Presentation overview

• Basic statistics on licensed practical nurses, registered nurses, nurse practitioners and certified nurse midwives
  – Education
  – Supply
  – Distribution

• Challenges facing NC’s nursing workforce
  – Maldistribution by geography and setting
  – Lack of diversity
  – The shift to the BSN as entry degree
  – Preparing nurses for roles in a transformed health care system
But before we dive into the deep end of the data

A short note on definitions
Our rural definition:
OMB’s Core Based Statistical Areas

Metropolitan Status*
North Carolina, 2013

*Note: "Core Based Statistical Area" (CBSA) is the OMB’s collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.
Produced By: North Carolina Rural Health Research Program, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
# The Basics: Numbers and Education

<table>
<thead>
<tr>
<th>Type of Nurse</th>
<th># in NC in 2014</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurses</td>
<td>19,222</td>
<td>One year in an approved LPN program at community college or other approved program.</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>104,996</td>
<td>Multiple entry degrees: Two year associate degree in nursing or four year bachelors degree in nursing</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>5,372</td>
<td>Masters degree in nursing or higher</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td>251</td>
<td>Masters degree in nursing or higher</td>
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Licensed Practical Nurses
Number of LPNs per population was on decline but recent uptick may signal changing trend

**Licensed Practical Nurses per 10,000 population, North Carolina, 1979-2014**

Figures include all licensed, active, instate licensed practical nurses licensed in NC as of October 31 of the respective year.

Sources: North Carolina Health Professions Data System, 1979 to 2014, with data derived from the NC Board of Nursing.

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
Trends in the LPN Workforce

• Growth in LPN employment in assistive living, long-term care and physician practices

• Compared to other nurses:
  – LPNs are more evenly distributed between rural and urban counties
  – More racially/ethnically diverse

• LPN degree is important step on career ladder for:
  – Certified nurse assistants and medical assistants who want a nursing degree
  – LPNs to become Registered Nurses—between 2001 and 2013, 8.0% of LPN workforce transitioned to become an RN*

Registered Nurses
North Carolina’s supply of registered nurses is outpacing US average

Registered Nurses per 10,000 Population, US and NC, 1979 to 2014

Figures include all licensed, active, instate registered nurses.

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
But North Carolina’s urban areas have 32 more RNs per 10,000 people than rural areas.

Registered Nurses per 10,000 Population by Metropolitan and Nonmetropolitan Counties, North Carolina, 1979 to 2014

Where RNs complete education affects practice location and setting

- 90% of RNs graduating with ADN from North Carolina Community College System (NCCCS) are retained in-state.

- Compared to NC BSN cohort that graduated at the same time, NCCCS ADN nurses are:
  - Two times more likely to practice in rural areas
  - Three times more likely to practice in NC’s most underserved communities

- ADN nurses practice in needed workforce settings:
  - 2x more likely to practice in home care/hospice
  - 3x more likely to practice in long-term care than BSN nurses

What happens when ADN nurses go onto pursue a BSN or higher?

After seeking BSN or higher, nurses who entered with an ADN, behave:

More like BSN+ nurses in terms of specialty and setting

- Less likely to practice in home care, hospice, long-term care and geriatrics

More like ADN nurses in terms of geographic dispersion. Compared to BSN entry nurses:

- Twice as likely to practice in rural
- Three times more likely to practice in NC’s Tier 1 counties

But, they are:

- Less likely to be in staff/general duty positions than ADN nurses
These are important trends because the percent of RNs with Baccalaureate Degree Rising. 

North Carolina Nursing Workforce by Highest Degree, 1982-2012

Note: Data include RNs who were actively practicing in North Carolina as of October 31 of the respective year. Source: North Carolina Health Professions Data System, with data derived from the NC Board of Nursing, 2012. Produced by: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, UNC-CH.
Advanced Practice Nurses: Nurse Practitioners and Certified Nurse Midwives
North Carolina’s supply of nurse practitioners growing rapidly and tracking with US average

Nurse Practitioners per 10,000 Population, US and NC, 1979 to 2014

Figures include all licensed, active, instate nurse practitioners.

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
Widening gap between rural and urban counties

Nurse Practitioners per 10,000 by Metropolitan and Nonmetropolitan Counties, North Carolina, 1979 to 2014


Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
NC has about average supply of CNMs relative to other states

Certified Nurse Midwives (CNMs) per 10,000 Childbearing Age* Females, North Carolina, 1984 to 2014

Notes: Figures include all licensed active in-state certified nurse midwives. Childbearing age: 15-44 years

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
Half of NC’s counties have a CNM, distribution in “clusters” around state

Certified Nurse Midwives (CNMs) per 10,000 Women Ages 15-44
North Carolina, 2014

Note: Data include all active, in-state CNMs licensed in North Carolina as of October 31, 2014.
Source: NC Health Professions Data System, with data derived from the North Carolina Board of Nursing, 2015.
Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.
Challenges Ahead for the Nursing Workforce
With exception of LPNs, nursing workforce not as diverse as NC’s population

Percent of Nursing Workforce and NC Population by Race/Ethnicity, North Carolina, 2014

- LPNs: 66%
- RNs: 83%
- NPs: 84%
- CNMs: 88%

Note: Data include all active, in-state nurses licensed in North Carolina as of October 31, 2014. NC Health Professions Data System, with data derived from the North Carolina Board of Nursing, 2015.

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
Changes in NC’s health care system will be similar to past economic transformations.

Employment in Manufacturing and Health Care
North Carolina, 2005-2012

Sources: North Carolina Department of Commerce. 2005 and 2010 data: Table 3-2
2007 and 2012 data: Table 1 http://www.nccommerce.com/Portals/47/Documents/Economic%20Snapshots/Industry%20Mix%20May%202014.pdf

Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.
It won’t be about just about the numbers. It will be about making sure we have a “fit” between available jobs and the workforce.

- Our analyses suggest we do not face an overall nursing shortage now, nor are we likely to face one in the future.
- Focusing on whether we have a nursing shortage distracts us from a more important question:

  *Will we have the right mix of nurses in the right locations, specialties and practice settings with the skills and competencies needed to meet the demands of a transformed health care system?*
Need to redesign education, regulation and policy to develop nursing workforce needed for the future (1)

Policy action needed to:

• Address maldistribution and lack of diversity

• Continue to diffuse BSN education out to ADNs in rural and underserved areas

• There are over 8,000 ADNs practicing in rural counties who have not pursued additional education in nursing

• Encourage practice in underserved settings- mental health, long-term care and geriatrics
Need to redesign education, regulation and policy to develop nursing workforce we need for the future (2)

Policy action needed to:

• Shift education out of hospital—to home health, long-term care, hospice, public health and other community-based settings

• Design education around new roles that are emerging—care coordination, population health management, patient education, health coaching, data analytics, patient engagement, quality improvement

• Ensure regulation supports team-based models of care
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