which cover the 2012-2060 period, are the first set of population projections based on the 2010 Census (U.S. Census Bureau, 2012). The non-Hispanic white population will remain the largest single group, but no group will be in the majority (U.S. Census Bureau, 2012).

Increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care to our nation's growing minority communities. A diverse health care workforce will help to expand healthcare access for the underserved, foster research in neglected areas of societal need, and enrich the pool of policy makers to meet the needs of a diverse population (Cohen, Gabriel, & Terrell, 2002; AACN, 2014).

Advanced practiced registered nurses (APRNs) are registered nurses with graduate-level education (a master's or doctoral degree). APRNs are trained in preventive and diagnostic care, and treatment, including prescribing medicine and other therapies, and referring patients to specialist care. APRNs play a critical role in alleviating provider shortages and expanding access to health care services for medically underserved populations (National Governors Association, 2012). More than half of the APRNs in the United States currently practice in primary care (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012). APRNs from minority backgrounds can help address health disparities and the meet the need for culturally and linguistically appropriate services (CLAS) as recommended by the U.S. Office of Minority Health (National Advisory Council on Nurse Education and Practice, 2013).

A snapshot of the demographics related to the APRN workforce in Louisiana is presented in this report along with recommendations for enhancing the diversity of Louisiana's APRN workforce.

Major Findings:

1. Thirteen percent of the APRN workforce in Louisiana is Black compared to thirty-two percent of Louisiana's population. Additionally, 5% of Louisiana's population is Hispanic and less than 1% of the APRN workforce is Hispanic, and even less is Asian (.4%) compared to a population that is 2% Asian.
2. The APRN workforce in Louisiana is primarily female (77%), compared to the 51% female population in Louisiana.
3. The average age for APRNs in Louisiana is 46 years with a median age of 45. Over a third of Louisiana's APRN workforce is 50 years old or older, with 14% (n=563) being 60 years old and older.
4. The majority of Louisiana's APRN workforce live in the larger metropolitan RLMA's such as New Orleans, Baton Rouge, Lafayette, and Shreveport.
5. In 2013, 60% (2,482) of all APRNs licensed and residing in Louisiana were nurse practitioners, 30% (1,244) were Certified Registered Nurse Anesthetists, 3% (133) were Clinical Nurse Specialists, and 0.6% (25) were Certified Nurse Midwives.

6. There was a 40% increase in the number of NPs licensed and residing in Louisiana between 2009 and 2013 and a 13% increase between 2012 and 2013.
7. Nurse practitioners represent the greatest percentage of APRNs in each RLMA.
8. The highest degree held by 82% of all APRNs licensed to practice in Louisiana is a Masters' Degree.
9. Ten percent (n=55) of Black APRNs have a doctorate; 4% (n=151) of White APRNs have doctorates; 4% (n=2) of Hispanic APRNs have doctorates; 6% (n=2) of Asian APRNs have doctorates, and 6% (n=1) of American Indian/Alaska Native APRNs have doctorates.
10. Forty-four percent (44%) of APRNs in Louisiana work in some type of ambulatory care setting and 38% work in hospitals.
11. Between 2012 and 2013 the clinical settings with the greatest increase in the number of APRNs employed were: urban clinic (68%↑); HIV/AIDS clinic (43%↑); medicine clinic (40%↑); nursing home (37%↑); pediatric clinic (34%↑); and physician's office (30%↑).

Recommendations:

1. Increase educational opportunities at both the Masters and Doctoral level for registered nurses who are from racial and ethnic minorities to increase the number of APRNs in Louisiana and the number of doctoral prepared faculty and researchers from underrepresented groups.
2. Seek funding to expand the work that has been conducted on the diversity of the APRN workforce to include the entire RN workforce which serves as the pipeline for the APRN workforce. The expanded work would identify regional and statewide gaps in the diversity of Louisiana's RN workforce related to educational preparation, types of positions, and work settings.
3. Conduct a study that would examine recruitment, retention, and graduation rates for minority students enrolled in Louisiana's nursing programs.
4. Establish partnership programs that meaningfully link health professions schools and teaching hospitals with local schools and communities to strengthen the education pipeline making learning experiences about the nursing profession available to minority students in middle and high schools. Progressive programs aimed at elementary, middle school, high school, and college students illustrate the payback of investing in the early education of our nation's youth (Cohen, Gabriel, and Terrell, 2002).
5. Develop mentorship programs for students that are interested in going into the nursing profession.
6. Collaborate with the National Coalition of Ethnic Minority Nurse Associations, state chapters of the National Black Nurses Association, the National Association of Hispanic Nurses, the Asian American/Pacific Islander Nurses Association, the National Alaska Native American Indian Nurses Association, the Philippine Nurses Association, the American Assembly of Men in Nursing, and schools of nursing to develop and implement a plan to recruit and retain minorities and males in RN and APRN nursing programs in LA.

Building a Diverse APRN Workforce in Louisiana

“It is widely accepted that diversifying the nation’s health-care workforce is a necessary strategy to increase access to quality health care for all populations, reduce health disparities, and achieve health equity“(Williams, Hansen, Smithey, Burnley, Koplitz, Koyama, Young & Bakos, 2014, p.32).

Nurses represent the largest segment of the healthcare workforce. There are over four million licensed registered nurses (RNs) in the U.S. (Budden, Zhong, Moulton, and Cimiotti, 2013), and over 60,000 holding a license to practice in Louisiana (LSBN Annual Report, 2013). Because nursing’s leaders recognize a strong connection between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care, it is imperative that the nursing workforce mirror the population it serves. Census figures show that minority populations are increasing at a faster rate than the majority white population. The face of America is changing to one of many colors and combinations of races. The population that was once predominantly non-Hispanic white may no longer exist. Minorities are already the majority in many areas of the country, and the number of multiracial people is also increasing dramatically (U.S. Census Bureau Projections, 2012; Esri, 2012).

Though nursing has made great strides in recruiting and graduating nurses that mirror the patient population, more must be done before adequate representation becomes a reality (AACN, 2014).The need to attract students from under-represented groups in nursing – specifically men and individuals from African American, Hispanic, Asian, American Indian, and Alaskan Native backgrounds – is gaining in importance given the Bureau of Labor Statistics’ projected need for more than a million new and replacement registered nurses by 2020 (AACN, 2014). “But despite these successes, the United States is far from achieving the goal of a health workforce that mirrors the nation’s diverse population. Barriers to success include weak representation of minorities among nursing faculty and within healthcare organizations, especially in leadership roles; and admissions policies and practices that fail to encourage and support underrepresented minority students and applicants to health professional education institutions. There is no national dataset on nursing workforce diversity in the United States, and no source of data on diversity program outcomes that can be used to plan and evaluate efforts” (National Advisory Council on Nurse Education and Practice, 2013).

Advanced Practice Workforce

Advanced practiced registered nurses (APRNs) are registered nurses with graduate-level education (a master’s or doctoral degree). APRNs are trained in preventive and diagnostic care, and treatment, including prescribing medicine and other therapies, and referring patients to specialist care. APRNs play a critical role in alleviating provider shortages and expanding access to health care services for medically underserved populations (National Governors Association, 2012). APRNs consist of nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNS), and certified nurse midwives (CNMs) (Budden, Zhong, Moulton, and Cimiotti, 2013). Increasing the number of APRNs is considered a promising

strategy for increasing the primary care workforce. More than half of the APRNs in the United States currently practice in primary care (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012). APRNs from minority backgrounds can help address health disparities and meet the need for culturally and linguistically appropriate services (CLAS) as recommended by the U.S. Office of Minority Health (National Advisory Council on Nurse Education and Practice, 2013).

Research has shown that nurses from minority backgrounds recognize a need to pursue higher levels of nursing education beyond the entry level. Minority nurses are more likely than White nurses to pursue baccalaureate and graduate degrees in nursing (AACN, 2014), but the paucity of underrepresented minority RNs reduces the pool of potential minority master's and doctoral students in nursing. Low diversity in the RN workforce is a factor in the shortage of minority nursing faculty, and the weak representation of minority nurses in leadership positions. These findings underscore the value of "pipeline" interventions to draw more underrepresented minority students to nursing (National Advisory Council on Nurse Education and Practice, 2013).

An Assessment of the Diversity of Louisiana's APRN Workforce

The purpose of this report is to describe the diversity of Louisiana's APRN workforce utilizing data from the Louisiana State Board of Nursing 2013 Annual Report which was retrieved from information submitted by APRNs during the annual licensure renewal process. There are over 60,000 RNs that hold a license to practice in Louisiana and of those 60,000 RNs, 52,556 reside in Louisiana. Over four thousand five hundred (4,586) APRNs held an active Louisiana license to practice as an APRN in Louisiana. Of that number, 4,116 listed Louisiana as their state of residence (Louisiana State Board of Nursing Annual Report, 2013). According to the U.S. Census 2013 population estimate, Louisiana has a population size of 4,625,470. The extent to which Louisiana's APRN workforce mirrors the demographics of Louisiana's population will be described in this report. Information will also be presented relative to the geographic location of employment, and major clinical settings where APRNs are employed.

Racial Distribution of Louisiana's APRN Workforce

The racial make-up of Louisiana's APRN workforce does not appear to mirror Louisiana's population. Thirteen percent of the APRN workforce is Black compared to thirty-two percent of Louisiana's population (Figures 1 and 2). Additionally, five percent of Louisiana's population is Hispanic and less than 1% of the APRN workforce is Hispanic, and even less is Asian (.4%) compared to a population that is 2% Asian.

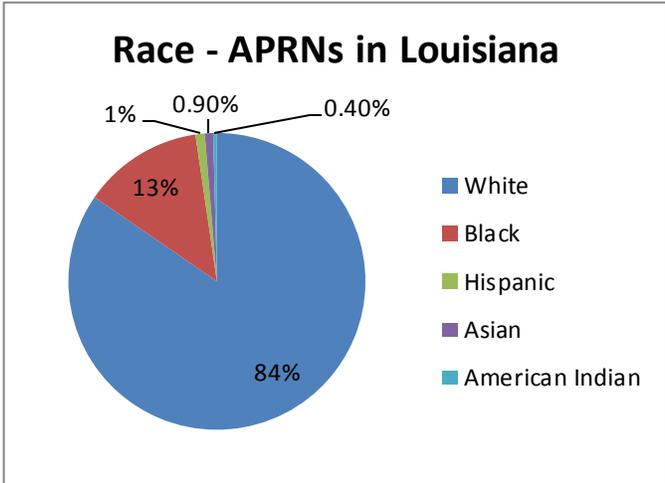


Figure 1. Racial make-up of Louisiana’s APRN workforce.

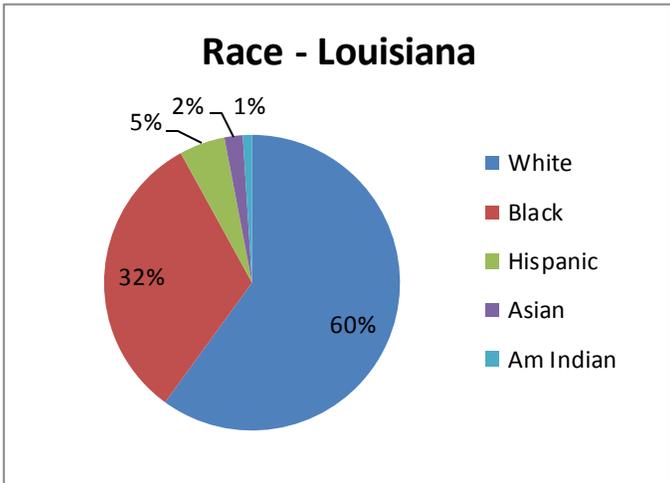


Figure 2. Racial make-up of Louisiana’s population

Gender of Louisiana’s APRN Workforce

The APRN workforce in Louisiana is primarily female (77%), compared to the 51% female population for Louisiana (Figure 3). It is interesting to note that there is a larger percentage of the APRN workforce (23%) that is male when compared to the overall RN workforce which is only 11% male (Louisiana State Board of Nursing Annual Report, 2013).

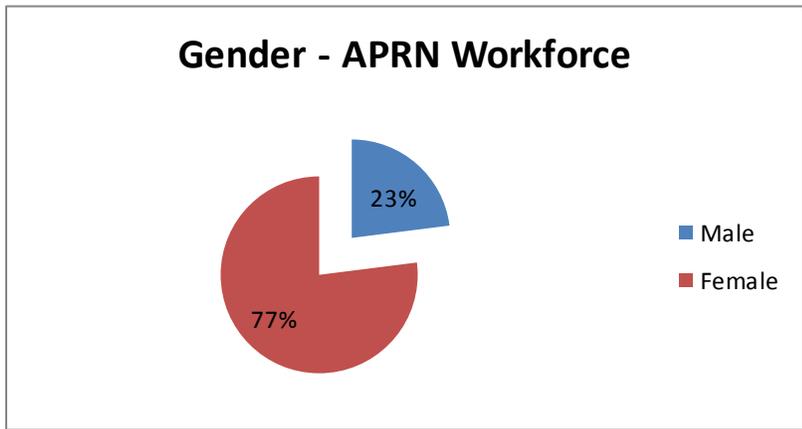


Figure 3. Louisiana’s APRN workforce according to gender.

Age of APRNs in Louisiana

The average age for APRNs in Louisiana is 46 years with a median age of 45. Over a third of Louisiana’s APRN workforce is 50 years old or older, with 14% (n=563) being 60 years old and older (Figure 4).

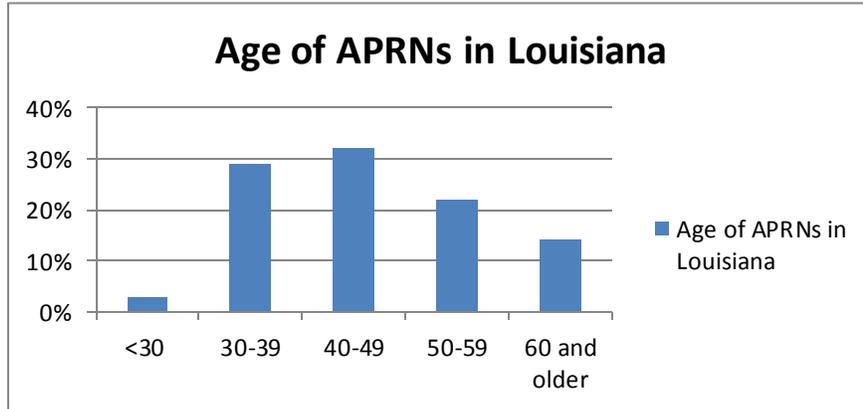


Figure 4. Age of APRNs in Louisiana

Geographic Locations where APRNs in Louisiana Live and Work

As illustrated in Figure 5, the majority of Louisiana’s APRN workforce live in the larger metropolitan RLMAs such as New Orleans, Baton Rouge, Lafayette, and Shreveport. There is also some migration between regions in terms of where APRNs live and work. It is apparent that some APRNs travel outside of their residential RLMA to work.

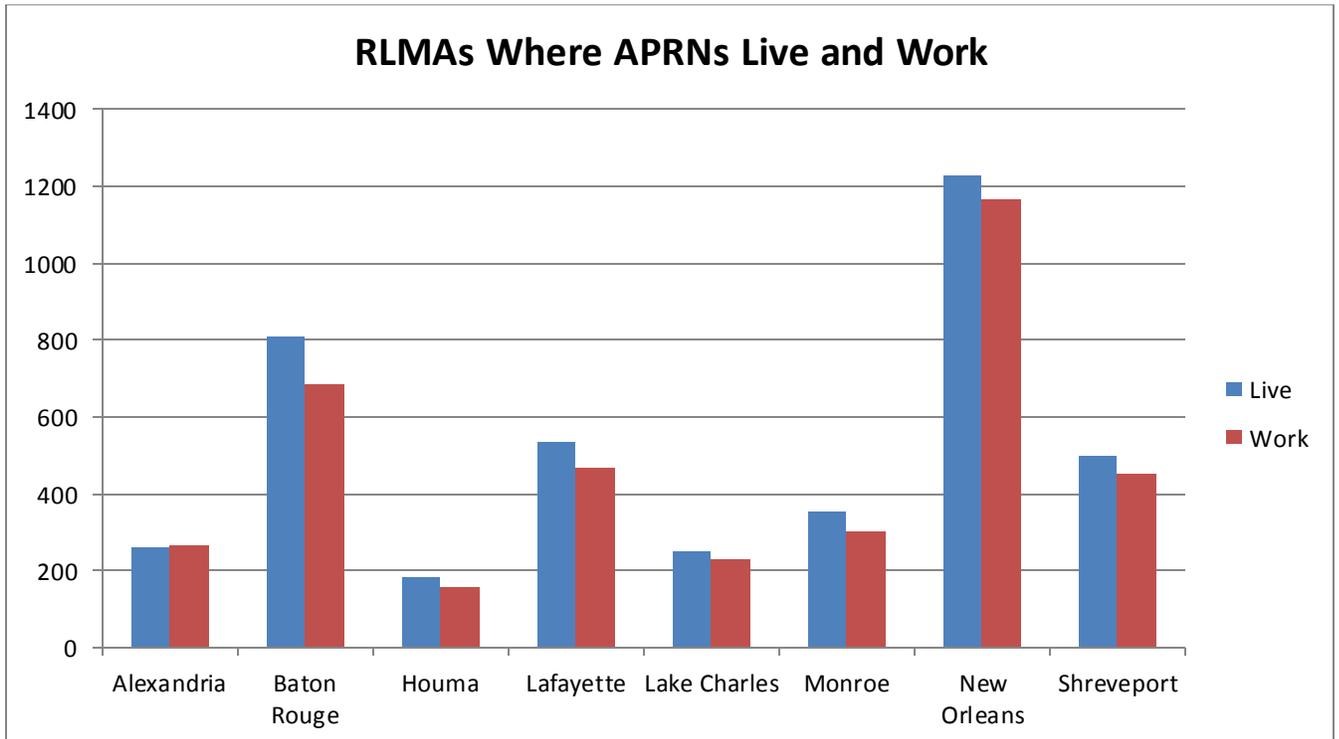


Figure 5. Regional Labor Market Areas in Louisiana where APRNs live and work.

APRN Roles in Louisiana

In a national study conducted by the National Council of State Boards of Nursing and the National Forum of State Nursing Workforce Centers (2013), 54% of APRNs identified themselves as NPs, 12% as CRNAs, 30% as CNS, and 4% as CNMs. In 2013, 60% (2,482) of all APRNs licensed and residing in Louisiana were NPs, 30% (1,244) were CRNAs, 3% (133) were CNS, and 0.6% (25) were CNMs (Figure 6). There was a 40% increase in the number of NPs licensed and residing in Louisiana between 2009 and 2013 and a 13% increase between 2012 and 2013. The number of CNS licensed and residing in Louisiana has decreased by 25% since 2009.

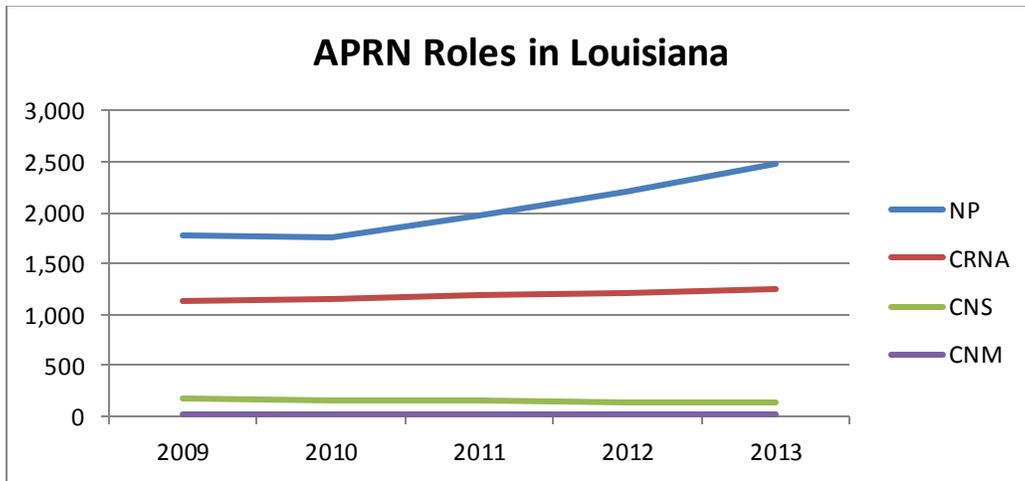


Figure 6. Roles of APRNs in Louisiana. Nurse Practitioner (NP); Certified Registered Nurse Anesthetist (CRNA); Clinical Nurse Specialist (CNS); Certified Nurse Midwife (CNM).

APRN Roles According to RLMA

Nurse practitioners represent the greatest percentage of APRNs in each RLMA (Figure 7). There also appears to be more clinical nurse specialist working in the New Orleans RLMA.

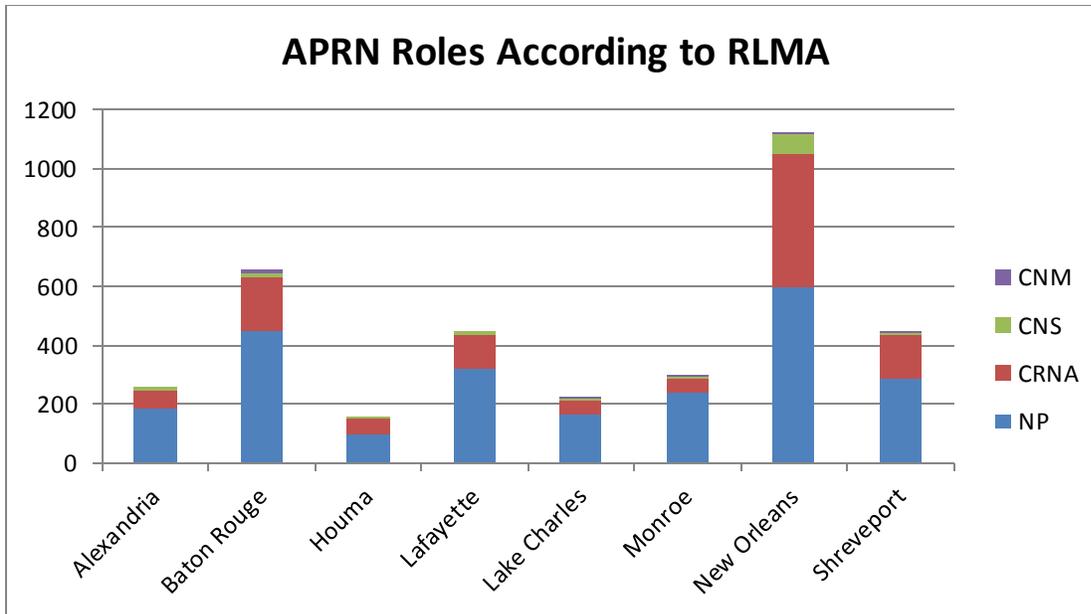


Figure 7. APRN roles according to RLMA where they work. Nurse Practitioner (NP); Certified Registered Nurse Anesthetist (CRNA); Clinical Nurse Specialist (CNS); Certified Nurse Midwife (CNM).

Highest Degree Held by APRNs in Louisiana according to Race

The highest degree held by 82% of all APRNs licensed to practice in Louisiana is a Masters' Degree. Ten percent (n=55) of Black APRNs have a doctorate; 4% (n=151) of White APRNs have doctorates; 4% (n=2) of Hispanic APRNs have doctorates; 6% (n=2) of Asian APRNs have doctorates, and 6% (n=1) of American Indian/Alaskan Native APRNs have doctorates.

Clinical Settings Where Advanced Practice Registered Nurses Residing in Louisiana Work

Forty-four percent (44%) of APRNs in Louisiana work in some type of ambulatory care setting and 38% work in hospitals (Figure 8). Between 2012 and 2013 the clinical settings with the greatest increase in the number of APRNs employed were: urban clinic (68%↑); HIV/AIDS clinic (43%↑); medicine clinic (40%↑); nursing home (37%↑); pediatric clinic (34%↑); and physician's office (30%↑).

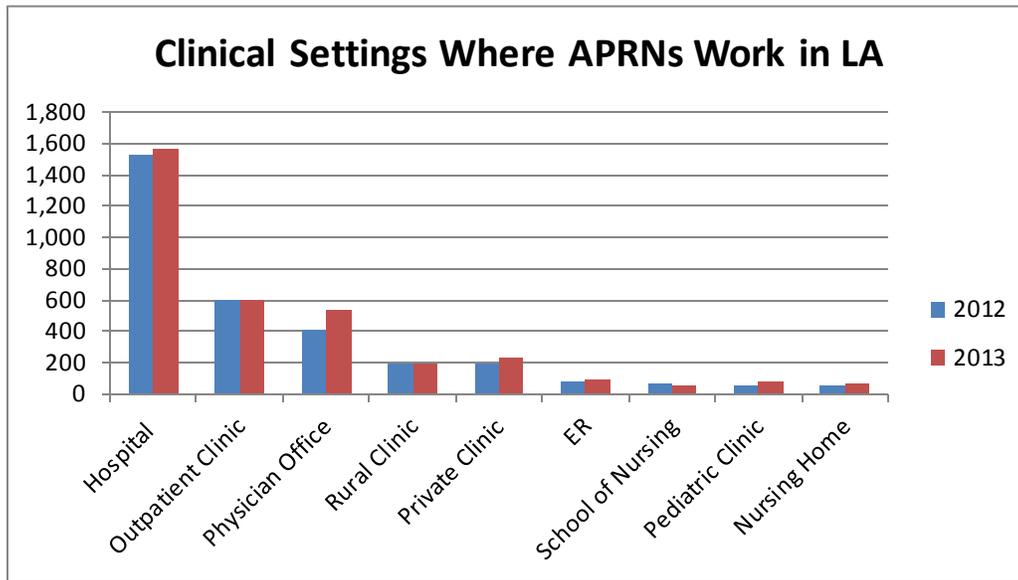


Figure 8. Clinical settings where APRN work in Louisiana in 2012 and 2013.

Findings and Recommendations

Major Findings:

1. Thirteen percent of the APRN workforce in Louisiana is Black compared to thirty-two percent of Louisiana's population. Additionally, 5% of Louisiana's population is Hispanic and less than 1% of the APRN workforce is Hispanic, and even less is Asian (.4%) compared to a population that is 2% Asian.
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Recommendations:

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4. Establish partnership programs that meaningfully link health professions schools and teaching hospitals with local schools and communities to strengthen the education pipeline making learning experiences about the nursing profession available to minority students in middle and high schools. Progressive programs aimed at elementary, middle school, high school, and college students illustrate the payback of investing in the early education of our nation's youth (Cohen, Gabriel, and Terrell, 2002).
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